DMC
Sinai-Grace Hospital
School of Radiologic Technology

# STUDENT HANDBOOK

# 2025 - 2026

Sinai-Grace Hospital
School of Radiologic Technology
Student Handbook
Table of Contents

## 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.

Reassessed 2025/ Revised 2025 TED

## SINAI-GRACE SCHOOL OF RADIOLOGIC TECHNOLOGY

The Sinai-Grace School of Radiologic Technology is a 24-month, self-contained program that combines didactic instruction with clinical education. The curriculum is designed to offer a unified and integrated sequence of academic and practical experiences, enabling students to meet educational objectives and become compassionate, competent, and professional radiologic technologists.

## ACCREDITATION

The Sinai-Grace School of Radiologic Technology Program is accredited by:

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

The program currently holds a five-year accreditation and is scheduled for review in 2026.

Reassessed 2025/ Revised 2025 TED

## SCHOOL OF RADIOGRAPHIC TECHNOLOGY MISSION

The Sinai-Grace Hospital 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 lifelong learning values and assists the students in achieving their personal, as well as professional, goals.

Reassessed 2025/ Revised LO

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

Reassessed 2025/ Revised LO

## AN OVERVIEW OF DETROIT MEDICAL CENTER

Detroit Medical Center (DMC) is the largest non-governmental employer in Detroit. DMC is part of one of the largest healthcare systems, Tenet, a 67-hospital consortium in the USA. The medical center has more than 2,000 licensed beds, 3000 affiliated physicians and serves as the teaching and clinical research site for Wayne State University, the nation's third-largest medical school. The DMC's record of service has provided medical excellence throughout the history of the Metropolitan Detroit area. The DMC continues to meet the health care needs of a growing community, offering the best in medical research and development, advanced technology, and excellent clinical services.

The DMC represents a seven-hospital network. The largest health care provider in Southeast Michigan, the DMC operates eight hospitals (Children's Hospital of Michigan, Detroit Receiving Hospital, Harper University Hospital, Huron Valley-Sinai Hospital, Hutzel Women's Hospital, Rehabilitation Institute of Michigan and Sinai-Grace Hospital), and more than 100 outpatient facilities throughout southeast Michigan. The DMC is also affiliated with the Barbara Ann Karmanos Cancer Institute and the Hospital and the Veterans Administration Medical Center of Detroit.

## AN OVERVIEW OF SINAI-GRACE HOSPITAL

The original Grace Hospital has been around for over 100 years. Sinai-Grace Hospital has an influential culture of three healthcare systems. Mt. Carmel Hospital, a catholic hospital merged with Grace Hospital in 1991 and Sinai Hospital, the only Jewish hospital in Detroit, merged with Grace, creating Sinai-Grace in 1998. Sinai-Grace Hospital is a full-service adult hospital located in Northwest Detroit. Sinai-Grace is DMC's largest and only full-service adult hospital. As a full-service community hospital located in Northwest Detroit, Sinai-Grace offers all surgical and medical specialties. We have a brand-new lobby, brand new ICUs, and a brand-new Emergency Department.

Our level II certified Emergency Department treats over 65,000 patients each year. Our ED sees more penetrating trauma in southeast Michigan than any other hospital. The brand-new state-of-the-art Emergency department was built recently at the cost of $75 Million.

Cardiology service lines include strong electrophysiology procedures (EP), non-invasive, interventional and open-heart programs. The Obstetrics care includes high-risk pregnancy management, maternal/fetal medicine, complete labor and delivery and neonatal ICU. Critical care units treat cardiac, medical, neurosurgical, general surgical and trauma cases. Specialty inpatient units include inpatient psychiatry, inpatient physical medicine and rehabilitation (PM&R), and all medical and surgical specialty services.

Reassessed 2025/ Revised LO

## DETROIT MEDICAL CENTER MISSION, VISION, AND VALUES

The Detroit Medical Center is one of the region's premier healthcare providers and is a world-class academic medical center. Our **Mission** is to continually provide compassionate, high quality and safe care to the people of the city of Detroit and the other communities we serve, especially to those who are most in need.

Our **Vision** is to consistently deliver the right care, in the right place, at the right time and to be a premier organization to work, where patient care and saving lives remain our focus.

Our **Values** define who we are, what we stand for and what we **CARE** about:

**C**ompassion and respect for others and each other, supporting our communities and advocating for our patients

**A**cting with integrity and the highest ethical standards – always

**R**esults delivered through accountability and transparency

**E**mbracing inclusiveness for all people in our workplace and in the communities, we serve

Reassessed 2025/Revised https://www.dmc.org/about/our-mission-vision-and-values

## OVERVIEW OF SINAI-GRACE RADIOLOGY

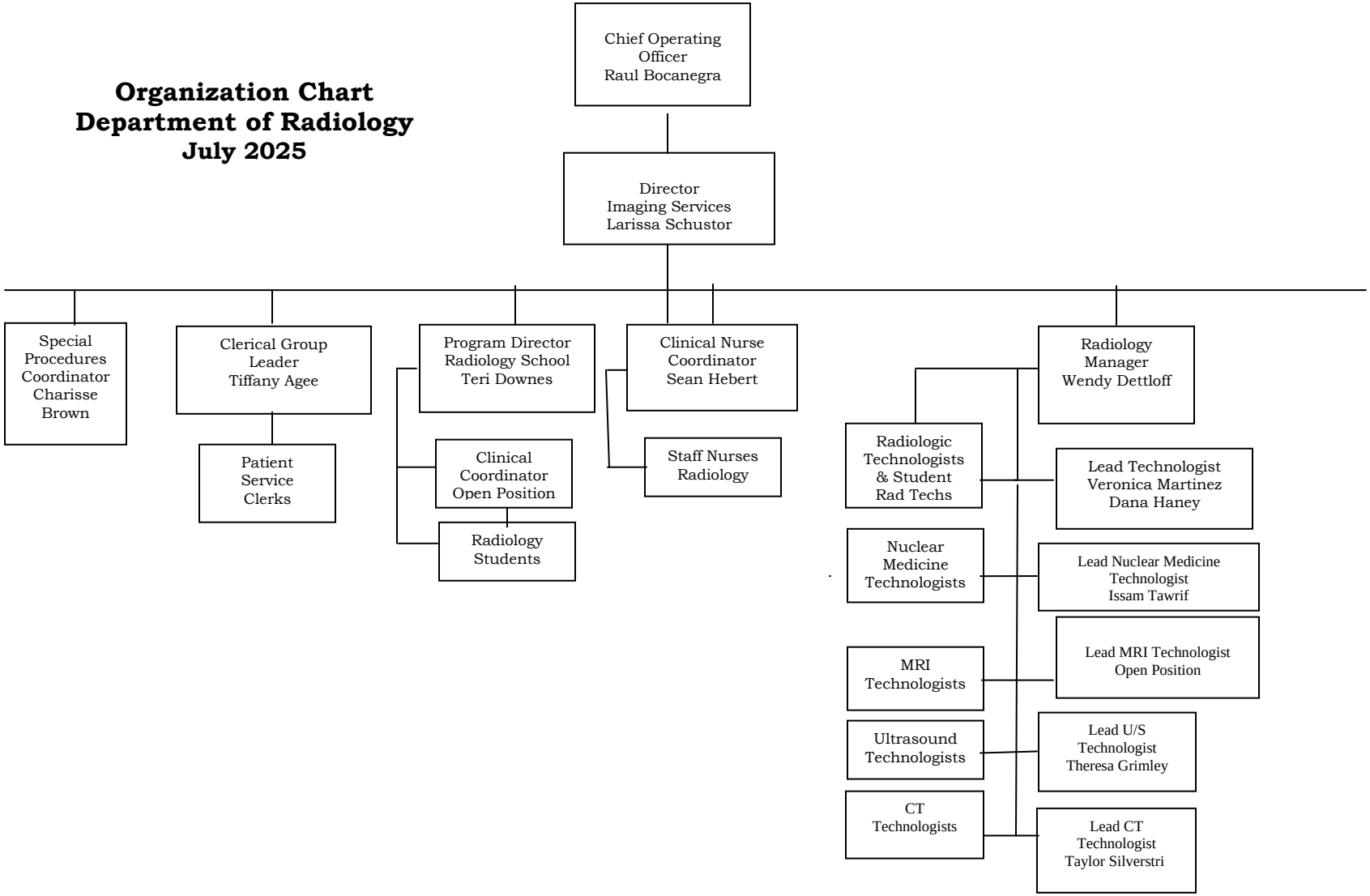
Sinai-Grace Hospital is a 400+ bed teaching facility offering a comprehensive range of medical, surgical, maternity, and emergency services. These services are provided to all patients without regard to religion, race, ethnic identification, or economic status. The hospital is specially equipped to accommodate individuals with disabilities.

The main Department of Radiology occupies a substantial portion of the sixth floor and encompasses general radiography, fluoroscopy, computed tomography (CT), special procedures, and nuclear medicine. The Emergency Department and Outpatient Radiology are located on the ground floor and are equipped with general radiography and two CT scanners. Ultrasound services are also located on the ground floor. The large-bore magnetic resonance imaging (MRI) suite is situated at the western end of the hospital. Mammography services are housed in the Professional Office Building. Additional radiographic equipment is utilized in the Surgical Suite, Endoscopy, Emergency, Trauma, and at patients' bedsides.

The Department of Radiology, fully integrated within the hospital, performs over 160,000 diagnostic examinations annually across various procedural areas. Of these, more than 110,000 are conducted in the Emergency Department. As the primary trauma center for this area of metropolitan Detroit, Sinai-Grace Hospital manages over 100,000 patient visits each year. The volume and diversity of imaging studies performed provide radiography students with exceptional educational opportunities.

DMC
Sinai-Grace Hospital

# Organization Chart
# Department of Radiology
# July 2025



**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 | | | |
| 3. Customer Service | X | | X | | X | X | X | X | | X |
| 4. Student Assessment for Outcomes | 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 | | X |
| 2. Clinical Education | | | | | | | | | 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 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 | |
| 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 | | | | | | | | |
| 1. Didactic Instruction | X | | | | | | | | | |
| 2. Clinical Education | | X | | | | | | | | |
| 3. Customer Service | | X | | | | | | | | |
| 4. Student Assessment for Outcomes | X | X | | | | | | | | |
| 5. Critical Thinking Skills | X | X | | | | | | | | |

## SCHOOL OF RADIOLOGIC TECHNOLOGY

## ORGANIZATIONAL AFFILIATIONS

DMC Children's Hospital of Michigan

DMC Harper University Hospital

DMC Detroit Receiving Hospital

DMC Huron Valley-Sinai Hospital

## PROGRAM FACULTY

### PROGRAM DIRECTOR

Teri E. Downes, MS, RT (R) (CT) ARRT

### Clinical Coordinator

Open Position

### PRECEPTORS

Jennifer Frazier, AS, R.T. (R) ARRT

Michael Hamilton BS R.T. (R) ARRT

Veronica Martinez R.T. (R) ARRT

Katie Bova AS R.T. (R) ARRT

Ron Brown R.T. (R) ARRT

Bernard Berger R.T. (R) ARRT

Rosio Zamora R.T.(R) ARRT

Reassessed 2025/ Revised 2025

## 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 always guard the privacy and confidentiality of their patients and families.

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 the 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 patients.
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.

Reassessed 2025/ Revised LO

## ACADEMIC HONESTY

As a student at 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 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).
- 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"

Reassessed 2025/ Revised LO

## ARRT CODE OF THE ETHICS

ARRT CODE OF ETHICS VIDEO

Reassessed 2025/ Revised 2025

## 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.

Reassessed 2025/ Revised LO

## YOU ARE THE HOSPITAL

- You are what people see when they arrive.

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

- You 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.

