



*SPRING
SUMMER
FALL
2022*

MEDICAL IMAGING CLINICAL EDUCATION MANUAL AND STUDENT HANDBOOK

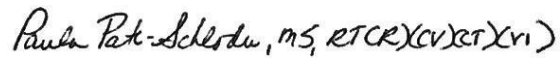
Misericordia University

To the Student:

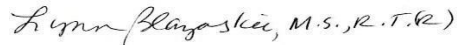
This handbook has been prepared for your reference and information. You will find the contents helpful in understanding your major.

It is our sincere hope that as you experience the field of Medical Imaging through your didactic and clinical experience at Misericordia University, you will develop and grow through instruction and guidance, emerging as a competent and ethical health professional skilled in the art and science of Medical Imaging.

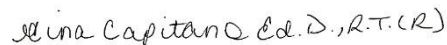
Sincerely,



Paula Pate-Schloder, M.S., R.T. (R)(CV)(VI)
Associate Professor and Department Chairperson



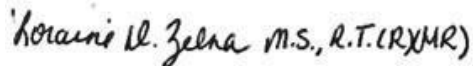
Lynn Blazaskie, M.S., R.T. (R)
Assistant Professor & Clinical Coordinator



Gina Capitano, Ed.D., R.T. (R)
Assistant Professor



Elaine Halesey, Ed.D., R.T.(R)(QM)
Professor



Loraine D. Zelna, M.S., R.T.(R)(MR)
Associate Professor

Reviewed Annually

Please note that policies are subject to change. Students will be notified of any changes

TABLE OF CONTENTS

Section I: Medical Imaging Program Content	5
Mission Statement	6
Medical Imaging Program Philosophy	6
Program Goals.....	7
Program History	8
Accreditation	8
Administrative and Instructional Personnel.	9
Affiliate Clinical Preceptors	10
Assessment Plan	14
ARRT/ASRT/ Code of Ethics	24
Advising	25
Grievance Procedure	25
Department Location: Faculty Phone Numbers and e-mail addresses	25
Medical Imaging Student – Performance Description	26
Program Calendar	27
Professional Organizations	28
Medical Imaging Club	28
Library	28
Graduation Requirements	28
Awards	28
Program of Studies	31
Narrative: Course Syllabus	31
Grading	31
Assessment Tests	32
Student Fees.....	32
Professional Calendar	32
Advisory Committee	32
Clinical Education Center: Addresses and Phone Numbers	33
Clinical Education Center Start Times	35
Medical Imaging Club By-Laws	36
Retention, Promotion & Graduation; Probation; Re-Admission; Sexual Harassment.....	38
Family Education Rights and Privacy Act (FERPA).....	39
Section II: Medical Imaging Policies and Procedures	40
Policy 1: Student Absence/Tardiness/Request for Changes.....	41
Policy 2: Weather Emergencies.....	44

Policy 3: Extended Illness (has been deleted as of 7/10/87) (Please refer to Policy #1 for an explanation of “Benefit Days” which negates this policy)....	
Policy 4: Illness During the Clinical Day	46
Policy 5: Make-up of Clinical Hours.....	47
Policy 6: Vacation from Clinical Duty.....	49
Policy 7: Dress Code/Personal Hygiene.....	50
Policy 8: Pregnancy.....	52
Policy 9: Dosimetry.....	55
Policy 10: Scheduling	58
Policy 11: Clinical Rotations.....	60
Policy 12: Military Leave/Reserve Units.....	61
Policy 13: Conduct of Medical Imaging Students	62
Policy 14: Hiring of MU Students by MU Clinical Education Centers... ..	65
Policy 15: Student Health Exam. (College of Health Sciences and Education Policy#1)... ..	66
Policy 16: American Registry Examination Application Process	67
Policy 17: CPR Certification (College of Health Sciences and Education Policy #3).....	68
Policy 18: Communicable Disease Policy.....	69
Policy 19: Direct/Indirect Supervision and Repeat Radiographs.....	71
Policy 20: Complaint Resolution Policy	73
Policy 21: Placement of Student in the Event of a Strike or Work Stoppage Situation.....	76
Policy 22: Needle Stick Injury Policy.....	77
Policy 23: Equipment Lending Policy	78
Policy 24: Grading Policy.....	79
Policy 25: Essential Functions.....	80
Policy 26: Utilization of Energized Lab (MH 53) During Non-Teaching Hours.....	84
Policy 27: Clinical Requirements	85
Policy 28: E-Mail Accounts	91
Policy 29: Liability Insurance.....	92
Policy 30: Student Withdrawal.....	93
Policy 31: Social Media	95
Section III: College of Health Sciences and Education Policies and Procedures	97
Policy 1: Student Clinical/Fieldwork Clearance.....	98
Policy 2: Criminal Record Check and Child Abuse History Clearance.....	100
Policy 3: CPR Certification.....	102
Policy 4: Clinical/Fieldwork Incident Report	103
Policy 5: Injuries from Sharp Instruments and Blood Borne Pathogen Exposure...	106
Policy 6: HIPAA Confidentiality.....	107
Policy 7: Essential Functions Documentation Process.....	108
Policy 8: Drug Screening Policy	110
Policy 9: Respiratory Protection Policy	112

Section IV: Clinical Narratives & Sample Documents.....	116
Glossary of Terms	117
Narrative – Grading	119
Narrative – Clinical Experiences	120
Narrative – Competency Program	121
Narrative – Orientation Task Checklist	122
Narrative – Equipment Competencies	122
Narrative – Pocket Guides and Log Books	122
Narrative – Performance Indicators	122
Narrative – Competencies	123
Narrative – Staff Competencies	123
Narrative – Graded Competencies	124
Narrative – Terminal Competencies	124
Narrative-Three Time Rule for Competencies	124
Narrative-Action Plan Narrative	125
Narrative – Internships	125
Sample – Performance Indicator Form	127
Sample- Action Plan Form	129
Sample- Master Competency Categories.....	131
Record of Clinical Progress (“Wall Chart”)	132
Approved List of Simulated Competencies	135
 Appendix A: JRCERT <u>Standards for an Accredited Educational Program in</u>	
<u>Radiologic Sciences</u>	136
 Appendix B: Radiography Practice Standards	137

SECTION I

MEDICAL IMAGING PROGRAM CONTENT

MISSION STATEMENT
Medical Imaging Program
College of Health Sciences and Education

The Medical Imaging Program at Misericordia University is rooted in the charisms set forth by Catherine McAuley and the Sisters of Mercy to provide/promote Mercy, Service, Justice and Hospitality. Therefore, the mission of the MI program is to graduate baccalaureate level students who successfully demonstrate clinical competence, and the necessary professional behavior, communication and critical thinking skills to function as a member of the health care team.

Program Philosophy:

Therefore, the Medical Imaging Program, with continuing affirmation of the mission of Misericordia University, will strive to fulfill the following:

- To continue improvements in the educational program in radiography to serve the increasing needs of individuals desiring to be radiographers.
- To maintain accreditation, with national organizations in the delivery of radiography education.
- To promote continuing education with a liberal arts component for non-traditional students in the field of medical imaging.
- To participate in professional and community activities for the purposes of bringing education, service and research together for improvement of health care delivery.
- To educate the individual to become a holistic and professional person, that is, one who is not only educated in the art and science of medical imaging, but who through education and experience, has become a well-rounded, mature, concerned and skilled professional.

*From this philosophy specific program goals have been developed in order to assess program effectiveness.

Program Goals:

Goal 1. *Clinical Performance and Competence*

Students will possess the knowledge and skills necessary to function as an entry-level radiologic technologist.

Goal 2. *Critical Thinking*

Students will demonstrate critical thinking skills.

Goal 3. *Communication*

Students will demonstrate effective communication skills.

Goal 4. *Professionalism*

Students /graduates will demonstrate professionalism.

Goal 5. *Overall Program Effectiveness*

The program will graduate competent, employable, entry-level radiologic technologists in a timely manner.

Reviewed annually: last review 8/2018, 9/2019

PROGRAM HISTORY

Radiography in Northeast Pennsylvania existed as approved hospital-based programs until 1973. In that year College Misericordia, in cooperation with area hospitals, established the first Associate degree level program in Northeast Pennsylvania.

In the early eighties, the curriculum was expanded to offer students the choice of an Associate in Applied Science or a Bachelor of Science degree. The programs were conducted by College Misericordia, with affiliate health care agencies providing clinical education for students to gain professional competence in medical imaging.

From May, 1988, until May, 1993, only the Bachelor of Science degree was awarded. However, after a 3-year hiatus, the Associate degree was reinstated as of January, 1991, upon undergoing major changes which have substantially strengthened the program.

However, as of 1995 and as a result of student's choice, the A.A.S. degree program is no longer offered. If student demand for this program increases, this option may be renewed.

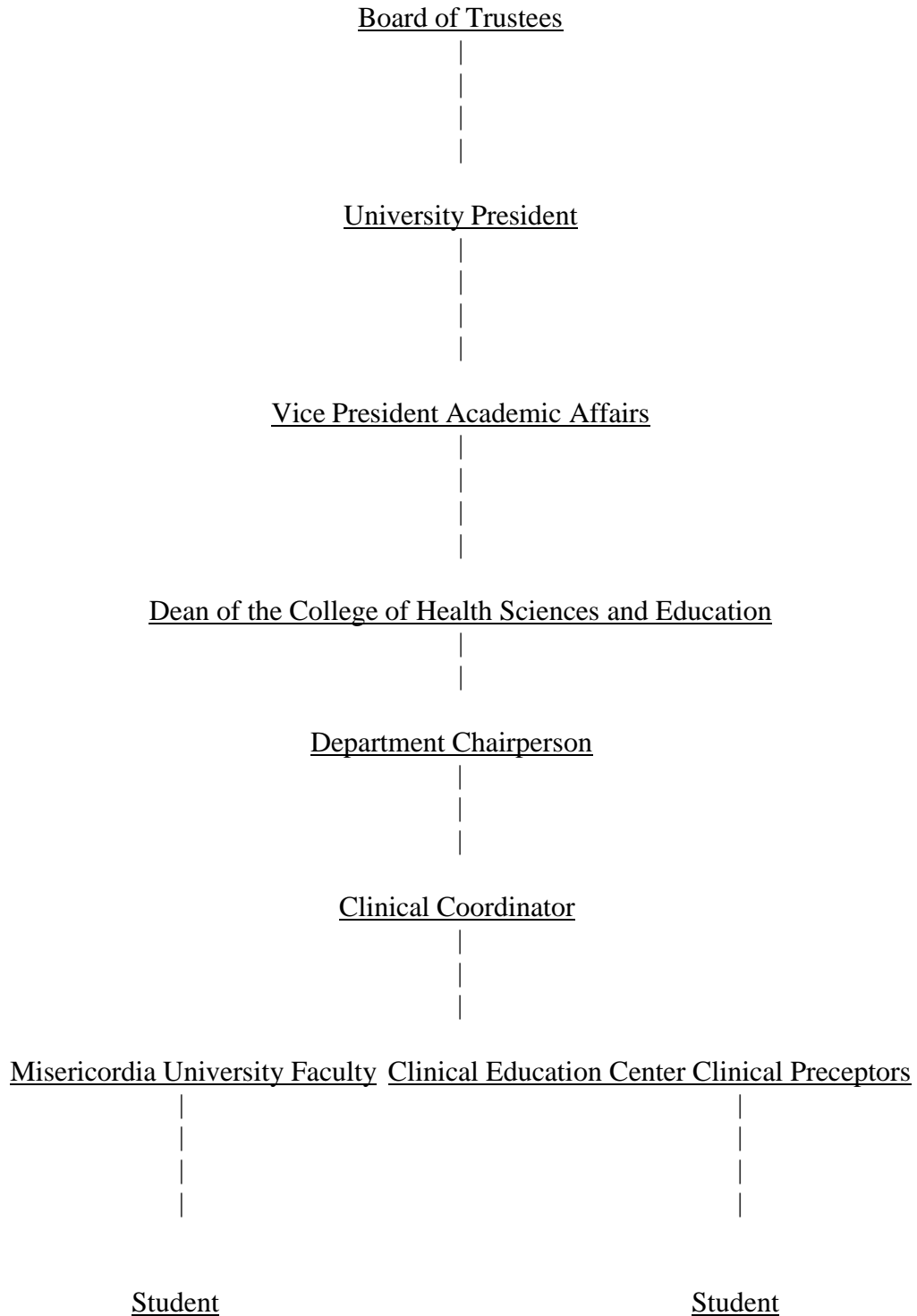
In 1999, as a result of on-going changes in the fast-paced medical field, the Radiography curriculum was revised to include additional imaging modalities. As a result of this broader curriculum, the name of major was changed from Radiography to Medical Imaging.

On August 24, 2007 College Misericordia officially became a University. The class of 2008 was the first class to receive their degree from Misericordia University.

ACCREDITATION

Misericordia University's major in Medical Imaging is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-2901 (Phone: 312-704-5300, and website www.jrcert.org), as well as by the Pennsylvania Department of Education (PDE): Commonwealth of Pennsylvania, PDE, 333 Market Street Harrisburg, PA 17126-0333 (Phone 717-783-6788). The program was reaccredited in February 2015. The program provides students with diagnostic instruction in conjunction with practical application of ionizing radiation on human subjects in the clinical setting. This instruction provides students with knowledge and practical skills necessary to assume entry-level positions in diagnostic medical imaging or pursue certification in advanced imaging modalities as well as establish eligibility to sit for the American Registry of Radiologic Technologists examination in Radiography upon graduation.

ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL
DEPARTMENT OF MEDICAL IMAGING
ORGANIZATIONAL CHART



Board of Trustees

University President

Dr. Daniel Myers

Vice President of Academic Affairs

Dr. David Rehm

Dean of the College of Health Sciences and Education

Dr. Barbara Schwartz-Bechet

Medical Imaging Department Chairperson

Paula Schloder, M.S., R.T. (R) (CV) (CT) (VI) – Associate Professor, Medical Imaging

Medical Imaging Clinical Coordinator

Lynn Blazaskie, M.S., R.T. (R) –Assistant Professor, Medical Imaging

Medical Imaging Faculty/Staff

Dr. Elaine Halesey, Ed.D., R.T. (R) (QM) Professor, Medical Imaging

Loraine Zelna, M.S., R.T. (R) (MR) – Associate Professor, Medical Imaging

Gina Capitano, Ed.D., R.T. (R) – Assistant Professor, Medical Imaging

Michelle Adams, B.S. R.T. (R) - Adjunct Clinical Faculty, Medical Imaging

Arthur Gialanella, M.S., R.T. (R) (CT) – Adjunct Clinical Faculty, Medical Imaging

Jina Kohl, B.S. R.T. (R) - Adjunct Clinical Faculty, Medical Imaging

Laura Atchinson, B.S. R.T. (R) (VI) – Adjunct Clinical Faculty, Medical Imaging

Rebecca Bannister, B.S.R.T. (R) - Adjunct Clinical Faculty, Medical Imaging

Laura Carpenter, B.S.R.T. (R) (RCIS) – Adjunct Clinical Faculty, Medical Imaging

Tabitha Smith, A.A.S. R.T. (R) (CT) – Adjunct Clinical Faculty, Medical Imaging

Paige M. Shaughnessy, B.S.R.T. (R) R.D.M.S– Adjunct Clinical Faculty, Medical Imaging

Patricia Sones, B.S.R.T. (R) (M) (CT) (MR) – Adjunct Clinical Faculty, Medical Imaging

Barb Dorak, Administrative Assistant, Medical Imaging/Sonography

Clinical Education Center Clinical Preceptors

Advanced Imaging Specialists

Louis Armezzani, R.T. (R)

Nina Hubal R.T. (R) (N)

Danielle Parisot, R.T. (R) (MR)

Kindra White Fiorelli, B.S.R.T. (R) (M)

Center for Comprehensive Cancer Care

Larry Crimi, R.T. (R) (T) CMD

Commonwealth Health Cancer Center

Karen Fanning, R.T. (R) (T)

Danielle Petroski, B.S. R.T. (R) (T)

Commonwealth Health Diagnostic Imaging Center

Geisinger Community Medical Center

Marcy Breymier, B.S.R.T. (R)
Joan Ewins, B.S. R.T. (R) (MR) (CT)
Shauna Figura B.S. R.T. (R) (VI)
Andrew Inman, R.T. (R) (CT)
Elaine Manno, R.T. (R) (CT)
Corey Novak, R.T. (R)
Sherrial Owens, R.T. (R)
Eric Riggelman, R.T. (R)
Danielle Shaver, B.S.R.T. (R)
Alana Sienkiewicz, R.T. (R)
Vanessa Striefsky, R.T. (R)

Geisinger Mount Pleasant

Michele Eboli, R.T. (R) (M)

Geisinger-Orthopedics

Sandra Bohn, R.T. (R) (CV)
Rachael Sromovski B.S. R.T. (R)

Geisinger South Wilkes-Barre

Sue Domyan, R.T. (R)
Jennifer Gillman, B.S. R.T. (R)

Geisinger Viewmont Medical Services

Kim Kelly, R.T. (R)
Heather Pries, B.S., R.T. (R) (MR)
Linda Semyon, R.T. (R) (M) (CT)

Geisinger Wyoming Valley Medical Center

Sean Abbott, B.S. R.T. (R)
Diana Bodzio, B.S. R.T. (R)
James Bonczek, A.A.S. R.T. (R) (CV)
Naejana Carredo, B.S.R.T. (R)
Marie Cumbo, A.A.S. R.T. (R) (T)
Jim Dravage, B.S. R.T. (R)
Sara Keller, R.T. (R)
Alicia Kimock, R.T. (R)
Jina Kohl, B.S.R.T. (R)
Neil Kosak, B.S. R.T. (R) (MR)
Anne Lynch, B.S.R.T. (R)
Michelle Macking, B.S.R.T. (R)
Tracy Symeon, R.T. (R) (M)
Lori Starbuck, B.S.R.T. (R) (T)
Benjamin Steve, B.S.R.T. (R)
Patrick Tomeo, B.S.R.T. (R) (BD) (VI)

Health and Wellness Center Hazleton (LVHN)

Katie Petritsch-Bowman, A.A.S., R.T. (R)
Deborah Brown, R.T (R) (M)

Carmela Howey, R.T. (R) (BD)
Karen Michalyshin, R.T. (R)
Mychelle Smith B.S., R.T. (R)(M)(CT)(MR)

Lehigh Valley Health Network Hazleton

Ashley Drasher, R.T. (R)
Krystal Finneran, B.S. R.T. (R)
Ashleigh Lazor A.A.S., R.T. (R)
David Leibig, B.S. R.T. (R) (MR)
Michele Sweeney Leibig, R.T. (R)
Jennifer Sedor Kotch, M.S.R.T.(R)

Moses Taylor Hospital

Ashley Klein, B.S.R.T. (R) (CT)
Theresa Mizwinski, R.T. (R)
Jennifer Natishak, B.S.R.T. (R) (CT)
Kimberly Rodney, R.T. (R) (CT)

Northeast Radiation Oncology Center (NROC) Cathy Moody R.T. (R) (T)

Pocono Medical Center

Leanne Schirra, MHA, R.T. (R) (T) (BD)

Regional Hospital of Scranton

Laura Carpenter, B.S.R.T. (R)(RCIS)
Joe Cassidy, R.T. (R) (CT) (CV) (M) (QM)
Crystal Crawn, M.S., R.T. (R)
Tammy Galli, A.A.S., R.T. (R)
Brenda Ives, R.T. (R) (M)
Jennifer Thomas, R.T. (R)
Jessica Tornambe, M.S., R.T. (R) RDMS
Beth Weber, A.A.S., R.T. (R) (CT)
Josh Zavrotny B.S. R.T. (R)

VA Medical Center

Michelle Adams, B.S.R.T. (R)
Patrice Feifer, R.T. (R)
Mallory Ide, R.T. (R)
Paul Kissolovage, B.S. R.T. (R)
Janet Oborski, R.T. (R)
Melissa Puchalski, B.S. R.T. (R)

Wayne Memorial Hospital

Christine Hollenbeck Kapalski, B.S.R.T. (R)
Sara Leonardi, R.T. (R)

Wilkes-Barre General Hospital

Laura Atchinson, B.S. R.T. (R) (VI)
Ben Becker, B.S.R.T. (R)
Sue Chalker, A.A.S. R.T. (R) (CT)
Brenda Heck, B.S. R.T. (R)
Samantha Comstock Padavan, R.T. (R) (VI)

Diane Rokosz, B.S.R.T. (R) (MR)
Hollie Sarnak Parsons, B.S.R.T. (R)
Tabitha Smith, B.S. R.T. (R) (CT)
Edward Zupko, R.T. (R)

Wilkes-Barre General Hospital (TPS)

Alyssa Goulstone, B.S.R.T. (R)
Karen Phillips, B.S., R.T. (R) (M)(CT)(MR)
Cheryl Pocono R.T. (R) (CT)
Chad Seltzer B.S.R.T. (R)
Amy Smith, R.T. (R)
Courtney Woodruff, B.S.R.T. (R)

Misericordia University
Medical Imaging Department Assessment Plan
Effective November 1, 2006

Template Reviewed, revised, approved 7/07, 8/08, 5/10, 9/10, 2/11, 6/11, 9/11, 5/12, 6/12, 11/12, 9/13, 9/14, 9/15, 9/16, 9/18, 8/19, 8/20, 8/21
Assessment Period: 9/1/21 – 8/31/22

Legend of Courses:

MI 140- Clinical Experience I	MI 308-Imaging Pathology
MI 200- Patient Care	MI 306- Clinical Experience V
MI-201- Advanced Patient Care	MI 405- Clinical Experience VII
MI 203- Radiographic Procedures I	MI 400- Issues in Medical Imaging
MI 307- Radiation Biology and Protection	MI 450W/450L- Quality Management
MI 225- Clinical Experience III	
MI 244- Image Evaluation I	
MI 304-Clinical Experience IV	

Goal 1. CLINICAL PERFORMANCE AND COMPETENCE							
Students will possess the knowledge and skills necessary to function as an entry- level radiographer.							
Outcome	Tool(s)	Benchmark	D/ I	Timeframe	Responsibility	Result	Action
1. The student will demonstrate knowledge of proper positioning.	A) Computed class average of comprehensive final lab exam scores in MI 203L	A) Students in MI 203L will demonstrate a class average of $\geq 87.5\%$ on the comprehensive final lab exam.	I	A) Upon completion of MI 203L (Radiologic Procedures Lab I) Fall, sophomore yr.	A) Course Professor/Reviewed by PD	A)	
	B) Student Performance Indicator (MI 225)- Question #1	B) Formative: Students in MI 225, Clinic III, will earn a class average ≥ 7 on an 8 pt. scale in the specific area “Quality of Work” on Student Performance Indicator.	D	B) Upon completion of MI 225, Clinic III, Fall semester, junior year.	B) Assigned University Clinical Instructor/ Review by CC & PD	B)	

	C) Student Performance Indicator (MI 306)- Question #1	C) Summative: Students in MI 306, Clinic V, will earn a class average ≥ 7.2 on an 8 pt. scale in the specific area "Quality of Work" on Student Performance Indicator.	D	C) Upon completion of MI 306, Clinic V, Summer, preceding senior year.	C) Assigned University Clinical Instructor/ Review by CC & PD	C)	
2. The student will demonstrate proper exposure factor selection.	A) Random sampling of 2 completed graded competency forms per student, Section III, Item 1 (MI 225)	A) Formative: Students in MI 225, Clinic III, will earn a class average minimum of 4.0 on graded competencies based on a 5 point scale.	D	A) Upon completion of MI 225, Clinic III, Fall semester, junior year.	A) Assigned University Clinical Instructor/ Review by CC & PD	A)	
	B) Random sampling of 2 completed terminal competency forms per student, Section III, Item 1 (MI306)	B) Summative: Students in MI 306, Clinic V, will earn a class average of 4.5 on terminal competencies based on a 5-point scale.	D	B) Upon completion of MI 306, Clinic V, summer preceding senior year	B) Assigned University Clinical Instructor/ Review by CC & PD	B)	
	C) Student performance indicator, Question #16 (MI306)	C) Summative: Students in MI 306, Clinic V, will earn a class average ≥ 3.6 based on 4 pt. scale, in the area of "Demonstrates knowledge of Exposure Factors"	D	C) Upon completion of MI 306, Clinic V, summer preceding senior year.	C) Assigned University Clinical Instructor/ Review by CC & PD	C)	
3. The student will apply appropriate radiation protection measures.	A) Random sampling of 2 completed graded competency forms per student, Section IV, Items 1 & 2 (MI225)	A) Formative: Class average in Clinic III (MI 225) ≥ 4.0 on graded competencies based on a 5 point scale	D	A) Upon completion of MI 225 Clinical Experience III, fall semester, junior year.	A) Assigned University Clinical Instructor/ Review by CC& PD	A)	
	B) Random sampling of 2 completed terminal	B) Formative:	D			B)	

