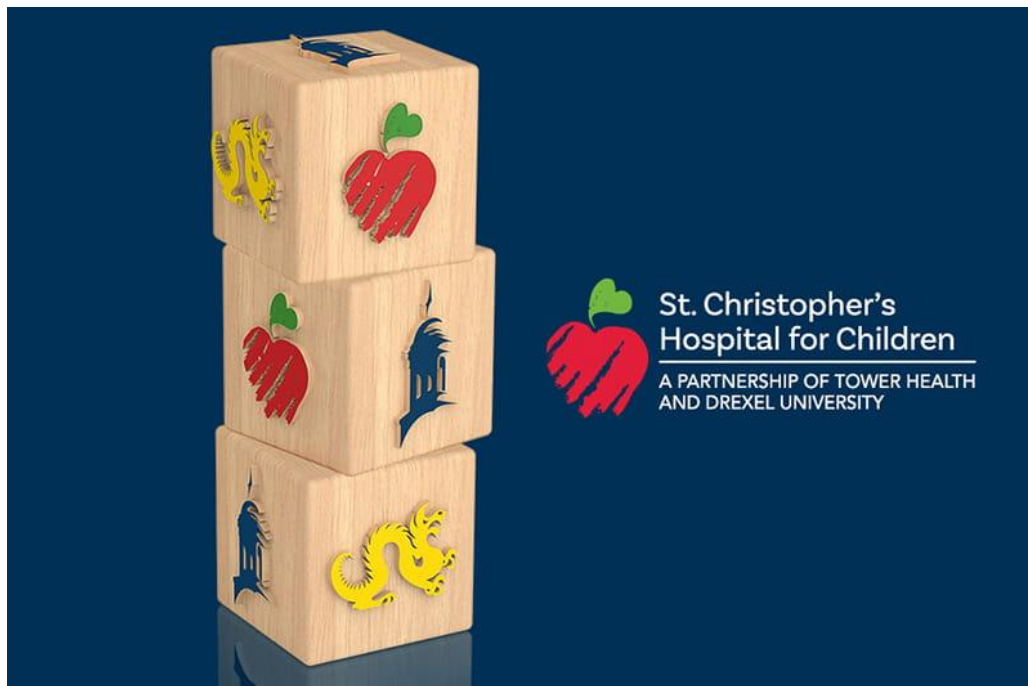


Philadelphia School of Radiologic Technology

Student Handbook

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**160 East Erie Avenue
Philadelphia, PA 19134**



Message from the Program Director

Thank you for your interest in the Philadelphia School of Radiologic Technology at St Christopher's Hospital for Children. This applicant guide is designed to provide an overview of our program and admission procedures in preparation for applying. A maximum of 20 students may be accepted each year. The Philadelphia School of Radiologic Technology begins in July and admits only one time each year. It is a full-time program and there is no part-time option.

As a Student Radiographer you will be part of a large medical team, working in a branch of medicine known as Medical Imaging. Radiographers assist the Radiologist who specializes in the use of x-rays and other forms of ionizing and non-ionizing radiation to diagnose and treat various diseases and injuries.

Jeffrey Goldstein B.S. RT (R) ARRT

The Program Accreditation: Joint Review Committee on Education in Radiologic Technology,
20 North Wacker Drive, Suite 900
Chicago Illinois, 60606
(312) 704 – 5300

Disclaimer: These program regulations are subject to changes at the discretion of the program director as needed.

Program Faculty and Clinical Instructors Faculty

Jeffrey Goldstein B.S., RT (R) Program Director	Jeffrey.goldstein@towerhealth.org 215-427-6751
Patricia Keane, BS, RT (R) Clinical Coordinator	Patricia.keane@towerhealth.org 215-427-3557
Teresa Grace, B.S., RN	Adjunct Faculty SCHC Teresa.grace@towerhealth.org 215-427-5361
Zubair Abbasi, M.S., DABR, DABMP	866-275-9378 zubair@westphysics.com
Michael White B.S. Medical/Health Physicist	866-275-9378 michael.white@westphysics.com

Clinical Sites/Affiliation Agreements

St. Christopher Hospital for Children 160 East Erie Ave. Philadelphia, PA. 19134 215-427-5234	Temple University Hospital 3401 North Board Street Philadelphia, PA 19140 215-707-4206
SCHC Specialty Pediatrics at Abington 500 Old York Road Jenkintown, PA.19046 215 884-5060	Chestnut Hill Hospital 8835 Germantown Ave. Phila. PA. 19144 215- 248-8200

Clinical Preceptors

St. Christopher Hospital for Children (SCHC) Calvert Simmons Jr. RT (R)	Technologist/Clinical Instructor 215-427-5519
SCHC Specialty Pediatrics at Abington Nicole Bakos, RT (R)	215-427-5234
Temple University Hospital Tenisha Scutching RT (R) Melissa Terreforte, RT (R) Stacy Adams, RT (R)	Department Manager/Clinical Instructor Clinical Preceptor 215-707- 4206 Clinical Preceptor
Chestnut Hill Hospital Colleen Nale MBA, MSHE, RT, R, M, CV, CT	Clinical Preceptor 215- 248- 8578

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The Radiologic Technologist

A radiologic technologist, also known as a radiographer, is a medical professional who uses imaging equipment to create pictures of a patient's body. These images help doctors diagnose and treat injuries and diseases. Radiologic technologists make up the third-largest group of health care professionals-surpassed in number only by physicians and nurses.

