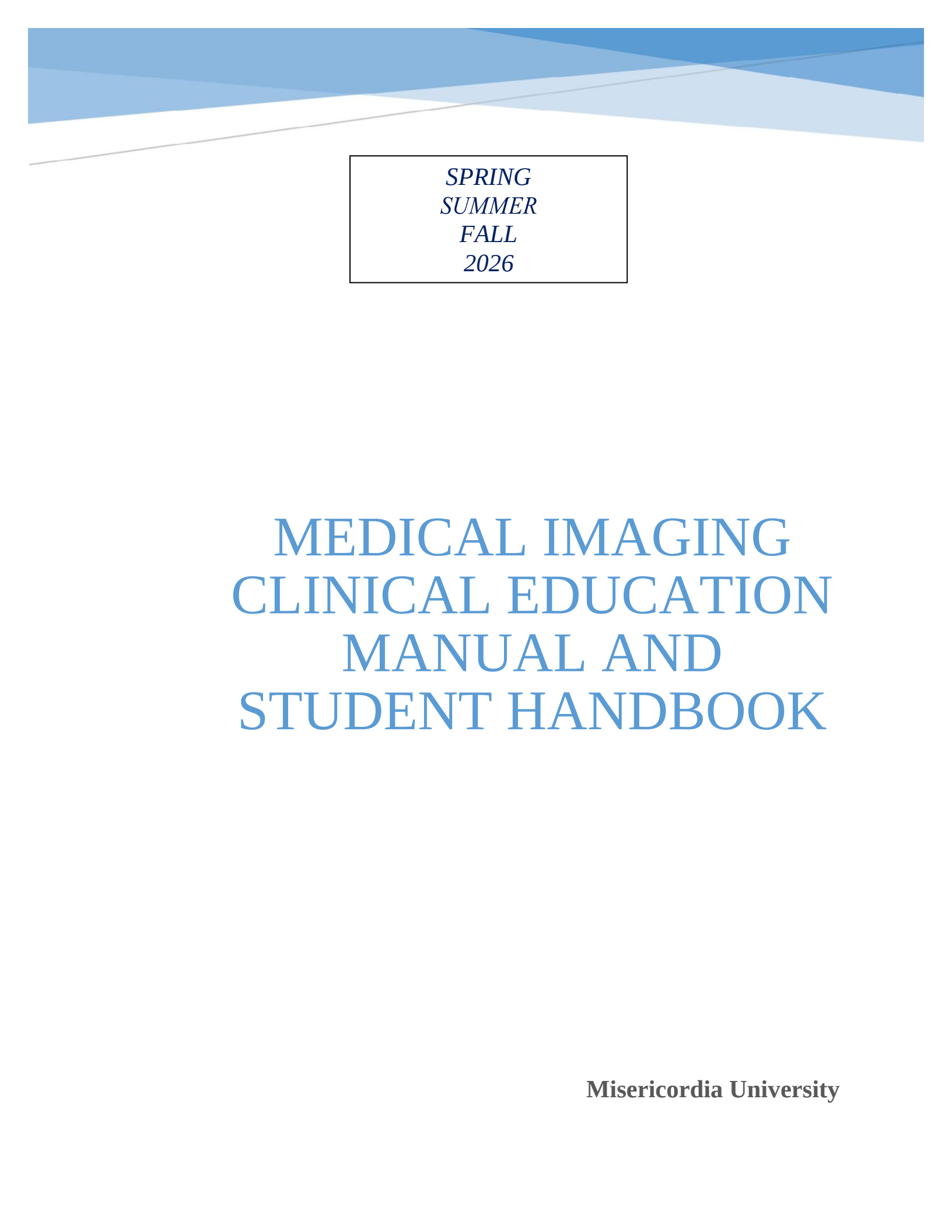




*SPRING
SUMMER
FALL
2026*

MEDICAL IMAGING CLINICAL EDUCATION MANUAL AND STUDENT HANDBOOK

Misericordia University

To the Student:

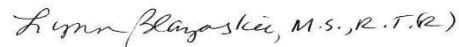
This handbook has been prepared for your reference and information. You will find the contents helpful in understanding your major.

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,

Handwritten signature of Gina Capitano in black ink.

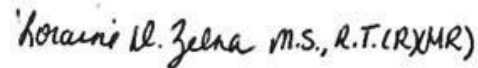
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Associate Professor & Department Chair

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

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

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Michelle Adams, B.S.R.T. (R)
Instructor

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 Code of Ethics	26
Advising	27
Grievance Procedure	27
Department Location: Faculty Phone Numbers and email addresses	27
Medical Imaging Student – Performance Description	28
Program Calendar	29
Professional Organizations	30
Medical Imaging Club	30
Library	30
Graduation Requirements	30
Medical Imaging Awards	30
Program of Studies	32
Narrative: Course Syllabus	32
Grading	32
Student Fees.....	33
Professional Calendar	33
Clinical Advisory Board	33
Clinical Education Center: Addresses and Phone Numbers	34
Clinical Education Center Hours.....	34
Medical Imaging Club By-Laws	35
Retention, Promotion & Graduation; Probation; Re-Admission; Sexual Harassment.....	37
Family Education Rights and Privacy Act (FERPA).....	38
Section II: Medical Imaging Policies and Procedures	39
Policy 1: Benefit Time	40
Policy 2: Make Up of Clinical Hours.....	43
Policy 3: Weather/University Related Emergencies/Events	45

Policy 4: Illness/Injury During the Clinical Day	46
Policy 5: Dress Code/Personal Hygiene	47
Policy 6: Pregnancy.....	49
Policy 7: Dosimetry.....	52
Policy 8: Scheduling of Clinical Rotations	55
Policy 9: Conduct/Disciplinary Process	56
Policy 10: Hiring of MU Students by MU Clinical Education Centers.....	59
Policy 11: American Registry Examination Application Process	60
Policy 12: Communicable Disease Policy.....	61
Policy 13: Direct/Indirect Supervision and Repeat Radiographs.....	62
Policy 14: Complaint Resolution Policy	64
Policy 15: Placement of Students in the Event of a Strike or Work Stoppage Situation.....	67
Policy 16: Needle Stick Injury Policy.....	68
Policy 17: Grading Policy.....	69
Policy 18: Essential Functions.....	71
Policy 19: Utilization of Energized Lab (MH 53) During Non-Teaching Hours.....	74
Policy 20: Clinical Requirements	75
Policy 21: Email Accounts	82
Policy 22: Liability Insurance.....	83
Policy 23: Student Withdrawal/Leave of Absence.....	84
Policy 24: Social Media	87
Policy 25: Testing	89
Section III: College of Health Sciences and Education Policies and Procedures	92
Policy 1: Student Clinical/Fieldwork Clearance: Health Science Majors Only.....	93
Policy 2: Criminal Record Check and Child Abuse History Clearance.....	95
Policy 3: CPR Certification: Health Science Majors Only	97
Policy 4: Clinical/Fieldwork Incident Report	98
Policy 5: Injuries from Sharp Instruments and Blood Borne Pathogen Exposure.....	101
Policy 6: HIPAA Confidentiality: Health Science Majors Only	102
Policy 7: Essential Functions Documentation Process.....	103
Policy 8: Drug Screening Policy	105
Policy 9: Respiratory Protection Policy: Health Science Majors Only	107
Section IV: Clinical Narratives & Sample Documents.....	111
Glossary of Terms	112
Narrative – Grading	114
Narrative – Clinical Experiences	115
Narrative – Competency Program	116
Narrative – Orientation Task Checklist	117

Narrative – Equipment Competencies	117
Narrative – Pocket Guides	117
Narrative – Student Performance Indicators.....	117
Narrative – Competencies	117
Narrative – Staff Competencies	118
Narrative – Graded Competencies	119
Narrative – Terminal Competencies	119
Narrative-Action Plan Narrative	120
Narrative – Internships	120
Sample – Student Performance Indicator Form	122
Sample- Action Plan Form	124
Sample- Master Competency Categories.....	126
Approved List of Simulated Competencies	128
 Appendix A: <u>JRCERT Standards for an Accredited Educational Program in Radiologic Sciences</u>	 129
 Appendix B: Radiography Practice Standards	 130

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 Medical Imaging program is to graduate baccalaureate-level students who are educationally prepared to successfully demonstrate clinical competence, 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 radiologic technologists.
- To maintain accreditation with national organizations in the delivery of radiography education.
- To participate in professional and community activities for the purpose of bringing education, service and research together for the 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

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

Program Learning Outcomes/Student Learning Outcomes:

Program Learning Outcome 1. Clinical Performance and Competence

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

Student Learning Outcomes:

1. The student will demonstrate knowledge of proper positioning.
2. The student will demonstrate proper exposure factor selection.
3. The student will apply appropriate radiation protection measures.
4. The student will demonstrate technical competence.
5. The student will demonstrate optimal patient care.

Program Learning Outcome 2. Critical Thinking

Students will demonstrate critical thinking skills.

Student Learning Outcomes:

1. The student will evaluate images effectively.
2. The student will adapt knowledge to non- routine situations.
3. The student will formulate conclusions/ analysis of data for lab experiments.

Program Learning Outcome 3. Communication

Students will demonstrate effective communication skills.

Student Learning Outcomes:

1. The student will demonstrate effective written communication skills.
2. The student will demonstrate effective oral communication skills.
3. The student will demonstrate information literacy.

Program Learning Outcome 4. Professionalism

Students/graduates will demonstrate professionalism.

Student Learning Outcomes:

1. Students will demonstrate professional behavior.
2. Students will demonstrate effective interpersonal skills.

Program Learning Outcome 5. Research

Students will conduct research in medical imaging literature.

Student Learning Outcomes:

1. The student will investigate differences among the advanced radiologic science modalities
2. The student will produce a literature search using various databases.
3. The student will develop an annotated bibliography.
4. The student will compare & contrast types of literature within the radiologic science profession

Overall Program Effectiveness

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

Student Learning Outcomes:

1. Graduates indicate satisfaction with their education received.
2. Graduates are capable of successful completion of the primary ARRT exam in Radiography on the first attempt.
3. Students indicate the ability to obtain employment in the radiology profession.
4. Successfully complete MI 415.
5. Employers demonstrate satisfaction with program graduates.
6. Successfully complete the program.

Reviewed annually; last review 8/2018, 9/2019, 9/2020, 9/2021, 9/2022, 5/2023, 9/2023, 5/2024, 10/2024, 5/2025, 9/2025

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.

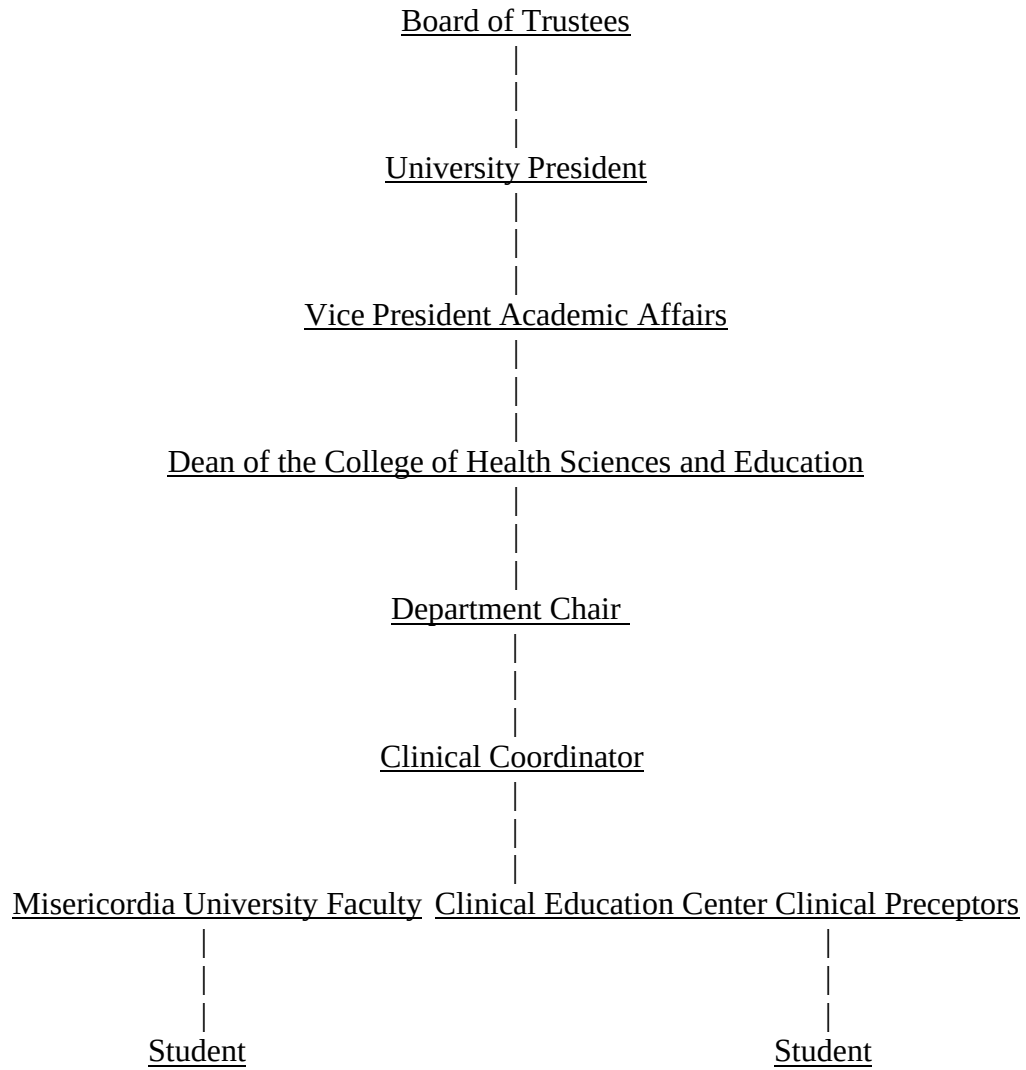
In 1999, as a result of on-going changes in the fast-paced medical field, the Radiography curriculum was revised to include additional imaging modalities. As a result of this broader curriculum, the name of major was changed from Radiography to Medical Imaging.