	<p>competency forms per student, Section IV, Items 1 & 2 (MI 304/306)</p> <p>C) Student Performance (MI 306) Indicator, Item 9</p> <p>D) Final Exam MI 307</p>	<p>Class average in MI 304/306 (Clinic IV/V) ≥ 4.5 on terminal competencies based on 5 point scale</p> <p>C) Class average ≥ 7.2 on an 8 pt. scale in MI 306, Clinic V.</p> <p>D) Class average of ≥ 80 on the radiation protection portion of the comprehensive final exam in MI 307</p>	<p>D</p> <p>I</p>	<p>B) Upon completion of MI 304/306, Clinical Experience IV and/or V; summer preceding senior yr. and/or spring semester, junior yr..</p> <p>C) Upon completion of MI 306, Clinic V, summer preceding senior year.</p> <p>D) Upon completion of MI 307, Spring Jr. yr.</p>	<p>B) Assigned University Clinical Instructor/ Review by CC& PD</p> <p>C) Assigned University Clinical Instructor/ Review by CC& PD</p> <p>D) Course professor</p>	<p>C)</p> <p>D)</p>	
4. The student will demonstrate technical competence.	<p>A) Orientation Checklist, Section IV, Items B-F (MI140)</p> <p>B) Orientation Checklist, Section IV, Items B-F (MI 245)</p> <p>C) Random sampling of 2 completed graded competency forms per student, Section III, Item 3 (MI225)</p> <p>D)Random sampling of 2 completed terminal</p>	<p>A) Formative: 100% of students earn a grade of "P" on P/F scale in Clinic I, MI 140, or II, MI 140.</p> <p>B) Summative: 100% of students earn a grade of "P" on P/F scale in Clinic IV, MI 245.</p> <p>C) Formative: Class average in Clinic III (MI 225) ≥ 4.0 on section 3 of graded competencies based on a 5-point scale</p> <p>D)Summative: Class average in Clinic V (MI 306) > 4.5 on</p>	<p>D</p> <p>D</p> <p>D</p> <p>D</p>	<p>A) Upon completion of Clinic I</p> <p>B) Upon completion of Clinic IV.</p> <p>C)Upon completion of MI 225 Clinical Experience III, fall semester, junior year.</p> <p>D) Upon completion of MI 306, Clinical Experience</p>	<p>A) Clinical Coordinator</p> <p>B) Clinical Coordinator</p> <p>C) Clinical Coordinator</p> <p>D) Clinical Coordinator</p>	<p>A)</p> <p>B)</p> <p>C)</p> <p>D)</p>	

	competency forms per student, Section III, Item 3 (MI 306)	section 3 of terminal competencies based on a 5-point scale		V; sum. preceding senior year			
5. The student will demonstrate optimal patient care.	A) Student Performance Indicator, (MI 225) Items 2. Pt. Safety & 3. Patient relationships	A) Formative: Class average ≥ 7 on an 8 pt. scale on final performance indicator during, MI 225, Clinic III.	D	A) Upon completion of MI 225, Clinic III, fall semester, junior year.	A) Assigned University Clinical Instructor/ Review by CC & PD	A)	
	B) Student Performance Indicator, (MI 306) Items 2. Pt. Safety & 3. Patient relationships	B) Summative: Class average ≥ 7.2 on an 8 pt. scale on final performance indicator during, MI 306, Clinic V.	D	B) Upon completion of MI 306, Clinic IV, summer preceding senior year.	B) Assigned University Clinical Instructor/ Review by CC & PD	B)	
	C) Random sampling of 2 completed Graded Competency forms, per student, Section II, (MI 225)	C) Formative: Class average ≥ 4.0 in Clinic III (MI 225) on section 2 graded competencies based on 5 point scale	D	C) Upon completion of required graded competencies, during either MI 225, Clinical Experience III	C) Assigned University Instructor/ Review by CC & PD	C)	
	D) Random sampling of 2 completed Graded/Terminal Competency forms, per student, Section II, (MI 306)	D) Formative: Class average ≥ 4.0 in Clinic V (MI 306) on section 2 graded competencies based on 5 point scale	D	D) Upon completion of required graded/terminal competencies, during either MI 306, Clinical Experience V	D) Assigned University Instructor/ Review by CC & PD	D)	

Goal 2. CRITICAL THINKING Students will demonstrate critical thinking skills.							
Outcome	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Result	Action
1. The student will evaluate images effectively.	A) Image Evaluation grading rubric - Section 3, Items a, b, c (MI 244)	A) Students will earn a class average of 90 (36/40) on final image evaluation presentation in MI 244	D	A) Upon completion of MI 24, (Image Evaluation II), spring semester, Sophomore year	A) Course professor/ Review by PD	A)	
	B) Random sampling of 2 completed graded competency forms per student, Section 7 (MI 225)	B) Formative: Class average ≥ 4.0 in Clinic III (MI 225) on graded competencies based on 5.0 point scale	D	B) Upon completion of required graded competencies, during MI 225, Clinic III, fall, junior year.	B) Assigned University CI/Review by CC and PD	B)	
	C) Random sampling of 2 completed terminal competency forms per student, Section 7 (MI 306)	C) Summative: Class average ≥ 4.5 in Clinic V (MI 306) on terminal competencies based on 5.0 point scale	D	C) Upon completion of required terminal competencies, during either MI 306, Clinical Experience V	C) Assigned University Clinical Instructor/ Review by CC & PD	C)	
2. The student will adapt knowledge to non-routine situations.	A) Student Performance Indicator, Item #4 & 5 (MI 225)	A) Formative: Class average ≥ 7.0 on an 8 pt. scale during, Clinic III (MI 225).	D	A) Upon completion of MI 225, Fall, Junior year.	A) Assigned University Clinical Instructor/ Review by CC & PD	A)	
	B) Student Performance Indicator,	B) Summative: Class average ≥ 7.2 on an 8 pt. scale on final performance	D		B) Assigned University	B)	

	research paper instead of poster) (MI 403)	Clinic VII (class average of 3 items combined) In future: consider choosing different items		senior level (depending on date of graduation)			
2. The student will demonstrate effective oral communication skills.	A) Final Performance Indicator, Clinic III, Item 8 (revised from Item 14) (MI 225)	A) Formative: Class average ≥ 7 on an 8 pt. scale on final performance indicator during, Clinic III (MI 225)	D	A) Upon completion of MI 225, Clinic III	A) Assigned Clinical Instructor (CI)/ Review by PD & CC	A)	
	B) Final performance indicator - Clinic V, (MI 306) Item 8 (oral communication) (MI 260)	B) Summative: Class average ≥ 7.2 on the final performance indicator in MI 306, Clinic V	D	B) Upon completion of Clinic VII, final semester just prior to graduation	B) Assigned Clinical Instructor (CI)/ Review by PD & CC	B)	
	C) Oral Presentation Rubric (MI 201)	C) Class average ≥ 87 on oral presentation in MI 201	I	C) Upon completion of MI 201, spring semester, sophomore year	C) Course professor with review by PD	C)	
	D) Overall grade on oral presentation with Power Point (MI 310).	D) Class average $\geq 80\%$ in MI 310	I	D) Upon completion of MI 310 Fall, junior year.	D) Course Professor/review by PD	D)	
3. The student will demonstrate information literacy.	A) Library assignment.	A) Class average of ≥ 80 on first attempt of library assignment in MI 400.	I	A) Upon completion of MI 400 taken in Fall senior year.	A) Course professor & CHSE library liaison/embedded librarian	A)	

Goal 4. PROFESSIONALISM Students/graduates will demonstrate professionalism.							
Outcome	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Result	Action
1. Students will demonstrate professional behavior.	A) Student performance indicator, Items 10, 11 and 17. (MI140)	A) Formative: Class average ≥ 3.2 on 4 pt. scale in MI 140, Clinic I.	D	A) Upon completion of Clinic I, MI 140, spring semester, sophomore year.	A) Assigned Clinical Instructor (CI)/ Review by PD & CC	A)	
	B) Student performance indicator, Items 10, 11 and 17. (MI 260)	B) Summative: Class average ≥ 3.6 on 4 pt. scale in MI 260, Clinic V.	D	B) Upon completion of Clinic V, MI 260, summer preceding senior year.	B) Assigned Clinical Instructor (CI)/ Review by PD & CC	B)	
2. Students will demonstrate effective interpersonal skills	A) Student Performance Indicator, Items 3 and 7. (MI 140)	A) Formative: Class average of 7 on an 8 pt. scale in MI 140 (Clinic I)	D	A) Upon completion of MI 140 (Clinic I), Spring semester, sophomore year.	A) Assigned Clinical Instructor (CI)/ Review by PD & CC		
	B) Student Performance Indicator, Items 3 and 7. (MI 306)	B) Summative: Class average of 7.2 on an 8 pt. scale in MI 306 (Clinic V)	D	B) Upon completion of MI 306 (Clinic V), Summer, preceding senior year.	B) Assigned Clinical Instructor (CI)/ Review by PD & CC		

Goal 5. OVERALL PROGRAM EFFECTIVENESS							
The program will graduate competent, employable, entry level radiologic technologists in a timely manner.							
Outcome	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Result	Action
1. Graduates are capable of successful completion of the primary ARRT exam in Radiography on the first attempt. (Credentialing Pass Rate)	Five-year average of ARRT class pass rate	Average recent 5-year pass rate on first attempt of ARRT exam in Radiography is a minimum of 80% (75% mandated by JRCERT)	I	Upon receipt of official data from the ARRT	Program Director		
2. Students indicate the ability to obtain employment in the radiology profession. (Job Placement Rate)	Alumni Survey, Item II .a.	75 % of respondents (based on 5 year average) actively seeking employment obtained employment in the radiology field within 12 months post graduation	I	A) 14-18 months post-graduation	Program Director		
3. Employers demonstrate satisfaction with program graduates. (Employer Satisfaction)	Employer Survey Question #3 composite mean	80% of all respondents indicate “Meets or Exceeds” level of satisfaction to the 6 items in Question #3	I	Every 3 years	Program Director		

4. Successfully complete the program. (Program Completion Rate)	Program Database	60% of all students who begin the 4-year program complete it within 6 years. (within 150% of program stated length per JRC 2014 Standards) new per JRC	I	Yearly	Program Director		
--	------------------	---	---	--------	------------------	--	--



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

Last Revised: September 1, 2019
Published: September 1, 2019

PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

ARRT STANDARDS OF ETHICS

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

ADVISING

The purpose of the advising program is to provide whatever help the student might need in educational, professional, financial, health, spiritual and personal matters. The advisors will act as a referral agent for problems other than academic or clinical.

Students may elect to speak to any member of the program faculty. Voluntary advising is encouraged whenever a student finds the need.

Professional counseling is available through the Director of Counseling Services, Misericordia University.

GRIEVANCE PROCEDURE

Refer to Policy # 20 of this handbook.

DEPARTMENT LOCATION

The Medical Imaging Faculty Offices are located in McAuley Hall. The administrative assistant's office is MW 301. The MI labs are located in Mercy Hall: Non-energized lab- MH 50, Energized lab- MH 53 & 55, Darkroom-MH 51.

The University switchboard number is: 570-674-6400
The University security office number is: 570-674-6300

The department internet address is: www.misericordia.edu/mi
The University web address is: www.misericordia.edu

Telephone numbers and E-mail addresses are:

Lynn Blazaskie (570) 674-8153 –lblazaskie@misericordia.edu- McAuley Hall, Room 306
Gina Capitano (570) 674-8067 –gcapitano@misericordia.edu- McAuley Hall, Room 304
Elaine Halesey (570) 674-6480 –ehalesey@misericordia.edu- McAuley Hall, Room 303
Paula Pate-Schloder (570) 674-6303 pschloder@misericordia.edu- McAuley Room 305
Lorie Zelna (570) 674-6438 –lzelna@misericordia.edu- McAuley Hall, Room 307
Barb Dorak (570) 674-6256 –bdorak@misericordia.edu- McAuley Hall Room 301
(Administrative Assistant)

MEDICAL IMAGING STUDENT Performance Description

Overall Student Performance Outcome:

Gradual clinical education experience coinciding with didactic instruction, the student will demonstrate competence in:

1. Performance of radiographic procedures at a professional entry level without requiring constant supervision of technical detail.
2. Performance of a variety of professional procedures that will require independent judgment, with ingenuity and initiative to apply prescribed ionizing radiation for radiologic diagnosis.
3. Assumption of responsibility for designated areas or procedures as required.

Overall Student Performance Objectives:

1. Professional Responsibilities

- a. Adheres to the ARRT/ASRT Code of Ethics
- b. Positions and transfers patients.
- c. Provides immobilization devices as required.
- d. Selects proper technical factors on an individual patient basis.
- e. Selects and operates equipment as directed.
- f. Develops images by automatic processing, and/or computed radiography.
- g. Provides protection in accordance with prescribed safety standards.
- h. Assists physician in administering contrast.
- i. Assumes responsibility for delegated areas in the performance of routine or special procedures.
- j. Assists in performing first aid as necessary.
- k. Practices sterile technique and prevents cross-contamination.
- l. Practices standard precautions as established by the Centers for Disease Control, (CDC), and OSHA.

2. Administrative Responsibilities

- a. Maintains adequate records as directed.
- b. Maintains orderliness and cleanliness.
- c. Secures and returns supplies.
- d. Cooperates with all personnel in the proper conduct of the department.
- e. Rotates within the department or other departments in accordance with scheduled clinical education hours.
- f. Maintains ethical relationships.
- g. Adheres to program policies and procedures as described in the Medical Imaging Clinical Education Manual and Student Handbook.

3. Continuous Training

- a. May be required to assist in the development of technical factors and IR selection.
- b. May assist in the use of a variety of equipment or procedures not routinely taught.

4. Professional Conduct

- a. Ability to cooperate with other workers and supervisory personnel.
- b. Ability to follow and carry out instructions from physicians to which they are assigned.
- c. Ability to deal amiably and effectively with patients.

Revised: 9/00, 8/08, 6/12

TENTATIVE CALENDAR OF EVENTS

JANUARY	New Year's Day Spring Semester Begins,* Clinical Experience I, IV, & VII begins – (Dates to be announced)
FEBRUARY	
MARCH	Spring Recess* Pre-registration for Fall Semester* PSRT Conference (Held annually March or April)
APRIL	Easter Recess*
MAY	Final Examinations* Senior Recognition luncheon Baccalaureate and Commencement* Clinical Experience II Begins (Date to be announced) Memorial Day
JUNE	A.S.R.T. Conference
JULY	Independence Day Clinical Experience V Begins (Date to be announced) Freshman Orientation*
AUGUST	Freshman Orientation* Fall Semester Begins* Clinical Experiences III, VI and VI/VII Begin (Dates to be announced)
SEPTEMBER	Labor Day
OCTOBER	Parents Weekend* Fall Recess* Gertrude Hawk Christmas Candy Sale Penn State/Hershey Medical Center Annual Student Competition
NOVEMBER	Pre-registration for Spring Semester* Thanksgiving National Radiologic Technology Week (to be announced)
DECEMBER	Final Examinations* Winter Baccalaureate and Commencement* Christmas Break

*REFER TO MISERICORDIA UNIVERSITY ACADEMIC CALENDAR

PROFESSIONAL ORGANIZATIONS

Students are **required** to become Student Members of the American Society of Radiologic Technologists (ASRT) & the Pennsylvania Society of Radiologic Technologists. (PSRT) The societies offer meetings, student competitions and social events throughout the year. For applications, visit their websites at: www.asrt.org & psrtonline.org

MEDICAL IMAGING CLUB

The purposes of the Medical Imaging club are to: 1) advance the science of Medical Imaging; 2) encourage participation in educational pursuits and professional organizations; 3) unify the Medical Imaging majors; and 4) uphold the mission of Misericordia University through mercy, service, justice and hospitality.

The Bylaws of the club are located in Appendix A on page 35.

MARY KINTZ BEVEVINO LIBRARY

The library is an important part of your academic life. Misericordia University's library contains an excellent collection of professional, cultural and recreational literature. Computer Services/Assistance is also available through the CHSE Library liaison.

The library's schedule accommodates the academic schedule of the University. Hours of operation are posted on the portal. Hours are subject to change during semester breaks and University holidays. To contact the library call (570) 674-6231.

GRADUATION REQUIREMENTS

All academic requirements must be completed. Each student is required to read the current University Catalog for detailed information regarding graduation obligations.

AWARDS

Medical Imaging Department Award (Academic Excellence)

This award is presented to a graduating senior, both December and May, with the highest cumulative grade point average [GPA] (minimum 3.30) in the **major as of the December prior to graduation in May**. In the event there is a tie in the major GPA between two students in the same category, tie breaker will be highest overall GPA. If the GPA is the same, the highest number of **total** credits taken at Misericordia University (MU) will be used as the second tie breaker. If the highest number of total credits taken at MU is the same, multiple awards will be presented. It/They are presented in May at the Awards Ceremony held prior to graduation day.

Jane DeMaio Memorial Award (Clinical Excellence)

An award of excellence is presented to the senior who demonstrates outstanding achievement in the clinical education center as determined by the department Clinical Faculty, utilizing quantitative summative evaluation forms which are based on entire clinical performance. There must be a minimum score of 89% on these evaluations to be considered for this award. It is presented in May at the Awards Ceremony.

The award is sponsored through a fund set up by the friends and relatives in memory of Jane DeMaio, a registered radiologic technologist at Mercy Hospital (now Regional Hospital of Scranton), from 1973-2001. It is presented to the student who best exemplifies the qualities of cooperation, dedication and patient care while achieving the highest standards of clinical excellence.

Dean's List

The Dean's List of the University includes those students who, in any one semester, attain a quality rating of 3.55 in their course work while carrying a minimum of 12 credit hours.

Lambda Nu (Pennsylvania Alpha Chapter)

The Misericordia University Alpha Chapter of Lambda Nu, the national honor society for the Radiologic and Imaging Sciences, was established in 2001. Membership in this honor society is partially based on a minimum GPA of 3.25 overall, as well as in the major, and enrollment as a full-time Medical Imaging major for a minimum of four semesters. In addition, students must demonstrate evidence of professional commitment beyond the minimum program requirements, including, but not limited to:

- Completion of an individual graded research project (minimum grade of B)
- **Active membership** in the Medical Imaging Club including meeting attendance, activities, fundraisers, service projects, serving as a club officer, etc. Documentation of attendance required from student, i.e. list of attendees in meeting minutes obtainable through Club Groups page on portal.
- **Participation** in Medical Imaging related activities, i.e. mentoring; annual Medical Imaging Day (Penn-State/Hershey); Annual P.S.R.T. conference; volunteer in inter-professional education (IPE) activities, etc. (NOTE: required activities such as IPE, Service Learning, or service *required* as part of a course does not qualify and should not be included in the portfolio. However, students who return to the Bone Academy and serve as **volunteer** alumni* the following year do qualify, as well as volunteer for IPE activities). Documentation required (cannot be self-documentation/ must be from supervisor(s) of activity however, captioned and dated photos will be accepted).
* Class of 12/2020 and 5/2021- Bone Academy volunteer in junior year- not applicable
- **Participation** in University-wide student committees, (e.g., peer tutoring, campus ministry, student government, focus groups, campus clubs, sports, etc.). Documentation required (cannot be self-documentation/ must be from supervisor(s) of activity however, captioned and dated photos will be accepted)
- **Participation** in Community service external to the university- i.e. church groups, scouts, volunteer service to nonprofit organizations such as healthcare facilities, ambulance, fire, etc. Documentation required (cannot be self-documentation/ must be from supervisor(s) of activity however, captioned and dated photos will be accepted).

Process:

Potential Lambda Nu recipients (awarded upon graduation) are **invited to participate** at the end of their sophomore year, (traditional students) based solely on academic criteria; as actual induction cannot occur until graduation. For transfer students (non-traditional), invitation may be made at the end of either the sophomore or junior years based on the limited length of time a transfer student has to build the minimum GPA. Students are notified in writing, by the Department Chair of their eligibility. It is strongly suggested students begin to maintain a log of activities at this point (if not begun earlier).

Traditional students not eligible at the conclusion of the sophomore year; or non-traditional students not eligible at the conclusion of either their sophomore or junior years, whose GPA increases to the 3.25 minimum are **NOT** eligible for Lambda Nu, as the GPA requirements must be met at the time of invitation.

By April 1st of the senior year (November 1st for December grads), **students must submit** a portfolio, inclusive of a summary cover letter) clearly identifying how they have met the stated criteria, inclusive of corroborating documentation.

Students with reprimands at the written level are **NOT** eligible for this Honor Society regardless of GPA. Portfolios will be distributed to all full-time faculty for individual, confidential review. Individual decisions, unknown to each other faculty member, are collated by the Department Chair and a majority vote is required. In the event the number of faculty results in a tie, the Department Chair will cast the deciding vote. Students will be notified, via letter from the Department Chair, of the decision regarding membership into Lambda Nu, prior to graduation.

PROGRAMS OF STUDY

For each individual option within the major (Choice of track), Please visit:

<http://www.misericordia.edu/page.cfm?p=628>

COURSE SYLLABUS

The course syllabus is a document which is posted on the Medical Imaging Clink group page for each clinical experience and provided by course professor for all didactic courses. It is used to provide the student with all information pertaining to the course. Students are held responsible for all information contained in the syllabus.

GRADING

The following grading scale has been adopted by the Medical Imaging Program.

Letter Grade	Numerical Equivalent	Honor Points
A	96-100	4.00
A-	92-95	3.70
B+	89-91	3.30
B	86-88	3.00
B-	83-85	2.70
C+	80-82	2.30
C	77-79	2.00
C-	74-76	1.70
D	70-73	1.00
F	Below 70	0.00

ASSESSMENT TESTS

In order to better prepare students for the National Registry Exam an assessment test will be administered to all Medical Imaging students during the registry review course: MI 415. Students are required to successfully pass the test in MI 415, as part of the graduation requirements as explained in the current University Catalog.

STUDENT FEES

In addition to the university tuition and fees, Medical Imaging student fees (spread over four years included in the student's statement twice per year, fall and spring semesters), include: HIPAA education, professional liability insurance; lab costs; CHSE administrative fee; Certifi Clinical Record Management (myRecordtracker); anatomic identification markers; name tag; dosimetry badge; clinical logbook; professional memberships in both the A.S.R.T. and P.S.R.T.; and course materials for [MI 415](#). This list may not be all inclusive. Additional expenses may arise after publication of this handbook.

This fee covers the initial item only. Any lost name tags or I.D. markers that must be replaced are the responsibility of the student. If a radiation badge is lost or not returned, the replacement cost as well as lost/unreturned badge fee charged to us by the company will be the responsibility of the student. The amount is based on the replacement cost at that time. In addition, because a student cannot attend clinic without a radiation badge, shipping fees to expedite a replacement badge are also the responsibility of the student.

According to the Dean of Finance, in the event a student withdraws or is dismissed from the program, the fee cannot be adjusted.

PROFESSIONAL CALENDAR

Academic classes will be held in accordance with the Misericordia University calendar.