- You are the intelligence and care 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

Reassessed 2025/ Revised LO

## PATIENT BILL OF RIGHTS

You have the right:

- To safe, considerate and respectful care, provided in a manner consistent with your beliefs;
- To expect that all communications and records pertaining to your care will be treated as confidential to the extent permitted by law;
- To know the physician responsible for coordinating your care at the Clinical Center;
- To receive complete information about diagnosis, treatment, and prognosis from the physician, in terms that are easily understood. If it is medically inadvisable to give such information to you, it will be given to a legally authorized representative;
- To receive information necessary for you to give informed consent prior to any procedure or treatment, including a description of the procedure or treatment, any potential risks or benefits, the probable duration of any incapacitation, and any alternatives. Exceptions will be made in the case of an emergency;
- To receive routine services when hospitalized at the Clinical Center in connection with your protocol. Complicating chronic conditions will be noted, reported to you, and treated as necessary without the assumption of long-term responsibility for their management;
- To know in advance what appointment times and physicians are available and where to go for continuity of care provided by the Clinical Center;
- To receive appropriate assessment of ,and treatment for, pain;
- To refuse to participate in research, to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of these actions, including possible dismissal from the study and discharge from the Clinical Center. If discharge would jeopardize your health, you have the right to remain under Clinical Center care until discharge or transfer is medically advisable;
- To be transferred to another facility when your participation in the Clinical Center study is terminated;
- To expect that a medical summary from the Clinical Center will be sent to your referring physician;
- To designate additional physicians or organizations at any time to receive medical updates.

Reassessed 2025/Revised LO **https://www.cc.nih.gov/patient-info/legal/bill-of-rights**

# SINAI-GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY ADMISSION INFORMATION, REQUIREMENTS, AND ARTICULATION AGREEMENTS

The program is selective admissions, which means admission is on a competitive basis. Admission is determined by a point system; those with the highest total points each year will be selected for the 14 available seats. The program does not keep a waitlist.

Application deadline
February 1st
Number of students admitted annually
14
Those admitted, class start
1st Monday after Labor Day
Program Length
24 months

## EDUCATION REQUIREMENTS FOR ADMISSION

A minimum associate's degree is required **or** enrollment through one of the following colleges or universities that we have articulation agreements with.

**If you already have an associate's degree**

Additionally, the following college 100 (or 1000, depending on college/university) level courses or higher (minimum 18 credit hours total) must be complete before application

- 3-credit classes in English
- 2-3 credit course in English or medical terminology
- 3-credit course in Physical Science or Biology
- 3-credit computer course
- 3-credit class in Intermediate Algebra*
- 3-credit course in Anatomy and Physiology*

*Must be completed within 4 years of application

**If you do not have an associate's degree**

Sinai-Grace School of Radiologic Technology currently has articulation agreements (links below) that provide a pathway to an associate's degree of applied science in Radiologic Technology. The candidate would take all the prerequisite and general education courses at the colleges and then apply to the hospital program to finish the clinical and didactic requirements of the hospital program. Enrolling through one of the following colleges or universities that we have articulation agreements with does not guarantee admission to the hospital program.

- Macomb Community College
- Wayne County Community College District

Steps to follow

1. Apply to the college
2. Meet with an advisor to develop a program plan
3. Follow the plan for taking the prerequisite classes
4. When all classes are done, meet with the advisor to ensure you have the college's requirements.
5. Apply to the program (admission is not guaranteed to the program)

CLEP credits are not accepted unless a grade is associated with the credit.

**Transfer of Credit Policy**

Classes taken before admission to the hospital program will not be considered as transfer credit to advance out of program taught class.

**ADDITIONAL REQUIREMENTS FOR ADMISSION**

- 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 the American Disability Act (ADA). For reasonable accommodations please contact the Program Director. The candidate should be aware that 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 4-hour session observing the department if asked for an 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. All prerequisite classes must be completed before application.
  A completed packet will include the following:
    - Sinai-Grace Hospital School of Radiographic Technology application
    - An application fee of $40.00 **(money orders only)**
    - Official transcripts
    - Written statement of career goals
    - Three letters of recommendations (must be emailed or mailed directly to the program director or in a sealed envelope with the person who is writing the letter recommendations signature across the seal)

**SELECTION OF APPLICANTS**

The Admissions Committee will review all applications, transcripts, and references. Interviews will be held to assess communication and interpersonal skills prior to the final student selections. Selection point scale is published on the school's website.

**NOTIFICATION OF ACCEPTANCE**

All applicants will receive notification of acceptance or rejection from the Program during the first week of April.

Reassessed 2025/ Revised 2025 ted

# TUITION, FEES AND REFUNDS POLICY

**Application Fee**

A $40.00 non-refundable fee is required when applying to the Program.

**Tuition** $7000 (due in the following increments)

- $1,000 deposit due upon acceptance to the School of Radiology - **Money orders only**
- $1,500 due on the first day of Orientation
- $1,500 due on the first day of the 1st Winter semester
- $1,500 due on the first day of the 1st Spring semester
- $1,500 due on the first day of the 2nd Fall semester

**Books and Additional Fees**

- Approximate Book & Fees of $2,650.00 are due on the first day of orientation
- Students are required to also pay for the one specific review class in their 2nd year of classes; approximate cost is $215.00
- Students are required to join The American Society of Radiologic Technology (ASRT) in the Month of September of their senior year. The cost is $35.00.
- If the Michigan Society of Radiologic Technology (MSRT) holds a registry review within Wayne, Oakland, or Macomb County, the students are to attend the MSRT student registry review.
    - First year students pay $30 to attend.
    - Second year students pay $30 to attend plus a $10 fee for MSRT membership to participate in the Student Bee
        - MSRT Registry Review is in February of both first and second year.
- ARRT Registry Exam fee is due the semester before graduation

**Tuition and book fees are non-refundable.**
**Total due first day of orientation is $4,025.00**

**UNIFORMS**

The cost of uniforms is the responsibility of the student.

**FINANCIAL AID**

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 people 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 patients 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 the 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 image.

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

Reassessed 2025/ Revised LO Application Packet

# SINAI-GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
# EVALUATION AND RESIGNATION POLICY

**Student Evaluation and Academic Support**

Students receive formal evaluations of their academic and clinical performance at both the midpoint and conclusion of each semester. These evaluations are conducted by the Program Director. Each student is afforded the opportunity to meet privately with the Program Director to review and discuss their grades and overall performance.

If a student's academic average falls below 85%, a mandatory meeting with the Program Director will be required. Students are encouraged to use these meetings to address any concerns or challenges they may be experiencing.

The Program Director's office is located on the sixth floor and may be contacted at (313) 966-6844. Students are also welcome to schedule an appointment to meet with the Program Director at any time should additionally support or discussion be needed.

---

**Resignation Policy**

Students who are unable to adhere to the policies of the program for any reason may voluntarily withdraw by submitting a formal letter of resignation to the Program Director.

Students who withdraw are welcome to reapply to the program in the future by meeting all standard admission requirements applicable to new candidates. The program does not offer advanced placement; therefore, any student re-admitted after withdrawal must begin the program as a first-year student.

Reassessed 2025/ Revised LO

## SINAI-GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
## GRADING STANDARDS

Grading Scale

A = 97% - 100%
A-= 93% - 96%
B+= 89% - 92%
B = 85% - 88%
B- = 84% or lower is failure

Didactic

All didactic course grades will be predominantly determined by examinations, quizzes, written papers, labs, 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

Clinical Grades are determined by the following:

- 70% on competencies
- 20% on daily technologist review
- 10% Case of interest presentation

***You are allowed to miss only one didactic or clinical class per semester. Any additional absences will result in a 3% reduction from the grade per absence unless approved by the Program Director.***

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

Reassessed 2025/ Revised LO

## CLINICAL PRACTICUM - STUDENT ROTATIONS

**ALL SEMESTERS ARE 15 WEEKS IN LENGTH**

**FIRST YEAR**

1st Semester: September–December
7/8-week rotations
2nd Semester: January - April
3rd Semester: May - August
5-week rotations in the following areas:

**Northwest Campus**
***Sinai-Grace Hospital***

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

**Central Campus**
***Harper University Hospital***

- Portables
- GI's – Ground floor
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – Ground floor

***Detroit Receiving Hospital***

- Portables
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – 1st floor
- Ortho Clinic

**Northern Campus**
***Huron Valley-Sinai Hospital***

- Portables
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – 1st floor

## SECOND YEAR

4th Semester: September–December
5th Semester: January - April
6th Semester: May - August

5-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
- POB Ortho

**Central Campus**
***Harper University Hospital***

- Portables
- GI's – Ground floor
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – Ground floor

***Detroit Receiving Hospital***

- Portables
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – 1st floor
- Ortho Clinic

**Northern Campus**
***Huron Valley-Sinai Hospital***

- Portables
- OR – Ground floor
- Emergency Room 1st floor
- Inpatient & Outpatient – 1st floor

**Additional Educational Rotations during second year**

- 4-week rotation on the afternoon shift - Sinai-Grace Hospital
- 4-week rotation at Children's Hospital (October- December)
- 2-week rotation in MRI Sinai-Grace Hospitals
- 2-4-week rotation in CT Sinai-Grace Hospitals
- 1-week rotation in Interventional Radiology - Sinai-Grace Hospital
- Electives: Mammography

Students may elect to do a 1-2 week rotation in mammography during their - senior year. Availability of the mammography rotation will be based on the discretion of the clinical sites. Please see POSITION STATEMENT ON BREAST IMAGING CLINICAL ROTATIONS

POSITION STATEMENT ON BREAST IMAGING CLINICAL ROTATIONS

Adopted by the JRCERT Board of Directors (October 2021)

The JRCERT Board of Directors has received numerous inquiries to update and generalize the language in the Position Statement on Breast Imaging Clinical Rotations.

With regard to breast imaging, the JRCERT has determined programs must make every effort to place students in a breast imaging clinical rotation/procedure if requested and available. However, programs will not be expected to attempt to supersede clinical site policies that restrict breast imaging rotations/ procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed.

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 students in a breast imaging 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.

## POSITION STATEMENT ON BREAST IMAGING CLINICAL ROTATIONS

Under the revised policy, students may request the opportunity to participate in clinical mammography rotations. The program will make every effort to place students in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to students. Students are advised that placement in a mammography rotation is not guaranteed and is at the discretion of a clinical setting. Additionally, the patient has the ultimate decision regarding persons in the mammography suite during their exam.

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 clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 and October 2021 meetings. 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, Program Directors & Faculty, Program Resources.

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

_____ _____

Date Student Signature

# SCHOOL OF RADIOLOGIC TECHNOLOGY – COURSE DESCRIPTIONS

**1ST 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.
- Knowledge of the Joint Review Committee on Education of Radiologic Technology (JRCERT), the American Registry of Radiologic Technology (ARRT), and the American Society of Radiologic Technology (ASRT)

**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 units of body structure, an introduction to bones and joints, respiratory system, and the upper extremities. An introduction to the evaluation of images 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 a qualified radiographer and learning proper care of the patients. Technologists will work with the students to understand the proper use of radiographic equipment as well as learning patient skills with actual patients.

**2ND SEMESTER**

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

**Rad 109 - 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 110 - 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 Image Evaluation I, during this section the instructor will identify radiographic anatomy of the current structures being studied.

**Rad 111 - Patient Care/Critical Thinking II**
This course is a continuation to prepare the students 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 112 – Physics/Radiologic Exposure I**
This course discusses basic atomic theory, electrostatics, current electricity and magnetism and how they apply to x-rays.

**Rad 113 - Clinical Practicum II**
This course will be a continuation of Clinical Practicum I, with more competencies and room evaluations.

**3RD SEMESTER**

**Rad 114 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 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 with Image Evaluation of specific body sections. This section includes the study of spine, bony thorax, respiratory and urinary systems.

**Rad 117 – Physics/Radiographic Exposure II**
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 118 – Clinical Practicum III**
This course will be a continuation of Clinical Practicum II, with more competencies and room evaluations.

**4TH SEMESTER**

**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 – 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 204 – 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 biological systems. The genetic effects of radiation on humans and response of various tissues to radiation are also presented.

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

**5TH SEMESTER**

**Rad 206 – Cross-Sectional Anatomy**
This course discusses the cross-sectional anatomy of the abdomen, pelvis, thorax and brain in reference to Computerized Tomography/MRI.

**Rad 207 – Advanced Image Evaluation**
This course will be a more complex evaluation of the quality of the image where both technical and positioning skills are discussed. Critiques of common errors and methods of correcting these are discussed.

**Rad 208 – Radiology Procedures V**
Discusses and reviews the procedures and positions used in the examination of the body systems studied in anatomy. Special emphasis is placed on the radiographic appearance of anatomic structures with and without contrast

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

**6TH SEMESTER**

**Rad 210 – Registry Review**
A series of pre-registry examinations accompanied by review of materials. Fourteen mock exams are given over this semester.