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 March 2023. 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. Lisa May Norton

Medical Imaging Department Chair
Dr. Gina Capitano, Ed.D., R.T. (R) – Associate Professor, Medical Imaging

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

Medical Imaging Faculty/Staff
Michelle Adams, B.S. R.T. (R) - Instructor, Medical Imaging
Dr. Elaine Halesey, Ed.D., R.T. (R) (QM) Professor, Medical Imaging
Loraine Zelna, M.S., R.T. (R) (MR) – Associate Professor, Medical Imaging

Medical Imaging Adjunct Faculty
Laura Atchinson, B.S. R.T. (R) (VI) – Adjunct Didactic Faculty, Medical Imaging
Carolyn Armstrong B.S.R.T. (R) (MR)-Adjunct Didactic Faculty, Medical Imaging
Arthur Gialanella, M.S., R.T. (R) (CT) – Adjunct Didactic Faculty, Medical Imaging
Meredith Lambertino, M.S., R.T.(R)(CT)- Adjunct Clinical Faculty, Medical Imaging
Karen Phillips, M.S., R.T. (R) (M) – Adjunct Didactic Faculty, Medical Imaging
Sandy Skrobisewski, R.T. (R)(CV)- Adjunct Clinical Faculty, Medical Imaging
Cheyenne Woodruff, M.S., R.T. (R) (M) (CT) (BD) – Adjunct Clinical Faculty, Medical Imaging

Clinical Education Center Clinical Preceptors

Advanced Imaging	Louis Armezzani, R.T.(R)
	Nina Hubal, R.T. (R) (N)
	Danielle Parisot, R.T.(R) (MR)

Geisinger Community Care Kistler Clinic	Hillary Lipinski, B.S.R.T. (R)
--	--------------------------------

Geisinger Community Medical Center	Heather Anderson, R.T.(R)
	Marcy Breymier, B.S.R.T. (R)
	Joan Ewins, B.S. R.T. (R) (MR) (CT)
	Andrew Inman, R.T.(R) (CT)
	Elaine Manno, R.T. (R) (CT)
	Allison McIntyre, M.S., R.T. (R)
	Christina Molitoris, R.T. (R)
	Mackenzie Munley, R.T. (R)
	Corey Novak, R.T. (R)
	Eric Rigglesman, R.T. (R)
	Alana Sienkiewicz, R.T. (R)
	Sydney Sipple, R.T. (R)
	Vanessa Striefsky, R.T. (R)
	Nicole Whited, B.S.R.T. (R) (CT)

Geisinger Healthplex Center Point-Pittston	Amber Robacheski, B.S.R.T. (R)
	Anne Lynch, B.S.R.T.(R)

Geisinger Mount Pleasant	Michele Eboli, R.T. (R) (M)
	Maria White, R.T. (R) (M)

Geisinger Orthopaedics and Sports Medicine-Scranton	Jessica Cann, R.T.(R)
	Kera Mizok, R.T.(R)
	Erin Ruedemann, R.T.(R)
	Brittney Sholcosky, R.T.(R)
	Jade Ulrich, R.T.(R)

Geisinger South Wilkes-Barre	Sue Domyan, R.T. (R)
	Jim Dravage, B.S.R.T. (R)
	Miranda Kopa, R.T.(R)
	Rebecca Rebarchick, R.T.(R)
	Patricia Sones, B.S.R.T.(R)(M)(CT)(MR)

Geisinger Tunkhannock	Kristina Saxe, B.S.R.T.(R)
	Nicole McClemens, B.S.R.T.(R)(M)

Geisinger Viewmont Medical Services	Jamie Dougherty, B.S.R.T. (R) (CT)
	Danielle Golosky, R.T. (R)
	Kim Kelly, R.T. (R)
	Heather Pries, B.S., R.T. (R) (MR)

Geisinger Wyoming Valley Medical Center	Sean Abbott, B.S. R.T. (R)
	Diana Bodzio, B.S. R.T. (R)
	Sandra Bohn, R.T.(R)(CV)
	James Bonczek, A.A.S. R.T. (R) (CV)
	Crystal Crawn, M.S., R.T. (R) (M)
	Marie Cumbo, A.A.S. R.T. (R) (T)
	Susan Domyan, R.T.(R)
	Sara Keller, R.T. (R)
	Alicia Kimock, R.T. (R)
	Jina Kohl, B.S.R.T. (R)
	Anne Lynch, B.S.R.T. (R)
	Brittany McDonald, B.S.R.T.(R)
	Michelle Macking, B.S.R.T. (R)
	Tanya Patterson, R.T. (R)
	Amy Koser-Shea, B.S.R.T.(R)
	Lori Starbuck, B.S.R.T. (R) (T)
	Miriah Wascavage, B.S.R.T.(R)(CT)

Health and Wellness Center at Hazleton (LVHN)	Deborah Brown, R.T (R) (M)
	Kara Hockenberry, B.S.R.T.(R)
	Karen Michalyshin, R.T.(R)

Lehigh Valley Health Network Hazleton	David Leibig, B.S. R.T. (R) (MR)
	Michele Sweeney Leibig, R.T. (R)
	Carla Oblas, R.T.(R)
	Ruben Vargas, B.A. R.T, (R) (CV)

Lehigh Valley Hospital Dickson City	Laura Atchison, B.S.R.T.(R) (VI)
	Caitlin King, R.T. (R)

LVPG Radiation Oncology-Morgan Highway	Deborah Petty, R.T. (R) (T) (M)
---	---------------------------------

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---	--------------------------

Regional Hospital of Scranton	Tammy Galli, A.A.S., R.T. (R)
	Brenda Ives, R.T. (R) (M)
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	Beth Weber, A.A.S., R.T. (R) (CT)

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St. Luke's Monroe Campus	Amy Morris, R.T.(R)(M)
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	Cariann Rutledge, R.T. (R)
	Rachel Steinmark, B.S.R.T.(R)

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	Jenna Lehman, R.T. (R) (T) (MR)

VA Medical Center	Alison Machey, B.S.R.T.(R)
	Alyssa Machey, B.S.R.T.(R)
	Paul Kissolovage, B.S. R.T. (R)
	Melissa Puchalski, B.S. R.T. (R)
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	Hollianne Parsons, B.S.R.T.(R) (VI)

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	Sara Leonardi, R.T. (R)

Wilkes-Barre General Hospital	Reagan Harrison, B.S.R.T. (R)
	Brenda Heck, B.S. R.T. (R)
	Samantha Comstock Padavan, R.T. (R) (VI)
	Andre Pascal, M.S.,R.T.(R)
	Danielle Petroski, B.S. R.T. (R)(T)
	Diane Rokosz, B.S.R.T. (R)(MR)

Wilkes-Barre General Hospital (TPS)	Cheryl Pocono R.T. (R) (CT)
	Chad Seltzer B.S.R.T. (R)
	Amy Smith, 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, 4/22, 6/22

Review Comparing Assessment Period Results: 2024-2025, 2025-2026, 2026-2027, 2027-2028, 2028-2029

Legend of Courses:

MI 140 Clinical Experience1	MI 303 Introduction to Research	MI 403 Senior Capstone
MI 200 Patient Care	MI 304 Clinical Experience 4	MI 404 Clinical experience 6
MI-201 Advanced Patient Care	MI 306 Clinical Experience 5	MI 406 Issues in Medical Imaging
MI 203 Radiographic Procedures 1	MI 307 Radiation Biology and Protection	MI 450W/450L Quality Management
MI 225 Clinical Experience 3	MI 308 Imaging Pathology	
MI 244 Image Evaluation 1	MI 310 Advanced Imaging Procedures	

Program Learning Outcome (PLO) 1. CLINICAL PERFORMANCE AND COMPETENCE										
Students will possess the knowledge and skills necessary to function as an entry- level radiographer.										
Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Timeframe	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
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)	A)	A)	A)	A)
	B) Student Performance Indicator (MI 225)- Question #1 Effective 1/22 Question #2	B) Formative: Students in MI 225, Clinic 3, will earn a class average ≥ 7 on an 8-pt. scale in the specific area "Quality of Work" on Student Performance Indicator. Effective 1/22 ≥ 4.375 on a 5-pt. scale	D	B) Upon completion of MI 225, Clinic 3, Fall semester, junior year.	B) Assigned University Clinical Preceptor/ Review by CC & PD	B)	B)	B)	B)	B)

	C) Student Performance Indicator (MI 306)- Question #1 Effective 1/22 Question #2	C) Summative: Students in MI 306, Clinic 5, will earn a class average ≥ 7.2 on an 8-pt. scale in the specific area “Quality of Work” on Student Performance Indicator. Effective 1/22 ≥ 4.5 on a 5-pt. scale	D	C) Upon completion of MI 306, Clinic 5, Summer, preceding senior year.	C) Assigned University Clinical Preceptor/ Review by CC & PD	C)	C)	C)	C)	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 3, will earn a class average minimum of 4.0 on graded competencies based on a 5-pt scale.	D	A) Upon completion of MI 225, Clinic 3, Fall semester, junior year.	A) Assigned University Clinical Preceptor/ Review by CC & PD	A)	A)	A)	A)	A)
	B) Random sampling of 2 completed terminal competency forms per student, Section III, Item 1 (MI306)	B) Summative: Students in MI 306 Clinic 5, 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 5, summer preceding senior year	B) Assigned University Clinical Preceptor/ Review by CC & PD	B)	B)	B)	B)	B)
	C) Student performance indicator, Question #16 (MI306) Effective 1/22 Question #10	C) Summative: Students in MI 306, Clinic 5, will earn a class average ≥ 3.6 based on 4-pt. scale, in the area of “Demonstrates knowledge of Exposure Factors” Effective 1/22 ≥ 4.5 on a 5-pt. scale	D	C) Upon completion of MI 306, Clinic 5, summer preceding senior year.	C) Assigned University Clinical Preceptor/ Review by CC & PD	C)	C)	C)	C)	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 3, MI 225 ≥ 4.0 on graded competencies based on a 5-pt scale	D	A) Upon completion of MI 225 Clinical Experience 3, fall semester, junior year.	A) Assigned University Clinical Preceptor/ Review by CC& PD	A)	A)	A)	A)	A)