The Medical Imaging Program recognizes the following holidays with regard to clinical experiences:

New Year's Day	Labor Day (Fall)
Spring Break	Fall Recess (Fall)
Easter Recess (Spring)	Thanksgiving (Fall)
Final Exam Week (Spring)	Final Exam Week (Fall)
Memorial Day (Summer)	Christmas Break (Fall)
Independence Day (Summer)	

Students desiring time off for specific religious holidays must consult with the Department Chairperson.

ADVISORY COMMITTEE

The Advisory Committee is comprised of Misericordia University medical imaging faculty, clinical education center (CEC) clinical preceptors, department directors, and student representatives. Meetings are held once per academic year. The purpose of this committee is to ensure cohesiveness of the clinical and academic components of the major through effective communication among all participants. For a complete record of meeting minutes, see the Medical Imaging Clinical Coordinator.

CLINICAL EDUCATION CENTERS
ADDRESSES AND PHONE NUMBERS

Clinics I-V:

*Advanced Imaging Specialists: 1000 Meade St, Dunmore, PA 18512; 570-504-2500
*Commonwealth Health Diagnostic Imaging Center: 190 Welles Street, Forty Fort, PA 18704; 570-288-0400 ext 1021
*Geisinger Community Medical Center: 1822 Mulberry Street, Scranton, PA 18510; 570-703-8151
*Geisinger–Orthopaedics: 1010 E. Mountain Blvd., Wilkes-Barre, PA 18711; 570-808-2347
*Geisinger South Wilkes-Barre: 25 Church St., Wilkes-Barre, PA 18765; 570-808-6617
Geisinger Viewmont Medical Services: 435 Scranton/Carbondale Hwy, Scranton, PA; 570-343-4334
*Geisinger Wyoming Valley: 1000 E. Mountain Dr., Plains Twp., PA 18711; 570-808-7793
Health and Wellness Center @ Hazleton (LVHN): 50 Moisey Drive, Hazleton, PA 18202; 570-501-6628
**Lehigh Valley Health Network Hazleton: 700 E. Broad Street, Hazleton, PA 18201, 570-501-4114
*+Moses Taylor Hospital: 700 Quincy Ave., Scranton, PA 18510; 570-770-7303
Regional Hospital of Scranton: 746 Jefferson Ave., Scranton, PA 18501; 570-770-3033
Thomas P. Saxton Medical Pavilion: 468 Northampton St., Edwardsville, PA 18704, 570-552-4529
@VA Medical Center: 111 East End Blvd., Wilkes-Barre, PA 1871; 570-824-3521 ext. 7489
Wilkes-Barre General Hospital: 574 N. River St., Wilkes-Barre, PA 18764; 570-552-1708

Clinics VI and VII:

Advanced Imaging Specialists: 1000 Meade St, Dunmore, PA 18512; 570-504-2500
Center for Comprehensive Cancer Care: 5 Morgan Highway, Scranton, PA 18508; 570-445-2422
Commonwealth Health Cancer Center: 575 N. River St., Wilkes-Barre, PA 18764; 570-552-1300
*Commonwealth Health Diagnostic Imaging Center: 190 Welles Street, Forty Fort, PA 18704; 570-288-0400
*Geisinger Community Medical Center: 1822 Mulberry Street, Scranton, PA 18510; 570-703-8151
*Geisinger Mount Pleasant: 531 Mount Pleasant Drive, Scranton, PA 18503; 570-342-8500
*Geisinger South Wilkes-Barre: 25 Church St., Wilkes-Barre, PA 18765; 570-808-6617
Geisinger Viewmont Medical Services: 435 Scranton/Carbondale Hwy, Scranton, PA; 570-343-4334
*Geisinger Wyoming Valley: 1000 E. Mountain Dr., Plains Twp., PA 18711; 570-808-7793
Health and Wellness Center @ Hazleton (LHVN): 50 Moisey Drive, Hazleton, PA 18202; 570-501-6628
* Lehigh Valley Health Network Hazleton: 700 E. Broad Street, Hazleton, PA 18201; 570-501-4114
Lehigh Valley Hospital: Cedar Crest and I-78, Allentown, PA 18108; 610-402-8267
(Used on a limited basis as determined by the Department Chairperson)
*+Moses Taylor Hospital: 700 Quincy Ave., Scranton, PA 18510; 570-770-7303
Northeast Radiation Oncology Center (NROC): 1110 Meade St., Dunmore, PA 18512; 570-504-7200
Pocono Medical Center: 206 E. Brown St. East Stroudsburg, PA 18301; 570- 422-1774
Regional Hospital of Scranton: 746 Jefferson Ave., Scranton, PA 18501; 570-770-3033
Thomas P. Saxton Medical Pavilion: 468 Northampton St., Edwardsville, PA 18704, 570-552-4500
@VA Medical Center: 111 East End Blvd., Wilkes-Barre, PA 18711; 570-824-3521 ext. 7489
Wayne Memorial Hospital: 601 Park Street, Honesdale, PA 18431; 570-253-8100
Wilkes-Barre General Hospital: 575 N. River St., Wilkes-Barre, PA 18764; 570-552-1708

*Smoke Free

- Sites utilized for Clinical Experiences VI & VII are available on a limited basis only. Use is dependent upon coverage available. See Department Chairperson for specific details.
All students are subject to the rules and regulations established by the administration of the clinical education center. Students are responsible for their own transportation, meals, uniforms and associated fees.

+ Students assigned to Moses Taylor are NOT permitted to park in the hospital garage. Meter parking is available. This only applies to day shift hours.

@ Students assigned to VA Medical Center MUST complete a separate VA clearance PRIOR to the start of their clinical experience. See clinical coordinator for details.

CLINICAL EDUCATION CENTER START TIMES:

The first day of each new clinical experience will begin at 9:00 a.m. regardless of the clinical education center normal starting time. The only exception in the 1st day of the one-week orientation period for students involved in an Internship (August, prior to senior year). Start time on this day is 1:00p.m. Student's starting time is per the normal daily start time of the department. Starting time after the first day will be the normal starting time of the clinical education center to which the student has been assigned. They are as follows:

Advanced Imaging Specialists	8:00 a.m. - 4:00 p.m.
Center for Comprehensive Cancer Care	8:00 a.m. – 4:00 p.m.
Commonwealth Health Cancer Center	8:00 a.m. - 4:00 p.m.
Commonwealth Health Diagnostic Imaging Center	8:00 a.m. - 4:00 p.m.
Geisinger Community Medical Center	8:00 a.m. – 4:00 p.m.
Geisinger Wyoming Valley	8:00 a.m. – 4:00 p.m.
Geisinger –Orthopedics	8:00 a.m. - 4:00 p.m.
Geisinger Regional Ambulatory	8:00 a.m. – 4:00 p.m.
Geisinger South Wilkes-Barre	8:00 a.m. – 4:00 p.m.
Health and Wellness Center @ Hazleton (LVHN)	8:00 a.m. – 4:00 p.m.
Lehigh Valley Health Network Hazleton	8:00 a.m. – 4:00 p.m.
Moses Taylor Hospital	8:00 a.m. – 4:00 p.m.
Northeast Radiation Oncology Center (NROC)	8:00 a.m. – 4:00 p.m.
Pocono Medical Center	8:00 a.m. – 4:00 p.m.
Regional Hospital of Scranton	8:00 a.m. – 4:00 p.m.
VA Medical Center	8:00 a.m. – 4:00 p.m.
Wayne Memorial Hospital	8:00 a.m. - 4:00 p.m.
Wilkes-Barre General Hospital	8:00 a.m. – 4:00 p.m.
Wilkes-Barre General Hospital (Saxton Pavilion)	8:00 a.m. – 4:00 p.m.

MEDICAL IMAGING CLUB BYLAWS

Preamble

The purposes of the Medical Imaging club are to: 1) advance the science of Medical Imaging; 2) encourage participation in educational pursuits and professional organizations; 3) unify the Medical Imaging majors; and 4) uphold the mission of Misericordia University through mercy, service, justice and hospitality.

Article I: Name

This organization is known as the Medical Imaging Club of Misericordia University.

Article II: Membership

This organization consists of four (4) officers, listed below, with membership involving any Medical Imaging major. Members will be identified as active or non-active. Active membership requires the following:

- Attendance at a minimum of two (2) club meetings per semester (as evidenced by sign in sheet/ recorded by club secretary). Excused absences may be permitted if approved by advisor prior to meeting.
- Participation in a minimum of one (1) service project per semester (as evidenced by sign in sheet)
- Participation in one (1) club activity per academic year (fall/ spring semesters)-(as evidenced by sign in sheet)

Section I: Officers

- A. The president shall be responsible for the following duties:
- Oversee the general operation of the club
 - Create agendas/ run meetings
 - Delegate responsibilities
 - Set goals
 - Seek input for fundraisers/ service projects
 - Meet with officers/ advisor(s) before meetings
 - Attend SGA meetings or designate representative
 - Work with advisor(s) on all aspects of the club and communication information to the officers
 - Ensure template of requirements for SGA is completed/ submitted, per semester, and send to advisor(s). (This task may be delegated to club secretary).
- B. The vice-president shall be responsible for the following duties:
- Work closely with the president on all aspects of the club
 - Serve as president in the event the president cannot
 - Seek input/ coordinate fundraiser/ service projects
 - Run meeting in the absence of the president
 - Assign members to events/ projects
- C. The secretary shall be responsible for the following duties:
- Record and keep minutes of all club meetings and submit to advisor for dissemination
 - Maintain sign-up sheets for proof of attendance at club events/ submit to advisor
 - Ensure all SGA requirements are met; submit monthly reports (and copy advisor)
 - Work with president to ensure template of requirements are met
- D. The communication coordinator shall be responsible for the following duties:
- Ensure all communication regarding meeting dates, events, projects, etc., is disseminated to all members (and copied to advisor) in a timely manner.

- Other duties as they arise

Article III: Qualifications for Holding Office

All officers must be full-time students and in good academic standing in the Medical Imaging major and be active members of the club. President may be a junior or senior in the program and Vice President, Secretary and Communication Coordinator may be from any level.

Section I: Elections

The officers of this club are elected by the majority. In the event of a tie, a second vote will be held. Officers will serve a term for one year and may be re-elected for a subsequent term of one year.

Section II: Nominations

Nominations for each officer are held in April during each spring semester of the academic year. In the event that an officer is a December graduate, a special election will be held at the beginning of December to replace the absent officer.

Article IV: Meetings

The Medical Imaging Club shall conduct monthly meetings, which all members of the club are encouraged to attend. See active member requirements.

Article V: Fundraising

The Club will hold fundraisers throughout the academic year to help defray costs of attending the junior/senior class field trip, state and national society meetings, and/ or professional meetings. Any type of fundraising must be cleared with the advisor as well as the Student Government Association.

Article VI: Service Projects

Under the rules and regulations of the Student Government Association, each club must complete at least one service project per semester. The Club members and advisor(s) shall determine in which projects to participate.

MISERICORDIA UNIVERSITY
DALLAS, PENNSYLVANIA
COLLEGE OF HEALTH SCIENCES AND EDUCATION
MEDICAL IMAGING PROGRAM

RETENTION, PROMOTION, GRADUATION

Refer to the current University catalog.

However, for minimum requirements for program retention see Policy #24 of this document.

PROBATION

Refer to the current University catalog.

RE-ADMISSION

Refer to the current University catalog.

SEXUAL HARASSMENT POLICY

Refer to the current Misericordia University Student Handbook.

Family Education Rights and Privacy Act (FERPA)
(BUCKLEY AMENDMENT)

CONFIDENTIALITY

Please visit the following link regarding University information on confidentiality:

<https://catalog.misericordia.edu/content.php?catoid=4&navoid=167#ferpa>

Section II

MEDICAL IMAGING POLICIES AND PROCEDURES

CLINICAL EDUCATION SETTING AND UNIVERSITY POLICIES

Students shall be required to follow and abide by all policies of the individual clinical education center departments. In addition, students shall abide by policies as set forth by the University and the program in medical imaging. University policies are available through the University portal and website to each student prior to entering the clinical education center.

The policies stated herein took effect as of January 1, 1998, and have been reviewed, and/or modified yearly since then.

POLICY #1

STUDENT ABSENCE/TARDINESS/REQUESTS FOR CHANGES RE: CLINICAL DUTY

Purpose:

1. To differentiate absence/tardiness.
2. To establish a procedure for reporting absence/tardiness.
3. To provide guidelines for action regarding excessive absence/tardiness.
4. To provide guidelines for students to follow regarding requesting changes to clinical assignments.

Procedure:

1. **BENEFIT DAYS:** Students in the Medical Imaging program may use, without makeup, the following days: These days shall be known as “BENEFIT DAYS”.
 - *6 Days (45 Hours) will be available for use during Clinical Experiences I-III (MI 140, 160, 225)
 - *4 Days (30 Hours) will be available for use during Clinical Experiences IV & V (MI 245 & 260)
 - *4 Days (30 Hours) will be available for use during Clinical Experiences VI & VII (MI 265 & 275)
 - a. The student is reminded to use these “Benefit” days with discretion. Benefit time does not accrue. Students cannot bank benefit time. Students are only permitted to attend clinic beyond the normal scheduled hours in order to make up benefit time AFTER all time has been exhausted, and with PRIOR approval from the site and MU Clinical Preceptor. For instance, If a student has 1.5 hours of benefit time remaining in their bank they can’t stay at clinic 2 additional hours per day on 3 occasions in an effort to create a full day (7.5hrs) off for future use.
 - b. The student is reminded to follow the department policy for using benefit time.
 - c. Benefit time may be used in whole days, or in hours, if it has been pre-approved by the MU Clinical Preceptor. Students may NOT use benefit time to alter clinical start time or end time. For instance, if a student arrives at clinic at 9:30 am (providing they do so according to the current policy) for an 8:00 am start time but then stays until 5:30 pm in an effort to not utilize the benefit time from the morning, this is unacceptable.
 - d. The use of benefit that would alter the clinical objectives (i.e. absence on an outpatient or evening shift) regardless of time available must be made up so that all required outpatient/evening time is satisfied prior to the end of the clinical experience.
 - e. Please note that this policy applies to CHSE policy #8 Procedure #4; in the event that there is a delay in placement during the appeal process of a positive drug screen.
2. **UNEXCUSED ABSENCE:**

A student will be considered absent when they fail to appear at the clinical education center on a scheduled day without following the department policy for use of benefit time. Unexcused absences are subject to the disciplinary Policy # 13
3. **EXCUSED ABSENCE:** In certain circumstances, a student may be excused from the clinical education center with no loss of benefit time. This is termed an excused absence.

“Excused” absences are:

 - a. Death in the immediate family (parent, legal guardian, spouse, sibling, child, grandparent, mother- or father-in-law). A maximum of 3 consecutive clinical days will be given as an excused absence from the clinical education center. Death outside of the immediate family will be considered on a case-by-case basis.

- b. A summons to appear in court (a copy must be submitted to the Clinical Coordinator prior to the day of absence.)
- c. Jury Duty (a copy of the official letter must be submitted to the Clinical Coordinator prior to the date of Duty.)
“Excused” absences may NOT exceed (3) in number. If additional time off is needed the time will be deducted from the student’s benefit time.
EXCEPTIONS MAY BE MADE, IN EXTENUATING CIRCUMSTANCES, BY THE DEPARTMENT CHAIRPERSON.

4. TARDINESS:

- a. A student will be considered tardy if they arrive at their assigned area after the designated starting time.
- b. Excessive tardiness is defined as being tardy **three** times in one clinical semester. Excessive tardiness is subject to the disciplinary actions outlined in this policy.

5. STUDENT REPORTING OF ABSENCE, TARDY, OR EARLY DISMISSAL:

- a. Students must notify three sites: 1) the clinical education center; 2) their assigned Misericordia Clinical Preceptor, (in the method agreed upon with their respective Clinical Precptor for that particular semester as different Clinical Preceptors may require different methods) and; 3) the Medical Imaging office of any absences, tardiness or if requesting early release from the clinical education center. Early release must be preapproved by CEC or MU faculty. If early release is not approved by 12:00 noon on the day in question, this may be considered a violation of this policy. This is at the discretion of the MU Clinical Preceptor.

Notifying the clinical site:

Verbal contact to the Clinical Preceptor at the clinical education center is required within the first hour of their designated starting time for each day they are absent, tardy or requesting early release from the clinical education center. In the event the Clinical Preceptor is off that particular day, speak directly to the person designated in charge.

Notifying the Medical Imaging Department at MU:

Students must also contact the Medical Imaging office at (570) 674-6256 within the same time frame. (There is voice mail if the administrative assistant does not answer personally.) On the voice mail you must state: “This is (your name). I am assigned to (name the Clinical Education Center) and (name of Misericordia University instructor) is my clinical preceptor. I will be using (stated number of hours) of clinical benefit time.”

Notifying their assigned MU Clinical Preceptor:

- a. Students must also contact their Misericordia Clinical Preceptor in the manner determined by that particular instructor (I.e. E-mail, voicemail).
- b. In the event tardiness is unforeseen and verbal contact is unavailable, (i.e. your car is disabled on the highway) the student will report directly to the clinical education center Clinical Preceptor upon arrival.
- c. Failure to notify, the clinical education center, the University, and their assigned MU clinical preceptor in the manner determined by that particular instructor will result in the

absence/tardiness being noted as an unnotified absence. Unnotified absence/tardiness will be subject to the disciplinary actions noted in this policy.

****Students must call personally regarding any portion of this policy and cannot have someone else call on their behalf. Calls MUST be made PRIOR to the use of the time. i.e., you cannot call on Tuesday, and say you used benefit time on Monday.**

6. DOCUMENTATION OF USED BENEFIT TIME/DAYS:

- a. The date of the absence or tardiness will be noted by the MU or clinical education center clinical preceptor on the absentee form in the student's individual file at the hospital.
- b. Should the used time exceed the allotted benefit days and make up time is required, the date of the makeup will be noted on this form.
- c. At the completion of each rotation, the assigned clinical preceptor will return the original absentee form to be filed at Misericordia University

7. REQUESTS FOR CHANGES:

The summer clinical schedule is created and disseminated in advance of the experience. In rare circumstances students may be granted changes in assigned clinical days. In the event a student needs to request a change to the assigned clinical schedule, it must be done prior to the start date of the clinical experience. The letter must specify: 1) the reason for the requested change, 2) the specific dates off requested, and 3) include "suggested" make up dates.

The requests will be forwarded to the clinical coordinator and/or MU clinical preceptor for consideration. A response will be provided to the student by the Department Chairperson within a reasonable period of request. It is the student's responsibility to then coordinate the change with both their assigned University clinical preceptor and facility Clinical Preceptor.

8. DISCIPLINARY ACTIONS:

- a. In Policy #13, Procedure #4, the level of reprimand is dependent on any previous reprimands given to the student for violations of any policy. A third reprimand for policy violations may result in a grade of "F" for the session thereby dismissing the student from the program.
 - b. In the case of excessive tardiness or absence in excess of the allotted benefit time, five (5) points will be deducted from the student's final grade. For every tardiness or absence thereafter, five (5) additional points will be deducted from the student's final grade and the student is subject to the disciplinary actions outlined in this policy.
 - c. In the case of an unnotified absence/tardiness, in which the student did not notify the proper parties, five points will be deducted from the student's final grade. The Department Chairperson will be notified and a reprimand will be issued.
- The clinical preceptor and/or the clinical coordinator reserve the right to consider absences in excess of the allotted day maximum on an individual case by case basis.
 - Students that are re-admitted to the program will begin with the amount of time that was remaining at the time of the dismissal.

Revised 12/97, 3/00, 5/03, 11/04, 11/05, 7/07, 6/11, 2/13, 8/14, 2/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #2

WEATHER/UNIVERSITY-RELATED EMERGENCIES/EVENTS

Purpose:

1. To describe the procedures to be followed in the event of an emergency, weather-related or otherwise.

Procedure:

1. In the event that a clinical education center (to which a student is assigned) or the University, declares a weather emergency, the student will NOT be required to attend and will NOT be required to make up any time lost.
2. In the event of poor weather conditions (in which a weather emergency has NOT been declared by either the Clinical Education Center or University), the student will be responsible for determining their ability to attend clinical duty. If the student deems it impossible to get to the clinical education center, they must contact the clinical education center and the University. This absence is to be noted on record of used benefit time. (See Policy #1)
3. In the event of a delay in the start of classes (by the University due to weather), the student will report to the clinical education center at the hour of the commencement of classes. If classes are then canceled after the delay announcement, and the student is already on the way to or at the clinical education center, it is the student's choice to either complete the day or return home. If school is canceled, the day will not be required to be made up or be charged as a benefit time. If the student chooses to complete the day, time will be credited to benefit time.
4. Compressed Schedule:
In the event that Misericordia University announces a compressed schedule, clinic will begin at 10 AM. In the event that Misericordia announces a noon start time clinic will begin at noon.
5. In the event the University suspends classes due to circumstances that affect students on campus only, clinic will remain in session. Examples of this may include, but are not limited to: bomb scare, water main break, etc.
6. Delay or Cancellation of Classes by University Administration
 - A. Due to weather emergency:
Announcements regarding delay or cancellation of University classes will be made via my- MU Alert
MU Email
Local TV Stations: WYOU, WNEP, WBRE
 - B. Due to circumstances other than weather:
A decision regarding suspension of clinic will be made by the Department Chairperson, in consultation with the department faculty on a case-by-case basis. For example, if classes are suspended for the scheduled funeral of a University employee, students will be

credited benefit time equal to the amount of the time classes are suspended, allowing for students to attend the funeral. If classes are suspended, or school is closed due to an on campus emergency, i.e. water main break, heating problem, bomb scare, etc., clinic will remain in session as students off campus will be unaffected.

- C. Delay or Cancellation of Classes by University Administration will also be communicated thru my-MU alert. By utilizing this system, University delay or cancellation of classes will be sent as a text message to those who have subscribed. Students and faculty can subscribe to the alert system by clicking the MU alert icon on the launch pad of my- MU. They will then be prompted to enter their cell phone number to receive text alerts

7. Delay or Cancellation of Classes by individual Medical Imaging Faculty.

There may be circumstances when department faculty may cancel or delay their class although the University is in session (either full or compressed). Communication to students may occur in one of several ways:

- A. If the cancelled class follows another class in which the same students are involved, an announcement may be made by another Medical Imaging department faculty member.
- B. Individual faculty members shall communicate their process in their respective course syllabi.
 - Lynn Blazaskie (570) 674-8153
 - Gina Capitano (570) 674-8067
 - Elaine Halesey (570) 674-6480
 - Paula Schloder (570) 674-6303
 - Lorie Zelna (570) 674-6438

Faculty in the department of Medical Imaging will make every effort to notify students of canceled or delayed classes in a timely manner.

Proposed	2/11/83
Revised	5/97, 7/01, 10/04, 11/05, 2/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #4

ILLNESS/INJURY DURING THE CLINICAL DAY

Purpose:

1. To provide guidelines for action regarding the student who becomes ill during the clinical day.
2. To provide guidelines for action regarding the student who becomes injured during the clinical day.