**Rad 211 – Advanced Radiology Procedures VI**
Review of radiographic procedures.

**Rad 212 – Clinical Practicum VI**
Final ARRT mandatory and elective procedures to be completed by students

Reassessed 2025/ Revised 2025 ted

# STUDENT CLINICAL SUPERVISION REQUIREMENTS

## 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 regard 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 regard 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 competence, 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 students 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 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.**

**STUDENT REPEAT IMAGE POLICY**

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. Every May/June technologist sign to acknowledge the Direct and Indirect Supervision Policy that does include information regarding repeats. The students are to acknowledge this policy during orientation. The students are verbally reminded every May/June of the content of the Direct and Indirect Supervision form and the technologist will sign this annual agreement.**

Technologists will notify the Program Director by e-mail of any continual problems with any student.

Reassessed 2025/ Revised 2025 ted Referenced from JRCERT

## STUDENT CLINICAL RESPONSIBILITIES

Schedule
A standard clinical day is scheduled 7:30am-4pm. The exception will be during the second year while doing a 4-week rotation in the afternoons (12pm-8:30pm) and a 4-week rotation at DMC Children's Hospital (8am-4pm). During the 8.5-hour day, the student may have up to 1-hour break for lunch. Lunch breaks should be taken between 11am-1pm. If the break or lunch is missed, the time may NOT be subtracted from the end of the shift. Students may not modify their clinical schedule.

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 competence.

1. The students must use manual exposure techniques except for chests and abdomens. A passing competency cannot be achieved by using the AEC. 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.
8. No student at any time may crop any image during post-processing.
9. Students should report to their clinical preceptor or contact person when they arrive and when they leave each day. The student is required to use time clock to record their clinical attendance.
10. If a student leaves the building for break or lunch, he/she must punch out when they leave and punch back in when they return.
11. If the student is late or absent, he/she is required to call their Clinical Preceptor/contact person as well as the Clinical Coordinator at the college, at least 1 hour prior to their scheduled time to discuss their status.
12. Students are to remain in their assigned areas unless they are reassigned, called to a meeting or on break/lunch. If there are no exams being performed, check with the Clinical Preceptor or supervisor so that other related clinical activities may be assigned.
13. When a student leaves the imaging department for a meeting/conference or appointment off site, he/she must inform the Clinical Preceptor or their representative the morning of the appointment and prior to the time they leave.
14. Students are required to follow all rules and policies established by the affiliate hospitals during the clinical training period. Hospital rules supersede college rules regarding dress and conduct.
15. Students are not allowed to hold patients or the image receptor during any exposure. Students are also not allowed to be unsupervised in the department, in the OR or on portables.
16. All students must maintain confidentiality of medical records in accordance with Health Information Portability and Accountability Act (HIPAA) guidelines and each hospital's standards and practices.
17. Eating is not allowed in patient care areas. Gum chewing, use of tobacco products, and electronic cigarettes are not allowed in clinical. Students are to refrain from smoking prior to arriving to the clinical site and during breaks. There is absolutely no smoking on any hospital campus or on the college campus.
18. Patients should not be left alone while in the radiographic room. If it is necessary to leave the patient alone, the student should put bed rails up, lock the cart, and return quickly from

checking images. Always try to get someone to stay with the patient while he is gone. Restraints are only appropriate in circumstances where they are used by order of the doctor.

19. Students are not to receive personal phone calls while at clinical unless it is of urgent nature. Cell phones are to be kept in the locker.
20. Students are not to receive personal visitors in the department. If it is necessary to have visitors, they must stay in appropriate waiting areas such as the patient waiting area.
21. Cheating of any form at the clinical site will result in corrective action and possible dismissal from the program, depending on the severity of the offense. Cheating is defined as: falsifying timecards or time sheets, clocking out another student's time sheet or card, falsifying patient logs, cheating in any way on a competency exam, intentionally undertaking any activity that results in an unfair advantage over other students, aiding another in an act that violates academic honesty, etc. (See Section Four, Academic Honesty)
22. If the student is found sleeping at the hospital, the student will be immediately dismissed, and the day will be recorded as an absence.
23. Any communicable diseases or infections must be reported to the Clinical Coordinator and Clinical Preceptor. These could be considered hazardous to the hospital environment.
24. As required according to OSHA standards, all needle-sticks must be reported immediately to the clinical preceptor or supervisor at the hospital as well as the clinical coordinator or program director at the College.
25. In the case of a major student/technologist conflict, the student will leave the area (or exam) in question and a meeting between the Clinical Preceptor, Clinical Coordinator, and the parties involved will be arranged. Conflicts will be evaluated on an individual basis. The Clinical Coordinator or Program Director must be notified immediately.
26. Failure to observe any of the above guidelines will be dealt with in an appropriate manner by either the Clinical Coordinator or the Program Director. The student's corrective action depends on the nature and degree of noncompliance. Any incident that is deemed critical by the clinical site, program officials, or Executive Director of Health Professions/Dean of Nursing, will result in termination from the program.

Reassessed 2025/ Revised 2025 TED

## WEEKLY DIDACTIC CLASS SCHEDULE FOR FALL 2025

### Fall Didactic Schedule - September 8th Through December 19th, 2025

| DAY | TIME | | CLASS NAME | CONTACT HOURS |
|---|---|---|---|---|
| Class of 2027 | | | | |
| MONDAY | 9:00 - 12:00 | 104 | Anatomy I | 3 |
| MONDAY | 1:00 - 4:00 | 103 | Procedures I | 3 |
| WEDNESDAY | 9:00 - 11:00 | 101 | Intro to Radiology | 2 |
| WEDNESDAY | 12:00 - 3:00 | 105 | Patient Care I | 3 |
| FRIDAY | 9:00 - 11:00 | 106 | Personal & Professional Growth in Health Care | 2 |
| FRIDAY | 12:00 - 2:00 | 102 | Medical Terminology | 2 |
| | | | | |
| Class of 2026 | | | | |
| TUESDAY | 9:00 - 11:00 | 203 | Pathology II | 2 |
| TUESDAY | 12:00 - 3:00 | 204 | Radiation Protection/Radiobiology | 3 |
| THURSDAY | 9:00 - 12:00 | 202 | Anatomy IV | 3 |
| THURSDAY | 1:00 - 4:00 | 201 | Procedures IV | 3 |
| 7/9/25 ted | | | | |

## REQUIRED TEXTBOOKS – 2026

| | |
|---|---|
| Bontrager's Radiographic Positioning 11th Ed. | ISBN – 9780323653671 |
| Bontrager's Radiographic Positioning Workbook 11th Ed. | ISBN - 9780323936156 |
| Radiographic Imaging and Exposure 6th Ed. | ISBN – 9780323661393 |
| Fundamentals of Cross Sectional Anatomy | ISBN – 97800766861725 |
| Fundamentals of Cross Sectional Anatomy WB | ISBN - 9781133960850 |
| Calloway's Introduction to Radiologic Technology 8th Ed. | ISBN – 9780443117268 |
| Radiation Protection in Med. Radiography 9th Ed | ISBN – 9780323825085 |
| Radiation Protection Work in Med. Radiography 9th Ed | ISBN - 9780323694230 |
| Ethics and Legal Issues for Imaging Professionals | ISBN – 0-323045995 |
| Bontrager's Pocket Atlas 11th Ed. | ISBN – 9780323694223 |
| Radiographic Pathology | ISBN – 9781451112146 |
| Radiographic Pathology Workbook | ISBN - 9781451113532 |
| Medical Terminology | ISBN – 9780323825238 |
| Torres Basic Medical Techniques/Patient Care 10th Ed. | ISBN –9781975192518 |
| Personal and Professional Growth for Health Care Pro. | ISBN – 9781284096217 |

Reassessed 2025/ Revised 2025 TED

## DIDACTIC PANDEMIC POLICY

As we practice health and safety guidelines put forth by state, hospital and school officials due to COVID-19, The Sinai-Grace Hospital School of Radiologic Technology policy on didactic and clinical education is as follows:

- The School's Program Director will consult with the Director of Radiology and all Didactic Instructors to determine the safety of all students while in class.
- If a pandemic is determined to be a safety hazard for students and instructors, then all in-person didactic classes will then be cancelled.
- Online classes will be done through Microsoft Teams or Zoom.
- All didactic class schedules will remain the same days and hours.
- All assignments will be emailed to each student for all classes.
- The students will be required to complete all assignments, papers, quizzes, and exams as shown on the syllabus.
- For Radiographic Procedures Lab Simulations, the ASRT Modules will be used as a substitute.
- If didactic classes are cancelled, then the clinical classes will also be cancelled.
- Students will be required to practice their positioning skills on family, friends, or on a manikin of some type. The instructor will assign time frames on a one-to-one basis between student & instructor, to show progression or digression of positioning skills.
- Depending on the length of the on-line classes, clinical competencies will be delayed or if the closure is a full semester, then those competencies will be done in the next semester.
- Students may have to delay completing the program depending on the length of the pandemic and when the state, hospital, and program officials believe that it is safe for the students to return to normal clinical and didactic classes.

Reassessed 2025/ Revised LO

## Sinai-Grace Hospital School of Radiologic Technology
## Pandemic Plan and Clinical Education Agreement

As a containment strategy to reduce the potential spread of COVID-19 and with keeping with recommendations from the Centers of Disease Control and Prevention (CDC), and state and local health departments, Sinai-Grace Hospital School of Radiologic Technology will be taking measures to ensure clinical continuity and academic progression for our students.

1. Students must complete the modules. Initial in the space provided behind the modules title to attest that you have completed this requirement.
    - Hand Washing Orientation Video _____
    - How do infections spread? Understanding the chain of infection _____
2. No students will be allowed to enter the building if they have any of the following:
. A temperature greater than 100.0 degrees F.
    a. Have exhibited any COVID-19 symptoms (cough, fever, flu-like symptoms) within the last 72 hours.
3. Students are **not** to provide care to patients on the designated COVID units.
4. Students are **not** to provide care to patients in isolation that are considered Patients under Investigation (PUI).
5. Per the Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation Standards, only 25% of *assigned* student clinical education may take place on second/third/weekend shifts.
6. As students sent home and then asked to return, they should have valid educational opportunities and not be used as transporters, runners, or free labor.
7. Sinai-Grace Hospital School of Radiologic Technology may not be able to place the total number of students approved for each clinical education site until the patient volume grows or technologists return from furloughs.
8. This agreement may be modified during the semester depending on Sinai-Grace Hospital School of Radiologic Technology and/or hospital circumstances for the safety of the patients and students.

**I have carefully reviewed the Pandemic precautions provided to me by Sinai-Grace Hospital School of Radiologic Technology and agree to abide by them.**

Name (printed) _____ Date _____

Signature _____

**I have carefully reviewed the Pandemic precautions provided to me by Sinai-Grace Hospital School of Radiologic Technology. However, due to personal/health reasons, I have chosen to refrain from attending clinicals currently. I have attached documents supporting this decision. I understand that this decision will affect my academic progression, and I accept that responsibility.**

Name (printed) _____ Date _____

Signature _____

Reassessed 2025/ Revised 2025 ted

## SCHOOL OF RADIOLOGIC TECHNOLOGY - CLINICAL COMPETENCIES

**1ST SEMESTER**

- 2 view Chest
- 1 view Chest Portable
- Upright and Supine Abdomen (2-view total)
    - Or an
    - Acute Abdomen Series (one view upright chest, upright abdomen or decubitus abdomen, and a supine abdomen 3-views total)
- 3 view Hand
- 3 view Wrist and/or Scaphoid
- 3 view Elbow
- 2 view Forearm

**2ND SEMESTER**

- Abdomen – 2 views (if you did not do the comp in 1st semester)
- Humerus 2 views
- Shoulder 3 views
- Clavicle 2 views
- Foot 3 views
- Ankle 3 views
- Tib/Fib 2 views
- Knee (3, 4, or 5 views)
- UGI (this semester or next semester)
- GI Room Competency
- General Room Competency

**3RD SEMESTER**

- Clavicle (if not completed in the previous semester)
- UGI
- ERCP
- Pelvis (1 view)
- Femur
- Hip Complete (unilateral)
- Trauma Hip with cross-table view
- Scoliosis Series
- Cervical Spine Complete (AP, bilateral oblique, lateral)
- Thoracic Spine Complete (AP, lateral, swimmers)
- Lumbar Spine Complete (AP, bilateral oblique, lateral)
- Sacrum & Coccyx (3 views)
- SI joints
- Barium Enema
- C-arm/OR Room Competency

**4TH SEMESTER**

- Skull
- Facial Bones
- TMJ's
- Mandible
- Ribs
- Sinuses
- Nasal Bones
- Orbits
- Sternum

- SI Joints
- ERCP, UGI, BE, if not completed during your 1st year.
- Pediatric Chest & Upper or Lower Extremity Final Competency (CHM)

**5TH SEMESTER**

- **18 of the 36** Mandatory Competencies required by the ARRT (ARRT Competency Form handed out)
- **10 out of 20** Elective Competencies required by the ARRT (ARRT Competency Form handed out)

**6TH SEMESTER**

- **18 of the 36** Mandatory Competencies required by the ARRT (ARRT Competency Form handed out)
- **10 out of 20** Elective Competencies required by the ARRT (ARRT Competency Form handed out)
- **All Patient Care Competencies required by the ARRT for graduation**

Reassessed 2025/ Revised 2025 TED

## 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 them.

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 the patient enters.