	B) Random sampling of 2 completed terminal competency forms per student, Section IV, Items 1 & 2 (MI 304/306)	B) Formative: Class average in MI 304/306 (Clinic 4 or 5) ≥ 4.5 on terminal competencies based on 5-pt scale	D	B) Upon completion of MI 304/306, Clinical Experience 4 and/or 5; summer preceding senior yr. and/or spring semester, junior yr.	B) Assigned University Clinical Preceptor/ Review by CC& PD	B)	B)	B)	B)	B)
	C) Student Performance (MI 306) Indicator, Item 9 Effective 1/22 Question #6	C) Class average ≥ 7.2 on an 8-pt. scale in MI 306, Clinic 5. Effective 1/22 ≥ 4.5 on a 5-pt. scale	D	C) Upon completion of MI 306, Clinic 5, summer preceding senior year.	C) Assigned University Clinical Preceptor/ Review by CC& PD	C)	C)	C)	C)	C)
	D) Final Exam MI 307	D) Class average of ≥ 80 on the radiation protection portion of the comprehensive final exam in MI 307	I	D) Upon completion of MI 307, Spring Jr. yr.	D) Course professor	D)	D)	D)	D)	D)
4. The student will demonstrate technical competence.	A) Orientation Checklist, Section V, Items B-F (MI140)	A) Formative: 100% of students earn a grade of "P" on P/F scale in Clinic 1, MI 140 Effective 9/22 New Tool Question # 10 Student Performance Indicator Students will earn 4.25/5.0	D	A) Upon completion of Clinic 2	A) Clinical Coordinator	A)	A)	A)	A)	A)
	B) Orientation Checklist, Section V, Items B-F (MI 304)	B) Summative: 100% of students earn a grade of "P" on P/F scale in Clinic 4, MI 304 Effective 9/22 New Tool Question # 10 Student Performance Indicator	D	B) Upon completion of Clinic 4.	B) Clinical Coordinator	B)	B)	B)	B)	B)

		Students will earn 4.25/5.0								
	C) Random sampling of 2 completed graded competency forms per student, Section III, Item 3 (MI225)	C) Formative: Class average in Clinic 3 (MI 225) $\geq$ 4.0 on section 3 of graded competencies based on a 5-pt scale	D	C) Upon completion of MI 225 Clinical Experience 3, fall semester, junior year.	C) Clinical Coordinator	C)	C)	C)	C)	C)
	D)Random sampling of 2 completed terminal competency forms per student, Section III, Item 3 (MI 306)	D)Summative: Class average in Clinic 5 (MI 306) $\geq$ 4.5 on section 3 of terminal competencies based on a 5-point scale	D	D) Upon completion of MI 306, Clinical Experience 5; sum. preceding senior year	D) Clinical Coordinator	D)	D)	D)	D)	D)
5. The student will demonstrate optimal patient care.	A) Student Performance Indicator, (MI 225) Items 2. Pt. Safety & 3. Patient relationships Effective 1/22 Items 11. Pt. Safety & 12. Patient relationships communication	A) Formative: Class average $\geq$ 7 on an 8-pt. scale on final performance indicator during, MI 225, Clinic 3. Effective 1/22: Class average $\geq$ 8.75 on a 10-pt. scale	D	A) Upon completion of MI 225, Clinic 3, fall semester, junior year.	A) Assigned University Clinical Preceptor/ Review by CC & PD	A)	A)	A)	A)	A)
	B) Student Performance Indicator, (MI 306) Items 2. Pt. Safety & 3. Patient relationships Effective 1/22 Items 11. Pt. Safety & 12. Patient Relationships communication	B) Summative: Class average $\geq$ 7.2 on an 8-pt. scale on final performance indicator during, MI 306, Clinic 5. Effective 1/22: Class average $\geq$ 9 on a 10-pt. scale	D	B) Upon completion of MI 306, Clinic 5, summer preceding senior year.	B) Assigned University Clinical Preceptor/ Review by CC & PD	B)	B)	B)	B)	B)
	C) Random sampling of 2 completed Graded Competency forms, per student, Section II Items 1,4,5, &7 (MI 225)	C) Formative: Class average $\geq$ 4.0 in Clinic 3 (MI 225) on section II, Items 1,4,5, &7 graded competencies based on 5-pt scale	D	C) Upon completion of required graded competencies, during either MI 225, Clinical Experience 3	C)Assigned University Preceptor/ Review by CC & PD	C)	C)	C)	C)	C)

	D) Random sampling of 2 completed Graded/Terminal Competency forms, per student, Section II, Items 1,4,5, &7 (MI 306)	D) Formative: Class average ≥ 4.0 in Clinic V (MI 306) on section II, Items 1,4,5, &7 graded competencies based on 5-pt scale	D	D) Upon completion of required graded/terminal competencies, during either MI 306, Clinical Experience 5	D) Assigned University Preceptor/ Review by CC & PD	D)	D)	D)	D)	D)

Program Learning Outcome (PLO) 2. CRITICAL THINKING Students will demonstrate critical thinking skills.										
Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
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 244, (Image Evaluation 2), spring semester, Sophomore year	A) Course professor/ Review by PD	A)	A)	A)	A)	A)
	B) Random sampling of 2 completed graded competency forms per student, Section VII Items 1,2, &3 (MI 225)	B) Formative: Class average ≥ 4.0 in Clinic 3 (MI 225) on graded competency forms Section VII Items 1,2, &3 based on 5-pt scale	D	B) Upon completion of required graded competencies, during MI 225, Clinic 3, fall, junior year.	B) Assigned University CP/Review by CC and PD	B)	B)	B)	B)	B)
	C) Random sampling of 2 completed terminal competency forms per student, Section VII Items 1,2,& 3 (MI 306)	C) Summative: Class average ≥ 4.5 in Clinic 5 (MI 306) on Section VII Items 1,2, & 3 terminal competencies based on 5-pt scale	D	C) Upon completion of required terminal competencies, during MI 306, Clinical Experience 5	C)Assigned University Clinical Preceptor/ Review by CC & PD	C)	C)	C)	C)	C)

2. The student will adapt knowledge to non- routine situations.	A) Student Performance Indicator, Item #4 & 5 (MI 225) Effective 1/22 Item #3	A) Class average ≥ 7.0 on an 8-pt. scale during, Clinic 3 (MI 225). Effective 1/22 Class average ≥ 4.375 on a 5-pt. scale	D	A) Upon completion of MI 225, Fall, Junior year.	A) Assigned University Clinical Preceptor/ Review by CC & PD	A)	A)	A)	A)	A)
	B) Student Performance Indicator, Item 3 (MI 306)	B) Summative: Class average ≥ 4.5 on a 5-pt. scale on final performance indicator during Clinic 5 (MI 306)	D	B) Upon completion of MI 306, Summer preceding senior year.	B) Assigned University CP/Review by CC & PD	B)	B)	B)	B)	B)
3. The student will formulate conclusions/ analysis of data for lab experiments.	A) Grade on second lab report. Grading criteria as per course syllabus. (MI 450W/450L)	A) Formative Class average $\geq 80\%$ on 2nd lab reports in MI 450W/ 450L	I	A) Upon completion of MI 450W/ 450L, spring semester, junior level	A) Course professor/ review by PD	A)	A)	A)	A)	A)
	B) Grade on final lab report. Grading criteria as per course syllabus. (MI 450W/450L)	B) Summative Class average $\geq 85\%$ on final lab reports in MI 450W/ 450L	I	B) Upon completion of MI 450W/ 450L, spring semester, junior level	B) Course professor/ review by PD	B)	B)	B)	B)	B)

Program Learning Outcome (PLO) 3. COMMUNICATION Students will demonstrate effective communication skills.										
Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
1. The student will demonstrate effective written communication skills.	A) Overall grade on research paper. (MI 308)	A) Class average ≥ 80 in MI 308	I	A) Upon completion of MI 308, Imaging Pathology, Spring, Junior year	A) Course Professor /review by PD	A)	A)	A)	A)	A)
	B) Overall grade on essay last issue summary per the grading criteria found in the course syllabus (MI 406)	B) Class average ≥ 80 on last issue summary in MI 406.	I	B) Upon completion of MI 406, Fall semester, senior level	B) Course professor/ Review by PD	B)	B)	B)	B)	B)

	C) Grading Rubric, item 1 (MI 403)	C) Class average (excluding DMS students) $\geq$ 85% (on senior research project in MI 403)	D	C) Upon completion of MI 403, Fall or Spring semester, senior level (depending on date of graduation)	C) Assigned faculty research mentor/ review by PD & CC	C)	C)	C)	C)	C)
2. The student will demonstrate effective oral communication skills.	A) Final Performance Indicator, MI 225 Clinic 3, Item 8 (revised from Item 14) (MI 225) Effective 1/22 Item 12	A) Formative: Class average $\geq$ 7 on an 8-pt. scale on final performance indicator during, Clinic 3 (MI 225) Effective 1/22: Class average $\geq$ 8.75 on a 10-pt. scale	D	A) Upon completion of MI 225, Clinic 3	A) Assigned Clinical Preceptor (CP)/ Review by PD & CC	A)	A)	A)	A)	A)
	B) Final performance indicator - Clinic 5, (MI 306) Item 12 (oral communication)	B) Summative: Class average $\geq$ 9 on a 10-pt scale on the final performance indicator in MI 306, Clinic 5	I	B) Upon completion of MI 306 Clinic 5	B) Assigned Clinical Preceptor (CP)/ Review by PD & CC	B)	B)	B)	B)	B)
	C) Oral Presentation Rubric (MI 201)	C) Class average $\geq$ 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)	C)	C)	C)	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)	D)	D)	D)	D)
3. The student will demonstrate information literacy.	A) Library assignment (MI 406)	A) Class average of $\geq$ 80 library assignment in MI 406.	I	A) Upon completion of MI 406 taken in Fall senior year.	A) Course professor & CHSE library liaison/embedded librarian	A)	A)	A)	A)	A)

Program Learning Outcome (PLO) 4. PROFESSIONALISM Students/graduates will demonstrate professionalism.										
Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
1. Students will demonstrate professional behavior.	A) Student performance indicator ,Items 10,11,17(MI 140) Effective 1/22 – New tool Items 7, 8 and 9.	A) Formative: Class average ≥ 3.2 on 4-pt. scale in MI 140, Clinic 1. Effective 1/22 Class average ≥ 4.5 on 5 pt. scale in MI 140, Clinic 1.	D	A) Upon completion of Clinic 1, MI 140, spring semester, sophomore year.	A) Assigned Clinical Preceptor (CP)/ Review by PD & CC	A)	A)	A)	A)	A)
	B) Student performance indicator, Items 7, 8 and 9 (MI 306) New items effective 1/22	B) Summative: Class average ≥ 4.5 on 5- pt. scale in MI 306, Clinic 5. _	D	B) Upon completion of Clinic V5 MI 306, summer preceding senior year.	B) Assigned Clinical Preceptor (CP)/ Review by PD & CC	B)	B)	B)	B)	B)
2. Students will demonstrate effective interpersonal skills	A) Student Performance Indicator, Items 5 and 12. (MI 140)	A) Formative: Item 5: Class average of 4.375 on a 5-pt. scale Item 12: Class average of 8.75 on a 10-pt. scale in MI 140 (Clinic 1)	D	A) Upon completion of MI 140 (Clinic 1), Spring semester, sophomore year.	A) Assigned Clinical Preceptor (CP)/ Review by PD & CC	A)	A)	A)	A)	A)
	B) Student Performance Indicator, Items 5 and 12. (MI 306)	B) Summative: Item 5: Class average of 4.5 on a 5- pt. scale Item 12: Class average of 9 on a 10-pt. scale in MI306 (Clinic5)	D	B) Upon completion of MI 306 (Clinic 5), Summer, preceding senior year.	B) Assigned Clinical Preceptor (CP)/ Review by PD & CC	B)	B)	B)	B)	B)

Program Learning Outcome (PLO) 5. RESEARCH Students will conduct research in Medical Imaging literature.										
Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Timeframe	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
1. The student will investigate differences among the advanced radiologic science modalities	A) MI 310- average on portfolio assignments	A)100% of students will earn an average of 85% on advanced imaging portfolios	I	A) Fall junior year	A) Course professor	A)	A)	A)	A)	A)
	B) MI 404- ARRT credentialing paper	B)100% of students will earn an 85% on ARRT credentialing paper	D	B) Fall senior year	B) Course professor	B)	B)	B)	B)	B)
2. The student will produce a literature search using various databases.	A) MI 303- Grade on literature review assignment (final paper)	A) The class will earn an average minimum grade of 80 on the lit review assignment.	I	A) Fall junior year	A) Course professor	A)	A)	A)	A)	A)
	B) MI 403- Grade on reference page first submission	B)100% of the students will earn a grade of 85% on their reference page in MI 403	D	B) Fall / spring senior year	B) Course professor/ Program Director	B)	B)	B)	B)	B)
3. The student will develop an annotated bibliography.	A) MI 303- Grade on annotated bibliography quiz.	A) The class will earn an average minimum grade of 85 %on the annotated bibliography quiz.	I	A) Fall junior year	B) Course professor	A)	A)	A)	A)	A)

	B) MI 403- Grade on annotated bibliography.	B) The class will earn an average minimum grade of 85% on the annotated bibliography assignment.	I	B) Fall / spring senior year	B) Course professor/ Program Director	B)	B)	B)	B)	B)
4. The student will compare & contrast types of literature within the radiologic science profession	A) MI 303-Grade on two separate article critiques (quantitative and mixed methods research)	A) Minimum class average of 85% on each of the article critiques.	I	A) Fall junior year	A) Course professor	A)	A)	A)	A)	A)
	B) MI 406- grade on identification of selection of peer vs. non peer reviewed articles for issue summaries. Effective 9/22 Final issues summary	B)100% of students will select the minimum number of peer-reviewed articles required.	D	B) Fall senior year	B) Course professor	B)	B)	B)	B)	B)

OVERALL PROGRAM EFFECTIVENESS

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

Student Learning Outcome (SLO)	Tool(s)	Benchmark	D/I	Time Frame	Responsibility	Results 2024-2025	Results 2025-2026	Results 2026-2027	Results 2027-2028	Results 2028-2029
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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					
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2. Students indicate the ability to obtain employment in the radiology profession. (Job Placement Rate)	Alumni Survey, Via Email	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					
	New Tool 2021 80% of respondents indicate yes to question #2 and no to question #3 Unable to make comparisons due to change in to	2021-80% of respondents indicate yes to question #2 and no to question #3.								