Procedure:

1. See the clinical education center's handbook for specific hospital policies regarding illness or injury.
2. The student will incur expenses if such arise due to this illness or injury.
3. If the student refuses medical treatment, individual hospital policies must be followed.
4. In the event a student becomes ill or is injured and is incapable of performing clinical education duties, the student will be charged benefit time, even if the student cannot leave due to transportation problems (i.e., sharing a ride).
5. Individual situations will be left to the discretion of the Clinical Preceptor.
6. If a student is injured at the clinical education center, a Clinical Incident Report must be completed and signed by the student and Misericordia University Clinical Preceptor. Forms may be secured on the Medical Imaging Communities page (see College of Health Sciences and Education, Policy #4 for detailed information)

Proposed	9/16/83
Revised	5/97, 8/02, 2/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #5

MAKE UP OF CLINICAL HOURS

Purpose:

1. To establish a consistent method for making up clinical time.

Procedure:

1. Clinical make up time is defined as time owed once the allotted benefit days are completely exhausted by the student.
2. Upon return to the clinical education center, the student shall arrange to make up the absent/tardy time in excess of the allotted benefit days on a date and time agreeable to the Clinical Preceptor.
3. Make up time will be scheduled:
 - a. on the same assignment that the student missed. (i.e.: hours 8:00 a.m.-4:00 p.m., 2:00 p.m.-9:00 p.m.)
 - b. in the same semester in which the time was exhausted, unless previously cleared by the Clinical Coordinator.
 - c. in minimum increments of 7.5 hours unless the total time to be made up is less than 7.5 hours.
 - d. during official University breaks, however NOT on University Holidays. Holidays are defined as those days listed on the official University Calendar when the University is closed. For example, the University is open on Holy Thursday however the faculty and students are on an official University break, students would be permitted to make up clinic on this day. Good Friday which is also part of the University break, is considered a University Holiday and therefore the University is closed on that day so students would NOT be permitted to make up time on that day. (Misericordia University faculty will not be present)
4. If a student is present in the clinic during official University breaks and is not scheduled to make up time, the time spent in the clinic will be considered voluntary and no benefit time credit will be given (not permitted to “bank” this time).
5. Class, laboratory and clinical hours combined may not exceed forty (40) hours per week. However, the student may elect to exceed forty (40) hours per week in the make-up of clinical hours. The student will sign a statement that the excessive time is voluntary.
6. Students making up time will be issued a grade of “I” (incomplete). The incomplete grade will remain until the time is made up and incomplete contract is filled.
NOTE: If the Misericordia University Clinical Preceptor approves an incomplete contract, the student is responsible for filing the incomplete contract at Misericordia University. See the University calendar for deadline to remove incomplete grades.
7. Once all allotted benefit time has exhausted, the student may not be absent from the clinical education center. Special circumstances will be considered on a case-by-case basis.

8. If the student fails to make up exhausted time, the Misericordia University Clinical Preceptor shall notify the Clinical Coordinator and the student will be subject to the transgressions as listed in Policy #13, #4.

Proposed	9/16/83
Revised	11/04, 11/05, 2/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

AS OF 4/15

POLICY #6
VACATION FROM CLINICAL DUTY

Purpose:

To establish vacation time allowed to students and provide guidelines for requesting vacation time.

*THIS POLICY IS NO LONGER APPLICABLE AS SUMMER CLINICAL EXPERIENCES ARE 6 WEEKS.

Proposed	9/16/83
Revised	5/96, 12/05, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #7
DRESS CODE/PERSONAL HYGIENE

Purpose:

To provide an acceptable dress code for clinical students and delineate disciplinary action for failure to follow this policy.

Procedure:

I. DRESS CODE:

Acceptable Uniforms: All students will wear black scrub pants with a black top. The top can be a scrub shirt, or a warm up jacket. The tops must be screen printed with the approved Misericordia University Medical Imaging logo. A white, black or gray shirt/t-shirt can be worn underneath the warm up jacket. Screen printed logos are NOT required on shirts worn underneath a warm up jacket.

Students are responsible for purchasing scrub pants and scrub shirts and/or warm up jackets and provide tops to Futuristic Innovative Graphics for screen printing using the official MU logo. It is the student's responsibility to drop off and pick up their scrub tops at the address listed below:

Futuristic Innovative Graphics

156 South Pennsylvania Ave. | Wilkes-Barre, PA 18701

4t-shirts.com | 570.823.9272 ext.1

Unacceptable Uniforms:

- a) Canvas sneakers, classic crocs (with holes) or any style open toe shoes
- b) Sleeveless tops or cap sleeves unless covered with a warm up jacket; length of shirt must cover abdomen.
- c) O.R. scrubs unless assigned to the O.R.
- d) Sweat pants or jeans
- e) Hooded sweatshirts with or without zippers

2. Additional Requirements:

- a) *Radiation badge and nametags must be worn at all times in the clinical setting
- b) *Lead markers will be purchased by students
- c) Socks are required
- d) Proper undergarments must be worn at all times

*Please note that the charges for these items are included in the student fee. This fee covers the initial purchase only, NOT replacement cost. In the event that a student needs to order a replacement of any of these items, the cost will be incurred by the student; inclusive of shipping costs.

II. PERSONAL HYGIENE

- 1. Hair should be worn in good taste, out of the face, and if necessary, tied back to prevent it from coming in contact with patients.
- 2. Deodorants and perfumes or colognes may be worn, however, the scent must be minimal and non-offensive.

3. Jewelry may be worn, however, no hanging (long chains, bracelets, hoop or dangle earrings) jewelry will be permitted. Jewelry in visible piercings is limited to the ears only. Lip, nose, eye and tongue piercings are prohibited.
4. Fingernail length should not be excessive for patient comfort and safety. Artificial nails are prohibited.
5. Beards and/or mustaches must be neatly groomed. Those without beards or mustaches must be clean shaven daily.
6. Tattoos are required to be covered in some clinical facilities. As previously noted, the dress code policy of the clinical affiliate supersedes that of the Medical Imaging Program.

III. DISCIPLINARY ACTIONS

Students who do not comply with dress codes listed above will be required to leave the clinical setting and benefit time will be charged. They will be required to make up any lost time prior to rotation or program completion in the event they have no benefit days left. Continued refusal to comply will result in application of the program's disciplinary policy (Policy #13).

Proposed	9/16/83
Revised	11/99, 11/02, 9/04, 11/05, 10/08, 11/12, 5/15, 10/15, 11/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #8
PREGNANCY

Purpose:

To establish a process for students who become pregnant while enrolled in the program and to define the student's roles/responsibilities based on individual needs and preferences.

Procedure:

It shall be the student's choice whether or not to inform the Department Chairperson and clinical coordinator (program officials) of the pregnancy. If a student chooses NOT to disclose the pregnancy, she cannot be considered pregnant and no changes to either the didactic or clinical portion of the educational program will occur. If a student voluntarily chooses to officially declare her pregnancy, she must do so in writing, to the Department Chairperson who will, in turn, notify the clinical coordinator. This written notice must include the expected date of delivery. Once this occurs, the student has one of three (3) options that must be selected within one week of the disclosure. This choice must also be conveyed, in writing, to Department Chairperson.

- Option 1:** Continuation in the educational program (both didactic and clinical), with modifications in the clinical assignment(s) only if requested by the student.
- Option 2:** Continuation in the educational program with leave of absence from clinical assignment(s).
- Option 3:** Leave of absence from both the didactic and clinical portion of the educational program.

The student may withdraw her declaration of pregnancy at any time. Once this occurs, the student will not be considered pregnant. The student must submit, in writing to the Department Chairperson, a signed statement attesting that she is not pregnant and wishes to resume her educational requirements without modifications, as prior to her original declaration of pregnancy.

For more information to assist with your option choice you may wish to visit the web site:

<http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf>

After declaring pregnancy, **for students selecting Option 1:** Continuation in the educational program (both didactic and clinical), with modifications in the clinical assignment(s) only if requested by the student, the student must:

1. Obtain written permission from a certified health care provider (HCP). The documentation must be signed by the HCP, include the HCP's identification number, and state:
 - a. Expected date of delivery
 - b. The student is under his/her care
 - c. Whether or not the student can continue in both the didactic and clinical portions of the educational program at:

(State clinical education center the student is presently assigned)

- d. Any limitations (if applicable)

Such permission shall be required at the onset of the pregnancy, again at the end of the second trimester (6 months) and at monthly intervals thereafter. A copy must be submitted to both the Department Chairperson and the clinical coordinator who will forward it to the clinical education center. The student must sign a waiver of responsibility on the part of the program and/or clinical education center (CEC) if they wish to continue in the clinical portion of the program. Forms may be secured from the program director and the CEC.

2. Pregnant diagnostic imaging department staff and students should be able to continue performing their duties without interruption if they follow established radiation safety practices and employ the cardinal rules of time, distance and shielding. Most CEC's have published pregnancy policies and may have additional requirements.
3. Students shall be given an optional three months maximum post-partum leave of absence if requested (in writing).
4. The student must make up all clinical time lost, due to the pregnancy and/or post-partum leave, prior to the completion of the program.
5. An additional radiation badge (known as a baby badge) will be ordered for the pregnant student and results maintained by the University. It must be worn at the level of the waist at all times while in a radiation area both at the University and CEC (if applicable). It is imperative that the equivalent dose (EqD) to the embryo fetus from occupational exposure of the mother not exceed the NCRP recommended monthly EqD limit of 0.5 mSv (0.05 rem) or a limit of 5.0 mSv (0.50 rem) during the entire pregnancy. Cost related to this badge will be incurred by the student.

For students selecting Option 2: Continuation in the educational program with leave of absence from clinical assignment(s).

1. The student must obtain written permission from a certified health care provider (HCP). The documentation must be signed by the HCP, include the HCP's identification number, and state:
 - a. Expected date of delivery
 - b. The student is under his/her care
 - c. Whether or not the student can continue in the didactic portion of the educational program
 - d. Any limitations (if applicable)

Such permission shall be required at the onset of the pregnancy, again at the end of the second trimester (6 months) and at monthly intervals thereafter. A copy must be submitted to both the Department Chairperson and clinical coordinator.

2. Students shall be given an optional leave of absence during the pregnancy and shall be reinstated in the program at the termination of the pregnancy, at the point at which they took their leave
3. Students shall be given an optional three months maximum post-partum leave of absence if requested (in writing).

4. The student must make up all clinical time lost, due to the pregnancy and/or post-partum leave, prior to the completion of the program.
5. An additional radiation badge (known as a baby badge) will be ordered for the pregnant student and results maintained by the University. It must be worn at the level of the waist at all times while in a radiation area both at the University and CEC (if applicable). It is imperative the equivalent dose (EqD) to the embryo fetus from occupational exposure of the mother not exceed the NCRP recommended monthly EqD limit of 0.5 mSv (0.05 rem) or a limit of 5.0 mSv (0.50 rem) during the entire pregnancy. Cost related to this badge will be incurred by the student.

For students selecting Option 3: Leave of absence from both the didactic and clinical portion of the educational program.

1. The student must obtain written permission from a certified health care provider (HCP). The documentation must be signed by the HCP, include the HCP's I.D. number, and state:
 - a. Expected date of delivery
 - b. The student is under his/her care

Such permission shall be required at the onset of the pregnancy, again at the end of the second trimester (6 months) and at monthly intervals thereafter. A copy must be submitted to both the Department Chairperson and clinical coordinator.

2. Students shall be given an optional three months maximum post-partum leave of absence if requested (in writing).
3. The student must make up all clinical time lost, due to the pregnancy and/or post-partum leave, prior to program completion.

Revised: 2/15/99, 5/23/00, 7/24/02, 8/10/06, 1/27/11, 6/23/11, 5/6/13, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #9
DOSIMETRY

Purpose:

To establish guidelines for dosimetry and to establish disciplinary action for failure to follow this policy.

Procedure:

The program will be responsible for providing dosimetry service for students who may be exposed to ionizing radiation. The Department Radiation Safety Officer (RSO) will review all reported exposures for any excessive exposures to ensure the radiation reports are in accordance with the ALARA principle (125mR/quarter or 84mR bi-monthly maximum allowable reading).

For any student who receives a reading in excess of 84mR for bimonthly badge reports, the RSO will contact the student to arrange a meeting. The badge reading will be discussed to determine if the student can provide input as to the reason for the reading. The student's room assignments for the related period will also be reviewed. The meeting, including discussion and action statements, will be documented in the student's academic file, housed in the Medical Imaging Department. Both the RSO and student will sign the documentation. Follow up by the RSO will occur if the badge reading does not return to under 84mR bimonthly in the next subsequent badge report.

1. Since radiation reports may contain personal information, reports are maintained in the office of the RSO. Individual reports are available upon request. A yearly written report for each individual badged through Misericordia will be provided by the RSO. In addition, students will have online access to their bimonthly and cumulative reading within 30 days of receipt of the report by the RSO. To review badge readings go to <https://dosecheck.radetco.com/DoseCheck.aspx> Enter your badge number and personal identifier, which are on the back of your badge.

When didactic classes are in session, students will exchange exposed badges for unexposed badges bimonthly (every 2 months) by 3 p.m. the 5th day of the month. Students will not take the next radiation badge until they have returned the previous badge. A current badge is defined as the bimonthly badge no later than the 6th of the current month and before 4th of the second month. For example, a September badge is current between September 6th and November 4th, but must be returned or exchanged no later than close of business (3p.m.) on November 5th. Because students may pick up their new badges between the last 2 days of current badge cycle and first 5 days of the next badge cycle; the September badge would also be current from August 29 through November 5th. To summarize: a badge cannot be considered current before the next to last day of the previous month, and after the 5th of the next month. Students who do not change badges by 3 p.m. the 5th day of the second month

may be subject to the disciplinary process as stated in Policy #13. In the event the 5th of the month falls during a school break or weekend, the badge must be returned prior to the 5th.

The cycle will be as follows:

Badge period:	Pick up by:	Drop off by:
Sept/Oct	9/5	11/5
Nov/Dec	11/5	before Christmas break
Jan/Feb	upon return in January	3/5
Mar/Apr	3/5	5/5
May/June	5/5	7/5 (after Clinic II) (no badge for rising Seniors)
July/August	7/5	9/5 (no badge for rising Juniors)

2. In the clinical education center, students must wear the radiation badge at the collar as a part of their uniform. During fluoroscopy, badges will be worn outside of the apron at the collar. In the event a student does not have a current badge, forgot their badge, or are not wearing their badge for any reason, they will be sent home from clinic and Policy #1 will apply.
3. Radiation badges must be worn during all on-campus lab experiences during which exposures are taken. Badges may be required in other lab settings as determined by the instructor.
4. **UNDER NO CIRCUMSTANCES WILL STUDENTS BORROW ANYONE'S BADGE, OR LEND THEIR BADGE TO ANYONE!**
5. Any damage or loss of radiation badges or holders must be reported to the RSO and assigned clinical preceptor. It is the students' responsibility to contact the department administrative assistant who will order a replacement badge. The student will be removed from the clinical setting until the replacement badge arrives. Students have 2 options regarding a replacement badge:
 - Option 1: The student must use benefit time according to policy #1 until the badge arrives. The student will be charged the cost of the replacement badge including any lost badge fees issued by the provider. A replacement badge may take at least a week or more.
 - Option 2: The student can receive the replacement badge using priority mail, usually Fed Ex service. The cost of both the replacement badge, any lost badge fees, and this service will be the responsibility of the student. The student will be charged benefit time for any missed clinical time.
6. Non-MI majors registered for MI coded courses must pay for their radiation badges.

7. For pregnant students who choose to declare, (see Pregnancy policy #8), a second badge (known as a fetal badge) will be required. This badge is to be worn, in addition to the collar badge, at the level of the waist (under a lead apron). It will be ordered by the University and records will be kept consistent with the University dosimetry reports.

Proposed 9/16/83

Revised 9/01, 8/02, 6/04, 1/06, 7/07, 7/09, 9/10, 5/11, 11/12, 8/13, 11/13, 5/15, 4/16

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #10
SCHEDULING

Purpose:

To establish guidelines for the scheduling of students in the various clinical areas.

Procedures:

1. Students will be scheduled in routine radiographic rooms by the MU clinical preceptor(s).
2. Students are to be scheduled in areas in which they have completed or concurrently experience didactic education, i.e.:

First Rotation:

- Clinic I will be experienced on Tuesday and Thursday; Clinic II will be experienced Monday through Friday; Clinic III will be experienced Tuesday and Thursday
- Dayshift hours to include rotations through radiographic and fluoroscopic rooms, mobile radiography, operating room, emergency/ trauma radiography, and outpatient setting.
- Evening shifts will be scheduled as follows:
Clinic I: 4 experiences from 2:00-9:00 p.m.; Clinic II: 5 experiences from 2:00-9:00 p.m.; Clinic III: 4 experiences from 2:00-9:00 p.m.
- One 1-day observation in an advanced modality selected by the student will occur during Clinic III at the student's main site.

Second Rotation (New CEC):

- Clinic IV will be experienced on Monday, Wednesday and Friday; Clinic V will be experienced Monday through Friday.
- Dayshift hours to include rotations through radiographic and fluoroscopic rooms, mobile radiography, operating room, emergency/ trauma radiography.
- Evening shifts will be scheduled as follows:
Clinic IV: 3 experiences from 2:00-9:00 p.m.; Clinic V: 5 experiences from 2:00-9:00 p.m.
- Two 1-day observations in advanced modalities selected by the student will occur during Clinic IV at the student's main site if applicable or another site if necessary.
- One 1-day rotation through interventional radiology and three-day rotation through computed tomography scheduled during Clinic IV only.
- Outpatient rotation will occur during Clinic V only.

Internship Experience:

- Internship as requested by student and approved by department chair and clinical coordinator.
- Clinic VI will be experienced on Monday and Wednesday; Clinic VII will be experienced on Tuesday and Thursday; Clinic VI & VII simultaneously will be experienced Monday through Thursday.

3. Students cannot alter their clinic starting times or ending times due to forfeiting their lunch/ break times. Lunch breaks are mandatory if a student is present for a minimum of 4 hours. For example, if a student chooses to use 4 hours of benefit time and not attend clinic until 12 p.m., they will not be granted a lunch. Additionally, if a student decides to leave clinic at 12 p.m., 4 hours of benefit time will be charged. They will not be allowed to add lunch time on to the amount of hours present at clinic to decrease the amount of benefit time used, as their time for lunch does not count toward clinical hours.

Proposed 9/16/83

Revised 5/97, 7/01, 9/03, 12/04, 11/05, 9/10, 5/15, 11/17

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #11

CLINICAL ROTATIONS

Purpose:

To define clinical education center (CEC) rotations and establish guidelines for the assignment of students.

Procedure:

1. Students will be assigned to a clinical education center (see “Clinical Education Centers” listing identified earlier in this document) according to the space available.
2. Assignments will be made at the discretion of the full-time Medical Imaging faculty.
3. There will be two diagnostic radiography rotations during the students’ clinical education.
 - The first rotation will involve Clinical Experiences I, II, and III and encompass 12 months.
 - In January of their junior year, students will rotate to a new CEC to begin Clinical Experience IV and remain there through Clinical Experience V, which encompasses approximately an additional seven months.
 - Clinical Experiences VI and VII involve an internship (modality of students’ choice) that will be experienced at one of the JRCERT recognized CECs as assigned by the clinical coordinator and Department Chairperson.

Proposed	3/2/84
Revised	7/00, 7/01, 1/03, 12/04, 11/05, 6/11, 8/14, 4/15, 11/18

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #12: MILITARY LEAVE OF STUDENTS INVOLVED WITH RESERVE UNITS

Please refer Policy # 3

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #13

CONDUCT OF MEDICAL IMAGING STUDENTS

Purpose:

1. To outline the manner in which Medical Imaging students will be expected to conduct themselves, both on campus and in the clinical setting.
2. To define actions to be taken for failure to comply with rules of conduct and professionalism.

Procedure:

1. Students are expected to exhibit professional conduct at all times as defined in the Medical Imaging Student Performance Description as governed by the policies and procedures of the program, as well as the individual Clinical Education Center (CEC) to which they are assigned. Professional Conduct/Behaviors are also expected on campus and in the classroom.
2. Professional behaviors shall include, but are not limited to: absenteeism; conduct; moral ethics; dress code; and an overall adherence to the policies and procedures as set forth by Misericordia University, the CEC, and more specifically, the Medical Imaging Department, as well as the A.R.R.T./A.S.R.T. The department supervisor and the MU faculty members have the full authority of the department chairperson to enforce these policies while the student is in the CEC. On campus, program faculty will enforce this policy.
3. Cellular phones and other communication devices are not permitted to be turned on or used during didactic, clinical or laboratory sessions. Any use of these devices during stated times will be considered a violation of this policy, unless prior approval was received by the course professor or MU faculty member. (Moses Taylor students; please see the CEC's specific policy on myMU Medical Imaging Communities page)
4. Students will comply with the Academic Integrity Policy and adhere to all Medical Imaging course syllabi requirements. Failure to do so may result in application of the department's reprimand process.
5. A student's failure to comply with direct/indirect supervision requirement, and/or repeat radiograph procedures, as stated in Policy # 19 of this handbook, will result in disciplinary action.
6. Students will adhere to the A.R.R.T./A.S.R.T. Code of Ethics (i.e. patient safety*, patient confidentiality, respecting the privacy of Clinical Education Center (CEC) policies and procedures, etc.). *Because patient safety is the #1 priority of this program, violations of patient safety and/or patient confidentiality will be subject to the disciplinary process upon the first infraction/violation, and each subsequent violation thereafter according to the three-step disciplinary process listed below. In some circumstances, breach of patient confidentiality and patient safety may result in Immediate Dismissal (see below). Failure to comply with all policies & procedures and A.R.R.T./A.S.R.T. code of ethics will result in notification to the clinical coordinator who will notify the department chairperson. Direction will then be given, as to what stage of violation the said offense is deemed.

VERBAL WARNING	In some instances, a verbal warning may precede a verbal reprimand. This is at the discretion of the MU faculty member in conjunction with the clinical coordinator and department chairperson, dependent upon the type of violation.
VERBAL REPRIMAND	The first transgression will result in a verbal reprimand by the department supervisor, MU faculty member, clinical coordinator, or department chairperson. The reprimand will be noted in the student's department academic record.
WRITTEN REPRIMAND	The second transgression will result in a written reprimand from department chairperson at the request of the MU faculty member. A copy of this letter will be added to the student's academic record.
DISMISSAL	A third transgression may result in failure of the course and/or dismissal from the program. The student may then apply for readmission to the program for the following year by reapplication through the Department of Medical Imaging and Admissions Office. Readmission is not guaranteed, and is based, in part, on G.P.A. and clinical space available at that time. Consult the current Undergraduate and Graduate Catalog for specific readmission information. Students dismissed for ethical violations will not be readmitted.
IMMEDIATE DISMISSAL	Any offense in this group results in a permanent discharge from the clinical assignment (except under the most extenuating circumstances) and may result in dismissal from the major.

- a. Holding patients during a radiation exposure
- b. Holding image receptors during a radiation exposure
- c. Placing a patient(s) in a life-threatening situation
- d. Misuse of patient, student, or official records
- e. Removal of patient, student, or official records without proper authorization
- f. Assault on any patient, visitor, student, employee, or MU faculty
- g. Immoral, indecent, illegal, or unethical conduct
- h. Disclosing confidential information about any patient, student, or hospital employee without proper authorization
- i. Altering or reporting another's record of attendance
- j. Use of profane or vulgar language
- k. Insubordination
- l. Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student, employee
- m. Obtaining, possessing, or using marijuana, narcotic, amphetamines, hallucinogenic substances or alcohol on premises. Reporting under the influence of any of these substances
- n. Possession of weapons, wielding, or threatening to use firearms, illegal knives, etc.
- o. Job abandonment (leaving assigned areas without notifying proper department personnel)
- p. Violating direct, indirect, and/or repeat radiograph supervision policies

****While multiple reasons are listed above, this list may not include every situation and the university reserves the right to make decisions according to the severity of any other infraction.**

7. The disciplinary policies are not limited to only the CEC. They encompass the student's behavior during the entire time s/he is a Medical Imaging major at Misericordia University. This three-step reprimand process is on an accrual system and does not begin again with changing clinical education centers, or a new course. It is carried over for the duration of the student's education.
8. Upon receipt of a verbal warning or reprimand, the student (in addition to any other requirements that may be specified) will be required to submit the following assignment to the issuing MU faculty member, within 1 week of occurrence. In the event the student does not complete this requirement satisfactorily by the due date, additional reprimands may be issued.

Assignment as follows:

- A typed written paper submitted in hard copy
- Discussion of the type of warning/reprimand was issued (verbal or written /warning or reprimand)
- Identification of the policy that was violated
- Description of said policy
- Discussion of how policy relates to the warning/reprimand (How did the student violate the policy?)
- Discussion related to how the student will ensure that policy violations will not occur in the future
- Student required to sign and date the paper

Note: Any student dismissed from the program due to an "immediate dismissal" offense, or an ethics or honor violation, may not apply for readmission to the major.