Reassessed 2025/ Revised 2025 TED

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

Reassessed 2025/ Revised LO Evalue

**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 (if applicable)

Reassessed 2025/ revised LO

## SOCIAL MEDIA POLICY

**I. SCOPE:**
This policy applies to (1) Tenet Healthcare Corporation and its wholly owned subsidiaries which include Sinai-Grace Hospital School of Radiologic Technology

**II. PURPOSE:**
The purpose of this policy is to help students with respect to Tenet's policies regarding public Social Media outlets such as Facebook, Twitter, LinkedIn, Instagram, Pinterest, Tik-Tok, YouTube, Yahoo Finance, Foursquare, and internal social collaboration features (such as SharePoint) on Tenet's Intranets.

**III. DEFINITIONS:**
A. "**Confidential Information**" has the same meaning as Proprietary Information.
B. "**Proprietary Information**" means any trade secret, know-how, invention, software program, application, documentation, schematic, procedure, contract, information, knowledge, data, process, technique, design, drawing, program, formula or test data, work in progress, engineering, manufacturing, marketing, financial, sales, supplier, customer, patient, investor, or business information, whether in oral, written, graphic or electronic form, but does not include employee benefits and compensation information, or other terms and conditions of employment, with the exception of executive level employees and/or those covered by lawful written confidentiality agreements.
C. "**Public Information**" means information that has been released to the public by Tenet.
D. "**Social Media**" mean content created by people using highly accessible and scalable publishing technologies, tools and platforms facilitating the discovery, participation and sharing of content.

**IV. POLICY:**
We recognize the common use of social media in our employees' day-to-day lives to stay virtually connected to our friends, family, and colleagues. After all, an interest in social connections is what inspired us to join healthcare and care for patients. As such, we respect our employees' use of social media to the extent is does not interfere with our didactic and clinical classes or does not create potential harm to Human Resource Policy, Employee Relations & Workplace Expectations.

## USE OF HOSPITAL COMPUTERS

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.***

# INFORMATION AND TECHNOLOGY SYSTEM POLICY

**I. PURPOSE:**
The purposes of this policy are to ensure Tenet's technology and information systems such as voice-mail, e-mail, computers, associated computer networks, software, the Internet and other related technologies are used for business purposes only, to notify employees that they must limit personal use of these systems, to advise employees that all information stored in or transmitted through such systems, as well as the equipment itself is company property and to alert all employees of the privacy and confidentiality limitations inherent in the use of such company
systems.

**II. POLICY:**
This policy governs the use of Tenet's electronic mail (e-mail) and voice mail systems, Internet usage on company systems, computers, computer systems (sometimes referred to collectively as "information systems" in this policy) and software resident on any of these systems. The provisions of this policy are to control all matters related to employee Use of Information and Technology Systems and supersede any existing provision(s) contained in the Employee Handbook.
Computers, including portable computers, computer files, terminals, Internet-connected terminals, mobile devices, the e-mail system, the voice-mail system and software furnished to students are Tenet property and intended for business use only, with limited personal-use. These information systems, together with the Internet, assist Tenet in conducting business internally and externally. The equipment which makes up these systems together with the data stored in the systems, are and remain at all times, the property of Tenet whether they are located in your home, at a remote location or in the office. As such, all messages or information created, sent, received or stored in the systems as well as all information and materials downloaded into
Tenet systems are and remain the property of Tenet. Employees should not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer and e-mail usage may be monitored.
Tenet strives to maintain a workplace free of unlawful harassment and sensitive to the diversity of its employees. Therefore, the Tenet prohibits the use of voicemail, computers and e-mail and Internet systems in ways that are in violation of this policy.
Students wishing to establish an official, work-related social media site must first gain approval from hospital administration. In addition, the site must comply with Tenet's Administrative policy on social media sites, AD 1.20 social media Policy. Employees may not use the Tenet or facility name, logo or photographs to establish official Company sites without written permission from Tenet's Communications Center or from the facility marketing/communications department. Employees should strive to be accurate in communications related to Tenet, and will comply will all applicable laws, including the Health Insurance and Accountability Act (HIPAA).

**Examples of inappropriate use of the information systems include, but are not limited to, the following:**
A. Threatening other employees, business partners and competitors.
B. Posting confidential or proprietary non-public information acquired during employees' duties about their hospital, Tenet or its subsidiaries or any company with which their hospital or Tenet does business.
C. Providing medical or health advice on any social media site.
D. Publishing content related to patients and patient care including patient name, photos, diagnostic testing results/images, case information, or any information that may lead a reasonable person to be able to identify a patient.
E. Updating or monitoring social media sites during work time unless this activity is specifically part of the employee's work duties.
F. Tenet's policies regarding harassment, non-discrimination, retaliation and social media use apply; therefore, libelous, defamatory, maliciously false, obscene, indecent, lewd, violent, abusive, threatening, sexually harassing, discriminatory, and/or similar comments or conduct is strictly prohibited.
G. Creating, displaying or transmitting offensive or derogatory images messages or cartoons regarding sex, race, religion, color, national original, marital status, age over 40, physical or mental disability, medical

condition or sexual orientation or which in any way violate Tenet's policy prohibiting retaliation, employment discrimination and harassment in employment.
H. Creating, displaying or transmitting "Junk mail" such as cartoons, gossip or "joke of the day" messages.
I. Creating, displaying or transmitting "chain letters;"
J. Soliciting or proselytizing others for commercial ventures or for religious or charitable causes.
K. Students should not expect privacy about Tenet's information systems. Any communication which is private, confidential or personal should not be placed on Tenet's information systems. Students should expect that any e-mail or voice mail message that is created, sent or received and that any file in the computer network, in local PCs or on disks located on Tenet property may be read or listened to at any time. The Tenet expressly reserves the right to intercept, read, review, access and disclose all e-mail messages, to intercept, listen to, review, access and disclose all voice mail messages and to intercept, read, review, access and disclose all computer files, including, but not limited to Internet usage and Web sites that you have accessed. Every time you use or log on to these devices you are consenting to such action. The reasons include, without limitation, investigating wrongdoing, to determine whether security breaches have occurred, monitoring compliance with policies and to obtain work product needed by other employees.
Tenet reserves the right to monitor, prohibit, restrict, block, suspend, terminate, delete or discontinue access to any official work-related social media sites without notice and at its sole discretion.
Deleting e-mail messages and computer files does not necessarily mean that there are no copies on the network or in storage or that the information cannot be retrieved. Accordingly, nothing should be written in a computer file or in e-mail that you would not put in a traditional hard copy document. Please note that it is possible that Tenet could choose to or be compelled to produce email and computer files in litigation.
Tenet purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless authorized by your
The Information Systems Director or Department Manager, Tenet, does not have the right to produce such software for use on more than one computer.

Reassessed 2025/ Revised LO Tenet Policy

## LIBRARY

Sinai-Grace School of Radiologic Technology Library

Sinai-Grace has two libraries available to students. The school's library is located on the 6th floor and has two PACS stations with hospital access computers, one hospital access computer, radiographic phantoms, multiple books, and other teaching aids.

Sinai-Grace Medical Library

The main hospital medical library is within the hospital on the 1st floor. It is an extensive medical library that is available to the students 24 hours a day. The library has 18 computers with links to the Internet.

Reassessed 2025/ Revised 2025 ted

## AUDIOVISUAL EQUIPMENT LIST AND MATERIALS

| Type | Quantity |
|---|---|
| ▪ Wall Mount computer monitor | 1 |
| ▪ Clickshare | 1 |
| ▪ Laptop Computer | 1 |
| ▪ Desktop Computer | 1 |
| ▪ Easel | 2 |
| ▪ Portable White Board | 1 |
| ▪ Laser Pointer | 1 |
| ▪ Projector | 1 |
| ▪ Podium | 1 |
| ▪ Wall-mount White Board | 1 |
| ▪ PACS Station | 1 |
| ▪ LCD Panel for Computer & Video Projection | 1 |

- 1 in auditorium
- 1 Proxima portable

**Models**

| | | |
|---|---|---|
| Skeleton | Positioning Manikin | 5 Skulls |
| 3 Hearts | 1 Skull Phantom | Box of Bones |
| Body Trunk | 3 IV Practice Arm | Kidney, Nephron and Kidney Lower Leg w/Foot |

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

## 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) blood test performed
- Drug screen test.
    - **A positive drug screen will result in the immediate rescinding of the offer for admission.**
- MMR (Measles, Mumps, and Rubella) and Varicella proof of vaccination is required or a blood test for Rubella, Rubella, Varicella Zoster, Hepatitis B and Measles titters may be done.
- Eye exam (bring your glasses if applicable).
- Covid vaccine is not required currently.

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

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

Reassessed 2025/ Revised 5/29/2025 Ted/Anna Occupational Health

## IMMUNIZATION/INFECTIOUS DISEASE CONTROL

- Students who need 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 take a Mask Fit Test each September.
- 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.

Reassessed 2025/ Revised 5/29/2025 Ted/Anna Occupational Health

## SCHOOL INJURY POLICY

**SCHOOL RELATED and NON-SCHOOL RELATED**

Students seeking school or non-school 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.

Reassessed 2025/ Revised LO

## LONG TERM ILLNESS/PREGNANCY

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 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.

If 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 students 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 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 can 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 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 than 500 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 ensure 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.

Reassessed 2025/ Revised 2025 TED/JRCERT

## 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. Students will be given every opportunity to return to the Program as deemed by their physician. Students 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/marijuana will be considered a terminable offense.

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

Reassessed 2025/ Revised LO

# SEXUAL HARASSMENT POLICY

It is the policy of the Sina-Grace School of Radiologic Technology to maintain an environment free of sexual harassment, including harassment based on a hostile clinical environment. The Program 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.

Reassessed/ Revised 5/2025 TED

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/29/2025

**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**<br>Arthur J. Gallagher Risk Management Services, LLC<br>500 N. Brand Boulevard<br>Suite 100<br>Glendale CA 91203<br>License#: 0D69293 | **CONTACT NAME:** Global Risk Management<br>**PHONE (A/C, No, Ext):** 818-539-2300 **FAX (A/C, No):** 818-539-1801<br>**E-MAIL ADDRESS:** grm_certificates@ajg.com |
| **INSURED**<br>Tenet Healthcare Corp.<br>14201 Dallas Parkway<br>Dallas, TX 75254<br>TENEHEA-02 | **INSURER(S) AFFORDING COVERAGE** / **NAIC #**<br>**INSURER A :** National Union Fire Insurance Company of Pittsburg / 19445<br>**INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 361089834 **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 | | | 1728920 | 6/1/2025 | 6/1/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | OTHER: | | | | | | | $ |
| | 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 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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**

MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Teri Downes, School Program Director**

**From:** **Kim Mahaffey, Chaplain Sinai Grace Hospital**

**Re:** **Spiritual Care Letter of Understanding**

---

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

The Spiritual Care Department agrees to offer spiritual services to the Sinai-Grace Hospital Radiology Students if needed during school hours From June 2025 through August 2026.

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 Mahaffey Date: 6/11/2025
Kim Mahaffey
Chaplain Sinai Grace Hospital

---

## RADIATION SAFETY POLICY

**SCOPE:**
To minimize radiation exposure to all radiology students

All students must wear radiation dosimeter badges during all clinical and lab times.