	2022 New tool Revised 6 items from question number 3 in the old survey be incorporated into the new survey for use going forward									
4. Successfully complete the program. (Program Completion Rate)	Program Database	70% of all students who begin the professional level of the program will complete it is within the stated program length	I	Yearly	Program Director					

Proposed 10/06

Reviewed and/or revised 7/07, 8/08, 5/10, 9/10, 2/11 6/11, 9/11, 5/12, 6/12, 12/12, 9/13, 8/14, 9/14, 12/14, 3/15, 10/15, 11/16, 9/17, 8/18, 9/19, 8/20, 8/21, 4/22 Research goal added, 6/22 updated for revised student performance indicator, 8/22 increased program completion rate changed terminology to PLO/SLO



ARRT® 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 Registered Technologists 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 Registered Technologists 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.

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1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
 2. The Registered 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 Registered 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 Registered 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 Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
 6. The Registered 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 Registered 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 Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
 9. The Registered 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 Registered 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 Registered 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 # 14 of this handbook.

DEPARTMENT LOCATION

The Medical Imaging Faculty Offices are located in McAuley Hall. The MI labs are located in Mercy Hall: Non-energized lab- MH50, 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 Email addresses are:

Michelle Adams (570-674-6152)-madams@misericordia.edu- McAuley Hall, Room 302

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

Lorie Zelna (570) 674-6438 –lzelna@misericordia.edu- McAuley Hall, Room 307

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 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. Processes digital images.
 - 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, 12/22

TENTATIVE CALENDAR OF EVENTS

JANUARY	New Year's Day Spring Semester Begins* Clinical Experience 1, 4, & 7 begin – (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 2 begins (Date to be announced) Memorial Day
JUNE	ASRT Conference
JULY	Independence Day Clinical Experience 5 begins (Date to be announced) Freshman Orientation*
AUGUST	Freshman Orientation* Fall Semester Begins* Clinical Experiences 3, 6, and 7 for Dec grads begin (Date to be announced)
SEPTEMBER	Labor Day
OCTOBER	Fall Recess*
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 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 for Academic Excellence

This award is presented to a graduating senior, both December and May, with the highest cumulative grade point average (minimum 3.30) in the major at the conclusion of clinical experience 6. In the event of a tie in the major GPA between two students in the same category, the tie breaker will be the highest overall GPA. If the overall GPA is also tied, the highest number of total credits taken at Misericordia University (MU) will be used as the second tie breaker. If the number of MU credits is also tied, multiple awards will be presented.

This award is presented in May at the Awards Ceremony held prior to graduation day.

Medical Imaging Department Award for Clinical Excellence

This award is presented to a graduating senior, both December and May, who demonstrates outstanding achievement in the clinical education center. This award is determined by the department Clinical Faculty, utilizing quantitative summative evaluation forms, which are based on the student's entire clinical performance. There must be a minimum score of 89% on these evaluations to be considered for this award.

The award is presented in May at the Awards Ceremony.

Medical Imaging Department Student Standout Award

This award is a peer-nominated honor recognizing a student who exemplifies excellence, leadership, and dedication within their academic program. This award is given to an individual who consistently demonstrates outstanding teamwork, professionalism, and a positive impact on their peers. Selected by fellow students, the recipient of this award is someone who goes above and beyond to support their classmates, foster a collaborative learning environment, and contribute to the success of the program. Whether through mentorship, resilience, or an unwavering commitment to excellence, this student truly stands out as an inspiration to others.

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:

- **Major GPA** – Minimum GPA requirement of 3.25 in the major.
- **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 P.S.R.T. conference; volunteer in inter-professional education (IPE) activities, etc. (**NOTE:** required activities such as IPE, *required* as part of a course does not qualify and should not be included in the portfolio). **Documentation required (cannot be self-documentation/ must be from supervisor(s) of activity however, captioned and dated photos will be accepted).**
- **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), invitations 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 March 15th of the senior year (October 15th 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	94-100	4.00
A-	90-93	3.70
B+	87-89	3.30
B	84-86	3.00
B-	81-83	2.70
C+	78-80	2.30
C	76-77	2.00
C-	74-75	1.70
D	70-73	1.00
F	Less than 70	0.00

STUDENT FEES

In addition to the university tuition and fees, Medical Imaging student fees charged in various semesters, include: HIPAA education, professional liability insurance; lab costs; Clover learning electronic course resources, anatomic identification markers; name tag; dosimetry badges; professional memberships in both the ASRT and PSRT; and course materials for MI 415, including participation in Kettering National Seminars Radiography Exam Review. This list may not be all inclusive. Additional expenses may arise after publication of the current catalog.

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 Vice President of Finance, in the event a student withdraws or is dismissed from the program, the fee cannot be adjusted.

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	Independence Day
Martin Luther King Jr.	Labor Day
Spring Break	Fall Recess
Easter Recess	Thanksgiving
Final Exam Week (Spring)	Final Exam Week (Fall)
Memorial Day	Christmas Break

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

CLINICAL ADVISORY BOARD

The clinical advisory board 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 the advisory board 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 CENTER ADDRESSES AND PHONE NUMBERS:

- Advanced Imaging Specialists: 1000 Meade St, Dunmore, PA 18512; 570-504-2500
- Geisinger Community Care Kistler Clinic: 175 S Wilkes-Barre Blvd, Wilkes-Barre, PA 18702; 570-208-6280
- Geisinger Community Medical Center: 1800 Mulberry Street, Scranton, PA 18510; 570-703-8151
- Geisinger Healthplex Center Point-Pittston: 1201 Oak Street Pittston Twp, PA 18640; 570-808-9897
- Geisinger Mount Pleasant: 531 Mount Pleasant Drive, Scranton, PA 18503; 570-342-8500
- Geisinger Orthopaedics-Wilkes-Barre: 1010 E. Mountain Blvd: Wilkes-Barre, PA 18711, 570-808-2347
- Geisinger Orthopedics and Sports Medicine-Scranton: 300 Lackawanna Avenue Scranton, PA 18503; 570-961-3823 ext 22904
- Geisinger Specialty Clinic: 1155 East Mountain Blvd. Wilkes-Barre, PA 18702; 570-808-5052
- Geisinger South Wilkes-Barre: 25 Church St., Wilkes-Barre, PA 18765, 570-808-6617
- Geisinger Tunkhannock: 890 Hunter Highway, Tunkhannock, PA 18657, 570-996-2700
- 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
- Lehigh Valley Hospital-Dickson City: 330 Main Street Dickson City, PA 18519; 570-330-5123
- LVPG Radiation Oncology: 5 Morgan Highway, Scranton, PA 18508; 570-445-2422
- Northeast Radiation Oncology Center (NROC): 1110 Meade St., Dunmore, PA 18512; 570-504-7200
- Regional Hospital of Scranton: 746 Jefferson Ave., Scranton, PA 18510; 570-770-3033
- St. Luke's Hospital-Carbon Campus: 500 St. Luke's Drive, Lehighton, PA 18235; 484-464-4920
- St Luke's Hospital-Monroe Campus: 100 St. Luke's Lane, Stroudsburg, PA 18360; 272-212-1310
- The Dale and Frances Hughes Cancer Center: 206 E. Brown St. East Stroudsburg, PA 18301; 570- 422-1774
- VA Medical Center: 111 East End Blvd., Wilkes-Barre, PA 18711, 570-824-3521 ext. 27489
- Vision Imaging of Kingston: 517 Pierce Street Kingston, PA 18704; 570-714-7226
- 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
- Wilkes Barre General Hospital- Thomas P. Saxton Pavilion: 468 Northampton St., Edwardsville, PA 18704, 570-552-4510

- 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.

CLINICAL EDUCATION CENTER HOURS:

All CEC student hours are from 8:00 am-3:00 pm, except when assigned to evening shifts from 2:00-9:00 pm.

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 #17 of this document.

PROBATION

Refer to the current Misericordia University catalog.

RE-ADMISSION

Refer to the current Misericordia 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 Medical Imaging program. 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.

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

POLICY #1

BENEFIT TIME

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 TIME: Students in the Medical Imaging program may use, without makeup, the following which shall be known as “BENEFIT TIME”.

65 Hours will be available for use during Clinical Experiences 1-5 (MI 140, 160, 225, 304, 306)

26 Hours will be available for use during Clinical Experiences 6 & 7 (MI 404 & 405)

- a. Students are reminded to use benefit time with discretion. 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.
- b. Students are reminded to follow the department policy for using benefit time.
- c. Benefit time may be used in increments. Students may NOT use benefit time to alter clinical hours.
- d. Benefit time used on an evening shift where applicable, must be made up on an evening shift, to satisfy course requirements.
- e. 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 more than 4 hours. For example, if a student chooses to use 4 hours of benefit time and not attend clinic until 12:00 pm, they will not be granted lunch. Additionally, if a student decides to leave the clinic at 12:00 pm, 3 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 clinic hours. This applies to evening shift rotations as well.
- f. Students that are re-admitted to the program will begin with the amount of time that was remaining at the time of the dismissal.

2. An absence is considered UNEXCUSED when the student fails 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 # 9.
3. An absence is considered EXCUSED when the student fails to appear at the clinical education center on a scheduled day and **follows the department policy for use of benefit time**. In certain circumstances, a student may be excused from the clinical education center with no loss of benefit time. Excused absences without the loss of benefit time include:
 - a. Death in the immediate family (parent, legal guardian, spouse, sibling, child, grandparent, mother- or father-in-law). A maximum of 3 bereavement days in succession will be granted 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.

4. TARDINESS/EXCESSIVE ABSENCE:

- 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.
- c. 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 and may be subject to disciplinary actions.

5. STUDENT REPORTING OF BENEFIT TIME:

Students must notify: 1) the clinical education center; 2) their assigned Misericordia clinical preceptor, 3) the Medical Imaging administrative assistant of any absences, tardiness or if requesting to leave early from the clinical education center.

Notifying the clinical site:

- Verbal contact with the clinical education center is required within the first hour of their designated starting time.

Notifying the Medical Imaging Administrative Assistant:

- Students must contact the Medical Imaging administrative assistant 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

preceptor) is my clinical preceptor. I will be using (stated number of hours) of clinical benefit time.”

Notifying the assigned MU Clinical Preceptor:

- Students must contact their Misericordia clinical preceptor in the manner determined by that particular preceptor (i.e. email, voicemail).
- 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.
- Failure to notify, the clinical education center, the University, and assigned MU clinical preceptor in the manner determined by their preceptor, will result in the absence/tardiness being noted as an unexcused absence. Unexcused absence/tardiness is subject to the disciplinary actions noted in this policy.

** 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.

Revised 12/97, 3/00, 5/03, 11/04, 11/05, 7/07, 6/11, 2/13, 8/14, 2/15, 12/22, 10/23, 12/24

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

POLICY #2
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 time is completely exhausted by the student.
2. The Misericordia clinical preceptor and student will arrange makeup of benefit time with approval of the clinical education center.
3. Make up time will be scheduled:
 - a. on the same assignment that the student missed. (i.e.: hours 8:00 a.m.-3:00 p.m. or 2:00 p.m.-9:00 p.m.)
 - b. in the same semester in which the time was exhausted, unless approved by the clinical coordinator.

Makeup time may be scheduled:

- 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 clinical hours on this day. Good Friday which is also part of the university break, is considered a university holiday, 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 in these instances.
 - As additional time during a scheduled clinic day (prior to and/or after normal start/end time)
 - Non-clinical days
 - Weekends
4. 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 time beyond (40) hours is voluntary.