Proposed: 9/19/84

Revised: 5/97, 9/04, 8/06, 9/08, 3/09, 8/09, 6/11, 4/15, 7/18

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #14

HIRING OF MISERICORDIA UNIVERSITY STUDENTS AS RADIOGRAPHERS BY MISERICORDIA UNIVERSITY CLINICAL EDUCATION CENTERS (CECs)

Purpose:

1. To state the Joint Review Committee on Education in Radiologic Technology (JRCERT) regulations concerning students who are hired by CECs.
2. To establish University policies concerning students who are hired by CECs.

Procedure:

1. The JRCERT allows hiring of students by CECs based on the following regulations:
 - a. The student must be hired on a voluntary basis; s/he must be freely willing to be employed.
 - b. CECs must provide reasonable wages. No amount is specified by the JRC.
 - c. Students, upon hire, must be considered CEC personnel, separate from the University completely, and no records concerning the employment will be kept by the University.
 - d. Employment time CANNOT be replaced or counted as clinical education time; it must be in addition to MU clinical requirements.
 - e. Radiation badge provided by Misericordia University cannot be worn during paid employment.
2. The JRCERT suggests that policies be set by Department Chairpersons of individual programs, therefore, the only restrictions are:
 - a. The student is only permitted to be scheduled to work the 11:00 p.m. – 7:00 a.m. shift on Fridays and Saturdays.
 - b. Employment is up to the individual CEC that is affiliated with Misericordia University's Department of Medical Imaging as far as who is hired except that the student should have begun his/her second year of Medical Imaging courses. (Fall semester, Junior Year)
 - c. Employment hours may NOT be substituted for scheduled clinical education hours.
3. Schedules posted by the clinical preceptor and agreed upon in advance by the clinical coordinator, must be followed. Re-arranging of schedules will not be permitted to accommodate part-time jobs.

Proposed	9/26/84
Revised	5/97, 4/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

AS OF 1/00:

POLICY #15
STUDENT HEALTH EXAMINATION

***HAS BEEN REPLACED BY THE COLLEGE OF HEALTH SCIENCES AND EDUCATION
POLICY #1***

COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #16

AMERICAN REGISTRY EXAMINATION APPLICATION PROCESS

Purpose:

1. To establish criteria for students to apply for the ARRT certification exam.

Criteria:

To qualify to take the ARRT certification exam in radiography, the student must have met the following:

- a. Successful completion of all required courses.
- b. Successful completion of all required competencies.
- c. Make up of all absences in excess of the benefit time to the satisfaction of the Clinical Coordinator and the Department Chairperson.
- d. Payment of any debts to the department, if applicable.

Procedure:

1. You may submit your application online within three months of completing your education program. Before doing so, you'll need to set up an online account.
2. Follow this process to set up an online account:
 - a. Click on the "Set Up Your ARRT Online Account" link below.
 - b. Answer the questions on each screen. Then click next.
 - c. When you finish setting up your account, you'll see a screen explaining next steps.
 - d. Don't share your account setup link with anyone else. If you have questions, contact your Program Director.

[Set Up Your ARRT Online Account](#)
3. The ARRT will communicate with you and your department chair by email. Follow all instructions given by the ARRT.
4. Students should direct any questions to the department chair or the ARRT directly.

****Special Note:**

Upon acceptance into the Medical Imaging program, each student received the American Registry of Radiologic Technologists Exam Eligibility statement, which outlines ethics standards that may preclude or delay students with a felony or misdemeanor conviction from sitting for the exam. Documentation, as indicated by his/her signature on the "Medical Imaging Checklist for Accepted Students," is housed in the student's academic file.

In addition, the ARRT videos covering Ethics, Exam Security and any other appropriate topics will be shown in MI 415 Senior Seminar. Students will be required to sign indicating they have watched the videos and had the opportunity to ask questions. These videos can be accessed at www.arrt.org at any time.

Students may contact the ARRT directly with any questions at (651) 687-0048, or write to them at: 1255 Northland Drive. St. Paul, MN 55120

Proposed 7/29/85

Revised 5/97, 11/04, 11/05, 12/17, 12/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

AS OF 8/00:

POLICY #17
CPR CERTIFICATION

***HAS BEEN REPLACED BY THE COLLEGE OF HEALTH SCIENCES AND EDUCATION
POLICY #3***

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #18

COMMUNICABLE DISEASE POLICY

Purpose:

1. To establish a standard clinical procedure for imaging patients with a communicable disease.
2. To establish a procedure for the handling of students who are identified as having a communicable disease. [It is the expectation that the student discloses this information to the Director of the Health Center at Misericordia University.]
3. To establish instruction and criteria for the following proper procedure in Medical Imaging courses which have a potential for contact with bodily fluids.
4. To establish a code of professional conduct/patient care for student behavior with regard to a fellow student, hospital employee or patient identified or perceived to have a communicable disease.

Procedure:

For Purpose #1:

- A. Students will follow the Communicable Disease Policy relative to patients as subscribed to by the clinical education center to which they are assigned. Refer to additional individual policies of our clinical education center immediately following this policy. This information will be disseminated to the student as part of the “Orientation Task Checklist”.
- B. Standard Precautions as described by the Centers for Disease Control (CDC) will be followed.

For Purpose #2:

- A. Students will follow the Communicable Disease Policy of the clinical education center to which they are assigned relative to employment of infected employees in the event he/she identifies themselves or is identified as having a communicable disease.
- B. In the event the clinical education center to which you are assigned does not have a policy regarding employment of employees with a communicable disease, the Department of Medical Imaging supports and will follow the University policy which subscribes to the following philosophy:
“Access to Academics: Where under the control of the University, persons with HIV infection [sic-communicable disease] will not be denied access to classes, field placements, internship programs, etc.” [excerpt from Misericordia University’s policy on file in the Dean of Student’s office.]
- C. Because Standard precautions are required when dealing with any and all patients, this applies to all students experiencing their clinical portion of the program as well. In turn, reciprocity to protect patients should already be occurring.
- D. As stated in the current clinical education center agreement between Misericordia University and each facility, the facility will provide the same medical care as is afforded

paid employees of the institution regarding emergency care relative to communicable diseases, e.g., H.I.V. infection.

For Purpose #3:

- A. MI 200, Patient Care is the course taught to all Medical Imaging majors in which the topics of AIDS and other communicable diseases and the Standard precautions are taught. This course is required prior to or concurrent with Clinical Experience I. In addition, these topics will be addressed as part of the “Orientation Checklist” previously discussed under “Procedure for Purpose #1, Part A.”
- B. The Department of Medical Imaging will follow Standard Precautions in all courses that deal with bodily fluids.

For Purpose #4:

- A. Any student who refuses or fails to work with a fellow student or hospital employee, or provide proper care for a patient in their charge known or perceived to have a communicable disease, will be required to undergo counseling with respect to communicable diseases and the care and treatment of such infected patients and/or co-workers.
- B. In the event a student continues to refuse to perform their clinical duties as expected, they will be subject to the Program’s disciplinary process as outlined in Policy #13.

Proposed	6/20/90
Revised	5/97, 12/12, 1/13

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #19

DIRECT/INDIRECT SUPERVISION AND REPEAT RADIOGRAPHS

Purpose:

1. To ensure the direct/indirect supervision requirement set forth by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is followed at all times.
2. To ensure that repeat radiographs are being performed in the presence of a qualified practitioner.

DEFINITIONS/PARAMETERS

DIRECT

SUPERVISION

In support of JRCERT Standard 5.4 which states:

“Assures all medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.”

The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student’s achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge;
3. A qualified radiographer is present during the conduct of the examination;
4. A qualified radiographer reviews and approves the radiographs.

NOTE: Students remain under direct supervision for entire Clinic I experience.

INDIRECT

SUPERVISION

In support of JRCERT Standard 5.4 which states:

“Assures all medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.”

Supervision is provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

“Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed.

This availability applies to all areas where ionizing radiation equipment is in use.

The parameters of indirect supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student’s achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge;
3. A qualified radiographer is immediately available to assist the student regardless of the level of achievement;
4. A qualified radiographer reviews and approves the radiographs.

REPEAT
RADIOGRAPHIC
IMAGES

In support of JRCERT Standard 5.4 which states:
“The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices”

The following procedures have been established:

1. Direct Supervision: Based on the previous JRCERT Standard statements, definitions, and parameters provided, Direct Supervision:
 - a. A qualified radiographer employed by the institution must accompany the student for all portables, operating room, and emergency room procedures and repeat radiographic images. This is regardless of whether or not the student has passed his/her competency.
 - b. When a student is being tested for a staff, graded or terminal competency.
 - c. When the student is enrolled in his/her first clinical experience, regardless of whether or not the student has passed his/her staff competency.
 - d. During any observable/assisted competencies such as Myelogram.
 - e. At no time will a student be permitted to transport a patient from one department to another or transport patients to their rooms without supervision by a qualified health care worker.
2. Indirect Supervision: Based on the previous JRCERT Standards statements, definitions, and parameters provided, Indirect Supervision:
 - a. A phone call away does not constitute Indirect Supervision.
 - b. A student may move to Indirect Supervision he/she has successfully completed his/her staff competency and is not in violation of the Direct Supervision rules.
 - c. At no time will a student be permitted to transport a patient from one department to another or transport patients to their rooms without supervision by a qualified health care worker.
3. Repeat Radiographic Images: Based on the previous JRCERT Standard statements, definitions, and parameters provided, Repeat Radiographic Images:
 - a. All repeated radiographic images require direct supervision.
 - b. All students will seek assistance from a radiographer when repeating any radiograph regardless of their level of competency.
 - c. If a radiographer is NOT available, the student must delay the examination and inform the Clinical Preceptor.
4. There will be no exceptions to this policy. A student's failure to comply with this policy may result in disciplinary action as per our existing policy #13. It is the student's responsibility to inform the clinical education center staff of this policy in the event the student is asked or expected to repeat a radiograph unsupervised, or perform procedures that would require Direct Supervision.

Proposed 2/18/92

Revised 5/97, 7/01, 9/11, 10/14, 2/15, 12/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #20
COMPLAINT RESOLUTION POLICY

Purpose:

To assure timely and appropriate resolution of complaints and other allegations relating to non-compliance with either the JRCERT *Standards for an Accredited Educational Program in Radiography*, hereafter referred to as *Standards*, or program policies.

The student has the right to assume the Medical Imaging program operates within the guidelines for, and in compliance with, the JRCERT Standards.

Definitions:

CEC Instructor: Clinical Education Center Instructor, those persons designated by the clinical center and recognized by the JRCERT to perform student competencies.

JRCERT: Joint Review Committee on Education in Radiologic Technology, the programmatic accrediting body for programs in medical imaging.

JRCERT Standards: requirements of post-secondary educational programs, needed for accreditation. These standards are published in this handbook, Appendix D.

Academic Grievance Procedure: a uniform method by which students can pursue grievable issues. Found in the University catalog.

Misericordia University (MU) Clinical Preceptor those persons employed by the University and recognized by the JRCERT to perform student competencies.

Clinical Coordinator (CC): The person recognized by the JRCERT and employed by the university to oversee all clinical activities.

Department Chairperson: The person recognized by the JRCERT and employed by the university to oversee all departmental activities, including both clinical and didactic coursework.

Procedure:

I. Clinical Complaints

Individuals who have complaints in the clinical education center regarding assignments, scheduling or other problems, or allegations of non-compliance with JRCERT *Standards*, should follow the procedure outlined below:

A. First address the issue with the person involved (within one week of the occurrence). If this does not resolve the issue:

B. Seek input from CEC Preceptor(s) and MU Clinical Preceptor by the next scheduled clinical day. Clinical Preceptors will attempt to resolve the complaint and appropriately document the same (within one week after it is brought to their attention). That documentation should be given to the MU Clinical Preceptor. If the issue remains unresolved:

C. Contact the Misericordia University Clinical Coordinator within one week of the completion of B. above for investigation of unresolved complaints. The Misericordia University Clinical Coordinator will investigate complaint with all parties involved, recommend action, consult Department of Medical Imaging department chairperson, and inform the complainant of the results of the investigation within one week of notification, and document accordingly.

D. Contact the Department of Medical Imaging chairperson within one week of the completion of C. in the event the issue remains unresolved. The Medical Imaging department chairperson will respond to the student, in writing, within 5 working days.

E. If the student believes that resolution has not been achieved, the student has the right to:

- 1) Contact the JRCERT if the complaint deals with an issue of non-compliance with the *Standards*

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

or:

- 2) Follow the University grievance procedure outlined in the catalog for issues not related to the JRCERT *Standards*.

II. Academic Complaints

A. Students who have complaints relating to academic issues in Medical Imaging courses should adhere to the following:

1. First address the issue with the person involved, (within the semester in which the issue occurred). If this does not resolve the issue;
2. Inform the Medical Imaging Department Chairperson ,in writing, within one week from the date of non-resolution. If the complaint is with the Department Chairperson, the student should contact the Dean of the College of Health Sciences and Education .
3. The Chairperson will respond to the student, in writing, within 5 working days. If the student believes that resolution has not been achieved, the student has the right to:

- i) Contact the JRCERT if the complaint deals with an issue of non-compliance with the *Standards*

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

OR:

- ii) follow the University grievance procedure outlined in the catalog for issues not related to the JRCERT *Standards*.

B. Students who have complaints relating to academic issues in non-Medical Imaging courses should adhere to the following:

1. First address the issue with the person involved, (within the semester in which the issue occurred). If this does not resolve the issue;
2. Inform the Dean of the College of the respective course, in writing, within one week of the non-resolution in #1. At the same time also inform the Department of Medical Imaging Chairperson, in writing, within one week from the date of non-resolution.
3. Since the Medical Imaging program has no control over another department, a timeline for response by the Dean of another college cannot be identified. However, if the student believes the timeline for response is excessive, they should contact the Medical Imaging Department Chairperson for assistance.
4. If the student believes that resolution has not been achieved at the level of the respective College Dean (#2above), the student has the right to: 1) contact the JRCERT if the complaint deals with an issue of non-compliance with the Standards, or: 2) follow the University grievance procedure outlined in the catalog for issues not related to the JRCERT Standards.

*All good faith efforts by all parties must be made in an effort to solve the conflict before the JRCERT is contacted. The JRCERT will expect this has been done.

In the event that the program has allegations or complaints relating to non-compliance with the JRCERT Standards, and the JRCERT agrees that the complaint is valid, the program will make every effort to immediately correct the situation.

Each student has access to a copy of the JRCERT *Standards for an Accredited Educational Program in Radiography* accessible through the Medical Imaging Clinic Group page. A copy of the handbook is also on permanent reserve in the University library.

Proposed	6/30/97
Revised	2/01, 8/11, 3/14, 5/15, 2/18

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #21

PLACEMENT OF STUDENTS IN THE EVENT OF A STRIKE OR WORK STOPPAGE
SITUATION

Purpose:

1. To establish guidelines for students placed at a Clinical Education Center (CEC) in the event the CEC is involved in a strike or work stoppage situation.
2. To ensure that the clinical education of students is in compliance with the *Standards for an Accredited Educational Program in Radiography* as published by The Joint Review Committee on Education in Radiologic Technology (JRCERT), effective beginning January 1, 2014.

Procedure:

1. The clinical preceptor employed by the CEC will notify the sponsor (Misericordia University) of the potential for a work stoppage or strike as soon as he/she is aware of the situation. Notification will be made directly to the Department Chairperson. A second notification regarding the actual date of the work stoppage must be communicated as soon as it becomes known to the radiology manager or clinical preceptor of the CEC.
2. A “potential” plan will be developed by the Misericordia University’s medical imaging faculty regarding the reassignment of students to any one of our other CEC’s.
3. The clinical coordinator of MU will contact our other CEC’s (if determined to be involved) regarding the possible assignment of additional students to their facility.
4. Students will be notified, via written correspondence by the Department Chairperson, regarding the reassignment. This letter will include the location, start date and time, and duration (if known) of the assignment.
5. When the strike is declared over or the work stoppage ceases, students will either return to their original placement as instructed by the Department Chairperson or clinical coordinator, or be permanently placed at the reassigned location for the duration of their rotation. The decision will be contingent upon the point in the semester at which the strike or work stoppage ceases. This decision will require consultation between the clinical preceptor and/or department manager of the CEC and the clinical coordinator and/or Department Chairperson of the University. Students will be notified of the decision, in writing, by the Department Chairperson.

Proposed: 10/21/97

Revised: 7/01, 12/13, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #22

NEEDLE STICK INJURY POLICY

Purpose:

To develop a standard policy for safe practice of venipuncture techniques on campus.

Rationale:

It is the policy of the Medical Imaging Department that mannequin arms are used for the practice of venipuncture. This is to ensure that any needle stick injuries would not be from contaminated needles. Under no circumstances are students to practice on human beings.

Procedure:

1. Students will follow standard precautions guidelines
2. Students are to wear gloves during practice of venipuncture.
3. Needles are not to be re-capped, purposely bent or broken by hand.
4. After use, disposable syringes and needles should be placed in the appropriate puncture resistant container.
5. In the event a student is injured during the use of needles, the faculty member must be immediately notified; incident recorded in student academic file housed in the Medical Imaging Department.
6. The student will fill out an incident report according to the Misericordia University Student Health Center policy.
7. The faculty member will encourage the student to seek first aid in the Student Health Center and excuse the student from class for the same.

Proposed: 12/5/97

Revised 12/11, 12/13, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #23

EQUIPMENT LENDING POLICY

POLICY NO LONGER APPLICABLE

Proposed: 4/98
Revised: 5/98, 5/15, 12/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #24

GRADING POLICY

Purpose:

The University utilizes a standardized grading system for letter grades and their associated honor points. Numerical equivalents to those grades are department specific. Therefore, this policy establishes a consistent numerical grading scale within in the Medical Imaging (MI) Department to be utilized for all MI coded courses. It should be noted that this numerical grading scale only applies to the Medical Imaging Department.

Procedure:

1. It is the purview of the individual course instructor to determine the course requirements and be responsible for determining the course grade.
2. Once the numerical grade is calculated by the instructor. The following letter grades will be assigned that correspond to the calculation. The honor points have been established by the Faculty Senate, Spring 1998.

Letter Grade	Numerical Equivalent	Honor Points
A	96-100	4.00
A-	92-95	3.70
B+	89-91	3.30
B	86-88	3.00
B-	83-85	2.70
C+	80-82	2.30
C	77-79	2.00
C-	74-76	1.70
D	70-73	1.00
F	Below 70	0.00

3. Students are reminded that a minimum grade of “C-” or better is required for successful completion of all MI coded courses, BIO 121/122 OR BIO 211/212 & PHY 118. Effective 8/2015, all incoming freshman & transfer students are required to maintain a minimum overall GPA of 2.5. Beginning with the conclusion of the fall semester sophomore level, a minimum GPA of 2.5 must be earned in MI coded courses. If the required GPA’s are not achieved, the program’s probation policy applies. (Refer to University catalog for specifics)

Proposed: 6/98

Revised: 12/05,12/12, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #25
ESSENTIAL FUNCTIONS

Purpose:

In compliance with Title III of the Federal Americans with Disabilities Act of 1990, this document presents a list of essential functions for students in the Medical Imaging major at Misericordia University.

Definition:

Essential functions are defined as those skills, both physically and mentally, that all Medical Imaging students must have the capacity to complete with or without reasonable accommodations.

Introduction:

The care and safety of the patient is of top priority and the responsibility of the student technologist. The practice of medical imaging involves the ability to lift and move heavy equipment both at the level of the waist and above the head. It requires the physical ability to assist the patient on and off examination tables and to and from stretchers or wheelchairs. The student technologist must be able to see and hear the patient well enough to monitor the patient's condition. The student technologist must be able to discern sharpness, different shades of gray, black and white on images to assess them for image quality.

Policy:

In order to ensure that students, faculty, colleagues and patients are not placed in jeopardy by students with impaired intellectual, physical or emotional functions a qualified student must be able to organize and accurately perform the individual steps of a radiographic examination in proper sequence, and in a timely manner by demonstrating the following essential functions of the program:

1. Cognitive abilities: Critical thinking ability sufficient for clinical judgment.
The ability to analyze/ reason, focus and respond is necessary in order to:
 - a. assess and accurately understand requisitions, orders, charts, directions and other job related documents and communications.
 - b. interact with other students, faculty, staff and patients under stressful conditions, including but not limited to medically or emotionally unstable patients, situations regarding rapid adaptations.
 - c. engage in patient care and management
2. Communication abilities:
Sufficient verbal and written skills to effectively communicate, in English, with patients, family members, and staff.
The ability to communicate both orally and in writing as it relates to:
 - a. obtaining and recording patient history
 - b. explaining and discussing procedures including consent forms

- c. providing clear and concise verbal commands to patients and effectively communicate with patients, physicians, staff and family members.
- d. interacting with other students, faculty and patients under stressful conditions, including but not limited to, medically or emotionally unstable patients

3. Physical Abilities:

The ability to physically engage in the following: (This list is not inclusive)

- a. Lift more than 50 pounds routinely
- b. Push and pull routinely
- c. Bend, kneel or squat routinely
- d. Withstand lengthy periods of physical activity to include moving quickly, at times continuously and/or remain in stationary positions for long periods of time.
- e. Stand with a 5-pound leaded rubber apron during fluoroscopy exams
- f. Assist patients on and off examination tables and to and from wheelchairs and stretchers
- g. Provide strength to transfer and position patient without placing patient at risk
- h. Propel wheelchairs, stretchers, etc., alone or with assistance
- i. Perform the provisions of CPR
- j. Raise arms above head and extend to sides

4. Visual Acuity:

The ability to see fine lines, and to distinguish both colors and gradual changes in blacks, grays and whites necessary to evaluate radiographic images and sufficiently observe patients.

The ability to visually do the following:

- a. Observe and assess a patient for appropriate patient care and management
- b. Perform radiographic positioning,
- c. Assess the direction of the central ray to the anatomical part being imaged
- d. Align imaging field placement
- e. Evaluate radiographic images
- f. Read department protocols for imaging procedures, examination request, monitors and any written directions or orders
- g. Retrieve supplies and /or contrast agents identifiable by color
- h. Identify a patient by their wristband

5. Auditory Ability:

The ability to hear sounds necessary to:

- a. Monitor and assess health needs of patients
- b. Respond to patient questions, concerns and needs
- c. Hear faint or muffled sounds when the use of surgical masks is required
- d. Hear faint or muffled sounds since operator control areas are separated from the x-ray table and patient
- e. Monitor equipment operation or dysfunction which may indicated by low sounding buzzers or bells

6. Motor Functions Ability:

Gross/fine motor abilities, hand-eye coordination, manual dexterity, and motor skills to: provide safe and effective patient care and management.

The ability to:

- a. Reach, manipulate, and operate mechanisms such as imaging tables, x-ray tubes, collimators, control consoles, mobile x-ray machines, digital imaging, and other equipment related to the profession, both in and out of the imaging department
- b. Reach overhead in order to manipulate an x-ray tube that is suspended from the ceiling
- c. Handle and use procedural items such as vials, syringes, catheters, contrast media preparation, and dressings, etc.
- d. Work in a sterile environment, prepare sterile fields, and fill sterile syringes
- e. Physically assess patients
- f. Operate both mobile and stationary medical imaging equipment.

If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request an appropriate accommodation (providing they have documentation of a diagnosed disability) in either the educational or clinical environment with reasonable notice to the University and clinical education site. For more information regarding requesting reasonable accommodations refer to the current Misericordia University Undergraduate and Graduate Catalog or contact the Assistant Director of Student Success Center/Office for students with Disabilities. The director can be reached at (570) 674-6408.

Please note: At the end of this policy is a document entitled “Program Applicant Agreement Statement”. Students are required to read and sign this document; then submit to the Medical Imaging Clinical Coordinator with each yearly health clearance documentation in preparation for clinical placement. It will be included as part of the Health Clearance/Essential Functions document provided by the program.

In the event the student does not have a diagnosed disability, they must meet the Essentials Functions as stated above in order to continue in the program. If a disability is diagnosed, and the documentation provided, it is up to the individual clinical education center to determine the “reasonable accommodations”. However, in the event no clinical site can provide the required accommodations, the student may not be able to complete the major.