- Radiation exposure badges are sent for monthly readings.
- Monthly dosimetry reports are available and by both the student and the program director. Students are required to sign the monthly report to document that they have reviewed their exposure readings. This must occur within 5 days of notification from program director, of the report's availability.
- Any student with a reading more than 40mrem (0.4 mSv) in one month or two consecutive months with a higher-than-normal reading will be notified. The student and program director met regarding possible investigation of reading and assessed what could have contributed to the high exposure. The student will be counseled by radiation protection standards. Further investigation as to all possible causes will proceed if warranted.

When a student is in an environment where the student could receive radiation exposure, they must wear protective equipment.

- 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.
- Protective glasses are optional.
- Lead gloves are available if hands must be used during x-ray for positioning.

Whenever possible, personnel should stand at least six feet away from the x-ray tube and the patient.

The students will not take any x-rays until they determine that all staff and other students are protected.

Protective equipment maintenance:

- Lead aprons and thyroid shields should be laid flat or hung vertically - do not fold.
- The Radiology Department will x-ray lead protectors every 12 months or when damage is suspected.
- Lead protectors should be cleaned according to the 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.

Reassessed 2025/ Revised 2025 Ted

## EXCEEDED RADIATION DOSE LIMIT 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 provide a radiation safety in-service session during school orientation for each new class. This will allow all students a forum for questions and answers.

**Excerpt from Detroit Medical Center System Policy**

| Radiation Exposure Monitoring | |
|---|---|
| **DMC RAD 328** | Effective Date: 05/05/2021 |

Each institution is responsible for the proper provision of radiation exposure monitors, evaluation of radiation exposure results, and corrective actions as necessary to maintain radiation exposure As Low As Reasonably Achievable (ALARA). The RSO or RPS at each site is responsible for enforcing this policy, monitoring, evaluating and ensuring radiation exposure ALARA. Each occupational radiation worker is responsible for properly handling, wearing and returning the radiation monitor(s) issued to them as described in this policy and for ensuring radiation exposure ALARA.

WHO SHOULD WEAR AN IONIZING RADIATION MONITOR?

Each institution as a licensee of the United States Nuclear Regulatory Commission per 10 CFR 20.1502 and a registrant of The Department of Licensing and Regulatory Affairs (LARA) shall supply appropriate personnel monitoring equipment to, and require the use of such equipment by:

1. Each employee and/or physician that receives or is likely to receive an ionizing radiation dose in any calendar quarter in excess of the following:

| | |
|---|---|
| Whole Body | 125 mrem (1.25 mSv)/quarter |
| Skin of Whole Body | 1250 mrem (12.5 mSv)/quarter |
| Extremities | 1250 mrem (12.5 mSv)/quarter |
| Lens of the Eye | 375 mrem (3.75 mSv)/quarter |

2. Each employee under the age of 18 receives or is likely to receive, a dose in any calendar quarter in excess of the following:

| | |
|---|---|
| Whole Body | 12.5 mrem (0.125 mSv)/quarter |

| | |
|---|---|
| Skin of Whole Body | 125 mrem (1.25 mSv)/quarter |
| Extremities | 125 mrem (1.25 mSv)/quarter |
| Lens of the Eye | 37.5 mrem (0.375 mSv)/quarter |

3. Each employee that routinely and directly works with radiographic/fluoroscopic equipment shall have a specific auxiliary radiation monitor(s) assigned to note the exposure received to those body parts not adequately shielded by whole body lead aprons as determined by the Radiation Safety Officer, i.e., collar and/or extremity monitors.

4. Individuals, in addition to those covered by the above, at the discretion of each Radiation Safety Officer, Radiation Protection Supervisor and/or Radiation Safety Committee. Staffs working in the following departments are routinely issued radiation dosimeters regardless of their anticipated radiation exposure: radiation therapy, radiology, nuclear medicine, Cath /special procedures lab, computed tomography (CT), and all operating room personnel where fluoroscopic procedure are performed.

.

**PROCEDURE AND/OR PROVISIONS**

A. OBTAINING AN IONIZING RADIATION MONITOR

Each individual required to wear radiation monitors as noted above shall obtain and possess their own unique ionizing radiation monitor(s) prior to assuming duties directly involving ionizing radiation by:

1. Contacting the Department of Radiology and/or the Radiation Safety Officer or his designee and

2. Completely and accurately filling out and returning a “Radiation Film Badge Request” form and a "Occupational External Radiation Exposure History" form via http://www.michigan.gov/documents/mdch/bhs_hfs_101_217828_7.pdf

3. Forwarding any changes, additions, deletions of the information provided to obtain these monitors to the Radiation Safety Officer and/or designee as soon as possible to maintain a current record.

B. ISSUING AND RETURNING RADIATION MONITORS

1. Any occupationally exposed individual prior to assuming duties involving ionizing radiation must wear radiation monitors.

2. Radiation monitors are received and disbursed by the Department of Radiology to each area of use.

3. Each area of use within each institution shall receive prior to the period of issue their own unique allotment of radiation monitors from the Department of Radiology.

4. Radiation monitors are to be promptly distributed by the current month’s issue date.

5. The prior month’s radiation monitors are to be promptly returned to the Department of Radiology by the 10th day of the next month’s period of issue.

6. At the cessation of employment, it is the responsibility of the employee to return all assigned monitors to the Radiation Safety Officer and/or designee.

7. At the termination or transfer of a monitored employee it is the responsibility of the employee's supervisor to notify the Radiation Safety Officer and/or designee to cancel the radiation dosimeters.

C. WEARING AN IONIZING RADIATION MONITOR

Each individual required to obtain and possess their own unique ionizing radiation monitor(s) as noted above shall wear them as follows:

Whole Body and/or Skin Ionizing Radiation Monitors (Badges, OSL, or pencil chambers) shall be worn:

1. On the anterior body surface between the collar and waist.

2. Always under any shielding worn, such that it is completely covered.

Extremity Ionizing Radiation Monitors (TLD rings) shall be worn:

1. On the assigned extremity (left vs. right)

2. With the label always facing the source of ionizing radiation

Auxiliary "Collar" Ionizing Radiation Monitors (badges, OSL, or pencil chambers) shall be worn:

1. On the anterior body surface or placed such that the front of the badge faces the most likely source of radiation at the collar level unless specifically directed otherwise by the Radiation Safety Officer

2. Always outside any shielding worn such that it is completely uncovered.

D. PROPER USAGE OF IONIZING RADIATION MONITORS

1. Each assigned monitor shall be worn as prescribed above at all times while handling and/or occupationally using ionizing radiation (i.e., Radioactive Materials and/or X-ray Machines) within the control of or on the premises of the Detroit Medical Center.

2. Assigned monitors shall be kept in areas within each institution which are considered "low background" with respect to occupational sources of ionizing radiation during "off duty" hours ("badge boards," lockers, desks, etc.). Badge storage in a common low background area i.e., "Badge Board" is encouraged if possible.

3. Assigned monitors should be protected whenever possible from non-occupational exposure, excessive abuse, heat and water such that each can be clearly identified for whom it is assigned.

4. Control badges issued with each allotment shall be kept in a low radiation area. They must be returned with the proper allotment of badges for proper processing.

Reassessed 2025/ Revised TED Tenet Policy

# MRI SAFETY POLICY

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
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 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.

## MAGNETIC RESONANCE SCREENING FORM FOR STUDENTS

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves. This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations. Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Student Name: _____ Date: _____

| | Circle Yes or No | |
|---|---|---|
| 1. Have you had prior surgery or an operation of any kind | Yes | No |
| If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____ | | |
| 2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)? | Yes | No |
| If yes to question 2, please describe: _____ | | |
| 3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.) | Yes | No |
| If yes to question 3, please describe: _____ _____ | | |
| Please indicate if you have any of the following: | | |
| Aneurysm clip(s) | Yes | No |
| Cardiac pacemaker | Yes | No |
| Implanted cardioverter defibrillator (ICD) | Yes | No |
| Electronic implant or device | Yes | No |
| Magnetically-activated implant or device | Yes | No |
| Neurostimulator system | Yes | No |
| Spinal cord stimulator | Yes | No |
| Cochlear implant or implanted hearing aid | Yes | No |
| Insulin or infusion pump | Yes | No |
| Implanted drug infusion device | Yes | No |
| Any type of prosthesis or implant | Yes | No |
| Artificial or prosthetic limb | Yes | No |
| Any metallic fragment or foreign body | Yes | No |
| Any external or internal metallic object | Yes | No |
| Hearing aid | Yes | No |
| Other device: _____ | Yes | No |

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. Should any of this information change, I will inform my program director.

Student Signature: _____

Date _____/_____/_____

The student has not identified any contraindications to entering MR Zone III or IV. The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting. Form Information Reviewed By:

Print name _____ Signature _____Title _____

Student Initials _____

**Remember: The magnet is always on!**

# DRESS CODE POLICY

The objective of this policy is to promote a neat, clean and professional appearance consistently with preserving the image of the hospital while assuring that the attire is not hazardous to patients or to other students and staff.

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 is the responsibility of the individual student.**

The minimum requirements are as follows:

- Students must be clean, neat and professionally dressed.
- Attire will be securely fastened.
- Students must wear 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.
- **Fingernails must no longer than ¼ inch in length**.
- **Acrylic or gel nails are not allowed.**
- 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 or clinical hours.
- T-shirts may be worn under the scrub top but must be always tucked in.
- DMC, Sinai-Grace, and Radiology logo tops may be worn, if neat and appropriate.
- No hoodies

Students are expected to arrive at their clinical assignment in the appropriate uniform. They must look professional (i.e. clean, neat, clothes ironed, hair combed, etc.). The Clinical Preceptor may, at his/her discretion, send the student home if the student's appearance is inappropriate, or does not follow the dress code. This clinical day must then be made up according to the attendance policies.

Reassessed 2025/ Revised 2025 TED

## GRIEVANCE POLICY

The Program recognizes the need for students to express grievances regarding the Program. The grievance process is designed to provide students with a structured, fair, and timely method for resolving concerns but limited to didactic courses, clinical assignments, and other program-related issues. Any grievance presented by a student must be held in strict confidence by all concerned. 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 Program will maintain a record of formal grievance and resolution. Records will be retained in the student's school file.

**Step One: Informal Resolution**

Students with a concern regarding a didactic course or clinical assignment (e.g., evaluation) must meet with the **course instructor** or **Clinical Coordinator** within **five (5) business days** of the incident or concern. The purpose of this meeting is to seek an informal resolution.

**Note:** Dissatisfaction with a grade alone does not constitute grounds for a grade appeal. However, if a student can provide credible **evidence of an unjust grade**—inconsistent with the course syllabus or in violation of program policies/procedures—the student may formally request a meeting. Written documentation and supporting evidence must be presented during this meeting.

If the issue is not resolved at this stage, the student may proceed to Step Two.

---

**Step Two: Program Director Review**

If the concern remains unresolved, the student must submit a **written complaint** to the **Program Director** within **five (5) business days** of the Step One meeting. This complaint must be clearly outlined:

- The nature of the concern
- A summary of the prior meeting
- Any supporting documentation

The Program Director will schedule a meeting with the student and make a **final decision within ten (10) business days**. If the student is not satisfied with the outcome, they may proceed to Step Three.

**Step Three: Radiology Director Review**

The student may escalate the complaint by submitting a **written appeal** to the **Radiology Director** within **five (5) business days** of receiving the Program Director's decision. The written appeal must include:

- A restatement of the concern
- A summary of the actions and outcomes from Steps One and Two
- Any relevant documentation

The Radiology Director will meet with the student and make a **final decision within ten (10) business days**. If the student remains dissatisfied, they may proceed to Step Four.

---

**Step Four: Final Review by the Chief of Human Resources**

To initiate a final review, the student must submit a **written request** to the **Program Director** within **five (5) business days**, requesting a meeting with the **Chief of Human Resources**.

The Program Director will arrange for the meeting to be held within **ten (10) business days**. The **Chief of Human Resource's decision is final and binding**, concluding the grievance process.

---

**REPORTING ALLIGATION/NON-COMPLIANCE TO JRCERT**

Complaints not related to academic or clinical evaluations (e.g., facility issues, classroom cleanliness) should be directed to the **Program Director** and/or **Clinical Coordinator**. The issue will be addressed with the appropriate department, and a response will be provided within **five (5) business days**.

For concerns at clinical sites where the **Clinical Preceptor** is not immediately available, students should contact the **Clinical Coordinator** or **Program Director**. The program actively reviews complaint records to identify and address patterns, ensuring the **continued integrity of the educational experience**.