5. If a student has not made up benefit time owed prior to the official end of the semester (when grades are due), an incomplete contract must be requested. Failure to do so will result in failure of the course.
 - Upon request of an incomplete contract, and subsequent approval by the Medical Imaging Department, the student will be issued a grade of “I” (incomplete). The incomplete grade will remain for a maximum of 6 weeks at which time it will revert to an “F” if the time has not been made up.

Proposed: 9/83
Revised: 5/96, 12/05, 5/15
Reviewed: 12/22, 11/23

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

POLICY #3
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 or other emergency, the student will NOT be required to attend clinic and will NOT be required to make up any time lost.
2. In the event Misericordia University announces a compressed schedule, clinic will begin at the hour when classes commence. If classes are canceled after the delay announcement, and the student is in route to clinic or already arrived at clinic, it is the student's choice to complete the clinical day or return home. If the student chooses to complete the day, time will be credited to their benefit time. If the university closes, the student will not be charged benefit time or have to make up time.
3. 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 clinic. If the student deems it impossible to get to the clinical education center, they must contact their Misericordia clinical preceptor, clinical education center and the Medical Imaging administrative assistant.
4. In the event the university does not compress or cancel classes, a decision regarding clinic will be made by the department chair in consultation with the clinical coordinator. If the chair and clinical coordinator deem weather conditions to be poor, the clinical coordinator will notify the clinical faculty and students well in advance via email. The clinical faculty will be responsible to notify their respective clinical education centers.
5. Announcements regarding delay or cancellation of university classes will be made via:
 - MU Alert
 - By utilizing this system, university delay or cancellation of classes will be 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 myMU. Subscribers will then be prompted to enter their cell phone number to receive text alerts.
 - MU email
 - Local TV Stations: WYOU, WNEP, WBRE
6. 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.

Proposed: 2/11/83

Revised: 5/97, 7/01, 10/04, 11/05, 2/15, 12/22, 11/23

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 if a student becomes ill during the clinical day.
2. To provide guidelines for action if a student becomes injured during the clinical day.

Procedure:

1. In the event a student becomes ill or 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).
 - If a student becomes 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 Clinic Group page (see College of Health Sciences and Education, Policy #4 for detailed information).
2. The student reserves the right to seek or refuse medical treatment at their discretion.
3. The student will incur expenses if such arise due to illness or injury.

Proposed: 9/16/83

Revised: 5/97, 8/02, 2/15, 12/22, 11/23

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

POLICY #5
DRESS CODE/PERSONAL HYGIENE

Clinical Education Center Policies related to dress code and personal hygiene supersede that of the Medical Imaging program.

Purpose:

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

Procedure:

1. DRESS CODE:

Uniforms worn by students must be neat, clean, professional looking, of the appropriate size, not revealing cleavage, shoulders, midriffs, or undergarments. Proper undergarments must be worn at all times. Hosiery/socks are required. Radiation badge, name tags, and anatomical markers are considered part of the uniform and must be worn at all times in the clinical setting.

Acceptable Uniforms:

- All students must wear black scrubs
- The shirt can be a black scrub shirt or a warm up jacket
- A white, black or gray shirt/t-shirt can be worn underneath the warm up jacket
- The scrub shirt and warm up jacket must be screen printed/embroidered with the approved Misericordia University Medical Imaging logo
- Screen printed/embroidered logos are NOT required on shirts worn underneath a warm up jacket
- The cost of the uniform inclusive of screen printing/embroidery is the responsibility of the student
- Students are responsible to obtain screen printing/embroidery by a designated vendor determined by the department

Unacceptable Uniforms:

- Canvas sneakers, classic crocs (with holes) or any style open toe shoes
- O.R. scrubs unless assigned to the O.R.
- Sweatpants or jeans
- Hooded sweatshirts with or without zippers

2. PERSONAL HYGEINE: Personal cleanliness and good body hygiene are required.

- 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.
- Deodorant must be worn.
- Perfume and cologne are discouraged, however if worn, must be minimal.
- 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.

- Visible lip, nose, eye and tongue piercings are prohibited.
- Fingernail length/shape should not be excessive for patient comfort and safety. Artificial nails are prohibited.
- Beards and/or mustaches must be neatly groomed.
- Tattoos are required to be covered in some clinical facilities.

3. DISCIPLINARY ACTION:

- Students who do not comply with dress codes listed above will be required to leave the clinical setting and benefit time will be charged. Continued refusal to comply will result in application of the program's disciplinary policy.

Proposed: 9/16/83

Revised: 11/99, 11/02, 9/04, 11/05, 10/08, 11/12, 5/15, 10/15, 11/21, 12/22, 11/23

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

POLICY#6
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 chair and clinical coordinator (program officials) of the pregnancy. If a student chooses NOT to disclose the pregnancy, they 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 their pregnancy, they must do so in writing, to the department chair 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 the department chair.

- 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 their 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 chair, a signed statement attesting that they are not pregnant and wishes to resume their educational requirements without modifications, as prior to their original declaration of pregnancy.

For more information to assist with the option choices, 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 chair 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 department chair.

2. Pregnant 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.

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 chair 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 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.

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, to 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 chair 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, 11/23
Reviewed: 12/23

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

POLICY #7
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. Students have online access to bimonthly and cumulative readings within 30 days of receipt of the report by the RSO. Badge readings are available at <https://dosecheck.radetco.com/DoseCheck.aspx> utilizing badge number and personal identifier on the back of the badge.
 - Evidence of student review is documented electronically via a link provided by the RSO.
 - When didactic classes are in session, students will exchange exposed badges for unexposed badges bimonthly (every 2 months) by 3pm on the 5th day of the month.
 - Students are not permitted to take the next radiation badge until they have returned the previous badge. Students who do not change badges according to the schedule may be subject to the disciplinary process.

The schedule will be as follows:

Badge period:	Pick up by:	Drop off by:
September/October	9/5	11/5
November/December	11/5	Before Christmas break
January/February	Upon return in January	3/5
March/April	3/5	5/5
May/June	5/5	7/5 (After Clinic 2) (No badge for rising Seniors)
July/August	7/5	9/5 (No badge for rising Juniors)

In the event the 5th of the month falls during a school break or weekend, the badge must be returned prior to the 5th.

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 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 may 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 may 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 may be charged for their radiation badges.

7. For pregnant students who choose to declare, (see Pregnancy policy), 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, 11/23

Reviewed: 12/22

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

POLICY #8
SCHEDULING OF CLINICAL ROTATIONS

Purpose:

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

Procedure:

1. Clinical placements are determined by the clinical coordinator and reviewed by the full-time faculty to ensure a comprehensive education.
2. Students will be assigned to a new clinical education center (CEC) each semester for clinics 1 through 5, beginning spring semester, sophomore year.
 - Students will be assigned to hospital and outpatient settings
3. Transportation to and from all clinical placements is the student's responsibility.
4. Travel in excess of one hour may be required.
5. Students will be assigned to clinical education centers as follows:
 - Clinic 1: Tuesday and Thursday
 - Clinic 2: Monday through Friday
 - Clinic 3: Tuesday and Thursday
 - Clinic 4: Monday, Wednesday, and Friday
 - Clinic 5: Monday through Friday
 - Dayshift hours occur from 8:00 am-3:00 pm
 - Evening hours occur from 2:00 pm - 9:00 pm during most hospital rotations
 - Three 1-day observations in advanced modalities, selected by the student, will occur during Clinic 3 and Clinic 4
 - A 1-day rotation through interventional radiology and a 3-day rotation through computed tomography will occur during Clinic 3 or Clinic 4
6. Students' clinical assignments (room rotations) will be created by the assigned MU clinical faculty.
7. Students will be assigned to areas in which they have completed or concurrently experience didactic education.

Internship Experience:

- Internships are requested by the student and subject to approval by the department chair and clinical coordinator.
- For May graduates, Clinic 6 will be experienced on Monday and Wednesday in the fall semester; Clinic 7 will be experienced on Tuesday and Thursday in the spring semester.
- For December graduates, both of these experiences occur in the fall semester. Clinic 6 (first 7 weeks) & Clinic 7 (second 7 weeks) will be experienced Monday through Thursday.

Proposed: 9/16/83

Revised: 5/97, 7/01, 9/03, 12/04, 11/05, 9/10, 5/15, 11/17, 7/22, 12/22, 11/23, 12/24, 3/25

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

POLICY #9
CONDUCT/ DISCIPLINARY PROCESS

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; tardiness; civility; 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 American Registry of Radiologic Technologists (ARRT)/American Society of Radiologic Technologists (ASRT). The department supervisor and MU faculty members have the full authority of the department chair to enforce these policies while the student is in the CEC. On campus, program faculty will enforce this policy.
3. Cellular phones, smart watches, AI glasses (smart glasses), and other communication devices (headphones/earbuds) are not permitted 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.
4. Recording of lectures and/or labs is not permitted without written approval from course professor.
5. Students will comply with the Academic Integrity Policy of the university and adhere to all Medical Imaging course syllabi requirements. Failure to do so may result in application of the department's reprimand process.
6. A student's failure to comply with direct/indirect supervision requirement, and/or repeat radiograph procedures, as required by the Joint Review Committee on Education in Radiologic Technology (JRCERT), will result in disciplinary action.
7. Students will adhere to the ARRT 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 the program, violations of patient safety and/or patient confidentiality will be immediately subject to the disciplinary process. Failure to comply with all policies & procedures and/or the ARRT Code of Ethics will result in notification to the clinical coordinator who will notify the department chair.

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 chair, dependent upon the type of violation. This warning will be noted in the student's department academic file.
VERBAL REPRIMAND	The first transgression may result in a verbal reprimand issued by a MU faculty member. The reprimand will be noted in the student's department academic file.
WRITTEN REPRIMAND	The second transgression will result in a written reprimand from department chair at the request of the MU faculty member. A copy of this letter will be added to the student's department academic file.
DISMISSAL	A third transgression may result in failure of the course and/or dismissal from the program issued by the department chair.
IMMEDIATE DISMISSAL	Any offense in this group results in an immediate dismissal from the didactic, lab, and clinical assignment and may result in dismissal from the program.

- 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. Insubordination
- j. Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student, employee
- k. Obtaining, possessing, or reporting to clinic or classes under the influence of, illegal substances or alcohol
- l. Possession or use of weapons such as firearms, knives, etc. in the clinical or classroom setting
- m. Leaving assigned clinical areas without notifying proper department personnel

****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.**

8. The disciplinary policies are not limited to only the CEC. They encompass the student's behavior during the entire time they are a Medical Imaging major at Misericordia University. This 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.

9. 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 is as follows:

- A typed written paper submitted in hard copy
- Discussion of the type of warning/reprimand 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. Ethical violations are reported to the Vice President of Academic Affairs at the University.

Proposed: 9/19/84

Revised: 5/97, 9/04, 8/06, 9/08, 3/09, 8/09, 6/11, 4/15, 7/18, 12/22, 11/23, 12/25

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

POLICY #10

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

Purpose:

1. To state the Joint Review Committee on Education in Radiologic Technology (JRCERT) position concerning students who are hired by CECs.
2. To state the Medical Imaging Department's position concerning students who are hired by CECs.

Procedure:

1. The JRCERT position concerning students who are hired by CECs is:
 - a. The student must be hired on a voluntary basis; they must be freely willing to be employed.
 - b. Students, upon hire, must be considered CEC personnel, separate from the Medical Imaging Department completely, and no records concerning the employment will be kept by the department.
 - c. Employment time CANNOT be replaced by, or counted as, clinical education time; it must be in addition to Medical Imaging clinical requirements.
2. The Medical Imaging Department allows hiring of students by CECs with the following stipulations:
 - a. Radiation monitoring device provided by the Medical Imaging Department cannot be worn during employment.
 - b. Employment is up to the individual CEC when the student is hired; however, the Medical Imaging Department suggests that the student should have begun their second year of Medical Imaging courses (Fall semester, Junior Year).

Proposed: 9/26/84

Revised: 5/97, 4/15, 11/23

Reviewed: 12/22

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

POLICY #11

AMERICAN REGISTRY EXAMINATION APPLICATION PROCESS

Purpose:

1. To establish criteria for students to apply for The American Registry of Radiologic Technologists (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 chair.