The Radiologic Technology Program was established to prepare specialists trained in the art and science of medical imaging who will participate in the care of other human beings and do so as competent, sensitive, and caring individuals who carry out their charge in such a way to maintain the dignity of human life. The program is committed to providing a quality educational opportunity that prepares individuals to be competent for entry-level staff radiographic employment.

Hospital Mission

To provide a full range of high-quality health care services to all children and youth up to the age of 21 who seek our care or who are referred to us.

To complement that mission, we manage teaching and research programs that achieve excellence and support our ability to be a world-class children's hospital. We always strive to provide exceptional care while operating in an efficient, cost-effective manner that serves the best interests of our patients, their families, and the community.

Program Mission

Our mission is to educate and prepare students with skills essential for employing best practices in radiation protection for all imaging examinations of children and patients of all ages. Our graduates will demonstrate competence and compassion as safety focused entry-level radiologic technologists.

Goals and Student Learning Outcomes

The Program enrolls 'qualified students to accomplish the following program goals:

1. Students will apply critical thinking skills for atypical examinations.
SLO: Problem-solving positioning skills.
SLO: Apply critical thinking for pathology related techniques.
2. Students will utilize age specific communication for all patients.
SLO: Demonstrate a compassionate and caring attitude during patient interactions.
SLO: Obtain a proper patient history before starting patient examinations.
3. Students will ensure the safety of patients utilizing ALARA and safety devices.
SLO: Demonstrate radiation safety using ALARA principles.
SLO: Ensure the utilization of immobilization and safety devices when required.
4. Graduates will demonstrate clinical competency above entry level.
SLO: Terminal evaluations will exceed the average grade of 85.
SLO: Image critique for implementing corrective measures of image quality.

Application Process

Philadelphia School of Radiology Technology (PSRT) at St. Christopher's Hospital for Children (SCHC) is committed to equal opportunity for all applicants and students and does not discriminate against anyone on the bases of the legal age of 21 years, color, creed, religion, gender, sexual orientation, national origin, citizenship, ancestry, disability, marital status, or veteran status. Students with a documented disability must make the program director aware after acceptance into the program. This is required for student accommodation.

Prerequisites: College

- Anatomy and Physiology, I and II
- Physics or Chemistry
- Biology
- Algebra
- CPR certification

Application Submission Requirements

To be considered for the program you must:

- Complete, sign, and submit the SCHC School of Radiologic Technology Application Form.
- Provide two letters of recommendation from a counselor, teacher, or non-family member.
- Send official transcript/s with a 2.8 minimum GPA emailed PDF or officially mailed to the school. (*All transcripts must be sent from university or college sealed.*)
- Transcripts must have documented pre-requisites within the past ten (10) years.
- All applicants must have an associate degree or higher upon entry into the program.
- Applicants in the process of acquiring an associate degree must have completed all degree requirements by May of the application year. Send an updated transcript verifying degree completion.
- Applicants in 2+2 programs must complete all required core courses for their degree from their university before applying to the PSRT at SCHC Radiology School.
- Submit the completed application before the deadline of March 30th, to be considered for that year.
- A non-refundable application fee of **\$25.00** check or money order must accompany the application when submitted.
- Student must be CPR certified before starting the program.
- **Note:** Students must obtain an average of 80% or higher in total for science and math courses to be considered for admission.

Admission Policy

Admission Procedure:

Admission to the radiography program is selective and interested individuals will be selected subsequently the application procedure as follows:

- The applicant will be contacted in writing concerning the status of the application.
- Upon completion of an admission interview, the Admission Committee will review and score all applications and interview questions.
- The Radiography Program Admissions Committee consists of the following members:
 - Program Director
 - Clinical Coordinator
 - Designated Faculty
 - Clinical Instructors
- The Radiography Program Admission Committee reviews candidate's application with attention to:
 - Strength of grade point average (GPA) 2.8 or higher.
 - An associate degree or higher is mandatory for acceptance.
 - Community service work experience and extracurricular activities.
- The applicant is notified in writing concerning the decision of the Admission Committee.
- Upon acceptance in the program a \$700.00 maturation fee to hold a seat must be paid and is applied towards tuition.

Transfer Policy

Students who transfer from another Radiologic Technology Program must meet the following entrance criteria:

- A. Complete a Philadelphia School of Radiologic Technology application for admissions.
- B. Transcript/s from college or university documenting degree and GPA.
- C. Submit a copy of current radiologic technology program transcript with GPA of 2.8 or better.
- D. Submit copies of all clinical competencies performed at the previous radiologic technology program.
- E. A letter of recommendation from the transferring program chairperson (or director).

Students who have been dismissed from another Radiologic Technology Program for academic or behavior problems will not be given advanced placement in the program and must apply to the program under the normal application process.

Withdrawal Policy

A student, who wishes to withdraw from the program, may do so by submitting a written notice to the Program Director. If the student owes moneys to the school all moneys must be paid in full before grades or transcripts are provided to the student.

Tuition Policy

The Philadelphia School of Radiologic Technology is a twenty-three-month program. The tuition and fee are subject to charge.