**Process for Reporting Allegations/ Noncompliance to the Program's accreditation body JRCERT**

If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
PH: (312) 704 – 5300
Email: mail@jrcert.org
Allegations-Reporting-Form-1-2024.pdf (jrcert.org)

Reassessed 2025/ Revised 7/25 TED

## REPRIMAND and TERMINATION POLICY

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 can express their view of the discipline in written form.

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

**If the student's scholastic average is below 85% per subject in either clinicals or didactic classes.**

A student may be 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.***

Reassessed 2025/ Revised LO

## STUDENT GUIDANCE AND ASSISTANCE

It is the responsibility of the Program Director, Clinical Coordinator, 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.

Office hours for students to meet with the Program Director, Clinical Coordinator, and Didactic instructors can be scheduled via phone or email. That staff member shall schedule a time with 3 business days of the email.
Reassessed/ Revised 2025 TED

## 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.
Reassessed 2025/ Revised 2025 TED

## TIME CLOCK POLICY

All radiology students are required to use the time clock to document the start and end times of the clinical day.

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 or Clinical Coordinator.
- 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

Reassessed 2025/ Revised 2025 TED

## 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 Teacher Ease program. Teacher Ease is 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 Program 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 the 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 a 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

Reassessed 2025/ Revised LO

**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***

## STUDENTS 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 inter-mingle 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 radiation badge. The badge is separate from what 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,

## 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, one badge is issued to each student. ***The badge is to be worn at all times while in the clinical setting.*** A badge holder is located in the 6th floor locker room. The badge should not be worn outside of the hospital. Students who are employed by the DMC within the radiology department will receive a second radiation badge for their paid hours.

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

Reassessed 2025/ Revised LO

## ATTENDANCE/TARDINESS STANDARDS FOR CLINICAL AND DIDACTIC CLASSES

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 for four weeks 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) 966-6844 or email at tdownes@dmc.org. The student must also contact the clinical site they are assigned.

| | |
|---|---|
| Sinai-Grace Hospital | (313) 966-6835 |
| Children's Hospital of Michigan | (313) 745-5459 |
| Harper University Hospital | (313) 745-8401 |
| Huron-Valley Sinai Hospital | (248) 937-3441 |
| Detroit Receiving Hospital | (313) 745-5459 |

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 in the clinical setting (tardiness which is defined as 3 minutes after the assigned start time or punching out 3 minutes prior to your leave time) will result in disciplinary action.
- Make-up time for missed clinical days will be allowed for extenuating circumstances. Students are allowed to make up a maximum of 2 clinical days. All missed days due to elective surgeries will no longer be allowed to be made up. Make-up time for clinicals classes may be made up in either 4- or 8-hour increments.
- Notifying the Program and the clinical site must happen at least one hour before the scheduled shift. A No Call/No Show for any clinical day will be an automatic 3% drop in their clinical grade and will lose their free day for clinicals for the semester.

If the student needs to leave early from their clinical assignment, they must contact the Clinical Coordinator at the phone number above **and** inform the clinical preceptor at the hospital where they are assigned.

**Didactic Class**

Disciplinary action for absence/tardiness will occur as follows:

- More than 1 occurrence of absences 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 3% 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.
- If a student is ill or going to be late for didactic class, the student should contact the individual instructor by email or by phone 1 hour prior to class.
- A No Call/No Show for any didactic class will be an automatic 3% drop in that class and will lose their free day from the class.

## 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
- Studying in the classroom or library

While at the hospital, students should always wear their identification badges.

Reassessed 2025/ Revised 2025 TED

## MEAL AND REST BREAKS

Students are allowed one hour meal break during their clinical assignments. The meal break is anytime between 11:00 AM and 1:00 PM each day.

Reassessed 2025/ Revised 2025 TED

## STUDENT LOCKERS

Lockers are provided to all students in the Sinai-Grace Radiology department on the sixth floor in the Radiology Locker Room, Detroit Receiving Hospital ED X-ray Area, Harper University Hospital ground floor locker room, Huron Valley-Sinai Hospital X-ray department, 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.

Reassessed 2025/ Revised 2025 TED

MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Teri Downes, School Program Director**

**From:** **Larissa Schustor, Director of Imaging Services**

**Re:** **Laboratory Simulation Room**

---

This letter is to document the agreement between the Sinai-Grace Hospital School of Radiologic Technology and DMC Sinai-Grace Hospital.
The Imaging Services Department is assigning the Radiology School a dedicated radiographic room for laboratory simulations. We have agreed on Mondays and Tuesdays afternoon. The Radiographic Room #2 on the 6th floor of Sinai-Grace Hospital will be assigned to the Radiology School at the appointed times during the school year, September 2025 through August 2026.

As in the past if you have issues or problems, please contact myself at 966-6844.

Signature: _____ Date: 6/9/25

Larissa Schustor, MHA, BS, RT (T)
Administrative Director
Sinai-Grace Hospital

---

MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Stacie Morell, Director of Imaging Services**

**From:** **Teri Downes, 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 Children's Hospital of Michigan Imaging Services Department

The Imaging Services Department agrees to offer clinical hours to the Sinai-Grace Hospital Radiology Students for the months of October, November, and December 2025.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6844.

Signature: Stacie Morell Date: 6/16/2025

Stacie Morell, BA, RT (R)
Director of Imaging Services
Children's Hospital of Michigan

---

# MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Rebecca Gutierrez, Administrative Director of Imaging Services**

**From:** **Teri Downes, 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 Detroit Receiving Hospital Imaging Services Department.

The Imaging Services Department agrees to offer clinical hours from September 2025 through August 2026 to the Sinai-Grace Hospital Radiology Students Monday through Friday.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6844.

Signature: Rebecca R Gutierrez Date: 6/9/2025

Rebecca Gutierrez, MS, RT (R)(M)(ARRT)
Administrative Director
Detroit Receiving Hospital

---

# MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Rebecca Gutierrez, Administrative Director of Imaging Services**

**From:** **Teri Downes, 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 Harper University Hospital Imaging Services Department.

The Imaging Services Department agrees to offer clinical hours from September 2025 through August 2026 to the Sinai-Grace Hospital Radiology Students Monday through Friday.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6844.

Signature: Rebecca R Gutierrez Date: 6/9/2025

Rebecca Gutierrez, MS, RT (R)(M)(ARRT)
Administrative Director
Harper University Hospital

---

MEMORANDUM

DMC
Sinai-Grace Hospital
School of Radiologic Technology

**Date:** **May 27, 2025**

**To:** **Karen Thompson, Administrative Director of Imaging Services**

**From:** **Teri Downes, 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 Huron-Valley Sinai Hospital Imaging Services Department.

The Imaging Services Department agrees to offer clinical hours beginning September 2025 and August 2026 to the Sinai-Grace Hospital Radiology Students Monday through Friday.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6844.

Signature: Karen Thompson Date: 5/30/25

Karen Thompson, BS, RT (R)(M)
Administrative Director
Huron Valley-Sinai Hospital

---

## 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
- ❖ Immunizations

Reassessed 2025/ Revised 2025 TED

## 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 the immediate family only.
Immediate Family is considered:

- ♦ Spouse
- ♦ Mother & Mother-in-law
- ♦ Father & Father-in-law
- ♦ Stepmother
- ♦ Stepfather
- ♦ Grandmother & Grandmother-in-law
- ♦ Grandfather & Grandfather-in-law
- ♦ Sisters & Sister In-laws
- ♦ Brothers & Brother-in-laws
- ♦ Stepbrother
- ♦ Stepsister
- ♦ Child
- ♦ Stepchild

Reassessed 2025/ Revised 2025 TED

**RADIOGRAPHY TASK INVENTORY**
(Entry Level Technologist)
Task Statement

**ARRT Task Inventory Radiography** ARRT BOARD APPROVED: JANUARY 2021
IMPLEMENTATION DATE: JANUARY 1, 2022

Certification and registration requirements for radiography are based on the results of a comprehensive practice analysis conducted by The American Registry of Radiologic Technologists (ARRT) staff and the Radiography Practice Analysis Committee. The purpose of the practice analysis is to identify job responsibilities typically required of radiographers at entry into the profession. The results of the practice analysis are reflected in this document. The attached task inventory is the foundation for ARRT's clinical competency requirements and content outline which in turn is the foundation for the examination content specifications and CQR SSA content specifications.

**Basis of Task Inventory**
In 2019, the ARRT surveyed a large, national sample of radiographers to identify their responsibilities. When evaluating survey results, the committee applied a 40% criterion. That is, to be included on the task inventory, an activity must have been performed by at least 40% of radiographers. The committee could include an activity that did not meet the 40% criterion if there was a compelling rationale to do so (*e.g., a task that falls below the 40% criterion but is expected to rise above the 40% criterion in the near future).

**Application to Clinical Competency Requirements**
The purpose of the clinical requirements is to verify that individuals certified by the ARRT have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. An activity must appear on the task inventory to be considered for inclusion in the clinical competency requirements. For an activity to be designated as a mandatory requirement, survey results had to indicate that radiographers performed that activity. The committee designated clinical activities performed by fewer radiographers or which are carried out only in selected settings, as elective. The Radiography Didactic and Clinical Competency Requirements are available from ARRT's website (www.arrt.org).

**Application to Content Specifications**
The purpose of the exam is to assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of the staff technologist at entry into the profession. The content specifications identify the knowledge areas underlying performance of the tasks on the task inventory. Every content category can be linked to one or more activities on the task inventory. Note that each activity on the task inventory is followed by a content category that identifies the section of the content specifications corresponding to that activity. The Radiography Content Specifications are available from ARRT's website (www.arrt.org).

| Activity | Content Categories<br>Legend: PC = Patient Care,<br>S = Safety, IP = Image Production,<br>P = Procedures |
|---|---|
| 1. Sequence imaging procedures to avoid affecting subsequent examinations (e.g., residual contrast material). | |

2. Verify the patient's identity.
3. Evaluate the patient's ability to understand and comply with requirements for the requested examination.
4. Obtain pertinent medical history.
5. Manage interpersonal interactions in an effective manner.
6. Explain and confirm the patient's preparation (e.g., diet restrictions, preparatory medications).
7. Review the examination request to verify information is accurate, appropriate, and complete (e.g., patient history, clinical diagnosis, and physician's orders).
8. Explain the procedure instructions to patients, patient's family, or authorized representative (e.g., pre-procedure, post procedure).
9. Respond as appropriate to procedure inquiries from the patient, patient's family, or authorized representative (e.g., scheduling delays, exam duration).
10. Monitor the patient's auxiliary medical equipment (e.g., IVs, oxygen) during a procedure.
11. Follow environmental protection standards for handling and disposing of bio-hazardous materials (e.g., sharps, blood, body fluids).
12. Follow environmental protection standards for handling and disposing of hazardous materials (e.g., disinfectant, chemotherapy IV, radioactive implant).
13. Provide for the patient's safety, comfort, and modesty.
14. Notify appropriate personnel of adverse events or incidents (e.g. patient fall, wrong patient imaged).
15. Demonstrate and promote professional and ethical behavior (e.g., confidentiality, regulation compliance).
16. Verify informed consent as necessary.
17. Recognize abnormal or missing lab values relative to the procedure ordered.
18. Handle, label, and submit laboratory specimens (e.g., cerebrospinal fluid, synovial fluid).
19. Communicate relevant information to appropriate members of the care team.
20. Practice Standard Precautions.
21. Follow appropriate procedures when caring for patients with communicable diseases.
22. Use positioning aids, as needed, to reduce patient movement, and/or promote patient safety.
23. Use proper body mechanics and/or ergonomic devices to promote personnel safety.
24. Prior to the administration of a medication other than a contrast agent, review pertinent information to prepare appropriate type and dosage.
25. Prior to the administration of a contrast agent, review pertinent information to prepare appropriate types and dosage.
26. Prior to administration of a contrast agent, determine if patients are at risk for an adverse reaction.
27. Use sterile or aseptic technique when indicated.
28. Perform venipuncture
29. Administer contrast agents as required by the procedure.
30. Assess the patient after administration of a contrast agent to detect adverse reactions.
31. Obtain vital signs.
32. Recognize and communicate the need for prompt medical attention.
33. Assist with providing emergency care (e.g., CPR).
34. Clean and disinfect or sterilize facilities and equipment.
35. Document required information on the patient's medical record (e.g., imaging procedure documentation, images, and adverse events).
36. Evaluate the need for and use of protective shielding.
37. Take appropriate precautions to minimize radiation exposure to the patient.
38. Screen female patients of childbearing age for the possibility of pregnancy and take appropriate action (e.g., document response, contact physician).
39. Restrict beam to the anatomical area of interest.
40. Set technical factors to produce optimal images and minimize patient dose.
41. Document radiographic procedure dose.
42. Take appropriate action to minimize fluoroscopy dose.
43. Document fluoroscopy time.
44. Document fluoroscopy dose.
45. Keep all unnecessary people out of the immediate area during radiation exposure.
46. Take appropriate precautions to minimize occupational radiation exposure.
47. Advocate radiation safety and protection.
48. Describe the potential risk of radiation exposure when asked.