Procedure:

1. The student must submit an application online within three months of completing the educational program. Instructions for creating an online account and submission of online application are provided in MI 415.
2. The ARRT will communicate with the student and Department Chair by email.
3. 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 their 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 an attestation 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 in writing to: 1255 Northland Drive. St. Paul, MN 55120

Proposed: 7/29/85

Revised: 5/97, 11/04, 11/05, 12/17, 12/21, 11/23

Reviewed: 6/23

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

POLICY #12

COMMUNICABLE DISEASE POLICY

Purpose:

1. To establish a procedure for imaging patients with a communicable disease.
2. To establish a procedure for students identified as having a communicable disease. [It is the expectation that the student discloses this information to appropriate Medical Imaging faculty]
3. 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. 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. <https://www.cdc.gov>

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 they identify themselves or are identified as having a communicable disease.
- B. In the event the clinical education center to which a student is assigned does not have a policy regarding employees with a communicable disease, the Department of Medical Imaging supports, and will follow, the University policy found at: www.misericordia.edu/studenthandbook (See “Serious Disease Policy”). Document on file in the Dean of Students office.

For Purpose #3:

- A. Any student who refuses 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 education 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 Conduct/Disciplinary Policy.

Proposed: 6/20/90 Revised: 5/97, 12/12, 1/13, 12/22, 11/23 Reviewed: 6/23

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

POLICY #13

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 radiographer.

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 the entire Clinic 1 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, the following applies:
 - a. A qualified radiographer employed by the institution must accompany the student for all mobile imaging, operating room, emergency room procedures, and repeat radiographic images. This is regardless of whether or not the student has achieved competency completion.
 - b. When a student is being tested for a staff, graded or terminal competency.
 - c. When the student is enrolled in their first clinical experience, regardless of whether or not the student has passed their staff competency.
 - d. At no time will a student be permitted to transport a critical patient, hooked up to monitors and/or intravenous fluids/medications, from one department to another or to a patient's room, without supervision by a qualified employee of the institution.
 - e. For clinical education centers that do not have a dedicated imaging suite within the emergency department, students may be permitted to accompany an ambulatory patient or transport a patient, via wheelchair or stretcher, to the Radiology Department from the waiting room, fast track, or holding area.
2. Indirect Supervision: Based on the previous JRCERT Standards statements, definitions, and parameters provided, the following applies:
 - a. A phone call away does not constitute Indirect Supervision.
 - b. A student may move to Indirect Supervision upon successful completion of staff competencies except during Clinic 1.
 - c. At no time will a student be permitted to transport a critical patient, hooked up to monitors and/or intravenous fluids/medications, from one department to another or to a patient's room, without supervision by a qualified employee of the institution.
3. Repeat Radiographic Images: Based on the previous JRCERT Standard statements, definitions, and parameters provided, the following applies to Repeat Radiographic Images:
 - a. All repeated radiographic images require direct supervision.
 - b. All students must 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.
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 Conduct/Disciplinary Policy. 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, 6/22, 11/23

Reviewed: 6/23

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

POLICY #14
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* or program policies.

Definitions:

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. Access to these standards may be found in this handbook, Appendix A.

Department Chair: The person recognized by the JRCERT and employed by the university to oversee all departmental activities, including both clinical and didactic coursework. Referred to as the Program Director in the *Standards*.

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

Misericordia University (MU) Clinical Preceptor: clinical faculty employed by the University.

Clinical Education Center Preceptor (CEC Preceptor): radiologic technologists employed and designated by the clinical center and recognized by the JRCERT as such.

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

<https://catalog.misericordia.edu/content.php?catoid=8&navoid=490#undergraduate-academic-grievance>

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 independently with the person involved and attempt to resolve within one week of the occurrence if the issue remains unresolved:

b. Seek guidance from CEC preceptors(s) and MU clinical preceptor by the next scheduled clinical day. If the student requests intervention, MU clinical preceptors will attempt to resolve the complaint and appropriately document within one week after it is brought to their attention. If the issue remains unresolved:

c. Contact the clinical coordinator within one week of the completion of B. above for investigation of unresolved complaints. The clinical coordinator will investigate complaint with all parties involved, recommend action, consult the department chair,

inform the complainant of the results of the investigation within one week of notification, and document accordingly. If the issue remains unresolved:

d. Contact the department chair within one week of the completion of C. above the department chair 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:

Follow the University grievance procedure outlined in the catalog for issues not related to the JRCERT *Standards*. The University student complaint resolution information may be found at:
<https://www.misericordia.edu/about/student-consumer-information/student-complaint-resolution>

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 Chair, in writing, within one week from the date of non-resolution. If the complaint is with the Department Chair, the student should contact the Dean of the College of Health Sciences and Education.
3. The Chair 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:

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

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 and intervenes, the program will make every effort to immediately correct the situation.

Each student has access to the JRCERT *Standards for an Accredited Educational Program in*

Radiography through the Medical Imaging Clinic Group page.

OR:

Follow the University grievance policy outlined in the catalog for issues not related to the JRCERT *Standards*. Academic grievance information may be found at:

<https://catalog.misericordia.edu/content.php?catoid=8&navoid=490#undergraduate-academic-grievance>

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 the issue remains unresolved:
2. Inform the Dean of the College of the respective course, in writing, within one week. At the same time also inform the Medical Imaging Department Chair, 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 Chair for assistance.

Proposed: 6/30/97

Reviewed: 6/23

Revised: 2/01, 8/11, 3/14, 5/15, 2/18, 12/2, 12/23

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

POLICY #15

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

Procedure:

1. The CEC will notify the Medical Imaging Department of the potential for a work stoppage or strike as soon as they are aware of the situation. A second notification regarding the actual date of the work stoppage must be communicated as soon as it becomes known to the CEC.
2. A tentative plan will be developed by the Misericordia University's Medical Imaging faculty regarding the reassignment of students to another CEC.
3. Students will be notified, via written correspondence by the clinical coordinator, regarding the reassignment. This letter will include the location, start date and time, and duration (if known) of the assignment.
4. When the strike is declared over or the work stoppage ceases, students will either return to their original placement as instructed by the 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. Students will be notified of the decision, in writing, by the clinical coordinator.

Proposed: 10/21/97

Revised: 7/01, 12/13, 5/15, 12/21, 11/23

Reviewed: 12/17, 12/19, 12/20, 6/23

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

POLICY #16
NEEDLE STICK INJURY POLICY

Purpose:

To develop a standard policy for safe practice of venipuncture techniques on campus. It is the policy of the Medical Imaging Department that mannequin arms are used for the practice of venipuncture which ensures that any needle stick injuries would not be from contaminated needles. Under no circumstances are students to practice on humans.

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/sharps container.
5. In the event a student is injured during venipuncture, the faculty member must be immediately notified, and an incident report must be completed and recorded in the student academic file housed in the Medical Imaging Department.
6. The faculty member will encourage the student to seek first aid in the Student Health Center and excuse the student from class if applicable.

Proposed: 12/5/97

Revised: 12/11, 12/13, 5/15, 6/23, 11/23

Reviewed: 12/17, 12/19, 12/21

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

POLICY #17
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 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	94-100	4.00
A-	90-93	3.70
B+	87-89	3.30
B	84-86	3.00
B-	81-83	2.70
C+	78-80	2.30
C	76-77	2.00
C-	74-75	1.70
D	70-73	1.00
F	Less than 70	0.00

3. First-Year Program Level Students:

Cumulative GPA of 2.5 at the end of the spring semester. Students will be placed on program probation at the end of the fall semester if the minimum 2.5 has not been met and must meet the requirement upon completion of the spring semester. For students that meet the requirement in the Fall semester, but do not meet the requirement in the Spring semester, they will be placed on program probation at the conclusion of the first year Spring semester and must meet the requirement the following Fall or be dismissed. Additional requirements include: Minimum grade of “C-” in MI 100, and BIO 121 and BIO 122 or BIO 211/BIO 212 taken at this level.

4. Sophomore, Junior, and Senior Program Level Students:

Minimum cumulative GPA of 2.5 both overall and also in the major (based on MI coded courses) at the end of each semester. A minimum grade of “C-” in all MI coded courses, BIO 121,

BIO 122, and PHY 118. Students will be placed on program probation for the following semester if the GPA requirement is not met. Students must meet the GPA requirement by the end of the next semester (fall/spring) to be retained in the major. Once the GPA is met and the student is off probation, the GPA cannot fall below the stated minimum. A student can only be on program probation one time. Students will be dismissed from the program if the minimum grade of “C-” is not earned in all MI courses, PHY 118, and BIO 121 and BIO 122 or approved equivalent.

5. Transferring to Medical Imaging:

Transfer students will be considered, providing they meet the minimal overall GPA requirements of 3.0, the entrance requirements are met, and space is available. However, they must follow the sequence of courses for the major as listed in the catalog beginning with the fall semester sophomore year. Depending upon the number of credits accepted for transfer, students may complete all graduation requirements for the Medical Imaging program by December of the senior year.

Current Misericordia students seeking to change majors must consult the information and complete the form found on the “Academic Record Reports and Forms” page of the Students section of the university portal, titled “Application for Internal Transfer to Medical Imaging Major.” Additionally, the student must submit a change of major request through the change of major system upon acceptance into the major.

EFFECTIVE FALL 2026:

6. First-Year Program Level Students:

Cumulative GPA of 2.75 at the end of the spring semester. Students will be placed on program probation at the end of the fall semester if the minimum 2.75 has not been met and must meet the requirement upon completion of the spring semester. For students that meet the requirement in the Fall semester, but do not meet the requirement in the Spring semester, they will be placed on program probation at the conclusion of the first year Spring semester and must meet the requirement the following Fall or be dismissed. Additional requirements include: Minimum grade of “C+” in MI100, and BIO 121 and BIO 122 or BIO 211/BIO 212 taken at this level.

7. Sophomore & Junior Level Students:

Minimum cumulative GPA of 2.75 both overall and also in the major (based on MI coded courses) at the end of each semester. A minimum grade of “C+” in all MI coded courses, BIO 121, BIO 122, and PHY 118. Students will be placed on program probation for the following semester if the GPA requirement is not met. Students must meet the GPA requirement by the end of the next semester (fall/spring) to be retained in the major. Once the GPA is met and the student is off probation, the GPA cannot fall below the stated minimum. Students will be dismissed from the program if the minimum grade of “C+” is not earned in all MI courses, PHY 118, and BIO 121 and BIO 122 or approved equivalent.

8. Senior Program Level Students:

Minimum cumulative GPA of 2.75, both overall and also in the major, with a minimum grade of “C+” in all MI-coded courses. Students who do not meet the requirements during the Fall semester will be placed on program probation at the end of that term. They must fulfill the requirement in the following Spring semester to avoid dismissal and remain eligible for graduation.

Proposed: 6/98

Revised: 12/05, 12/12, 5/15, 12/22, 3/23, 11/23, 12/24, 10/25

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

POLICY #18
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 physical and mental, 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 lead 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 assess the following:

- a. A patient for appropriate patient care and management
- b. Radiographic positioning
- c. The direction of the central ray to the anatomical part being imaged
- d. The alignment of imaging field placement
- e. Radiographic images
- f. Read department protocols for imaging procedures, examination request, monitors and any written directions or orders
- g. Contrast agents identifiable by color in order to retrieve supplies
- h. Patient identity by their wristband and/or requisition

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 <https://catalog.misericordia.edu/content.php?catoid=9&navoid=605#student-success-center>.

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 electronically each academic year. It will be included as part of the required paperwork provided by the program at the sophomore level.

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 program.

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, 3/23, 11/23

Reviewed: 12/17, 12/19, 12/22, 3/23

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

POLICY #19

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 work study student 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 work study students needed each semester.
 - b. The work study positions include the opportunity to serve during open lab hours or as a simulated patient during MI 203L or MI 204L.
 - c. Interested students must apply, and be approved, for work study positions through the university process for hiring students, with final approval by the Medical Imaging department chair.
2. A schedule of open lab hours, along with the name of the work study student, will be posted outside of MH 53. Students will also be notified of open lab hours through the course materials for MI 203/204.
 - a. Work study students will ensure all students using the lab sign in and sign out on the appropriate signature sheet. Students are required to sign their own names on these logs.
 - b. The exposure switch will remain disabled by a keyed locking mechanism. This will render the room unenergized. Only program faculty will have access to the key to unlock the mechanism.
3. Work study students must clock in and out of their shifts using the University's electronic ADP system accessible through myMU.
4. Work study students will be responsible for the security of MH 53 during their scheduled open lab hours.
 - a. The key to MH 53 must be obtained daily from the Safety Office.
 - b. The key must be returned at the end of the student's shift, if they are working the last shift of the day, or if there is more than a one hour break between the coverage.
5. 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, 12/15, 3/17, 12/23

Reviewed: 12/18, 12/21, 12/22

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

POLICY #20
CLINICAL REQUIREMENTS

Purpose:

To establish a process for A) PA Criminal Record Check clearances; B) Fingerprint-Based Federal Criminal History Clearance; C) PA Child Abuse History Clearance; D) 10-Panel Drug Screening; 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.