1. The tuition for the first year is Ten Thousand, nine hundred, ninety-nine dollars (\$10,999.00). Seven Hundred dollars (\$700.00) must be paid as a matriculation fee, then applied towards tuition. The remaining tuition may be paid in five (5) installments as shown in the diagram below.
2. The Second-year tuition is Ten Thousand dollars nine hundred, ninety-nine dollars (\$10,999.00). This payment is spread into four installments. Total tuition for the program is \$21,998.00. **Please see below diagram.**
 - a. All checks are payable to “Phila. School of Radiologic Technology.” The address is St. Christopher’s Hospital for Children, Phila. School of Radiologic Technology, 160 East Erie Ave., Philadelphia, PA 19134.
 - b. It is a tuition policy that no student be allowed to start the program without the initial acceptance deposit of **\$700.00**. Students have 30 days from the due date to pay their tuitions. Students with financial aid (FA) from their university must communicate this information to the program director. A student experiencing hardships should consult with the program director for a payment extension. Unsuccessful tuition payments will eventually necessitate one’s suspension until tuition is paid. This may affect class attendance and therefore, grades. It is program policy that all tuition obligations are paid before a student graduate.
 - c. St. Christopher’s Hospital for Children has No Financial Aid.
 - d. A set of X-ray markers will be provided to each student.
 - d. **Note:** Books, uniforms, and shoes are NOT included in the tuition.

Tuition Payment Schedule: Tuition payments are scheduled accordingly.

DESCRIPTION	DATE of year starting	AMOUNT	AMOUNT
FIRST YEAR TUTION			\$ 10, 999.00
Deposit Upon Acceptance		700.00	
Payment Two	July1.	2,749.75	
Payment Three	September 1.	2,749.75	
Payment Four	December 1.	2,749.75	
Payment Five	April 1.	2,749.75	
SECOND YEAR TUITION			\$ 10, 999.00
Payment One	July 1.	2,749.75	
Payment Two	September 1.	2,749.75	
Payment Three	December 1.	2,749.75	
Payment Four	April 1.	2,049.75	
Total Tuition Cost			\$ 21,998.00
Books are a separate cost	Payable to Elsevier		996.00
Uniforms, Shoes, markers	Orientation		

Tuition Payments:

Make Payable to: SCH- Philadelphia School of Radiologic Technology

Tuition Refund Policy

If written notification of cancellation is submitted to the Program Director two weeks prior to the program start date, a fifty percent (50%) refund of the \$700 advanced tuition fee will be refunded. No refunds will be issued following a two-week enrollment period. The policy applies to a student withdrawing or released from the program. No other refunds will be granted.

Curriculum:

Describes how semesters and courses are divided, credits, and hours applied.

Summer 1st Year	Credits
RAD 100: Introduction to Radiology: Orientation	2

Semester I

RAD 101: Methods of Patient Care I	3
102: Image Production I	3
103: Radiographic Procedures I	4
104: Medical Terminology	3
106: Clinical Practicum I	4
	19

Semester II

RAD 107: Methods of Patient Care II	3
108: Radiation Safety I	3
109: Radiographic Procedures II	3
110: Image Production II	3
111: Clinical Practicum II	4
	16

Semester III

RAD 115: Advanced Imaging	2
116: Clinical Practicum III	4
201: Radiographic Procedures III	3
203: Image Production III	3
211: Pathology	3
	15

Semester IV

		Credits
RAD	202: Radiation Safety II	3
	204: Digital Radiography and Quality Control	3
	205: Clinical Practicum IV	3
	206 Radiographic Procedures IV	3
		12

Semester V

RAD	207 : Radiographic Image Analysis	3
	208 : Radiation Safety III	3
	210: Registry Review I	3
	212: Clinical Practicum V	4
		13

Semester VI

RAD	213: Registry Review II	4
	214: Clinical Practicum VI	4
		8

Total Hours	2, 830
Clinical Hours	1, 456
Didactic Hours	1, 374

Program Grading Policy and System

Students are expected to attend and participate in all scheduled didactic, clinical, and extra curriculum activities of education. Students should schedule all appointments, medical and otherwise during times that does not conflict participation in didactic or clinical education experiences. If absence time in any one course per term exceeds .15 percent of the total class hours, the student will be subject to a possible failure in that course.

The grading scale for didactic course work is as follows:

A	4.0	96-100	Excellent
A-	3.8	92-95	
B+	3.4	88-91	Very Good
B	3.0	85-87	
B-	2.8	82-84	Passing Program Grade

The Student Will:

1. Achieve a minimum grade of “B-” in all Radiology courses, at each semester level prior to progressing to subsequent radiology courses. Failure to attain a grade of “B-” or better will necessitate intervention at mid-term counseling before failure.
2. A student in a 2+2 program from a university who does not achieve a B- in a course cannot retake the course. This policy is in place for all students.
3. At the midpoint of each academic semester, each student will have a meeting with the Program Director for a review of all didactic grades. Students will meet with the Clinical Coordinator for clinical grades. This is the point for remediation if any.
4. The cost of repeating a course is \$200, per credit; however, this is only for extenuating circumstances approved by the program director. A student cannot remain in the program if a course is failed twice or two courses are failed in the same semester, this applies to all students.
5. Student’s grades are available immediately upon test submission via Canvas.
6. **Note:** A student will be dismissed from the Philadelphia School of Radiologic Technology for achieving of a grade less than a “B-” in any two didactic courses. This applies to both first and second academic school years.