Reasonable accommodations cannot be made retroactively. This means if the student fails to request accommodations and does not meet the Essential Functions of the program defined for successful completion of an assignment, examination, practical examination or clinical education experience the student will be subject to the policies and procedures defined in the Medical Imaging Student Handbook and Clinical Education Manual or respective course syllabi regarding these matters.

Proposed: 1/24/00

Revised: 8/04, 12/11, 7/12, 5/15

Approved: 1/26/12, 8/30/12, 9/14, 5/15

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING
Essential Functions Document
Program Applicant Agreement Statement

As a student in the Medical Imaging program, my signature below indicates that:

- I have read the Essential Functions Policy (#25)
- I agree with the contents and am committed to the policies
- I understand my rights with respect to accommodations and if I seek such accommodations; it is my responsibility to disclose the disability for which I am seeking accommodations through the Misericordia Office of Disability Resources.
- I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory and clinical setting.
- I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
- The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory or clinical activities.
- In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical, I may be advised to discontinue the program.
- I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.
- I understand that Misericordia University follows the current CDC Hepatitis, COVID-19, and influenza vaccination recommendations when Hepatitis B, COVID-19, and/or influenza vaccinations may be required by program or clinical fieldwork sites. Students who choose not to follow the recommendations may not be able to obtain clinical site placement and thus may be unable to complete and graduate from the academic program.

Signature

Date

Print name

Essential Functions Policy

_____ Yes, I am able to perform the required duties as stated in the Essential Functions Policy.

_____ No, I am unable to perform the required duties indicated in the essential functions Policy without reasonable accommodations. Please contact the Assistant Director of Student Success Center/Office for Students with Disabilities.

11/14, 6/19, 8/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES & EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #26

UTILIZATION OF MEDICAL IMAGING ENERGIZED LAB (ROOM 53) DURING NON-TEACHING HOURS

Purpose:

To establish a policy that allows students to utilize the energized lab during non-scheduled class/lab teaching hours (Open Lab Hours) for the purpose of gaining additional experience in order to meet the objectives of MI 203/203L (Radiographic Procedures/Lab I), and MI 204/204L (Radiographic Procedures/Lab II).

Procedures:

1. Each semester, students who have earned a minimum final grade of B- in MI 203/203L and MI 204/204L will qualify to serve as a Medical Imaging Lab Assistant (hereafter called Lab Assistant) under the University's work study program.
 - a. The Department Chair, in conjunction with the course instructor(s) for MI 203/203L and MI 204/204L will determine the number of Lab Assistant students needed each semester.
 - b. The Lab Assistant positions include opportunity to serve during or as a simulated patient during MI 203L or MI 204L.
 - c. Interested students must apply, and be approved, for work study funds through the Insalaco Center for Career Development, with final approval by the Medical Imaging Department Chair.
2. A schedule of Open Lab Hours, along with the name of the Lab Assistant, will be posted outside of Room 53. Students will also be notified via E-mail of Open Lab Hours.
 - a. All students must sign in and sign out of the lab (including times) on the appropriate signature sheet.
 - b. The exposure switch will remain disabled by a keyed locking mechanism. This will render the room un-energized. Only program faculty will have access to the key to unlock the mechanism.
3. Lab Assistants must clock in and out of their shifts using the University's electronic ADP system accessible through myMU.
4. Lab Assistants will be responsible for the security of Room 53 during their scheduled Open Lab Hours.
 - a. The key to Room 53 must be obtained daily from the Safety Office using the student's University I.D.
 - b. The key must be returned at the end of the student's shift, if s/he is working the last shift of the day, or if there is more than a one hour break between the coverage.
5. Lab Assistants will ensure all students using the lab sign in and sign out on the appropriate signature sheet. The work study student is responsible for returning this sheet to the Department Chair as soon after their shift as possible. Students are required to sign their own names on these logs.
6. Under no circumstances will non-Medical Imaging majors be allowed in the lab during these hours unless serving as a simulated patient.

Proposed 9/01

Revised 1/05, 6/08, 12/11, 1/13, 2/15, 12/9/15, 3/24/17

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #27
CLINICAL REQUIREMENTS

Purpose:

To establish a process for A) PA Criminal Record Check clearances; B) Fingerprint-Based Federal Criminal History Records Clearance; C) PA Child Abuse History; Clearance, and D) 10 Panel Drug Screening; Clearance and E) Health Clearance/Essential Functions; F) MRI Safety for students engaging in clinical experiences.

****Please note:** The College of Health Sciences & Education has established policies regarding clinical requirements for students engaging in clinical education experiences. These policies discuss the student's responsibility and the effect of positive findings on placement in the clinical education center. See page 96 for these policies

Due date for initial clearances is the first day of the fall semester, sophomore year. Subsequent clearances are due one year from expiration date of initial clearances.

Procedure:

A) PA Criminal Record Check

1. Students must apply for clearance online at: epatch.state.pa.us/RecordCheckHome.jsp

- Click on submit new record
- Read and scroll to the bottom to accept terms and conditions
- Click individual request and continue
- Complete requester information
- Review requestor information to proceed
- Complete record check request form and finish
- Submit to choose payment options
- Control number and results are instant; click control # to print certificate

2. Students are required to submit a copy of the results to the clinical coordinator of Medical Imaging Department. A copy of the results will be maintained in the student file in the Medical Imaging Department until the next expiration date post-graduation.

Students should retain the original for his/her record, as some facilities require the original.

3. It is strongly advised that if an individual student's result includes a report of criminal activity, he/she should contact the American Registry of Radiologic Technologists (A.R.R.T.) to seek further clarification to determine whether the violation will prohibit the student from sitting for the national certifying examination in Radiography. Since not all criminal violations immediately exclude students from sitting for the test, a pre-application screening can be obtained as performed by the ARRT for a fee.

4. In addition to the information provided in Policy #16, “Signing of the American Registry Examination Application Form” more information concerning the pre-application screening can also be found on the ARRT web site at: www.rrt.org. Students may contact the A.R.R.T. directly with any questions that they may have. The ARRT can be reached at (651) 687-0048, or write to them at: 1255 Northland Drive. St. Paul, MN 55120

A) Fingerprint-based Federal Criminal History

1. **Pre-registration** is required. In order to pre-register for a FBI background check and/or find a fingerprinting location, applicants should access <https://www.identogo.com/>
2. Search for services by state. Select Pennsylvania and click GO
3. Scroll to and click on Digital Fingerprinting
4. Enter Service Code: 1KG6ZJ (DHS Volunteer)
5. Next, click on Schedule or manage appointment. Fill out all required information. You will be prompted to choose a fingerprinting location, date and time. Once all required information is complete, you will receive an email confirmation. Print confirmation and take with you to your appointment. Options for Methods of payment will be provided.
6. The applicant will receive the results by mail and must provide the Clinical Coordinator with a copy of the results.

C) PA Child Abuse History

1. Students may apply for clearance online
@<https://www.compass.state.pa.us/cwis/public/home> First time users will be prompted to create a new account. Students can then log in to their account for future clearances. **The online application is suggested.**
 - a. Students should choose Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.as the application purpose.
 - b. Students will be asked to provide previous address information dating back to 1975.
 - c. Additionally they will be asked to provide the names of any person with whom they resided for the same time frame.
 - d. Payment is made online at the time of registration by credit or debit card.
 - e. All results will be sent via email. Additionally, Students will be given the option to receive the results in hardcopy by mail as well.

The online request can take up to 2 weeks for processing.

2. Applicant may apply via U.S. mail (form available on the “Medical Imaging Group” found on ‘myMU’). **The U.S. mail clearance can take up to 4-5 weeks for processing.**

1. The applicant should complete ONLY Section 1 of the form.

- a. The supplied address must be the applicant's current home address and all information must be completed in full and to the best of the applicant's knowledge.
 - b. When filling out the form, check the "School" option under "Purpose of Clearance"
 - c. The application must be signed.
- 2. A money order must accompany the application (no personal checks)
- 3. The results will be mailed directly to the applicant and a copy of the results must be provided to the Clinical Coordinator. Students should retain their original.

D) 10 Panel Drug Screening

- 1. The student may obtain the drug clearance at a facility of his/her choice.
- 2. The following is a list of suggested sites that offer the **10-panel** drug testing.
- 3. Contact the site directly to obtain the location and hours of operation as many laboratories have multiple locations.
- 4. Telephone numbers are listed below.
- 5. Costs vary among facilities. Call for pricing.
- 6. Upon completion all results should be forwarded to the Clinical Coordinator of Medical Imaging, **but be sure to retain a copy.**
- 7.
 - Med Express
677D Kidder Street Wilkes-Barre, PA 18702 Phone: (570) 825-2046
 - RediCare Medical Center
648 N. Main Street Taylor, PA 18517 Phone: (570) 348-1101
 - Concentra
268 Highland Park Blvd., Wilkes-Barre, PA 18702-6768 Phone: (570) 822-8831

E) Health Clearance/Essential Functions

- 1. In support of CHSE Policy #1, students are required to have a current health clearance on an annual basis if enrolled in a clinical experience. The health clearance can be accessed on myMU, section III of Medical Imaging Clinic Group page. The health clearance includes the ability to perform the essential functions of the major as stated in Policy #25 of this handbook.
- 2. The Essential Functions are disseminated in a variety of ways: 1) They are mailed to every admitted student prior to entering MU; 2) they are included in the sophomore packet, attached to the initial health clearance form sent to all students during the summer preceding entering the sophomore program level; and 3) attached to the subsequent health clearance form for junior and senior level clinical experiences; 4) In addition, students must review and sign yearly through the MU portal, student page.

F) Magnetic Resonance Imaging (MRI) Safety

In compliance with the Joint Review Committee on Education in Radiologic Technology (J.R.C.E.R.T.) all students must demonstrate instruction in MRI safety.

Rationale: Magnetic Resonance Imaging (MRI) safety information, including the MRI Safety Zones, prepares students for magnetic resonance safe practices and assures that students are appropriately screened for magnetic wave and radiofrequency hazards.

Procedure:

1. During MI 200, Sophomore level students:

- a. will review the Basics of Magnetic Resonance and Safety Zone information (see page 93) of the “*Magnetic Resonance (MR) Environment Screening Form for Individuals*”.
- b. will review an online video and complete an MRI safety quiz.
- c. will complete the “*Magnetic Resonance (MR) Environment Screening Form for Individuals*” (sample attached on next page). The completed form will be housed in the medical imaging student academic file.

2. During MI 310, Junior level students:

- a. will receive a lecture on MRI that includes the Basics of Magnetic Resonance and Safety Zone information.
- b. will complete the “*Magnetic Resonance (MR) Environment Screening Form for Individuals*” (sample attached on next page). The completed form will be housed in the Medical Imaging student academic file.

3. Senior level students:

- a. will review the Basics of Magnetic Resonance and Safety Zone information (see page 93) of the “*Magnetic Resonance (MR) Environment Screening Form for Individuals*”.
- b. will complete the “*Magnetic Resonance (MR) Environment Screening Form for Individuals*” (sample attached-see next page) during MI 265: clinical internship orientation. The completed form will be housed in the medical imaging student academic file.

4. Students who self-disclose contraindications to magnetic resonance will be identified and counseled by a Medical Imaging faculty member who is credentialed in magnetic resonance.

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

Date	__ / __ / __	Name	_____			Age	__
	month day year		LastName	First Name	Middle Initial		
Address			_____		Telephone (home) (____) ____ - __		
City			_____		Telephone (work) (____) - __		
State			Zip Code		_____		

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



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

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

& _

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

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

Signature of Person Completing Form: _____ Date / /

Signature

Form Information Reviewed By: _____
Print name
Signature

0 Other _____

Basics of Magnetic Resonance (MR)

Magnetic resonance (MR) uses the magnetic characteristics of certain nuclei in the body, and especially the hydrogen nucleus (proton) to generate images. It is based on the premise that these nuclei exhibit a magnetic moment. The hydrogen atom is an elementary part of water and fat and is, therefore, the most prevalent element in the human body. When a person is placed in the scanner, the magnetic movement of the hydrogen nuclei aligns with the direction of the magnetic field. A radio frequency (RF) field is briefly turned on and off to cause the magnetic moment to realign briefly. The scanner detects the motion of the magnetic moments of the protons as they return to their equilibrium position along the strong magnetic field of the scanner.

Functional MRI measures signal changes in the brain, resulting from increased blood consumption in areas of increased neural activity. The brain is scanned at low resolution at a rapid rate (once every two-to-three seconds); differences between the images are used to detect the presence of activity.

Examples of contraindications for MR include non-MR compatible implanted devices, metallic objects, ferrous surgical clips, pacemakers.

Frank, E., Long B., & Smith B. (2012). *Merrill's atlas of radiographic positions and radiologic procedures*. (Vol. 3). St. Louis: Mosby, Inc.

4 MR Safety Zones (MR safe practice guidelines for MR personnel, patients and other non-MR staff.)

ZONE 1:

This region includes all areas that are freely accessible to the general public.

ZONE 2:

This is a semi-restricted area where patients and hospital staff can interact. This area is between the accessible zone 1 and the strictly controlled zones 3 and 4. This area is marked with a safety sign.

ZONE 3:

This area is completely physically restricted from non-MR personnel especially the general public. This region does not permit free access by *unscreened* non-MR personnel or ferromagnetic objects or equipment can result in serious injury or death.

ZONE 4:

This zone is the MR suite itself. Nobody that has not been screened will enter this zone under any circumstances. If the screening process has taken place, patients and hospital personnel may enter the suite but **MUST** be accompanied by designated MR staff.

Signature

Date

Print Name: _____

Proposed 10/01

Revised 11/05, 8/14, 5/15, 11/18

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #28

E-MAIL ACCOUNTS

Purpose:

To establish a policy that allows effective communication between and among Medical Imaging faculty, staff, and students.

Procedure:

1. Communication outside formal class meetings between student and instructor takes a variety of forms, i.e. phone, letter and E-mail. Effective August 26, 2002, communication between Medical Imaging faculty, staff and majors via E-mail will be through Misericordia University addresses only.
2. Each student will be assigned an E-mail account through the University's computer services department with the E-mail address as the first 7 letters of the last name, and first initial for a total of 8 characters. Example: John Robinson would be robinsoj@misericordia.edu Faculty addresses are the reverse using the first initial and the full last name of the faculty member, hence: ehalesey@misericordia.edu
3. In the event the address using this format is already in use, a different address will be assigned. If the user name is under 8 letters, a number is added to the end. If it is over 8, the last letter of the last name is omitted and a number will appear after the first name initial.
4. Since it is an expectation in all Medical Imaging courses, the student must check the University E-mail account frequently, as this is the most frequent form of communication outside of actual class meetings. Students will be responsible for any program information/course assignments, etc. communicated via their personal Misericordia University E-mail account.
5. Before you can access myMU, you must be registered for a class.
For traditional freshman you will register during the orientation.

How to Log on to myMU

On the Campus Network...

1. Open the browser and go to <http://mymu.misericordia.edu>
2. Enter the User ID. This is the student's last name followed by the first initial. If the last name is longer than 7 letters, enter the first seven digits of the last name followed by the first initial. For example, Mary Jones is jonesm or James Michaels is michaelj.
3. Enter the password, which is initially assigned as the student's initials of the first and last name plus the last four digits of the social security number (SS#). Mary's password would be mj1234, assuming the last four digits of her SS# are 1234.
4. Next, there will be a prompt to enter a new password. Remember to write down this new password.

Off Campus...

1. Connect to Internet Service Provider. Then open a browser.
2. Go to <http://mymu.misericordia.edu>
3. Same as 2, 3, and 4 above.

Proposed 8/20/02

Approved 9/2002

Revised 12/03, 7/07, 3/15, 11/18

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #29
LIABILITY INSURANCE

Purpose:

To establish a policy that explains the program's requirements of clinical liability insurance and the application of the insurance.

Procedure:

1. Students enrolled in the Medical Imaging major at Misericordia University are required to purchase liability insurance through the University beginning with the first academic year in which they will be enrolled in a clinical experience (i.e. sophomore program level). This insurance covers the students against personal liability while at the clinical setting. Students are not covered while traveling to or from the site.
 2. This insurance is through Landmark American Insurance Company. Our agent is Eastern Insurance Group. Limits of liability are: two million dollars per claim, with a four-million-dollar aggregate limit.
 3. The fee for this insurance will be determined by the University and billed directly to the student on a yearly basis as part of the "Student Fee". The coverage runs from August 15 through August 14.
 4. Students are covered through this insurance providing they are registered for one of the MI clinical courses and they are present at the clinical site during a previously approved experience. This can include a scheduled clinical assignment during a school break, providing it is documented in the student's academic file.
Unless prior arrangements are made through the University Clinical Coordinator and/or the student's assigned University Clinical Preceptor, the student is not to be present at their clinical site outside of the dates indicated on the Medical Imaging Clinical Calendar. For example: If a student is scheduled to attend clinic on December 28th as a previously agreed upon make-up day, and the student uses benefit time on that day, they are not allowed to attend on any other day, unless it has been approved by the appropriate University personnel as noted above. Students cannot make their own schedule. In the event an incident occurred, the student would not be covered under this liability insurance since it was not an approved experience.
 5. In the event an incident occurs that would result in application of this insurance, the student must follow the Incident Reporting Policy (see College of Health Sciences and Education Policy #4 in this handbook).
 6. Certificate(s) of Liability insurance are mailed to all clinical sites by the university's insurance agent. Eastern insurance Group. A duplicate copy of each certificate is maintained in the Purchasing Office.
- Proposed: 12/04 Reviewed: 3/2015 Revised: 12/04, 12/13, 10/16

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #30

STUDENT WITHDRAWAL

Purpose:

In the absence of a university leave of absence policy (for medical, military or other reasons), the Student Withdrawal Policy addresses medical imaging (MI) majors who do not continuously enroll in Medical Imaging cognate courses or courses in the major from matriculation to graduation and students who voluntarily withdraw from the major and do not intend to return.

Procedure:

1. Students who do not continuously enroll in courses related to the medical imaging major once admitted, will be considered withdrawn from the major, but not the university. The only exception to this is students who become pregnant while enrolled in the program. The Joint Review Committee on Education in Radiologic Technology (J.R.C.E.R.T.), as quoted in the *Standards for an Accredited Educational Program in Radiography* (2014); requires the MI program to have “a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students....” (Standard 4.2, p. 49). For the complete policy on pregnancy, see Policy #8 earlier in this document.

To formally withdraw from the university, students must follow the university policy as published in the undergraduate/graduate catalog. Students who fail to continuously enroll in medical imaging cognate courses or courses in the major, and who fail to complete the university’s withdrawal procedures, will be considered in violation of the Student Withdrawal Policy. They will be withdrawn from the medical imaging program and may be dismissed from the major by the department chairperson.

2. Students who withdraw from the university in accordance with the university policy will be given the opportunity to return to the Medical Imaging major within one year without making formal application, provided they are in good academic standing at the time of the official withdrawal and complete the Medical Imaging Program Voluntary Withdrawal Form. In addition, return to the major will be based on clinical space availability and is not guaranteed (except for students who leave due to declared pregnancy since return must be guaranteed per the J.R.C.E.R.T.).
3. The completed Medical Imaging Program Voluntary Withdrawal Form (See next page.) must be submitted to the Department Chairperson no later than 4:00 p.m. on the last day of the university’s official Add period (as published in the Academic Calendar) of the semester in which they did not return. If the form is not returned according to these requirements, students will not be considered “officially” withdrawn from the major; regardless of whether the university policy has been followed.
4. Students who do not withdraw following university and department policies, will not be able to return to the major under #2 above, but may apply for re-admission through the Director of Transfer Recruitment in the Admissions Office. However, re-admission is not guaranteed.
5. Students who intend to withdraw from the MI major but continue enrollment at the university, must complete a Declaration/Change of Major Form in addition to the Medical Imaging Program Voluntary Withdrawal Form in consultation with their academic advisor.

Proposed: 2/17/11 Accepted: 2/25/11 Revised: 9/2015

Medical Imaging Program Voluntary Withdrawal

Student: _____ **Date:** _____
(Please print)

Program Level:

_____ **Freshman** _____ **Sophomore** _____ **Junior** _____ **Senior**

This form specifies my intent to voluntarily withdraw from the Medical Imaging Program at Misericordia University. I understand that if I am also withdrawing from the university I must also follow procedures listed in the current Misericordia University Undergraduate/Graduate Catalog.

I understand that by withdrawing from the Medical Imaging Program in accordance with the Medical Imaging Student Withdrawal Policy, I will be granted a one-year period in which I can return without formal application. I understand this only applies if I leave the program in good academic standing. I further realize that if program requirements change during my hiatus from the program (including but not limited to curriculum, admission and retention), I must comply with the requirements effective at the time of my return.

If I attempt to re-enter the program after the one-year period has elapsed, I understand that application must be made through the Admissions Office, and that re-admission is not guaranteed.

If applicable, students should provide the anticipated date of return, although lack of this information will not prohibit readmission during the one year timeframe.

_____ Anticipated date of return OR _____ No plans to return at this time

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Department Chairperson Signature: _____

Date: _____

C: Registrar
Academic Advisor
Student

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT OF MEDICAL IMAGING

POLICY #31
SOCIAL MEDIA

Purpose:

1. To outline the manner in which Medical Imaging students will be expected to utilize social media sites during their education.
2. To define actions to be taken for failure to comply with rules of the social media policy.

Procedure:

1. The Misericordia University Medical Imaging Department recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, Snapchat, YouTube and blogs, are currently a common form of communication. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites. Relationships such as faculty-student, technologist-student, technologist-patient, student-patient, supervisor-subordinate and staff-student merit close consideration of the implications and the nature of the social interaction as a student in the Medical Imaging program. Students are reminded that they should have no expectation of privacy on social networking sites. Students must also be aware that posting certain information is illegal. Violation may expose the offender to criminal and civil liability. Offenses may be considered non-academic misconduct or a violation of professional behaviors and be subject to the university and departmental policies and procedures and may even result in immediate dismissal from the Medical Imaging Program.
2. Students will adhere to the A.R.R.T. /A.S.R.T. Code of Ethics when interacting in the public domain on social media sites of any kind. The Medical Imaging faculty and department maintain that students are representing the Misericordia University Medical Program- directly or indirectly- when interacting in the public domain of the Internet.
3. The following is a list of examples of online behaviors that are considered violations of the social media policy as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program: **(This list is not all inclusive:)**
 - A. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information. This includes posting of images. The consequences for violations are severe.
 - B. Posting names of technologists/clinical preceptors/clinical site staff or any other clinical or university personnel or making comments or criticism about the clinical site or any information about what is occurring at the clinical site at any time.

- C. Display of vulgar language; display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation; presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity; presentation of personal engagement in illegal activities including use of recreational drugs; posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.
- D. To write defamatory or degrading remarks that targets any faculty, staff or student members of the Misericordia Community. Remarks may be a violation of the code of ethics and professional behaviors policy and may result in disciplinary action.
- E. Asking your technologists/clinical preceptors/clinical site staff or any MU employee to "friend" you on any social media while engaging in clinical experience. This puts them and yourself in an awkward situation with personal information about each other.
- 4. Individuals should make every effort to present themselves in a mature, responsible, and professional manner while utilizing social media. Discourse should always be civil and respectful.
- 5. Any violation of the Medical Imaging Social Media Policy will be documented as a professional behaviors violation and will be subject to the disciplinary actions outlined in Policy #13 "Conduct of Medical Imaging Students".

Proposed: 8/21/14

Approved: 8/25/14

Revised: 3/2015

SECTION III

COLLEGE OF HEALTH SCIENCES AND EDUCATION
CLINICAL POLICIES AND PROCEDURES

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #1: STUDENT CLINICAL/FIELDWORK CLEARANCE

Purpose:

1. The College of Health Sciences and Education has established requirements for those students engaging in clinical/fieldwork education experiences.

2. The documentation of such requirements will be placed on file in the department of the student's major both prior to the beginning of clinical/fieldwork education experience and yearly thereafter.