- **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.**
- **The cost of obtaining these clearances is the responsibility of the student.**
- **Students are required to submit the original results to the clinical coordinator. The results will be maintained in the student file in the Medical Imaging Department until the next expiration date post-graduation.**
- **Students must retain a copy for their records.**

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. It is strongly advised that if an individual student's result includes a report of criminal activity, they should contact the American Registry of Radiologic Technologists (ARRT) 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, at least eight months in advance of application submission, can be obtained as performed by the ARRT for a fee <https://www.arrt.org/>

B) 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. The applicant will receive the results by U.S. mail.
6. The online request can take up to 2 weeks for processing.

****Students assigned to VA Medical Center MUST complete an additional VA clearance inclusive of fingerprints at least six weeks PRIOR to the start of their clinical experience at no cost to the student.**

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.
 - 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. Payment is made online at the time of registration by credit or debit card.
 - c. All results will be sent via email. Additionally, students will be given the option to receive the results in hardcopy by mail as well.

D) 10 Panel Drug Screening

1. The student may obtain the drug clearance at a facility of their choice.
2. A list of suggested sites that offer the **10-panel** drug testing are listed below:
Contact the site directly to obtain hours of operation and pricing (cost varies among facilities).
 - Concentra
268 Highland Park Blvd., Wilkes-Barre, PA 18702-6768 Phone: (570) 822-8831
 - Occucares, LLC
112 River St, Tunkhannock, PA 18657 Phone: (570) 996-1216
 - Redi Care Medical Center
648 N. Main Street Taylor, PA 18517 Phone: (570) 348-1101
 - Valley Integrated Urgent Care
1550 Main St Suite 1, Dickson City, PA 18447 Phone: (570) 550-0870

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. Student's initial health clearance form will be emailed to all rising sophomore level students by the administrative assistant; subsequent health clearance forms can be accessed on the Medical Imaging Clinic Group page on myMU. The health clearance includes the ability to perform the essential functions of the major as stated in Policy #18 of this handbook.
2. The Essential Functions are disseminated in the following ways: 1) They are provided 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 electronically yearly.

PLEASE NOTE: A positive criminal record check (federal and /or state), PA Child Abuse, and/or positive drug screen (including medical marijuana), may result in any of the following: inability to find clinical placement, delay clinical placement, dismissal from clinical placement, inability to obtain professional licensure/certification, legal ramifications, inability to matriculate or continue within a program within the College of Health Sciences & Education and/or inability to meet requirements for graduation from the program of study.

F) Magnetic Resonance Imaging (MRI) Safety

In compliance with the Joint Review Committee on Education in Radiologic Technology (JRCERT) *Standards* 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 radio frequency hazards.

Procedure:

1. During MI 200, Sophomore level students:

- a. will review the Basics of Magnetic Resonance and Safety Zone information 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 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 404: clinical internship orientation. The completed form will be housed in the medical imaging student academic file.

*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.

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*



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

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

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

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



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.

Please indicate if you have any of the following:

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



IMPORTANT INSTRUCTIONS

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

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

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

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

Form Information Reviewed By: _____
Print name Signature

☐ MRI Technologist ☐ Radiologist ☐ Other _____

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.

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, 12/22, 12/23, 12/24

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

POLICY #21
EMAIL ACCOUNTS

Purpose:

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

Procedure:

1. Electronic communication between Medical Imaging faculty, staff and students via Email must be through Misericordia University addresses only.
2. Each student will be assigned an Email account through the University's computer services department.
3. It is an expectation in all Medical Imaging courses that students check their University Email account daily, as this is the most frequent form of communication outside of class/clinic times.
4. Students will be responsible for any program information/course assignments, etc. communicated via their personal Misericordia University Email account.
5. It is an expectation that students respond to Email requests from faculty/staff within 24 hours.

Proposed: 8/20/02

Approved: 9/2002

Revised: 12/03, 7/07, 3/15, 11/18, 12/23

Reviewed: 12/20, 12/22

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

POLICY #22
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 maintain 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 Clinical Education Center(s) (CEC).
2. The fee for this insurance will be determined by the University and included as part of the "Student Fee". The coverage runs from August 15 through August 14.
3. Students are covered through this liability insurance providing they are registered for one of the MI clinical courses and they are present at the CEC during an approved experience. This may 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 CEC outside of the dates indicated on the Medical Imaging clinical calendar.

4. Application of the liability insurance requires a completed incident report (see College of Health Sciences and Education Policy #4 in this handbook).
5. Certificate(s) of Liability insurance are Emailed to all CECs by the department chair. A copy of each certificate is maintained in the Purchasing Office.

Proposed: 12/04

Revised: 12/04, 12/13, 10/16, 12/22, 12/23

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

POLICY #23

STUDENT WITHDRAWAL/LEAVE OF ABSENCE

Purpose:

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. Students who are withdrawing or taking a leave from all study at the University should follow the instructions for doing so in the Undergraduate/Graduate Catalog, in the [Undergraduate Academic Policies and Procedures](#) section.

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 (students who do not continuously enroll in any courses will be administratively withdrawn from 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 (JRCERT), as quoted in the current Standards for an Accredited Educational Program in Radiography; 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...”. For the complete policy on pregnancy, see Policy #6 earlier in this document.

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/ Leave of Absence Policy. They will be withdrawn from the medical imaging program and may be dismissed from the major by the department chair.

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 a 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 JRCERT).
3. Students who are approved for a leave of absence from the university (which requires the approval of the chair of Medical Imaging) will have a guaranteed place in the major, provided that students return from the leave when approved to do so.
4. The completed Medical Imaging Program Voluntary Withdrawal Form (see next page) must be submitted to the Department Chair 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 next semester following the semester of last attendance. 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.

5. Students who do not withdraw or take a leave following university and department policies may apply for readmission through the Admissions Office. However, readmission is not guaranteed.
6. 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, 12/21, 12/23
Reviewed: 12/17, 12/22

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 Chair Signature: _____

Date: _____

C: Registrar
Academic Advisor
Student

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

POLICY #24
SOCIAL MEDIA

Purpose:

1. To outline responsible utilization of social media platforms by Medical Imaging students.
2. To define actions to be taken for failure to comply with rules of the social media policy.

Procedure:

1. The Department recognizes that social media platforms, including but not limited to Facebook, Instagram, X, TikTok, 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 platforms. 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.

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 ARRT Code of Ethics when interacting in the public domain on social media platforms of any kind. The Medical Imaging Department maintains that students are representing the Misericordia University Medical Imaging Department- 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. Mention of a patient with enough information that the person might be identified, even without personal health information is a HIPAA violation. This includes posting of images.
 - b. Posting names of technologists/clinical preceptors/clinical education center (CEC) staff, any other clinical personnel; making comments or criticism about the CEC/staff, or sharing any information about what is occurring at the CEC 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 platform.
 - 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.
- 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 will be documented as a professional behavior violation and will be subject to the disciplinary actions outlined in "Conduct/Disciplinary Policy".

Proposed: 8/21/14

Approved: 8/25/14

Reviewed: 12/17, 12/20

Revised: 3/2015, 12/22, 12/23

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

POLICY # 25
TESTING

Purpose:

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

Procedure:

Personal Items (In-class)

Upon entry, all personal items must be placed in an area of the classroom designated by the instructor, and may not be accessed during the exam, test, or quiz. These items include but are not limited to:

- Bags/purses/wallets/watches
- Coats/hats/scarves/gloves
 - Hats may be worn, however, if they include a brim it must be turned backwards
- Food or drink, gum/candy
- Lip balm
- All electronic devices switched to the off position such as cell phones, smart watches, fitness bands, jump/flash drives, cameras or any other electronic devices)
- Any educational, test preparation or study materials
- Student may access medical devices deemed necessary (e.g. blood sugar monitoring devices) and must be cleared by faculty prior to the examination
- If students need a calculator to answer exam questions, the use of calculators in cell phones will not be permitted without prior permission.
- After completion of the exam, personal items may be retrieved and students may leave the room quietly and cannot return until the examination period is finished.
- Misericordia University is not responsible for lost, stolen or misplaced items.

Refusal to follow policy

- Refusal to store all personal items in the designated area and/or turn off the devices will result in the student's inability to test.
- Students who refuse to follow this policy must leave the room. They will not be allowed to reschedule/retake the exam/test/quiz, and will have earned a grade of zero.

Testing Procedures (In-Class)

- All courses with online testing will use an online proctoring system (Respondus Lockdown Browser and/or Respondus Monitoring program)
- Students may not tamper with the computer or use it for any function other than taking the test.

- Students who arrive late to any test may not be able to take the examination, resulting in a zero for that test. If the student is allowed to take the exam, time will not be extended. In emergent situations where a student is unable to take the examination for any reason, they must contact faculty as soon as possible.
- Students may not engage in disruptive behavior at any time while taking the test.
- If students experience hardware or software problems during the exam/test/quiz, they must notify the faculty member immediately by raising their hand.
- Students are not permitted to share calculators during examinations/quizzes.
- Faculty may use discretion to separate or randomly place students in the room for the test.
- Students with accommodations will follow protocol including timelines with the Student Success Center integrated with these policies.
- The same policies stated above apply to students utilizing the Student Success Center.

Testing Procedures (Remote)

- All courses with online testing will use an online proctoring system (Respondus Lockdown Browser and/or Respondus Monitoring program)
- Students may not take the test for anyone else.
- Students may not tamper with the computer or use it for any function other than taking the test.
- Students who attempt to begin the test late may not be able to take the examination, resulting in a zero for that test. In emergent situations where a student is unable to take the examination for any reason, they must contact the course professor as soon as possible.
- During remote testing, a webcam may be required so that the area where you will be testing can be scanned.
- During the exam, test taking may be recorded using your webcam which monitors the date, time, and any abnormal movements, including but not limited to, eyes diverting from the screen and if you leave your chair.
 - Faculty will have access to these videos and will check them for any concerns, alerts, or suspicions.
 - Any suspicious activity identified by the program monitoring system will result in a review of the recorded behaviors by the course professor.
 - If the review determines that the behaviors were consistent with student cheating this will result in a zero on the exam and violates the Medical Imaging Conduct Policy. This violation will be subject to the disciplinary actions outlined in the policy and the [University Academic Integrity Policy](#).
 - This may include receiving a grade of zero for the exam, failure in the course, and/or dismissal from the program.
- If students experience hardware or software problems during the exam/test/quiz, they must immediately contact faculty via email.

Confidentiality

- Students may not discuss test questions/content until after test analysis. Students may not disclose or discuss, with anyone, information about the items or answers seen on your exam/test/quiz unless it is during a formal test review with the course faculty. This includes in-person, via phone, text, and/or other electronic social media.
- Students may not copy or reconstruct exam/test/quiz items during or following their exam, using their memory of their exam or the memory of others.

- Students may not seek help from any other party in answering items (in person, by phone, text, or by email) during your exam/test/quiz.
- For allegations of misconduct, students must comply with any required investigation.

Note: Students that witness any of the above behavior, or any irregular behavior that violates the exam/test/quiz policy, are required to report it to the course professor, and comply with any follow-up investigation and or face similar ramifications as someone who is cheating.

Break Procedures

- Students are expected to take care of all personal needs immediately before the exam/test/quiz, and will not be allowed to take a break until she/he has turned in his/her exam/test/quiz, barring an emergency. Once the exam is completed and the student has left the room, re-entry is not permitted.

Test Review

- Students have the right to review their performance on each test.
- Faculty will determine the review session. This may include individual online review at a specified time, scheduled in-class proctored review, and/or individual scheduled appointment review.
- Students are not permitted to write questions or content down on paper and/or take any electronic picture of test questions.
 - Failure to comply with the above may result in a violation of and may be subject to the disciplinary actions outlined in the Medical Imaging Conduct Policy. This may include receiving a zero for the exam, failure in the course, and/or dismissal from the program.

Failure to Comply

- Failure to comply with this testing policy may result in a violation of and may be subject to the disciplinary actions outlined in the Medical Imaging Conduct Policy and [University Academic Integrity Policy](#).
- This may include receiving a grade of zero for the exam, failure of the course, and/or dismissal from the program.

Proposed: 4/8/24

Accepted: 4/26/24

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

***Health Science Majors Only**

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 student's 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

*** Health Science Majors Only**

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 designated 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 finance office, and the student's department file. Clinical/Fieldwork Incident Report form must be completed and returned within 10 working days from the date of the incident.

College of Health Sciences & Education
CLINICAL/FIELDWORK INCIDENT REPORT



MISERICORDIA
UNIVERSITY

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 Chair. Copies will be distributed as follows: student; controller's office; department student file.