Student Responsibilities in the Classroom and Clinical Assignments

1. Clinical rotations begin at 8:00 am
2. Classes begin at 9:00 am
3. Come adequately prepared for class, including proper uniform attire (see pg.25).
4. Attend all classes as scheduled.
5. Request instructor/student conference when needed.
6. If a student is unable to be present for an examination or quiz, the student must contact the course instructor upon his/her return to reschedule the examination.
7. Act as a role model for your health profession always.
8. **Cheating in any form is not tolerated.** Any student found exhibiting either of the following types of behavior during, or in the preparation of, any assignment, quiz, project, report, test, or final examination will receive a zero for the assignment and will be dismissed with no grounds for Appeal or Grievance.
9. A student willingly allowing another student to use/copy their work will be dismissed.
 - a. Cheating - defined as the act of obtaining or providing information, data, or clinical documentation improperly or by dishonest or deceitful means.
 - b. Plagiarism – defined as copying or imitating the language, ideas or thoughts of another author and presenting these as one’s original work; the copying of a theme or section from a book or journal without giving credit in a footnote; or copying from a manuscript of another person.
10. Refrain from using abusive, provocative, or profane language or gestures.
11. Refrain from eating or drinking in the classroom (except when permitted).
12. Observe the principle of mutual respect in their contacts within their working relationship with all staff and other students.
13. Develop an appreciation for High Standards in Conduct and Achievements.

14. Avoid creating or being a party to a disturbance or physical violence.
15. Be responsible for the condition of the instructional area during and at the completion of class and clinical environment (pick-up your mess).
16. Students are responsible for clocking in and out of class and clinical at the beginning and end of each day. Failure to clock in or out results in an absence for that day.
17. Leaving clinical before being dismissed is an act of insubordination.
18. If a student is aware of a write-up for any disciplinary reason the caveat is valid. The program director, instructor giving the warning, and clinical instructors are privileged and the warning is binding with or without a student's signature.
19. The dress code is to be followed on clinical sites and in the classroom. The program does not permit hats in the classroom, neither are another organization's garments allowed including scrubs.
20. Students must call out (clinical and school) at least one hour prior to clock-in time. A student who is ill the evening before clinical/class may call in that evening before, specially when medications has been prescribed. Leave a detailed message with the time you call. If you speak with someone, get their name.

Re-Examination

Students are expected to maintain a passing grade in each course throughout the time spent in the program. Students who fail a course will not have the option to take a re-examination for any program course. Maintaining high test grades will payoff for one poor test grade.

Grievance Policy and Appeal

Students have the right to indicate a grievance when they announce they have been treated unjustly or in a way inconsistent with St. Christopher's organizational policies or the radiology school's policies and procedures. If a student allege that they have been violated or treated unjustly, the student may proceed to a grievance or appeal hearing without fear of retaliation. The student may submit allegations to the JRCERT after they have exhausted the grievance procedure, and the student need not inform the program of their intention to contact the JRCERT.

When a student believes a hospital policy or program policy, or procedure has been violated or are not consistent with policies of the radiology program or organization the following practice should be followed:

A. Grievance Process:

Step 1: Informal, this entails the student first discussing the grievance with the individual involved to resolve the matter. This may be accomplished either verbally or in writing.

Step 2: If the situation is not resolved within five days of the initial grievance, the student should bring the situation to the attention of the program director or the person above the program director if this is the person with whom the grievance is about.

Step 3: The director or person above the director will investigate the allegation and all persons involved if relevant. A resolve of the grievance should be provided within five days of receiving the complaint.

Step 4: If the grievance is not resolved at the program level the student may request in writing to appeal the grievance through a grievance official, external from the program who will hear the grievance. This request must be made upon receiving the second step reply from the Program Director's or higher decision.

B. Appeal Process:

When a student submits a written grievance appeal. The final step of the process provides for a source external to the educational program to provide an impartial and fair consideration of a student's appeal.

Step 1: The grievance letter should provide 1st a factual description of the grievance, 2nd the policy or violation, 3rd all persons involved, if relevant, 4th the anticipated resolution, and 5th any documentation, if applicable.

Step 2: The grievance official will meet with the student and hear the violation/s brought forth. This individual is firmly impartial and has no direct association with the radiologic program. The official will work to create a productive negotiation among all parties to facilitate a resolution. If the student feels intimidated, he/she is encouraged to reach out directly to the Director of Human Resources (215) 427- 5348.

Step 3: The hospital official will make every effort to maintain and preserve the privacy and confidentiality of the information concerning the grievance request. Each party involved in the grievance shall present their case to the official.

Step 4: The grievance official may ask questions of the student/s and program officials, to clarify and assist them in the process. The information will be shared only with those individuals involved in the investigation or those involved with the resolution of the grievance.

- a. If regarded as necessary, the grievance officer may refer the matter to the Human Resource Office. The hospital official and radiology program will make every effort to maintain and preserve the privacy and confidentiality of the information concerning the grievance request.

Step 5: The student/s and program officials will receive written notification of the decision of the grievance official within 5 days.