49. Wear a radiation monitoring device while on duty.
50. Evaluate individual occupational exposure reports to determine if values for the reporting period are within established limits.
51. Select appropriate radiographic exposure factors using the following:
    a. Fixed kVp technique chart
    b. Variable kVp technique chart
    c. Automatic Exposure Control (AEC)
    d. Anatomically programmed technique
52. Operate radiographic unit and accessories including:
    a. Fixed unit
    b. Mobile unit
53. Operate fluoroscopic unit and accessories including:
    a. Fixed fluoroscopic unit
    b. Mobile fluoroscopic unit (e.g., C-arm, O-arm)
54. Operate digital imaging devices and information technology systems including:
    a. Computed radiography (CR)
    b. Digital radiography (DR)
    c. Picture archiving and communication systems (PACS)
    d. Medical information systems (e.g., HIS, RIS, EMR, EHR)
55. Recognize and report malfunctions in the information technology systems (e.g., downtime procedures).
56. Remove radiopaque materials that could interfere with the image from the exposure field (e.g., clothing, jewelry).
57. Use radiopaque anatomical side markers at the time of image acquisition.
58. Select imaging accessories (e.g., grid, compensating filter) for the examination requested.
59. Align central ray to body part and image receptor to demonstrate the desired anatomy.
60. Explain breathing instructions prior to making the exposure.
61. Position patient to demonstrate the desired anatomy using anatomical landmarks.
62. Modify exposure factors for circumstances such as involuntary motion, casts and splints, pathological conditions, contrast agent, or patient's inability to cooperate.
63. Adapt procedures for:
    a. Patient condition (e.g., age, size, trauma, pathology)
    b. Location (e.g., mobile, surgical, isolation)
64. Select appropriate geometric factors (e.g., SID, OID, focal spot size, tube angle).
65. Evaluate images for diagnostic quality.
66. Respond appropriately to exposure indicator values.
67. Verify accuracy of patient identification associated with images.
68. Add electronic annotations on images to indicate position or other relevant information (e.g., time, upright, decubitus, post-void).
69. Perform post-processing on images in preparation for interpretation.
70. Determine corrective measures if image is not of diagnostic quality and take appropriate action.
71. Identify image artifacts and make appropriate corrections as needed.
72. Store and handle image receptor in a manner which will reduce the possibility of artifact production.
73. Recognize and report malfunctions in the imaging unit and accessories.
74. Recognize the need for periodic maintenance and evaluation of radiographic equipment affecting image quality and radiation safety (e.g., shielding, image display monitor, light field, central ray detector calibration).
75. Perform routine maintenance on digital equipment including:
    a. Detector calibration
    b. CR plate erasure
    c. Equipment cleanliness
    d. Test images

Perform the following diagnostic examinations:
76. Chest
77. Ribs

78. Soft tissue neck
79. Sternum
80. Sternoclavicular joints
81. Abdomen
82. Esophagus
83. Swallowing dysfunction study
84. Foreign body, airway or ingested
85. Upper GI series, single or double contrast
86. Small bowel series
87. Contrast enema (e.g., barium, iodinated), single or double contrast
88. Surgical cholangiography P.2.B.7
89. ERCP
90. Cystography
91. Cystourethrography
92. Intravenous urography
93. Retrograde urography
94. Hysterosalpingography
95. Cervical spine
96. Thoracic spine
97. Scoliosis series
98. Lumbar spine
99. Sacrum/coccyx
100. Sacroiliac joints
101. Pelvis/hip
102. Skull
103. Facial bones
104. Mandible
105. Temporomandibular joints
106. Nasal bones
107. Orbits
108. Paranasal sinuses
109. Toes
110. Foot
111. Calcaneus
112. Ankle
113. Tibia/fibula
114. Knee/patella
115. Femur
116. Fingers
117. Hand
118. Wrist
119. Forearm
120. Elbow
121. Humerus
122. Shoulder
123. Scapula
124. Clavicle
125. Acromioclavicular joints
126. Bone survey
127. Long bone measurement
128. Bone age

Assist radiologist with the following invasive procedures:

129. Joint injection (arthrography) - fluoroscopic guided contrast injection
130. Myelography - fluoroscopic guided contrast injection

# Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

*Adopted April 2020*

**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 is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs.

Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes 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 in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:
- • Identify strengths related to each standard
- • Identify opportunities for improvement related to each standard
- • Describe the program's plan for addressing each opportunity for improvement
- • Describe any progress already achieved in addressing each opportunity for improvement
- • Provide any additional comments in relation to each standard

**The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.**

**Standards for an Accredited Educational Program in Radiography**

**Table of Contents**

**Standard One: Accountability, Fair Practices, and Public Information**

**The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.**

**Objectives:**

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited**

**Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

**1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.**

***Explanation:***

Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

o Admission and transfer of credit policies;
o tuition, fees, and refunds;
o graduation requirements;
o grading system;
o program mission statement, goals, and student learning outcomes;
o accreditation status;
o articulation agreement(s);
o academic calendar;
o clinical obligations;
o grievance policy and/or procedures.

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

***Required Program Response:***

• Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.

• Describe how policies and procedures are fair, equitably applied, and promote professionalism.

• Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.

• Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.

Provide a copy of the resolution of any formal grievance(s).

***Possible Site Visitor Evaluation Methods:***

- Review of institutional and program website
- Review of institutional and program materials
- Review of student handbook
- Review of student records
- Review of formal grievance(s) record(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with staff
- Interviews with students

**1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.**

***Explanation:***
Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

***Required Program Response:***
• Describe how nondiscriminatory recruitment and employment practices are assured.
• Provide copies of employment policies and procedures that assure nondiscriminatory practices.

***Possible Site Visitor Evaluation Methods:***
• Review of employee/faculty handbook
• Review of employee/faculty application form
• Review of institutional catalog
• Interviews with faculty

**1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.**

***Explanation:***
Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

***Required Program Response:***
• Describe how institutional and program admission policies are implemented.
• Describe how admission practices are nondiscriminatory.
• Provide institutional and program admission policies.

***Possible Site Visitor Evaluation Methods:***
• Review of published program materials
• Review of student records
• Interviews with faculty
• Interviews with admissions personnel, as appropriate
• Interviews with students

**1.4 The program assures the confidentiality of student educational records.**

***Explanation:***

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

***Required Program Response:***
Describe how the program maintains the confidentiality of students' educational records.

***Possible Site Visitor Evaluation Methods:***
• Review of institution's/program's published policies/procedures• Review of student academic and clinical records, including radiation monitoring reports

• Tour of program offices

• Tour of clinical setting(s)

• Interviews with faculty

• Interviews with clerical staff, if applicable

• Interviews with clinical preceptor(s)

• Interviews with clinical staff

• Interviews with students

**1.5** The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.

***Explanation:***
The program must assure students and faculty are cognizant of the **Standards** and must provide contact information for the JRCERT.
Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students. Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

***Required Program Response:***
• Describe how students and faculty are made aware of the **Standards**.
• Provide documentation that the **Standards** and JRCERT contact information are made known to students and faculty.

***Possible Site Visitor Evaluation Methods:***
• Review of program publications
• Review of program website
• Interviews with faculty
• Interviews with students

**1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.**

***Explanation:***

Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).
Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

***Required Program Response:***
• Provide the hyperlink for the program's effectiveness data webpage.
• Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

***Possible Site Visitor Evaluation Methods:***
• Review of program website

• Review of program publications

• Interviews with faculty

• Interviews with students

**1.7 The sponsoring institution and program comply with requirements to achieve and maintain JRCERT accreditation.**

***Explanation:***
Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at www.jrcert.org. In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

***No Required Program Response***

***Possible Site Visitor Evaluation Method:***

Review of a representative sample of program official qualifications

**Standard Two: Institutional Commitment and Resources**

**The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.**

**Objectives:**
2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper. Radiography 14

**2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.**

***Explanation:***

The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

***Required Program Response:***

• Describe the sponsoring institution's level of commitment to the program.

• • Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
• • Describe the adequacy of financial resources.
• • Describe the availability and functions of administrative/clerical services, if applicable.
• • Provide institutional and program organizational charts.

***Possible Site Visitor Evaluation Methods:***

• • Review of organizational charts of institution and program
• • Review of published program materials
• • Review of meeting minutes
• • Interviews with institutional administration
• • Interviews with faculty
• • Interviews with clerical staff, if applicable

**2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.**

***Explanation:***
Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a fully energized laboratory. An energized laboratory on campus is recommended. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner. A mobile unit and/or simulation software cannot take the place of a stationary/fixed energized laboratory.

The JRCERT does not endorse any specific physical resources.

***Required Program Response:***
Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

***Possible Site Visitor Evaluation Methods:***
- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

**2.3 The sponsoring institution provides student resources.**

***Explanation:***
Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

***Required Program Response:***
• Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
• Describe how the program utilizes other student resources to promote student success.

***Possible Site Visitor Evaluation Methods:***
• Tour of facilities
• Review of published program materials
• Review of surveys
• Interviews with faculty
• Interviews with students

**2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.**

***Explanation:***
If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:
• maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
• have a monitoring process for student loan default rates;
• have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
• inform students of responsibility for timely repayment of Title IV financial aid.

The program must comply with all USDE requirements to participate in Title IV financial aid.

***Required Program Response:***
• Describe how the program informs students of their responsibility for timely repayment of financial aid.
• Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:

- Recent student loan default data and
- Results of financial or compliance audits.

***Possible Site Visitor Evaluation Methods:***
• Review of records
• Interviews with administrative personnel
• Interviews with faculty
• Interviews with students

**Standard Three: Faculty and Staff**

**The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.**

**Objectives:**
3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

**3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.**

***Explanation:***
An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator. A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.
A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

***Required Program Response:***

• Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
• Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
• Provide institutional policies for faculty workload and release time.

***Possible Site Visitor Evaluation Methods:***
• Review institutional policies for faculty workload and release time

• Review of faculty position descriptions, if applicable

• Review of clinical settings

• Interviews with faculty

• Interviews with clinical preceptor(s)

• Interviews with students

**3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.**

| | |
|---|---|
| **Program Director** | Assuring effective program operations;<br>Overseeing ongoing program accreditation and assessment processes;<br>Participating in budget planning;<br>Participating in didactic and/or clinical instruction, as appropriate;<br>Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;<br>Assuming the leadership role in the continued development of the program. |
| **Clinical Coordinator** | Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;<br>Participating in didactic and/or clinical instruction;<br>Supporting the program director to assure effective program operations;<br>Participating in the accreditation and assessment processes;<br>Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;<br>Maintaining current knowledge of program policies, procedures, and student progress |
| **Full Time Didactic Faculty** | Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;<br>Participating in the accreditation and assessment process;<br>Supporting the program director to assure effective program operations;<br>Participating in periodic review and revision of course materials;<br>Maintaining current knowledge of professional discipline;<br>Maintaining appropriate expertise and competence through continuing professional development. |
| **Adjunct Faculty** | Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;<br>Participating in the assessment process, as appropriate;<br>Participating in periodic review and revision of course materials;<br>Maintaining current knowledge of the professional discipline, as appropriate;<br>Maintaining appropriate expertise and competence through continuing professional development. |
| | |

| | |
|---|---|
| **Clinical Preceptor** | Maintaining knowledge of program mission and goals;<br>Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;<br>Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures. |
| **Clinical Staff** | Understanding the clinical competency system;<br>Understanding requirements for student supervision;<br>Evaluating students' clinical competence, as appropriate;<br>Supporting the educational process;<br>Maintaining current knowledge of program clinical policies, procedures, and student progress. |

***Explanation:***
Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

***Required Program Response:***

• Describe how faculty and clinical staff responsibilities

- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
- Provide assurance that faculty responsibilities are fulfilled throughout the year.