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

Student Name: _____

Misericordia University email 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. 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).

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. 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) _____

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 must be notified immediately.
6. As outlined in the College of Health Sciences and Education 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

***Health Science Majors Only**

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 todiscuss (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.

**Each department's Essential Functions (EF) policy can be found on their respective department's website.*

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

***Health Science Majors Only**

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

puton. 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 DOCUMENT

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

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:

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** 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:

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 EXAMINATION: SIMULATED, OBSERVED, AND/OR ASSISTED

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, and/or assisted examinations may be utilized for infrequent or limited volume examinations (i.e. headwork).

FAILURE OF COMPETENCY

Failure of staff, graded, and/or terminal competencies will occur at the point that the clinical preceptor 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 one element of creative radiography. For example, a patient is unable to roll or turn for an oblique projection of an ankle due to injury, therefore, requires the tube to be angled 15-20 degrees; a shoulder image is performed supine due to injury and the patient is obliqued for a scapular Y projection; any cross-table imaging. 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 traumacompetency, 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 #17.

Grade determination for each semester may be based on performance indicators, competencies, quizzes, exams, pocket guides and other criteria as assigned.

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

Letter Grade	Numerical Equivalent	Honor Points
A	94-100	4.00
A-	90-93	3.70
B+	87-89	3.30
B	84-86	3.00
B-	81-83	2.70
C+	78-80	2.30
C	76-77	2.00
C-	74-75	1.70
D	70-73	1.00
F	Less than 70	0.00

CLINICAL EXPERIENCES

CLINICAL EXPERIENCE 1: MI 140 (spring) – students will report to the clinical education center on Tuesdays and Thursdays, less school breaks and holidays.

CLINICAL EXPERIENCE 2: MI 160 (summer) – students will report to the clinical education center each day, Monday through Friday, less holidays during Term A.

CLINICAL EXPERIENCE 3: MI 225 (fall) – students will report to the clinical education center every Tuesday and Thursday, less school breaks and holidays.

CLINICAL EXPERIENCE 4: MI 304 (spring) – students will report to the clinical education center every Monday, Wednesday, and Friday, less school breaks and holidays.

CLINICAL EXPERIENCE 5: MI 306 (summer) – students will report to the clinical education center each day, Monday through Friday, less holidays during Term B.

CLINICAL EXPERIENCE 6: 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 7: MI 405 (fall term B: December graduates; full term spring: 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 access via the MU portal to the Medical Imaging Clinic Group page. This page contains:

- a. a clinical calendar for each semester
- b. a master competency categories list
- c. orientation task checklist
- d. equipment competency forms: mobile unit, C-arm, and radiographic or fluoroscopic rooms
- e. absentee form (for the student's use only; MU clinical preceptors TO MAINTAIN OFFICIAL FORM AT CEC)
- f. graded competency checklist
- g. graded competency form
- h. clinical syllabi
- i. student 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 CENTER (CEC) the student is assigned to in order to become familiar with the CEC's procedures. 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 mid-semester. The student must submit the form to their assigned 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 diagnostic/fluoroscopic room in the CEC in order for the student to become familiar with the equipment at the CEC. Equipment competencies will also be performed for all mobile and C-arm units. It is a Pass/Fail system. The student must pass equipment competencies prior to performing any diagnostic/fluoroscopic examinations. In the event an "F" is received, the student is ineligible to perform any examinations until they have mastered the equipment. The equipment competencies can be repeated an unlimited number of times, however, in order to fulfill recommended number of competencies, equipment competencies must be mastered first.
3. **POCKET GUIDES** are to be purchased prior to Clinic 1 for use in the CEC. 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.
4. **STUDENT PERFORMANCE INDICATORS** will be completed twice 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 with the student's assigned MU preceptor; the CEC preceptors may 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 the student is accountable. Students must demonstrate competency in all of the procedures identified on the Master Competency List.

Students must take full advantage of opportunities to obtain fluoroscopic and operating room competencies when assigned to clinical sites in which they are offered. These competencies are essential for program completion, but are not available at all clinical sites. Failure to complete these requirements by the completion of clinical experience 5, will result in program failure.

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:

Competency completion is sequential in nature. Students must successfully pass a staff competency first, followed by a graded and terminal competency (as identified on the master competency list). Staff competencies are completed on a pass/fail basis. Passing of the staff competency must be confirmed by the MU Clinical Preceptor. If a student fails a staff competency, the MU clinical preceptor will be notified by the technologist observing the competency. The student must attempt the SAME exam until a passing grade is achieved, however, all subsequent attempts must be with a MU clinical preceptor. Once this is accomplished, the student is qualified 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, referred to as a “wall chart” will be posted at each CEC and maintained by MU clinical preceptors. The CEC 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.

5.a. STAFF COMPETENCIES (Pass/Fail)

Staff competencies 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 is recommended that the student complete the minimum number of staff competencies (of their choice) per clinical experience as listed below. Student progress will be documented by the MU preceptor at the completion of each clinical experience. Staff competencies must be performed solo with direct supervision (refer to Master Competency Categories).

Clinical Experience	# of recommended staff competencies
Clinic 1 (spring)	10
Clinic 2 (summer)	15
Clinic 3 (fall)	10
Clinic 4 (spring)	12
Clinic 5 (summer)	6
Total at the completion of Clinic 5	53

5.b. GRADED COMPETENCIES

Once a staff competency has been successfully completed, students may opt to complete a graded competency; clinical preceptors reserve the right to require the student to complete a graded competency. Of the required staff competencies, 20 of them will be performed for a grade. It is recommended that the student complete the minimum number of graded competencies per clinical experience as listed below. Student progress will be documented by the MU preceptor at the completion of each clinical experience.

Clinical Experience	# of recommended graded competencies
Clinic 1 (spring)	4
Clinic 2 (summer)	8
Clinic 3 (fall)	4
Clinic 4 (spring)	4
Clinic 5 (summer)	0
Total at the completion of Clinic 5	20

Three Time Rule for Graded Competencies:

Students will be allotted 3 attempts to successfully complete a graded competency.

- The first “unsatisfactory” the student receives on the graded form, automatically fails the attempt. However, the student must finish the procedure under direct supervision/assistance from the person observing the competency. All future attempts **MUST** be performed with a MU clinical preceptor.
- The 2nd attempt can be performed at a later date, but is now worth a maximum grade of 84, and **MUST** be completed with a MU clinical preceptor.
- If the student requires a 3rd attempt, the maximum grade earned will be a 74, providing all anatomy is correctly identified.
- If a student fails a third attempt, a zero is issued and will result in failure of the course.

5.c. TERMINAL COMPETENCY

Once a student has completed the required number of graded competencies in a particular category, he/she can begin terminal competency examinations during clinical experiences 3, 4 and 5. The purpose of terminal competencies is to assess a student’s overall competence. 13 terminal competencies are to be completed by the end of clinic 5; terminal competency categories are listed below.

OR procedure	Mobile CXR	2 Lower Extremity exams
UGI	Sinus	2 Trauma Exams
2 Vertebral Column Exams	2 Upper Extremity Exams	Bony Thorax/Chest (not routine CXR)

Rules for Terminal Competencies:

Students will be allotted 2 attempts on 3 of the 13 terminal competency examinations required.

- The first “unsatisfactory” the student receives on the terminal form, automatically fails the attempt. However, the student must finish the procedure under direct supervision/assistance from the person observing the competency. (All future attempts **MUST** be performed with a MU clinical preceptor.
- The 2nd attempt can be performed at a later date, but is now worth a maximum grade of 74, and **MUST** be completed with a MU clinical preceptor.
- If a student fails the 2nd attempt on any of the 3 examinations that allow 2 attempts, the student will receive a 0 and therefore will fail the course.
- For the remaining 10 terminal competencies, only one attempt is allowed.
- Failure on the first attempt on any of the remaining terminal competencies will result in course failure and program dismissal, if the student already exhausted the maximum 2nd attempt on three terminal competencies.

6. **ACTION PLANS:** are 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 a student earns a score of 3 or below (items 1-10) or 6 or below (items 11-13) of the student performance indicator, scores of 3 or below on any 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). The forms can be found on the Medical Imaging Clinic Group page and page 130 of this manual.

7. **INTERNSHIPS:**

Internships are an extensive experience in a particular advanced modality 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): Bone Densitometry, Cardiac Catheterization, Computerized Tomography (CT), Dosimetry, Interventional Radiology, Magnetic Resonance Imaging (MRI), Mammography, Nuclear Medicine, or Radiation Oncology.

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 3) – 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 4) – students are scheduled to observe remaining specialty areas.
3. Requests for Internships: Students must submit a letter to the department chair 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 1st (NO EXCEPTIONS).** Be sure to sign and date the letter. Students must include their expected address for the fall semester in which they will experience the internship in Clinic 6.
4. The department chair, 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 chair.
5. Students must submit a written response of acceptance of the placement by the date specified in internship award letter.
6. Summer (Clinic 5)- All required radiography competencies must be successfully completed by the end of Clinic 5 to move forward to Clinic 6 internship option. One-week orientation will occur during the last week of Clinic 5.
7. Fall/Spring (Clinic 6/7) – students experience internship.
8. Students enrolled in the Sonography certificate program will be afforded an internship in a specialty area other than sonography, providing that clinical space is available, during the first semester of their senior year.

STUDENT PERFORMANCE INDICATOR

CLINICAL EXPERIENCES 1-5

To ensure clarity and consistency in evaluating students, please use the following scoring guidelines below to rate the student on their present level of education, considering only academic coursework completed to date.

5	Excellent: The student consistently exceeds expectations in this area, demonstrating exceptional skills, professionalism, or knowledge
4	Good: The student meets expectations with solid performance and competency
3	Average: The student shows acceptable performance, meeting minimum expectations, but with room for improvement
2	Poor: The student demonstrates performance below expectations and requires significant improvement
1	Failing: The student's performance does not meet acceptable standards and reflects a critical need for intervention

	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?						

	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?						

* Scores of 6 or below on items 11-13 above are subject to the disciplinary process of Policy #13 in the Medical Imaging Clinical Education Manual and Student Handbook.

Please make comments to support the ranking of above indicators.

Comments required for scores of 3 or below on items 1-10 or scores of 6 or below on items 11-13.

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 Chair . 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
Forearm
Humerus
Clavicle
*+ 1 additional of the student's choice

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 in either OR study
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

MASTER COMPETENCY LIST EFFECTIVE SPRING 2026 BEGINNING WITH CLASS OF 2028	53 competencies listed in categories II-XIV must be completed as staff competencies *Indicates exams that must be completed as graded competencies
Category I Diagnostic/Fluoroscopic Equipment Portable C-Arm Orientation checklist Digital Fluoroscopy Digital Radiography Computed Radiography	Category VIII: Surgical *one graded competency required in either OR procedure OR: Surgical C-Arm Procedure (requiring manipulation around a sterile field) OR: C-Arm (requiring manipulation to obtain more than one projection)
Category II *Ribs *Room Chest *Cart or Wheelchair Chest	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 (Horizontal beam; patient recumbent)
Category III *Wrist *Elbow *Shoulder Hand Finger/thumb Forearm Humerus Clavicle ** 1 additional of the student's choice	Category X: Mobile Portable Orthopedic (Upper or Lower Extremity) *Portable Chest Portable Abdomen
Category IV *Foot *Knee *Hip Ankle Tibia-Fibula Patella Femur Pelvis Heel ** 1 additional of the student's choice	Category XI: Pediatric (newborn-6) *Pediatric Chest (1 view acceptable) Pediatric Extremity (Upper or Lower Extremity) Pediatric Abdomen
Category V *Cervical Spine *Thoracic Spine *Lumbar Spine Scoliosis Series Sacrum and/or Coccyx Cross Table Lateral Spine (Horizontal beam; patient recumbent)	Category XII: Miscellaneous CT Abdomen (Assisted) CT Head without contrast (Assisted)
Category VI Abdomen Supine Abdomen Upright Abdomen Decub *UGI Esophogram Small Bowel Series ** 1 additional of the student's choice	Category XIII: Elective/Simulated Sacroiliac Joints Scapula
Category VII (2 Views acceptable: projections must be different) *Sinuses Nasal Bones OR Orbits	Category XIV: Geriatric ≥65 years old (Physically or cognitively impaired as a result of aging) Geriatric Chest Geriatric Extremity (Upper or Lower) Geriatric Hip Revised 10/15, 1/21, 10/21, 12/25

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)
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 CP and may vary per student and clinical site.

Reviewed and Revised 11/2021, 1/22, 12/25

APPENDIX A

Hardcopy available for viewing in the office of the Department Chair or 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
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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

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