Procedures:

Required forms may be secured from the Clinical/Fieldwork Coordinator of the individual department/program.

1. The student will be provided with a Clinical Clearance packet, which contains a checklist. The student must use this list to ensure that all required items are included, prior to submission to the Clinical/Fieldwork Coordinator. Some sites may require additional information, immunizations or testing. Students will be notified of any additional requirements. The students must comply with such requests in order to initiate a clinical/fieldwork education experience at that site.

2. Students are required to obtain clinical clearance as determined by the established protocol of their department. Students are responsible for adhering to each program's dates.

3. The Health Clearance Form contains all mandatory tests that must be completed by the student's health care provider. The completed Health Clearance Form and copies of the final lab results must be submitted to the Clinical/Fieldwork Coordinator of the student's major/program. Submission of this documentation is required for clinical clearance prior to the start of the actual clinical/fieldwork experience.

4. Misericordia University follows the current CDC Hepatitis, COVID-19, and influenza vaccination recommendations when Hepatitis B, COVID-19, and/or influenza vaccinations may be required by your program or clinical fieldwork site. Students who choose not to follow the recommendations may not be able to obtain clinical site placement and thus may be unable to complete and graduate from the academic program.

5. It is the responsibility of the student to maintain current clinical clearance
6. There will be verification by the Clinical/Fieldwork Coordinator that all required clinical documentation has been completed.

7. Clinical Clearance will be withheld if all requirements are not fulfilled. As a result, the clinical/fieldwork experience start will be delayed.

8. Some clinical/fieldwork sites may require copies of any/all clinical clearance documentation. Students will be required to sign a statement allowing Misericordia University to release such information.

9. Any change in medical status following the initial and/or follow up health clearances must be reported to the Clinical/Fieldwork Coordinator, and the student must provide appropriate documentation, as directed by the students program of study, to continue/resume classroom, laboratory and / or clinical/fieldwork activities.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #2: CRIMINAL RECORD CHECK AND CHILD ABUSE HISTORY CLEARANCE

Purpose:

To inform students interested in pursuing careers in the Health Sciences and Education that:

1. Criminal Record Check, (Federal and/or State), Child Abuse History Clearance, may be required by the program, by the professional licensing board, or by any site providing clinical placements for students during their education.
2. The student must authorize release of the results of any Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance when requested by the program, university, or clinical placement site.
3. All costs associated with the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance are the responsibility of the student unless specifically stated otherwise by the party requesting the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance.
4. A positive Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance may result in any of the following:
 - Inability to find a clinical placement
 - Dismissal from a clinical placement
 - Inability to obtain professional licensure
 - Legal ramifications
 - Inability to matriculate or continue within a program within the College of Health Sciences and Education
 - Inability to meet requirements for graduation from the program of study
5. Any student with a history of a positive finding on a Criminal Record Check or Child Abuse History Clearance should seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements prior to entering a program in the College of Health Sciences and Education.

Procedures:

1. Any student with a history of a positive finding or a change in status on a Criminal Record Check or Child Abuse History Clearance must inform the Clinical/Fieldwork Coordinator who will inform the Department Chair and Dean of the College of Health Sciences and Education. The student should also seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements.

2. Any program requiring mandatory Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for these clearances.
3. Clinical/Fieldwork Placements that have required Criminal Record Checks, (Federal and/or State), and/or Child Abuse History Clearances policies will be clearly identified for students prior to placement in the facility.*
**Students should be aware that the individual sites may institute changes in policies without notice. Should this occur the student is still responsible for meeting the requirements of the site.*
4. In cases where students are the direct recipient of the criminal record check the student must supply the Clinical/Fieldwork Coordinator with a copy of the report. Any student who fails a Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance has the right to appeal the result with the vendor and/or authorized issuing agency completing the clearance. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. In the event a student fails a criminal record check the Clinical/Fieldwork Coordinator will notify the Department Chair and Dean. The student will be notified if s/he cannot be placed at a site.
5. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the respective program.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #3: CPR CERTIFICATION

Purpose:

1. To establish criteria for CPR certification.
2. To establish a procedure for submitting results.

Procedures:

1. Students are required to obtain certification in professional level/healthcare provider Adult (one and two person)/Infant/Child/AED CPR at their own expense.
2. Certification must be kept current for the length of time the students/clinical employee are enrolled in any clinical/fieldwork education experience.
3. A copy of the official certification card must be submitted to the designated clinical/fieldwork coordinator by the date specified by each department.
4. Students will not be allowed to participate in clinical/fieldwork education experiences unless they provide proof of the approved level of CPR certification.
5. It is the responsibility of the students to be aware of the expiration date. They must submit a copy of the current CPR card to the designated clinical education/fieldwork coordinator prior to the respective expiration date. Failure to comply with these requirements will result in a delay in their clinical placement or removal from the clinical/fieldwork education site. If students are removed from the site and do not obtain clearance within the timeline designates by department, students will be subject to disciplinary action by their department.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #4: CLINICAL/FIELDWORK INCIDENT REPORT

Purpose:

To provide guidelines for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences and Education student who is participating in a clinical/fieldwork education experience.

An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff or student. Any situation when an incident report is filed at a clinical/fieldwork education site, a Misericordia University Clinical/Fieldwork Incident report form must be filed.

Procedures:

1. See the site's documentation for specific policies regarding reporting of clinical/fieldwork incidents.
2. In the event of any student injury where treatment is not covered by the individual site, the student will incur the expense.
3. Forms for reporting clinical/fieldwork incidents may be obtained from the department's clinical education/fieldwork coordinator.
4. This form must be completed by the student's clinical employee/supervisor, (clinical employee – an appointed employee whose duty is to supervise college students at the clinical /fieldwork education site, who will, in that capacity, have direct client contact and involvement in clinical/fieldwork activities), and signed by both the student and the clinical employee/supervisor.
5. The original report will be forwarded to the department's chairperson. Copies will be distributed as follows: the student, the controller's office, and the student's department file.



Misericordia

CLINICAL/FIELDWORK INCIDENT REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical/fieldwork activity. The report is to be completed by the student's clinical employee/supervisor and signed by both the student and the clinical employee/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: student; controller's office; department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS. I.

Student Name: _____

Misericordia University e-mail address: _____

Program: _____

Level: _____

Clinical Employee/Supervisor Name: _____

Title: _____

II. What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III. How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV. If an injury resulted, explain who was injured and the nature and location of the injury.
(Describe fully, including parts of the body affected.)

V. Was medical attention received? (Describe by whom, where, and when)
Signature is required in the appropriate space below only if student sustained an injury.

Treatment **received** (student's signature) _____

Treatment **refused** (student's signature) _____

VI. Who was notified of the incident? (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia personnel. Include the dates when notified and by whom).

VII. Provide a plan to keep other such incidents from occurring in the future. (This section is completed by the clinical employee/supervisor in consultation with the student. List mutually agreed upon strategies.)

Additional Comments: (Attach additional sheets as needed.)

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY # 5: POLICY FOR INJURIES FROM SHARP INSTRUMENTS AND BLOOD BORNE PATHOGENS EXPOSURE

Purpose:

To develop a standard policy for the prevention and treatment of sharp instrument injury and blood borne pathogens exposure incurred during clinical/fieldwork education experiences. This policy is in compliance with Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan to which Misericordia University adheres.

Procedures:

1. Standard Precautions and Transmission Based Precautions will be observed during any tasks that involve exposure to blood, body fluids, or tissues.
2. During clinical/fieldwork education experiences, site specific policies and procedures will apply regarding the care and use of needles and other exposure to blood borne pathogens. During academic education experiences, the Misericordia University policies and procedures will apply.
3. After use, disposable syringes, needles and other sharp instruments will be placed in the appropriate puncture resistant sharps container.
4. The student is responsible for reviewing the clinical/fieldwork education site's documentation for specific policies regarding reporting of clinical/fieldwork incidents.
5. In the event a student is injured with a sharp instrument or otherwise exposed to blood borne pathogens during the clinical/fieldwork education experience, the clinical/fieldwork education coordinator and/or the Administrative Specialist must be notified immediately.
6. As outlined in the College of Health Sciences Policy #4 Clinical/Fieldwork Incident Report, a Clinical/Fieldwork Incident Report form must be completed and returned within 10 working days from the date of the incident. Forms for reporting these incidents may be obtained from the department's clinical/fieldwork coordinator
7. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #6: HIPAA CONFIDENTIALITY

Purpose:

To provide guidelines for providing HIPAA confidentiality education to all Misericordia University Health Sciences and Education students who will participate in clinical/fieldwork education experiences.

Procedures:

1. Prior to the commencement of student placement at the clinical/fieldwork education site, each Health Sciences and Education department Clinical/Fieldwork Coordinator will arrange for the students to complete HIPAA training.
2. Upon completion of HIPAA training, students will submit verification of their HIPAA training to their department Clinical/Fieldwork Coordinator.
3. Copies of the verification will be maintained in the students' department academic file and/or in the students' individual clinical file housed at the clinical/fieldwork education site.
4. See the clinical/fieldwork education site's documentation for specific policies regarding HIPAA education.
5. Any student who has not successfully completed HIPAA training by the specified date will not be allowed to begin a clinical/fieldwork experience as scheduled. Individual program policies regarding absence will be applied in these cases.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #7: ESSENTIAL FUNCTIONS DOCUMENTATION PROCESS

Purpose:

To provide a consistent, timely, accurate method for documenting a student's capacity to perform essential functions.

1. All students will be advised of the essential functions required of their Health Sciences and Education majors/certificate program prior to formally entering the programs.
2. Medical clearances related to the essential functions will be required of all students prior to their entering the laboratory or clinical/fieldwork education settings, following any subsequent change in health or functional status, and as deemed necessary by each individual department.
3. By reviewing the list of essential functions, it is expected that students will be able to indicate their likeliness of successful compliance, document any limitations related to essential functions, and request specific accommodations relevant to the listed tasks, as necessary. Ideally, potential accommodations will be considered prior to entrance into the major or certificate program. Minimally, the medical clearances required prior to participation in the laboratory or clinical/fieldwork settings must define any limitations and the accommodations needed to comply with the essential functions.
4. Reasonable accommodations will be provided to support students with documented disabilities. An accommodation cannot pose a threat to the patient, staff, student, or interfere with the program's essential functions, if it is to be considered reasonable.
5. In compliance with a policy respecting student's rights to privacy, confidential information will be released on a need-to know basis. In the clinical setting, information about a student's accommodations which relate to the clinical performance standards will need to be shared with clinical/fieldwork educators and those involved with accommodation delivery and facilitation. The student may or may not choose to disclose the underlying condition or specific details of their disability. Accommodations that relate solely to classroom experience need not be revealed to clinic personnel. The student must sign a written release (provided by the Student Success Center (SSC) defining the information that will be shared in the clinical setting. Accommodations provided in the clinic are specific to the site and the clinical/fieldwork experience and may not be the same as the classroom.
6. Clinical/Fieldwork site assignment/selection may include a consideration of the site's ability for flexibility, ability to work with students with disabilities, and facility and logistical characteristics. The clinical/fieldwork site will make the determination as to whether or not it can provide the reasonable accommodations.
7. This process is intended to ensure equal access to professional programs. However, it is not an assurance of student success.

Procedures:

1. Departments distribute Clinical Clearance Forms (CCF) and Essential Functions Document (EFD) to students in accordance with each department time line.
2. Students submit completed forms to the designated person in each department.
3. The Clinical/Fieldwork Coordinator reviews final paragraph of CCF to determine if the Health Care Provider has indicated that the student is able to fulfill the essential functions of the profession, with or without accommodations.
4. If a student requests accommodation, the student must contact the Office for Students with Disabilities to initiate the process. Once it is determined by the Assistant Director SSC/Office for Students with Disabilities (OSD), Clinical Director, Clinical/Fieldwork site and the student if accommodations are appropriate, then an Accommodation Plan will be developed collaboratively. A copy of the Accommodation Plan is attached to the CCF.
5. The Clinical/Fieldwork Coordinator has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required and the learning objectives. If the site is agreeable, the Clinical/Fieldwork Coordinator and student meet with clinical/fieldwork site to review the Accommodation Plan.

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY # 8: DRUG SCREENING POLICY

Purpose: To inform students interested in pursuing careers in the Health Sciences and Education of the following:

1. Drug Screening may be required by the program, by the professional credentialing/licensing board, or by any site providing clinical/fieldwork placements for students during their education.
2. The student must authorize release of the results of any Drug Screening when requested by the program, university, or site.
3. All costs associated with Drug Screening are the responsibility of the student unless specifically stated otherwise by the party requesting the Drug Screening.
4. A positive drug screening may result in any of the following:
 - inability to find a clinical placement
 - delay in clinical placement
 - dismissal from a clinical placement
 - inability to obtain professional licensure/certification
 - legal ramifications
 - inability to matriculate or continue within a program within the College of Health Sciences and Education
 - inability to meet requirements for graduation from the program of study

Procedures:

1. Any program requiring mandatory Drug Screening prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for Drug Screening.
2. Clinical/Fieldwork Placements that have required Drug Screening policies will be clearly identified for students prior to placement in the facility*

**Students should be aware that the individual sites may institute changes in policies without notice. Should this occur, the student is still responsible for meeting the requirements of the site.*

3. In the event a student fails a drug screen and is notified by the vendor directly, the student must notify the Clinical/Fieldwork Coordinator who will notify the Department Chair and Dean of the College of Health Sciences and Education. Any student who fails a drug screening has the right to appeal the results with the vendor and/or authorized laboratory completing the screen. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. The student will be notified if s/he can or cannot be placed in a facility. If a delay in placement results the department will determine when and if a make-up opportunity will be granted.

4. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state credentialing/ licensing required for practice, and may be dismissed from the respective program.

MISERICORDIA UNIVERSITY

COLLEGE OF HEALTH SCIENCES and EDUCATION

POLICY #9: RESPIRATORY PROTECTION

Purpose:

To establish a respiratory protection program for all students and faculty of Misericordia University who may be required to wear an N95 mask to work in an atmosphere with potential exposure to contagious airborne pathogens.

Procedures:

1. Members of the Misericordia University Clinical Education Committee, trained in respiratory fit testing, will provide qualitative and/or quantitative fit testing for each student or faculty required to wear a tight-fitting respirator.
2. Trained fit testers will be responsible for:
 - Evaluating and selecting appropriate respirators
 - Conducting fit testing
 - Providing respiratory training that includes:
 - Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the respirator effectiveness
 - What the limitations of the respirator are
 - How to inspect, put on, remove, use and fit check the respirator
 - Maintenance and storage procedures
 - Recognition of medical signs and symptoms that limit respirator use
 - Completing the Respirator Wearer/Tester Verification Form
3. Students and faculty **MUST** receive medical clearance for respirator use before fit testing can begin. Additional medical examinations may be required at the discretion of the medical provider if a student or faculty member reports signs or symptoms related to his/her ability to wear a respirator or when a change occurs in the workplace that may result in a substantial increase in physiological burden placed on the employee required to use a respirator.
4. Individual departments will provide their students and faculty with the medical questionnaire clearance form.
5. The Student Health Center will review and sign the medical questionnaire. This form may also be signed by the student's or faculty member's physician, physician assistant, or nurse practitioner outside of Misericordia University.

6. Respirator wearers **MUST** perform a positive or negative fit check each time the respirator is put on. This procedure is outlined below:

- **Negative Fit Check:**
 - Close off the inlet opening of the cartridge by covering with the palms of your hand (or cover the inlet opening of the cartridge with a thin latex or nitrile glove).
 - Inhale gently so the facepiece collapses slightly and hold breath for ten seconds.
 - If the facepiece remains in a slightly collapsed condition with no inward leakage of air, the tightness of the respirator is considered satisfactory.
- **Positive Fit Check:**
 - Close off the exhalation valve and exhale gently into the facepiece.
 - The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage at the seal.
 - This method of leak testing may require the wearer to first remove the exhalation valve cover before closing off the valve and then replacing the cover after the check is complete.

7. Respirator Wearers **MUST**:

- Inspect the respirator for damage before entry into a contaminated environment and after each use. This includes checking the respirator function, tightness of connections, and the condition of the facepiece, and head straps.
- Wear an assigned respirator when executing a task that has been determined to require respirator protection
- Store respirator in an area accessible to the work area
- Store respirator in a clean container or bag to keep the respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals
- Remain clean-shaven when performing tasks involving respirator use.
- Report all circumstances that may affect the fit of a respirator
- Report all medical conditions that may compromise the ability to wear a respirator

8. The Misericordia University Student Health Center will maintain the following records on students and faculty:

- Fit Test records and medical questionnaire
- Medical determination records for respirator use

9. Students and faculty will provide a copy of the medical questionnaire and fit test form to the Student Health Center if these forms are signed at another facility.

10. Individual departments will maintain the following record on their students and faculty:

- Signed Respirator Wearer/ Tester Verification Form

11. The Misericordia University Clinical Education Committee will:

- Schedule respirator fit training for departments that may be required to wear a respirator.
- Maintain records of trained fit testers in the committee's Google Drive
- Evaluate the respirator program annually or whenever a behavior or suggestion is brought to the attention of the committee, which suggests a re-evaluation of the program, is necessary. This evaluation may include:
 - Consultation with supervisors in departments where respirators are worn
 - Consultation with respirator wearers
 - Review of the written program

RESPIRATOR/ WEARER VERIFICATION FORM

I _____

Print Name

- Provided the fit tester with my medical questionnaire clearance form signed by:
 - Student Health Center
 - Primary Care Physician
 - Physician assistant or Nurse Practitioner outside of Misericordia University
- Have been fitted with an appropriate respirator by a trained fit tester
- Understand that I must perform a positive or negative fit check each time I put on a respirator using one of the procedures outlined below:
 - Negative Fit Check:
 - Close off the inlet opening of the cartridge by covering with the palms of your hand (or cover the inlet opening of the cartridge with a thin latex or nitrile glove).
 - Inhale gently so the facepiece collapses slightly and hold breath for ten seconds.
 - If the facepiece remains in a slightly collapsed condition with no inward leakage of air, the tightness of the respirator is considered satisfactory.
 - Positive Fit Check:
 - Close off the exhalation valve and exhale gently into the facepiece.
 - The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage at the seal.
 - This method of leak testing may require the wearer to first remove the exhalation valve cover before closing off the valve and then replacing the cover after the check is complete.
- Understand that as a respirator wearer I must:
 - Inspect the respirator for damage before entry into a contaminated environment and after each use. This includes checking the respirator function, tightness of connections, and the condition of the facepiece, and head straps.
 - Wear an assigned respirator when executing a task that has been determined to require respirator protection
 - Store respirator in an area accessible to the work area
 - Store respirator in a clean container or bag to keep the respirator from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals
 - Remain clean-shaven when performing tasks involving respirator use.

- Report all circumstances that may affect the fit of a respirator
- Report all medical conditions that may compromise the ability to wear a respirator

Respirator Wearer's Signature

Date

Respirator Tester's Signature

Date

SECTION IV

CLINICAL NARRATIVES AND SAMPLE DOCUMENTS

GLOSSARY OF TERMS USED IN THIS DOCUMENT

CATEGORY	A series of related radiographic examinations that exemplify an area of the Human body.
CLINICAL EDUCATION	The portion of the educational program conducted in a health care facility that provides the opportunity for students to translate theoretical & practical knowledge into cognitive, psychomotor and affective skills necessary for patient care.
COMPETENCY	Identified radiographic knowledge and skills a student must master to successfully complete program requirements.
COMPETENT	The student's ability to successfully perform a series of designated radiographic positions/projections with indirect supervision and assume those duties and responsibilities according to course and clinical objectives.
COMPETENCY EXAMINATION	The procedure by which a student's performance and resulting image is evaluated.
DIDACTIC- KNOWLEDGE	The portion of the educational program in which knowledge is presented and evaluated in a classroom center.
DIRECT SUPERVISION	<p>Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified practitioners. The parameters of direct supervision are:</p> <ol style="list-style-type: none">1. A qualified practitioner reviews the request for examination in relation to the student's achievement;2. A qualified practitioner evaluated the condition of the patient in relation to the student's knowledge;3. A qualified practitioner is present during the conduct of the examination;4. A qualified practitioner reviews and approves the radiograph
NOTE ***All assisted/observable competencies are performed under direct supervision. ***	
INDIRECT SUPERVISION	<p>Supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. The availability applies to all areas where ionizing radiation equipment is in use. The parameters of indirect supervision are:</p> <ol style="list-style-type: none">1. A qualified practitioner reviews the request for examination in relation to the student's achievement;2. A qualified practitioner evaluates the condition of the patient in relation to the student's knowledge;

3. A qualified practitioner is immediately available to assist the student regardless of the level of student achievement;
4. A qualified practitioner reviews and approves the radiographs.

LABORATORY	A separate work area for student practice. It indicates a phantom, radiographic table, overhead tube, generator and accessories.
OBJECTIVES	Specific statements describing behaviors contained within the competency. To provide direction to the overall educational process, objectives that complement the competency should be written at various levels. Each objective represents necessary step towards attaining mastery of an identified competency.
RADIOGRAPHIC SIMULATION/ OBSERVED/ ASSISTED EXAMINATION	Demonstration of an examination on a fellow student or radiographer, without exposure, for the purpose of evaluating positioning skills shall be considered SIMULATION examination. Images will be reviewed with the student by the clinical preceptor for image evaluation purposes. Simulation/Observed/Assisted examinations may be utilized for infrequent or limited volume examinations (i.e. myelography, computed tomography CT Head competency, headwork, etc.)
FAILURE OF COMPETENCY	Failure of graded and terminal competencies will occur at the point that the clinical instructor realizes that a student's actions will result in a repeat radiograph. This, of course, must be pre-exposure.
QUALIFIED PRACTITIONER	A radiation therapist or radiologic technologist possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.
TRAUMA COMPETENCY	A trauma competency is defined as any exam that involves a trauma (injury due to exerted outside force) to the part AND requires at least 1 element of out of the ordinary tasks be performed in order to obtain the required images for the study. For example, patient has a laceration to their fingers but can assume all of the required positions for hand imaging, but you need to drape the IR/detector with plastic to avoid blood contamination or use sandbags, tape or extra positioning aids, then this would qualify as a trauma competency as both the trauma element and the out of the ordinary task of draping were present

If patient came into the ER with a fractured ankle but was able to assume all of the required positions to obtain the images without any creative radiography (x-table) imaging needed; this would **NOT** qualify as a trauma competency , as only the trauma event was present, but not the tasks out of the ordinary.

GRADING

Grading for all clinical experiences will be based on program policy #24.

Grade determination for each semester may be based on performance indicators, competencies, quizzes, exams, Pocket Guide, log books, and other criteria as assigned.

The following grading scale has been adopted by the Medical Imaging Program.

Letter Grade	Numerical Equivalent	Honor Points
A	96-100	4.00
A-	92-95	3.70
B+	89-91	3.30
B	86-88	3.00
B-	83-85	2.70
C+	80-82	2.30
C	77-79	2.00
C-	74-76	1.70
D	70-73	1.00
F	Below 70	0.00

The following numbers are used to calculate the grades for the student performance evaluations for Clinical Experiences VI-VII

5: 8.4
4: 7.3
3: 6.5
2: 6.0
1: 5.8

CLINICAL EXPERIENCES

CLINICAL EXPERIENCE I: MI 140 (spring) – students will report to the clinical education center on Tuesdays and Thursdays, (including outpatient & evening rotations of 2 clinical weeks) less school breaks and holidays.

CLINICAL EXPERIENCE II: MI 160 (summer) – students will report to the clinical education center each day, Monday through Friday, less holidays during Term A. (including 1 week each of evening & outpatient clinical education rotation)

CLINICAL EXPERIENCE III: MI 225 (fall) – students will report to the clinical education center every Tuesday and Thursday, (including outpatient & evening rotations of 2 clinical weeks and 1 alternate rotation) less school breaks and holidays.