The following are not grounds for grievance:

- Cheating: on a test, quiz, or any assigned work, no grounds for grievance.
- Failing two courses, GPA below 2.8 for a semester, no grounds for grievance.
- Insubordination to a program or clinical staff after two warnings.
- Weapon and firearm on the hospital ground, clinical site, no grounds for grievance.

Any individual associated with Philadelphia School of Radiologic Technology at St. Christopher's Hospital for Children, program has the right to submit allegations to the JRCERT against the program if there is reason to believe the program has acted contrary to JRCERT Standards and/or JRCERT polices. Therefore, after a student have exhausted the grievance procedure, that student does not need to inform the Radiology Program officials of their intent to contact the JRCERT concerning the grievance.

Advisory Board Members (4)

Appeals Representative

HR/Grievance Official (1)

JRCERT Complaint Policy

Rationale

- A. It is the desire of the School of Radiographic Technology at St. Christopher's Hospital for Children program to make all Radiography students, faculty, and staff aware of the JRCERT Standards, which are the National Accrediting Guidelines for the Program. The Standards promote academic excellence, healthcare quality, and patient and professional safety in the radiologic technology educational programs.

All allegations of program non-compliance to the JRCERT Standards will be given prompt, fair and continued consideration until they are resolved. A copy of the JRCERT Standards and the Student's Guide to JCERT Accreditation will be given to the Student Radiographer during Orientation. If a Student Radiographer (or other individual) desires a copy of the JRCERT Standards, they may request it from the:

JOINT REVIEW COMMITTEE OF EDUCATION
RADIOLOGIC TECHNOLOGY (JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606 –3182
Phone : (312) 702 – 3182
Courriel : mail@jrcert.org

Or one can print off the Standards on the following website:
Standards for an Accredited Educational Program in Radiologic Sciences:

http://www.jrcert.org/acc_standards.html

Eligibility to Remain in the Program

To progress forward in the program students must:

1. Earn a minimum grade of “B-” in all courses.
2. Consistently maintain a minimum cumulative GPA of 2.8
3. Maintain compliance with ASRT Code of Ethics

Students earning less than the minimum grade average of “B-” in a concentration course and/or cumulative GPA falls below the required 2.8 will be dismissed from the program with the failure of a course.

Student must be eligible to successfully complete the program within 30 months from the time they begin their first concentration course.

Continuance of Active Status Policy

The Philadelphia School of Radiologic Technology Program is a competency-based program involving didactic, laboratory and clinical course. The program is designed to assist students in the achievement of above entry-level radiographer skills. Students will be given some latitude in attempting to achieve competence. Assessment of competency is an ongoing process throughout the curriculum. To ensure critical thinking and patient care skills, students are expected to possess acceptable levels of knowledge, skills, and attitudes. Students are subject to dismissal if unable to meet these expectation as documented in accord with the program handbook.

Continued Enrollment

To continue active status in the Philadelphia School of Radiologic Technology, all students must:

1. Adhere to program policies as set forth in the Radiologic Technology Student Handbook.
2. Maintain at least a cumulative grade point average of 2.8.
3. Attain a “B-” in all courses.
4. Meet each semester curriculum requirements as specified by the Program.
5. Meet all clinical objectives of the Program.
6. Complete and update health records as required by the Program.
7. Adhere to all attendance and behavioral policies of the Program.
8. Maintain professional CPR certification.
9. Missing more than five consecutive days without contacting the school will result in a drop from the Program. Missing more than three days a semester from class or two days from clinical will result in a three-point drop-in class/clinical grades, and make-up clinical time.

Educational Process

The general education of the student must be directed to the development of a well-rounded individual who will function as an aware, sensitive, concerned, and involved members of society. Professional education activities must ensure that the learner not only knows “how to” but just as importantly knows the “why” and “when to” of these specialized skills.

The importance of the educational activities must also be balanced with the needs of the learner. The education process must be flexible to permit an individual the opportunity to become what he/she is capable of being.

The program must be able to certify that the student has demonstrated achievement of at least the minimal competencies needed to provide radiologic care safely and effectively, and that the student is able to satisfy the requirements of the appropriate credentialing agencies.

Program Assessment Plan

Assessment Philosophy

The program is committed to providing a quality educational experience for all students. The program’s goal is to prepare students to be competent for high entry-level staff radiographic employment. Periodic assessment of learning provides an indication of student competency development and identifies program effectiveness through program outcome assessment.

Assessment Plan

Scheduled lectures, tests, labs, and clinical competency evaluation insure attainment of program outcomes.

Program Outcomes

Affective Domain:

Appreciate and value the imaging department as an essential, professional discipline of the health care system in the delivery of patient care services. Students are expected to:

1. Adhere to program policies regarding honesty, attendance, and clinical performance.
2. Demonstrate respect and compassion for patients.
3. Demonstrate appropriate professional interactions with fellow students, instructors, facility personnel, patients, and their families.
4. Demonstrate appropriate professional behaviors unrestricted by concerns of socioeconomic status, cultural diversity, sexual orientation, disease status and religious beliefs.
5. Adhere to professionalism with confidence, discretion, and accountability in the delivery of humanistic, moral, and ethical patient care and communication.

Cognitive Domain:

Recognize and describe principles of effective and safe radiographic practice as related to fluoroscopy, general, and mobile radiography. Students will develop the following cognitive skills relative to their curricular progression.