**3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.**
***Explanation:***

Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.
It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.
***Required Program Response:***
• Describe the evaluation process.
• Describe how evaluation results are shared with program faculty.
• Describe how evaluation results are shared with clinical preceptors, if applicable.
• Provide samples of evaluations of program faculty.
• Provide samples of evaluations of clinical preceptors, if applicable.

***Possible Site Visitor Evaluation Methods:***
• Review of program evaluation materials
• Review of faculty evaluation(s)
• Review of clinical preceptor evaluation(s), if applicable
• Interviews with institutional administration
• Interviews with faculty
• Interviews with clinical preceptor(s), if applicable
• Interviews with students

**3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.**

***Explanation:***
Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

***Required Program Response:***
• Describe how professional development opportunities are made available to faculty.

• Describe how professional development opportunities have enhanced teaching methodologies.

***Possible Site Visitor Evaluation Methods:***
• Review of institutional and/or program policies for professional development

• Interviews with institutional administration

• Interviews with faculty

**Standard Four: Curriculum and Academic Practices**

**The program's curriculum and academic practices prepare students for professional practice.**
**Objectives:**

4.1 The program has a mission statement that defines its purpose.

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

4.3 All clinical settings must be recognized by the JRCERT.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

**4.1 The program has a mission statement that defines its purpose.**

***Explanation:***

The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

***Required Program Response:***

- Describe how the program's mission supports the mission of the sponsoring institution.
- Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

***Possible Site Visitor Evaluation Methods:***

- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty

**4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.**

***Explanation:***
A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.
At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.
Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
• the most recent American Society of Radiologic Technologists (ASRT) Radiography curriculum and/or
• another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

***Required Program Response:***
• Describe how the program's curriculum is structured.
• Describe the program's clinical competency-based system.
• Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
• Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
• Describe any innovative approaches to curriculum delivery methods.
• Provide the Table of Contents from the master plan of education.
• Provide current curriculum analysis grid.
• Provide samples of course syllabi.

***Possible Site Visitor Evaluation Methods:***
• Review of the master plan of education
• Review of didactic and clinical curriculum sequence
• Review of input from communities of interest
• Review of part-time, evening and/or weekend curricular track(s), if applicable
• Review of course syllabi
• Observation of a portion of any course offered via distance delivery
• Interviews with faculty
• Interviews with students

**4.3 All clinical settings must be recognized by the JRCERT.**

***Explanation:***
All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.
If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

***Required Program Response:***
• Assure all clinical settings are recognized by the JRCERT.
• Provide a listing of ancillary facilities under one clinical setting recognition.
• Describe how observation sites, if used, enhance student clinical education.

***Possible Site Visitor Evaluation Methods:***
• Review of JRCERT database
• Review of clinical records
• Interviews with faculty
• Interviews with clinical preceptors
• Interviews with clinical staff
• Interviews with students

**4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.**

***Explanation:***
Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.
Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.
Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

***Required Program Response:***
- Describe the process for student clinical placement including, but not limited to:
    - assuring equitable learning opportunities,
    - assuring access to a sufficient variety and volume of procedures to achieve program competencies,
    - and orienting students to clinical settings.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

***Possible Site Visitor Evaluation Methods:***
- Review of published program materials
- Review of clinical placement process
- Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

**4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.**

***Explanation:***
The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.
Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.
Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

***Required Program Response:***
Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

***Possible Site Visitor Evaluation Methods:***
• Review of clinical rotation schedules, if applicable
• Interviews with faculty
• Interviews with students

**4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.**

***Explanation:***
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

***Required Program Response:***
Describe the relationship between the program length and the terminal award offered.

***Possible Site Visitor Evaluation Methods:***
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

**4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.**

***Explanation:***
Defining the length of didactic, laboratory, and clinical courses facilitates the transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic, laboratory, and clinical courses, respectively.

***Required Program Response:***
• Describe the method used to award credit hours for didactic, laboratory, and clinical courses.

• Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.

• Provide a list of all didactic, laboratory, and clinical courses with corresponding clock or credit hours.

***Possible Site Visitor Evaluation Methods:***
• Review of published program materials

• Review of class schedules

• Interviews with institutional administration

• Interviews with faculty

• Interviews with students

**4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.**

***Explanation:***
Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

***Required Program Response:***
• Describe procedures for student advisement.
• Provide sample records of student advisement.

***Possible Site Visitor Evaluation Methods:***
• Review of students' records
• Interviews with faculty
• Interviews with clinical preceptor(s)
• Interviews with students

**4.9 The program has procedures for maintaining the integrity of distance education courses.**

***Explanation:***
Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

***Required Program Response:***
• Describe the process for assuring the integrity of distance education courses.

• Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

***Possible Site Visitor Evaluation Methods:***
• Review of published institutional/program materials

• Review the process of student identification

• Review of student records

• Interviews with institutional administration

• Interviews with faculty

• Interviews with students

**Standard Five: Health and Safety**

**The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.**

**Objectives:**

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

**5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.**

***Explanation:***
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing. Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations. The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

***Required Program Response:***
- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
- Provide copies of appropriate policies.
- Provide copies of radiation exposure reports.

***Possible Site Visitor Evaluation Methods:***
- Review of published program materials
- Review of student records
- Review of student radiation exposure reports
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

**5.2 The program assures each energized laboratory is in compliance with applicable state** and/or federal radiation safety laws.

***Explanation:***
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

***Required Program Response:***
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

***Possible Site Visitor Evaluation Methods:***
- Review of published program materials
- Review of compliance records
- Interviews with faculty

**5.3 The program assures that students employ proper safety practices.**

***Explanation:***
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).
Students must understand basic safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.
• Students must not hold image receptors during any radiographic procedure.

• Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

• Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

***Required Program Response:***
• Describe how the curriculum sequence and content prepares students for safe radiation practices.

• Describe how the program prepares students for magnetic resonance safe practices.

• Provide the curriculum sequence.

• Provide policies/procedures regarding radiation safety.

• Provide the MRI safety screening protocol and screening tool.

***Possible Site Visitor Evaluation Methods:***
• Review of program curriculum

• Review of radiation safety policies/procedures

• Review of magnetic resonance safe practice and/or screening protocol

• Review of student handbook

• Review of student records

• Interviews with faculty

• Interviews with clinical preceptor(s)

• Interviews with clinical staff

• Interviews with students

**5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.**

***Explanation:***
Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement. Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.
Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

***Required Program Response:***
- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
- Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, and clinical staff.

***Possible Site Visitor Evaluation Methods:***
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

**5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.**

***Explanation:***
Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

***Required Program Response:***
• Describe how institutional and/or program policies and procedures are made known to enrolled students.
• Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

***Possible Site Visitor Evaluation Methods:***
• Review of published program materials
• Review of student records
• Interviews with faculty
• Interviews with students

**Standard Six: Programmatic Effectiveness and Assessment:**
**Using Data for Sustained Improvement**

**The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.**

**Objectives:**
6.1 The program maintains 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, and
• annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

**6.1 The program maintains 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, and**
- **annual program completion rate.**

***Explanation:***

Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

**Credentialing examination pass rate:** The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

**Job placement rate**: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

**Program completion rate:** The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

***No Required Program Response.***

***Possible Site Visitor Evaluation Methods:***

- Review of program effectiveness data
- Interviews with faculty Radiography 46

**6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.**

***Explanation:***
Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.
The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

**Credentialing examination pass rate:** The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

**Job placement rate**: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

**Program completion rate:** The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal. Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

***No Required Program Response.***

***Possible Site Visitor Evaluation Methods***

- Reviews Program Effectiveness Data
- Interviews with faculty

**6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.**

***Explanation:***
Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.
Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.
In sum, the data analysis process must, at a minimum, include:
• Program effectiveness data that is compared to expected achievement; and

• Documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.

- If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

***Required Program Response:***
• Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.

• Provide actual program effectiveness data since the last accreditation award.

• Provide documentation of an action plan for any unmet benchmarks.

• Provide documentation that program effectiveness data is shared in a timely manner.

***Possible Site Visitor Evaluation Methods:***
• Review of aggregated data

• Review of data analysis and actions taken

• Review of documentation that demonstrates the sharing of results with communities of interest

• Review of representative samples of measurement tools used for data collection

• Interviews with faculty

• Interview with institutional assessment coordinator, if applicable

**6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.**

***Explanation:***
A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:
• goals in relation to clinical competency, communication, and critical thinking;
• two student learning outcomes per goal;
• two assessment tools per student learning outcome;
• benchmarks for each assessment method to determine level of achievement; and
• timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogatives of the program.

***Required Program Response:***
• Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
• Describe the program's cycle of assessment.
• Describe how the program uses feedback from communities of interest in the development of its assessment plan.
• Provide a copy of the program's current assessment plan.

***Possible Site Visitor Evaluation Methods:***
• Review of assessment plan
• Review of assessment methods
• Interviews with faculty
• Interview with institutional assessment coordinator, if applicable

**6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.**

***Explanation:***
Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.
Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.
In sum, the data analysis process must, at a minimum, include:
• student learning outcome data that is compared to expected achievement; and

• documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.

• If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.

If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

***Required Program Response:***
• Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes.

• Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.

• Provide actual student learning outcome data and analysis since the last accreditation award.

• Provide documentation of an action plan for any unmet benchmarks.

• Provide documentation that student learning outcome data and analysis is shared in a timely manner.

***Possible Site Visitor Evaluation Methods:***
• Review of aggregated/disaggregated data

• Review of data analysis and actions taken

• Review of documentation that demonstrates the sharing of results with communities of interest

• Review of representative samples of measurement tools used for data collection

• Interviews with faculty

• Interview with institutional assessment coordinator, if applicable

**6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.**

***Explanation:***
Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.
The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

***Required Program Response:***
• Describe how assessment process reevaluation has occurred.
• Discuss changes to the assessment process that have occurred since the last accreditation award.
• Provide documentation that the assessment process is evaluated at least once every three years.

***Possible Site Visitor Evaluation Methods:***
• Review of documentation related to the assessment process reevaluation
• Review of curriculum mapping documentation, if applicable
• Interviews with faculty
• Interview with institutional assessment coordinator, if applicable

**Glossary of Terms**

**Academic calendar:** the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

**Accreditation status:** a statement of the program's current standing with the JRCERT. Per JRCERT Policies 10.000 and 10.700, accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

**Administrator:** individual(s) that oversee student activities, academic personnel, and programs.

**Campus:** the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

**Clinical capacity:** the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

**Clinical obligations:** relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

**Communities of interest:** the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

**Comparable health sciences programs:** health science programs established in the same sponsoring institution that are similar to the radiography program in curricular structure as well as in the number of faculty, students, and clinical settings.

**Consortium:** two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Curriculum map (-ping):** process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

**Distance education:** refer to the Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, §103(a)(19) and JRCERT Policy 10.800 - Alternative Learning Options.

**Asynchronous distance learning:** learning and instruction that do not occur in the same place or at the same time.

**Distance education:** an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

**Distance (Delivery) technology:** instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

**Hybrid radiography course:** a professional level radiography course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

**Online radiography course:** a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

**Synchronous distance learning:** learning and instruction that occur at the same time and in the same place.
[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

**Equivalent:** with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

**Faculty:** the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

**Faculty workload**: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

**Gatekeeper:** the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

**Master plan of education:** an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

**Meeting minutes:** a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

**Program effectiveness outcomes/data:** the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

**Credentialing examination pass rate:** the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

**Job placement rate**: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

**Program completion rate:** the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

**Program total capacity:** the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

**Release time (reassigned workload):** a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

**Sponsoring institution**: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).

d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.

e. Returning, by the established deadline, any other information requested by the JRCERT.

## Awarding, Maintaining, and Administering Accreditation

**A. Program/Sponsoring Institution Responsibilities**
1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

2. Administrative Requirements for Maintaining Accreditation:

Programs are required to comply with these and other administrative requirements for maintaining accreditation.

Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative

Probationary Accreditation and potentially result in Withdrawal of Accreditation.

**B. JRCERT Responsibilities**

1. Administering the Accreditation Review Process
The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited**

**Educational Program in Radiography**.
The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions
Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT Policy 10.200.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

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

Curriculum:
American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

Certification:
American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org


https://www.jrcert.org/wp-content/uploads/2025/03/2021-Radiography-Standards.pdf