CLINICAL EXPERIENCE IV: MI 304 (spring) – students will report to the clinical education center every Monday, Wednesday, and Friday, (including evening and alternate area rotations) less school breaks and holidays. (New Rotation) (No outpatient)

CLINICAL EXPERIENCE V: MI 306 (summer) – students will report to the clinical education center each day, Monday through Friday, (including outpatient & evening rotations of 1 clinical week) less holidays during Term B.

CLINICAL EXPERIENCE VI: MI 404 (fall term A: December graduates; full term fall: May graduates) –Term A students will report to the clinical education center Monday through Thursday, less school breaks and holidays; full term students will report to the clinical education center on Monday and Wednesday only, less school breaks and holidays.

CLINICAL EXPERIENCE VII: MI 405 (fall term B: December graduates; full termsspring: May graduates) – Term B students will report to the clinical education center Monday through Thursday, less school breaks and holidays; full term students will report to the clinical education center on Tuesday and Thursday, less school breaks and holidays.

CLINICAL COMPETENCY-BASED PORTION OF MISERICORDIA UNIVERSITY'S DEPARTMENT OF MEDICAL IMAGING

Students are EXPECTED to read all information concerning the clinical education center and ask for clarification of unclear areas. It is the students' responsibility to understand the competency-based portion of their clinical education.

RATIONALE:

Medical Imaging is an ever-increasing technological field, dealing with the administration of ionizing radiation to human beings. The competency-based clinical portion of the curriculum will deal with the practical application of didactic theory. The goal of clinical education is to prepare the student radiographer for professional practice. This will be accomplished by observation, assistance, and performance of radiographic studies on human subjects.

Competency-based education, in its truest form, allows students to progress at their own pace, while at the same time demonstrating and maintaining competence in a particular area. While the present system of clinical evaluation at Misericordia University (hereafter referred to as MU) is competency-based, the faculty recognized the need to strengthen this portion of the program to further ensure the competence of our students.

SPECIAL NOTE:

Because an accredited program in medical imaging such as ours is a competency-based program, it is expected that students will progress at different rates. The length of this program should allow ample time in which a student can master the objectives and successfully complete the required competencies.

Each student is given in the fall semester prior to their first Clinical experience access via the MU portal to the Medical Imaging Clinical Students group. It contains:

- a. a clinical calendar for Clinic I. (Subsequent clinical calendars will be distributed each semester)
- b. a master competency categories list
- c. orientation task checklist
- d. equipment competency forms – 2 portable*, 1 C-arm*, and 6* radiographic or fluoroscopic rooms (*may not apply to all clinical education centers)
- e. absentee form (for the student's use only)
(Clinical Preceptors TO MAINTAIN OFFICIAL FORM AT CEC)
- f. graded competency checklist
- g. graded competency form
- h. clinical syllabi
- i. Performance evaluations
- j. The Medical Imaging Handbook

The following requirements have been developed by the faculty:

1. **ORIENTATION TASK CHECKLIST** – This checklist must be completed for EACH CLINICAL EDUCATION SETTING (CEC) in order for the student to become familiar with the procedures of each clinical education center. The student will maintain the form and will obtain appropriate initials from CEC staff upon successful completion of the indicated tasks. The entire checklist should be completed by the time specified on the form. The student must submit the form to MU Clinical Preceptor. It is a Pass/Fail system. In the unlikely event that the checklist cannot be completed during the appropriate clinical experience, it is the student's responsibility to inform the MU Clinical Preceptor as soon as possible.
2. **EQUIPMENT COMPETENCIES** will be completed at the beginning of EACH CLINICAL ROTATION for each room in the CEC department (except Special Procedures), in order for the student to become familiar with all of the clinical education centers equipment. Equipment Competencies will also be performed for all portable(s), and C-arms. It is a Pass/Fail system. The student must pass equipment competencies prior to performing any examinations as competencies and subsequently with indirect supervision. In the event an "F" is received, the student is ineligible for competencies until they have mastered that room. The equipment competencies can be repeated an unlimited number of times, however, keep in mind that in order to fulfill staff and graded and terminal competency requirements, room competencies must first be mastered.
3. **POCKET GUIDES** and **LOG BOOKS** must be updated daily (minimum of six (6) procedures logged daily).
 - A. **Pocket guide**

To be purchased prior to Clinic I for use in the clinical education center. This pocket guide will be used as a reference in all subsequent clinical experiences for the purpose of recording all pertinent information for exposure factor & positioning requirements. It will be submitted to your University instructor twice during the semester. A detailed explanation will be presented orally prior to the commencement of Clinic I.
 - B. **Log Book**

The log book is to be used for the duration of your clinical experiences. The cost is included in the MI student fee. This will be submitted and returned twice/semester. The student must record studies observed and/or performed while in the clinical setting, inclusive of patient I.D. numbers (no names), and whether the study was performed solo, assisted someone else, or merely observed the procedure (observed). If the study was performed solo, but a technologist was present and observed you, then you soloed/supervised. This method will aid in determining your preparation in order to begin a particular competency category. The codes to be logged in your book are then:

O	(observed)	S/S	(soloed) with direct supervision
A	(assisted)	S	(soloed) with indirect supervision
4. **PERFORMANCE INDICATORS** will be completed several times per semester and once per summer term by the clinical education center Clinical Preceptors and the MU Clinical Preceptor. The student will also complete a self-evaluation using the same form. All performance indicators will then be reviewed with the student during clinical counseling sessions during which the Clinical Education clinical preceptors will be present.

5. **COMPETENCIES** – There are 3 types (staff, graded, and terminal). Refer to the Master Competency Categories List. On this list, there are 14 categories which encompass all possible studies within an area for which student is accountable. Students must demonstrate competency in all of the procedures identified on the Master Competency Categories List.

NOTE: Competencies may not be performed unless didactic examination (class or laboratory) has been completed. All assisted/observable competencies are performed under direct supervision.

Competency procedure:

Prior to any graded competency being done by the clinical education center or MU Clinical Preceptor, a staff form, whether Pass or Fail, must be returned to the MU Clinical Preceptor BY THE STUDENT for documentation. If an “F” is received, the MU Clinical Preceptor will be notified by the technologist grading the competency. The student must attempt the SAME exam until a passing grade is achieved, however, all subsequent attempts must be with a Misericordia University Clinical Preceptor. Once this is accomplished, the student is ready to perform a graded competency for that particular examination. Of the total examinations requiring staff competencies, only 20 will actually be performed as graded competencies, and 13 will be performed as terminal competencies.

A record of Clinical Progress/Competency Checklist (“wall chart”) will be posted at each hospital clinical education center and maintained by MU Clinical Preceptors. The clinical education center Clinical Preceptors will therefore know which competencies the student has successfully completed. The student is also required to keep his/her own record of competencies completed using the Master Competency Categories list.

In order to demonstrate overall competence prior to graduation, the student is required to successfully complete the terminal competency requirement. Terminal competencies will be performed during Clinical Experiences IV & V in order to demonstrate competence in ALL areas.

5.a. **STAFF COMPETENCIES (Pass/Fail)**

Staff competency forms are designed not only to keep a check on the student’s progress, but also to involve knowledgeable staff radiographers in the process. **STAFF COMPLETING THESE COMPETENCIES MUST BE REGISTERED RADIOGRAPHERS (R.T.’s).** It will be required that the student complete the minimum number of staff competencies (of their choice) per clinical experience as listed below. Failure to do so will be reflected on the Performance Indicator. Staff competencies in Categories II through XIII must be performed solo with supervision (refer to Master Competency Categories).

Clinic I (spring)	10 staff competencies
Clinic II (summer)	15 staff competencies
Clinic III (fall)	10 staff competencies
Clinic IV (spring)	12 staff competencies
Clinic V (summer)	<u>6</u> staff competencies

5.b. GRADED COMPETENCIES

Once a staff competency has been successfully completed, Clinical Preceptors may require the student to do a graded competency. The total staff competency procedures just explained, 20 of them will be performed for a grade. It will require that the student complete the minimum number of graded competencies per clinical experience as listed below. Failure to do so will be reflected on the Performance Indicator.

Clinic I (spring)	4 graded competencies
Clinic II (summer)	8 graded competencies
Clinic III (fall)	4 graded competencies
Clinic IV (spring)	4 graded competencies
Clinic V (summer)	<u>0</u> graded competencies
	20

5.c. TERMINAL COMPETENCY

Once a student has completed the required number of graded competencies in a particular category, he/she can begin the 13 terminal competency examinations. A series of non-related radiographic exams performed by all students, prior to graduation, for the purpose of assessing overall competence. Graduation and sitting for the National Registry Examination may be delayed if this competency is not successfully completed.

Three Time Rule for Competencies (Graded and/or Terminal):

Regarding **Graded** competency performance evaluations: Graded Competencies are allotted 3 attempts, with the highest possible score on the 2nd attempt being 84 and the highest possible score on the 3rd attempt being 74. If a student fails on third attempt a zero is issued and therefore results in failure of the course. Specifically,

1. The first “unsatisfactory” the student receives on the form fails the attempt. However, the student must finish the procedure under direct assistance from the person observing the competency (the MU instructor or clinical education center Clinical Preceptor). Future attempts **MUST** be performed with a Misericordia University Clinical preceptor.
2. The 2nd attempt can be performed at a later date but is now worth a maximum of 84, and **MUST** be completed with a Misericordia University Clinical Preceptor.
3. If the student requires a 3rd attempt, the maximum grade will be 74, providing all anatomy is correctly identified. Failure on the 3rd attempt results in a grade of 0 and therefore failure of the course.

Regarding **Terminal** competency performance evaluations: Terminal Competencies are allotted 2 attempts on 3 of the 13 terminal competencies required; with the highest possible score on the 2nd attempt being 74. If a student fails the 3rd attempt on any of the 3 that allow 2 attempts, the student will fail the course and be dismissed from the major. For the remaining 11/13, only one attempt is allowed. If a student fails on the second attempt on any of these, a zero is issued and therefore results in failure of the course, and therefore dismissal from the major. Specifically,

1. The first “unsatisfactory” the student receives on the terminal form fails the attempt. However, the student must finish the procedure under direct assistance from the person observing the competency (the MU instructor or clinical education center Clinical Preceptor). Future attempts **MUST** be performed with a Misericordia University Clinical Preceptor.

2. The 2nd attempt (on 3 of the 13 required) can be performed at a later date but is now worth a maximum of 74, and **MUST** be completed with a Misericordia University Clinical Preceptor. Failure on the 2nd attempt results in a grade of 0 and therefore failure of the course.
3. Failure on the first attempt on any of the 11/13 remaining terminal competencies will result in course failure and program dismissal if the student already exhausted the maximum 2nd attempt on three terminals.

6. **ACTION PLANS: Purpose:** This form is used to report recognized deficiencies in the clinical setting, and create a plan for improvement within a timely manner. Actions plans are to be initiated by the MU Preceptor when students earn a score of 3 or below on any evaluation, or competency (graded or terminal); or when the Clinical Preceptor recognizes behaviors that may warrant corrective action. The entire form must be completed and signed by both the student and the MU clinical preceptor. The original report will be forwarded to the clinical coordinator who will forward to department chairperson. This MUST occur within 1 week of the initiation of plan. Copies must be distributed as follows: Academic file (on campus), Clinical file (on site).

7. INTERSHIPS:

Internships are an extensive experience in a particular advanced modality to gain experience under the direct supervision of a qualified practitioner in that area. The student will request an internship in one of the following areas (availability of areas may vary depending upon commitments from clinical education centers): Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Mammography, Nuclear Medicine, Cardiac Catheterization Lab, Interventional Radiology, Radiation Oncology, Dosimetry, Nuclear Medicine, or Bone Densitometry etc.

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

Time line is as follows:

1. Fall (Clinic III) – students submit requests for three specialty area observations. (See clinical calendar for deadline date) Students will experience one of their three observations during the Fall semester. In the event Sonography is one of the three choices, it **MUST** be experienced in the Fall semester.
2. Spring (Clinic IV) – students are scheduled to observe remaining specialty areas.
3. Requests for Internships: Students must submit a letter to the Department Chairperson stating first, second, and third choices of areas they would like to experience and the reasons why they wish to earn an internship in these areas including future goals (both short and long term). **Due date for these letters is May 15 (NO EXCEPTIONS).** Be sure to sign and date the letter or it will not be accepted. Students must include their expected address for the Fall semester in which they will experience the internship in Clinic VI. If the town is small and

may be unknown to most, be sure to include the closest major city so that we have an idea of where your town is located. In addition, students must include an address where they wish to receive their internship assignment, and clearly differentiate between the two. If the addresses are the same, state so.

4. The Department Chairperson, in consultation with the clinical coordinator, will evaluate the requests. In the event that there may be less Internship placements available than there are students, all students may not earn their first choice. Please note: Internships are not a guarantee and are awarded on a case-by-case basis. Students with a reprimand at the written level or on program probation may not be awarded their first-choice internship. The decision will be based on overall G.P.A., clinical performance and overall suitability for the specialty area. Students will receive written notification of placement by Department Chairperson.
5. Students must submit a written response of acceptance of the placement by the date specified in internship award letter.
6. Summer (Clinic V)- All required radiography competencies must be successfully completed by the end of Clinic V to move forward to Clinic VI internship option. One-week orientation will occur during the last week of Clinic V.
7. Fall/Spring (Clinic VI/VII) – students experience Internship.
8. Students enrolled in the Sonography certificate program will be afforded during the first semester of their senior year an internship in a specialty area other than sonography, providing that clinical space is available.

Revised: 6/2011, 1/2013, 9/2014, 11/2017, 12/2018, 12/21

MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES & EDUCATION
DEPARTMENT OF MEDICAL IMAGING

STUDENT NAME: _____
DATE: _____
CEC: _____
CLINICAL EXPERIENCE: _____

STUDENT PERFORMANCE INDICATOR
CLINICAL EXPERIENCE I-V

SEMESTER _____ MID _____ FINAL _____ SELF _____

SCORE: _____ RATE THE

STUDENT IN THE FOLLOWING CATEGORIES BASED ON THEIR PRESENT LEVEL OF
EDUCATION, CONSIDERING ONLY ACADEMIC COURSEWORK TO DATE.

	Excellent					Poor
	5	4	3	2	1	0
1. Procedural Competence						
a. Does the student obtain patient history?						
b. Does the student effectively give instruction and explain exams to the patient?						
c. Does the student properly don and doff PPE?						
d. Does the student demonstrate compliance with hand hygiene before and after patient care?						
e. Does the student demonstrate effective medical asepsis after patient care?						
2. Quality of work Do images show careful positioning, centering point, central ray and marker placement						
3. Critical Thinking Skills Does student demonstrate the ability to assess and adapt to the limitations and needs of the patient?						
4. Initiative Does the student express willingness to observe/perform examinations? Does the student demonstrate a continued interest in learning despite level of competency?						
5. Team Participation Does the student show ability to work with others, including cooperation; acceptance of supervision and consideration for feelings of co-workers?						
6. Radiation Protection Practices Does the student demonstrate proper radiation practices for patient, self, and others, including collimation and shielding when appropriate?						
7. Organizational Skills Does the student plan and arrange clinic responsibilities appropriately?						

8. Time Management Is the student dependable and on-time for clinical assignments?						
9. Professionalism Does the student demonstrate respect for confidential patient information? Does the student conduct themselves according to the ARRT Code of Ethics?						
10. Technical Skills Does the student demonstrate proper exposure factor selection and correlate appropriately with exposure/deviation index number?						

*Scores of 6 or below on the following items are subject to the disciplinary process of Policy #13 in the Medical Imaging Clinical Education Manual and Student Handbook.

	Excellent					Poor
	10	8	6	4	2	0
11. *Patient Safety Does the student ensure the wheelchair/stretchers is locked before patient transfer, does the student assist and monitor the patient during the exam as needed?						
12. *Patient Relationships/Communication To what degree does the student demonstrate effective verbal and non-verbal communication skills with patients, peers, and members of the health care team?						
13. Clinical Competence Does the student demonstrate continued competency on previously evaluated clinical procedures?						

Please make comments to support the ranking of above indicators:

Student Comments:

Student's Signature/Date

Evaluator's Signature/Date

Action Plan

Purpose: This form is used to report recognized deficiencies in the clinical setting, and create a plan for improvement within a timely manner. The entire form must be completed and signed by both the student and the MU clinical preceptor. The original report will be forwarded to the clinical coordinator who will forward to department chairperson. This MUST occur within 1 week of the initiation of plan. Copies must be distributed as follows: Academic file (on campus), Clinical file (on site).

PLEASE PRINT OR TYPE INFORMATION

I. Student Name: _____ Semester: _____

Program Level: (Circle one)

Medical Imaging: **Sophomore** **Junior** **Senior**

Reason for Action Plan: (Circle One)

Policy Violation

Benchmark not met: Score of C or below on evaluation
Score of 3 or below on competency

Other:

_____ (indicate policy #)

_____ Evaluation (indicate mid or final)

_____ (Please Specify)

_____ Competency (indicate graded or terminal)

MU Clinical Preceptor Name: _____

Date of Report: _____

Clinical Site: _____

II. What type of behavior was exhibited by the student that resulted in this action plan? (Be specific. If the student demonstrates deficiency in communicating with a patient, reviewing images, etc. please identify.)

III. Provide details relative to the above described behavior. (Describe fully the events that resulted in the action plan. Tell what happened, how it happened. Document what was observed.)

IV. Provide a plan to correct observed deficiencies from occurring in the future. (This section is completed by the clinical preceptor and the student. List mutually agreed upon strategies, as well as a timeline for completion of plan, and follow-up timeline.)

V.

Additional Comments: (Attach additional sheets as needed.)

Student Signature: _____ ***Date:*** _____

Clinical Preceptor Signature: _____ ***Date:*** _____

10/2010, 12/16, 10/8/19

MASTER COMPETENCY CATEGORIES

All 53 Competencies listed in Categories II-XIV must be completed as Staff Competencies

Category I

Diagnostic/Fluoroscopic Equipment
Portable
C-Arm
Orientation checklist
Digital Fluoroscopy
Digital Radiography
Computed Radiography

Category II

*Ribs
*Room Chest
*Cart or Wheelchair Chest

Category III

*Wrist
*Elbow
*Shoulder
Hand
Finger/thumb (staff only)
Forearm
Humerus
Clavicle
*+ 1 additional of the student's choice with
the exception of those designated staff only

Category IV

*Foot
*Knee
*Hip
Ankle
Tibia-Fibula
Patella
Femur
Pelvis
Heel
*+ 1 additional of the student's choice

Category V

*Cervical Spine
*Thoracic Spine
*Lumbar Spine
Sacrum and/or Coccyx
Cross Table Lateral Spine
(horizontal beam; patient recumbent)

Category VI

Abdomen Supine
Abdomen Upright
Abdomen Decub
*UGI
BE
Esophogram
Small Bowel Series
*+ 1 additional of the student's choice

Category VII (2 Views acceptable;
projections must be different)
*Sinuses
Nasal Bones OR Orbits

Category VIII: Surgical *one graded competency required

*OR: Surgical C-Arm Procedure (requiring
manipulation around a sterile field)
OR: Orthopedics
(requiring manipulation to obtain more than one
projection)

Category IX: Trauma

Trauma Extremity Upper (non-shoulder)
Trauma Extremity Lower
Trauma Shoulder or Humerus
(transthoracic, Scapular Y, or Axial)
Trauma Hip- Cross Table Lateral (staff only)
(horizontal beam; patient recumbent)

Category X: Mobile

Portable Orthopedic
*Portable Chest
Portable Abdomen

Category XI: Pediatric (newborn-6)

*Pediatric Chest (1 view acceptable)
Pediatric Extremity (Upper or Lower Extremity)

Category XII: Miscellaneous

CT Abdomen (Assisted)
CT Head without contrast (Assisted)

Category XIII: Elective/Simulated

Cystography
Sacroiliac Joints
Scapula

Category XIV: Geriatric \geq 65 years old

(Physically or cognitively impaired as a result of aging)
Geriatric Chest
Geriatric Extremity (Upper or Lower)
Geriatric Hip

***Must be done as graded competency**

Revised 10/15; updated 1-2021; 10/2021

Wall Chart														
T	G	S	T	G	S	T	G	S	T	G	S	S=STAFF G=GRADED T=TERMINAL		
												CATEGORY I		
												Room		
												Room		
												Room		
												Room		
												Digital Fluoroscopy		
												Digital/Computed Radiography		
												Portable		
												C-Arm		
												Orientation Checklist		
												CATEGORY II		
												Room Chest*		
												Cart or Wheelchair Chest*		
												Ribs*		
												CATEGORY III		
												Wrist*	*+ 1 additional of the student's choice with the exception of those designated staff only	
												Elbow*		
												Shoulder*		
												Hand		
												Finger/Thumb (staff only)		
												Forearm		
												Humerus		
												Clavicle		
												CATEGORY IV		
												Hip*	*+ 1 additional of the student's choice with the exception of those designated staff only	
												Foot*		
												Knee*		
												Ankle		
												Tibia-Fibula		

							Patella
							Femur
							Pelvis
							Heel
							CATEGORY V
							Cervical Spine*
							Thoracic Spine*
							Lumbar Spine*
							Sacrum and/or Coccyx
							Cross Table Lateral Spine (horizontal beam; patient recumbent)
							CATEGORY VI
							Abdomen Supine
							Abdomen Upright
							UGI*
							BE
							Esophogram
							Small Bowel Series
							Decub Abdomen
							CATEGORY VII (2 VIEWS ACCEPTABLE)
							Sinuses*
							Nasal Bones OR Orbits
							CATEGORY VIII
							OR: Orthopedics (requiring manipulation to obtain more than one image)
							OR: Surgical C-Arm Procedure* (requiring manipulation around sterile field)
							CATEGORY IX
							Trauma Extremity Upper (non-shoulder)

									Trauma Extremity Lower
									Cross Table Lateral Hip (staff only) (horizontal beam; patient recumbent)
									Trauma Shoulder or Humerus (transthoracic, Scapular Y, or Axial)
									CATEGORY X
									Portable Orthopedics
									Portable Abdomen
									PORTABLE Chest*
									CATEGORY XI
									Pediatric Chest * (1 view acceptable)
									Pediatric Extremity (Upper or Lower)
									CATEGORY XII
									CT ABDOMEN (Assisted)
									CT HEAD without contrast (Assisted)
									CATEGORY XIII
									Cystography
									Scapula
									SI Joints
									CATEGORY XIV <u>≥</u> 65 years of age
									Geriatric Chest
									Geriatric Extremity (Upper or Lower)
									Geriatric Hip

Effective January 2022

APPROVED LIST OF SIMULATED COMPETENCIES Effective 1/2022

ARRT defines simulation of clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam. If applicable, the candidate must evaluate the related images.

The following is a list of acceptable simulated competencies:

Abdomen Decubitus

Calcaneus

Cross Table Lateral Spine (Horizontal Beam)

Cystography or Cystourethrography * written description required

Paranasal Sinuses

Patella

Sacroiliac Joints

Scapula

*Written description must be in the form of an essay at least 2 pages in length. It should outline all information relative to patient prep, contrast used (if applicable), positioning and image evaluation.

** In rare circumstances additional studies not on the list may be permitted at the discretion of the MU CI and may vary per student and clinical site.

Reviewed and Revised 11/2021

APPENDIX A

Hardcopy available for viewing in the office of the Department Chairperson or
Please visit:

<https://www.jrcert.org/accreditation-information/accreditation-standards-2021/>

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

EFFECTIVE JANUARY 1, 2021

Adopted by:
**The Joint Review Committee on Education
in Radiologic Technology April 2020**

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

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

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

APPENDIX B
COLLEGE OF HEALTH SCIENCES AND EDUCATION
RADIOGRAPHY PRACTICE STANDARDS

The Practice Standards for Medical Imaging and Radiation Therapy

Radiography Practice Standards

©2020 American Society of Radiologic Technologists. All rights reserved. Reprinting all or part of this document is prohibited without advance written permission of the ASRT. Send reprint requests to the ASRT Communications Department, 15000 Central Ave. SE, Albuquerque, NM 87123-3909.

Please Visit:

<https://www.asrt.org/main/standards-and-regulations>