1. Identify and describe principles of ethical conduct as identified in the professional Code of Ethics.
2. Develop technical knowledge appropriate and relative to curricular progression.
3. Recognize quality radiographs relative to curricular progression.
 - a. Demonstrate sound problem-solving techniques and patient positioning to avoid repeats and to ensure acceptable radiographs as an entry-level competent radiographer.
4. Utilize and apply technique charts and procedure manuals.
 - a. Demonstrate the ability to comprehend, apply and evaluate information and concepts relevant to the knowledgeable entry-level of a radiographer.
5. Identify patient needs and assist them in an appropriate manner.

Psychomotor Domain:

Observe, assist, and perform effectively and efficiently all assigned exams in scheduled work areas at the medical imaging facility. Students, with appropriate clinical supervision, are expected to:

1. Assist technologist as needed.
2. Perform required patient competency evaluations in preparation for final competency assessments.
3. Perform all duties as assigned.
 - a. Deliver competent radiographic practice with entry-level skill related to fluoroscopic, general, and mobile radiographic procedures to exceed expectations.

Leave of Absence

A student may request a leave of absence for medical, personal, or financial reasons.

1. The student will be subject Radiology School Policies, Procedures, and Curriculum in effect at the time of his or her return and will be assessed fees at the current tuition rate.
2. The student returning from a leave of absence is subject to changes in graduation date and requirements.
3. The returning student will be required to demonstrate clinical competency before returning to the clinical portion of curriculum

Dismissal

A Student may be recommended for dismissal from the Program if the student:

1. Fails two courses which include **didactic** and/or **clinical** education.
2. Fails to meet the professional criteria.
3. Fails to meet the terms and conditions of the program as specified in the Handbook.
4. Engages in serious professional misconduct of insubordination to didactic or clinical staff.
5. Is caught in professional misconduct of cheating, providing test answers to another student, or stealing.

Program Re-admission:

A student dismissed from the program for delinquency is not eligible for readmission.

1. Readmission is dependent upon didactic and clinical space availability.
 2. Students dismissed because of “failing a course” are not eligible for readmission excluding extenuating circumstances that must be proven (hospitalization).
 3. A student dismissed from the program for poor conduct is not eligible for readmission.
 4. A student seeking readmission for a failed course are welcome to submit a written request to the Program Director.
 5. The request needs to be submitted a minimum of one semester prior to the new starting year.
 6. Student must have a cumulative GPA of 2.8 to be considered.
 7. Student may be instructed to take a college course to increase GPA before he or she can return.
1. Prior to considering readmission be aware the clinical aspect must also be performed from the beginning.
 2. Compliance with the readmission policy rests solely with the student and reason for which dismissal occurred.
 3. Only after twelve months (12), reapplication will be considered.

Clinical Assessment Criteria

Upon completion of half of the clinical semester (mid-term), faculty will review students' performance based on the Clinical Rotation Evaluations, patient competency evaluations, and progress reports in accordance with stated clinical objectives. A final written assessment will be reviewed with each student and a final grade will be calculated.

Clinical education outcomes involve cognitive, psychomotor, and affective skills as identified. Clinical grading is based on the student's progress toward:

1. Meeting specific clinical education objectives identified for each clinical course semester.
2. Outcome development

Technical Standards

In addition to the academic standards, the following technical standards are required for applicants' success in the radiography curricula:

1. The prospective student must possess sufficient strength, motor coordination and manual dexterity to be able to:
 - a. Grasp securely with two functional upper extremities.
 - b. Stand and walk up to 85% of work time.
 - c. Reach above shoulder level intermittently for 90% of work time.
 - d. Lift 25 pounds unassisted.
 - e. Transport, move, lift, or transfer patients' from a wheelchair or gurney to an x-ray table, or to a patient's bed, and physically place patients in the proper position for examination according to established standards necessary for diagnostic procedures.
 - f. Walk without assistant of canes, crutches, walkers and/or human assistance.
 - g. Twist, bend, stoop/squat, and move quickly.
2. Language Capabilities:

Possess the ability to verbally communicate.
3. Communication Ability:

The student must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. Each student must have the ability to read, write, comprehend, and speak the English language to facilitate communication with patients, their family members, and other professionals in the health care setting. In addition, the student must be able to maintain accurate patient records, present information in a professional, logic manner. The student must communicate effectively verbally and in writing with instructors and other students in the classroom setting as well.
4. General Abilities:

The student is expected to possess functional uses of the senses of vision, touch, hearing, and smell so that data received by the senses may be intergraded, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to gather significant information needed to effectively evaluate patients. A student must be able to respond promptly to urgent situations that may occur during clinical training activities and must not hinder the ability of other members of the health care team to provide prompt treatment and care to patients.
5. Observational Ability:

The student must have sufficient capacity to make accurate visual observation and interpret them in the context of laboratory studies, medication administration, and patient care activities. In addition, the student must be able to document these observations and maintain accurate records.
6. Ability to Manage Stressful Situations:

The student must be able to adapt and function effectively in stressful situations in both the classroom and clinical settings, including emergency situations. These stressors may be (but are not limited to) personal patient care/family, faculty/peer, and or program related.
7. Ability to follow directions effectively and work closely with members of the health care community is essential.
8. "After initial training" The student must have the ability to review and evaluate recorded images for quality.

Professional Conduct Expectations

ARRT Standards of Ethics

Preamble:

The “Standards of Ethics” of the American Registry of Radiologic Technologist shall apply solely to persons holding certificates from the ARRT and who either hold current registration by the ARRT or formally held current registration by the ARRT and/or seek reinstatement of registration by the ARRT collectively, “Registered Technologists”, and to persons applying for examination and certification by the ARRT to become Registered Technologist “Applicants”. The “Standards of Ethics” are intended to be consistent with the Mission Statement of the ARRT, and to promote the goals set forth in the Mission Statement.

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 Radiologic Technologists and Applicants may evaluate their professional conduct as it relates to patients, health care consumers, employees, colleagues, and other members of the health care team. The “Code of Ethics” is intended to assist Radiologic Technologist and Applicants in maintaining a high level of ethical conduct and in providing for their protection, safety, and comfort of patients. The “Code of Ethics” is inspirational.

- A. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- B. The Radiologic Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- C. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
- D. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which it has been designed, and employs procedures and techniques appropriately.
- E. The Radiologic Technologist assesses situations, exercises care, discretion and judgment assume responsibility for professional decisions, and acts in the best interest of the patient.
- F. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information from the physician to aid in the diagnosis and treatment/management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the technologist.

- G. The Radiologic Technologist utilized equipment and accessories, employs techniques and procedures, performs, services in accordance with an accepted standard of practice, and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.
- H. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- I. The Radiologic Technologist respects confidences entrusted during 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.
- J. The Radiologic Technologist continually strives to improve knowledge and skills by participating in education and professional activities, sharing knowledge with colleagues, and investigating new and innovative aspects of professional practice.
- K. One means that is available to improve knowledge and skill is through professional continuing education.

Rules of Ethics

The "Rule of Ethics" from the second part of the Standards of Ethics. They are mandatory, directive, and specific standards of minimally acceptable professional conduct for all present Registered Technologist and Applicants. Certification is a method of assuring the medical community and the public that an individual is competent to practice within the profession. Because the public relies on certificates and registrations issued by the ARRT, it is essential that Registered Technologists and Applicants (radiology students) act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

The Rule of Ethics Are Enforceable

Compliance with State and Federal Law:

1. A Failure to adhere to other rules, regulations and/or policies of the program.
2. Use of profane or abusive language.
3. Unauthorized use or removal of, theft of, or intentional damage to the property of the hospital, a patient, employee, or another student.
4. Threatened or actual physical violence.
5. Bringing in, having in possession, or being under the influence of an intoxicant, narcotic, or mood-altering substance on hospital or school property.
6. Disorderly or immoral conduct.
 - a. A registered Technologist or Applicant shall abide by state and federal laws. A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime or which either is a crime of moral turpitude is a violation of this Rule.

Valid State License or Registration

A Registered Technologist or Applicant shall always maintain a valid state license or registration required in the location(s) where the Registered Technologist or Applicants practices. It will be a violation of the above Rule if a Registered Technologist's or Applicant's license or registration with any state is to any extent whatsoever revoked, suspended, conditioned, limited, qualified, subjected to probation, or restricted by a court, department, board, or administrative agency. A failure to comply with this Rule shall result in automatic denial of an Applicant's application for examination and certification by the ARRT or in automatic revocation of the Registered Technologist's certification and registration with the ARRT unless the Registered Technologist or Applicant, by clear and convincing evidence, demonstrates that such denial or such revocation by the ARRT would be clearly inappropriate. Decisions by the ARRT are final.

Duty to Submit Truthful Information to the ARRT

A Registered Technologist or Applicant shall not submit false or misleading information to the ARRT in connection with any application or other information submitted to the ARRT.

Appropriate Patient Care

A Registered Technologist or Applicant shall provide appropriate patient care and depending on the specific facts and circumstances of the allegedly substandard or inappropriate care, the failure to do so is a violation of the Rule.

Impaired Registered Technologist or Applicant

A physically, mentally, or emotionally impaired Registered Technologist or Applicant should withdraw from those aspects of practice affected by the impairment. If the registered Technologist or Applicant does not withdraw, it is the duty of Registered Technologists or Applicants who know of the impairment to take action to assure withdrawal of the impaired Registered Technologist or Applicant.

Performance Expectations

The philosophy of the Radiologic Technology program reflects a commitment to the belief that every human being has dignity and possesses an intrinsic value. Further, it affirms that the purpose of the program is to prepare the student to be a caring person who assumes responsibility and accountability for his or her actions. Therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the handbook, the faculty expects the following behaviors from student enrolled in the Radiologic Technology Program:

- A. The student will interact with patients, peers, clinical personnel, and instructors so that neither they nor the student will be diminished or disrespected personally.

- B. A student may apply for ARRT examination immediately upon successfully completing all program requirements prior to graduation from the program. The program director at this time at his/her discretion may sign off on the student.
- C. The student will keep all information confidential concerning patients.
- D. The student will be prepared for every clinical experience, since he/she is legally accountable for the health care he/she provides.
- E. The student will promote an atmosphere in the classroom and clinical setting, which facilitates learning by attending, being prompt, and actively participating without distractions.
- F. The student shall conform to and display professional behaviors as a health care worker. Those professional behaviors identified by the ARRT Code of Ethics are *promoted and expected by the program officials and clinical departments staff.

Routine Duties:

- A. Students are assigned to various clinical areas in the department by program faculty.
- B. Students are responsible for all technical assignments given by their supervising staff technologist. All images must be checked by a certified technologist before being sent to PACS, NO exceptions.
- C. Students will not leave their assigned clinical area until all work assigned to the room/area has been completed and approved by their supervising staff technologist.
- D. Students will assist the radiology staff in the proper care of the patient.
- E. Students will perform all other duties of a staff technologist as directed by their immediate staff technologist or department supervisor. This includes care of equipment and cleaning and stocking the radiographic rooms.
- F. Repeat examinations are only performed under the guidance of direct supervision of a registered technologist.
- G. Students are required to call the clinical faculty and the school whenever absence is anticipated for any reason at least one hour prior to start time. Calling does not excuse any make-up time lost from clinical. Also see Attendance and Punctuality Policy.

Professional Conduct:

The school and hospital expect every student to observe basic rules of good workplace behavior. Most of these are common sense rules. As a member of the hospital team, it is important that you understand the policies and procedures of the Program and the consequences of inappropriate workplace behavior.

Behaviors inconsistent with those described will be brought to the attention of the program director in the form of a verbal and written reports from a Clinical Instructor. Performance not compatible with appropriate workplace behavior will be documented. Behaviors subject to clinical course failure include, but are not limited to the following examples:

1. Deliberate inattention to a patient or the patient's care.
2. Any practice resulting in harm to a patient.
3. Failure to fulfill the responsibilities of a student radiographer to an extent that might or does cause injury to a patient, or damage, waste or loss of material, supplies, equipment, or other property.
4. Failure to report an injury or incident concerning a patient.
5. Divulging confidential information concerning a patient or their care.
6. Soliciting or accepting tips from patients or any other persons.
7. Rude or discourteous behavior.
8. Insubordination is not tolerated.
9. Chronic or habitual absenteeism/tardiness, with or without a doctor's note.
10. Unauthorized absence or failure to report absence.
11. Leaving the clinical site before time and or without permission.
12. Falsification of hospital or program forms or records.
13. Tampering with clinical attendance sign-in sheets or falsifying reported clock-in times.
14. Refusal to carry out orders or instructions (in-subordination to faculty, physicians, supervisor, and/or staff technologists).
15. Failure to follow polices of the classroom or clinical site (i.e.: smoking, sleeping, gambling etc.)
16. Failure to follow protocol in the performance of radiologic procedures (i.e.: proper use of film badge, unsuitable image identification and markers).
17. Failure to seek out appropriate clinical supervision while performing radiologic procedures and/or repeat images.
18. Failure to meet didactic or clinical education requirements.
19. Cheating on any examination, quiz, or independent test.
20. Intentionally allowing or performing non-diagnostic radiation exposure/s of self or others.

Disciplinary Action

Warning System

Warnings are given for infractions of the Program's Professional Conduct Expectations code. Any student receiving a warning notice will be counseled regarding the incident by the Program Director. Any accumulation of written warning/s may remove a student's name from any achievement award/s at graduation. A review of the student's suitability for the profession will also be considered. Warnings do not have to be signed by the student to be valid.

Suspension Policy

Suspension days are given for repeated warnings (2) and/or serious infractions of hospital, department, and/or program regulations. Suspension days are from **clinical assignments and must be made up before graduation**. The Program Director will determine the length of suspension according to the type and severity of the infraction. Not eligible for award/s.

Dismissal Policy

Disciplinary action of dismissal is carried out due to grave violations of hospital, department, or program regulations. Students who fail to satisfy the academic, clinic and/or disciplinary requirements will be dismissed. Recurrent performance not compatible with appropriate behavior such as but not limited to the examples listed under Professional Conduct will necessitate immediate dismissal.

Attendance and Punctuality Policy

Our curriculum is designed to enable the student to integrate the didactic portion of the program with patient care in a progressive manner. Attendance and promptness to both class and clinical assignments is not only mandatory but highly valued. For students to receive the best education and successfully complete the program attendance is counted. The Radiologic Technology Program is designed to develop professional characteristics and skills for the effective and efficient delivery of radiologic services. A significant portion of the educational process in radiography is the development of a strong sense of responsibility to each patient, fellow radiographers, radiology department, and the hospital. Therefore, continuity of clinical activities and performances is necessary to achieve the stated objectives for each clinical rotation. Absence of two or more days consecutively will drop the course grade. Not calling or emailing the director will result in a drop from the Program or failure in the course/s after missing three consecutive days.

Students learn more effectively in an environment of mutual respect where intellectual inquiry is fostered, and self-involvement is encouraged. It is the responsibility of the faculty to provide opportunities for learning, and of equal importance is the student's responsibility to actively participate in the learning process.

A professional radiographer is an integral part of the health care team, and as such, must demonstrate a mature responsible attitude. Part of the maturity necessary for this role is derived from self-discipline and a realization of one's obligations to patients, co-workers, and oneself. Developing maturity is exemplified in the correct use of sick time. The number of absences and lateness's per semester will be recorded in each student's file as part of their permanent record and will affect the grade and should not exceed two days. No call no show from the clinical necessities a write-up. More than three (2) write ups (warnings) can remove a student from the clinical site with no option to return. A student removed from a clinical site may be dismissed from the program.

Students must notify the appropriate faculty member in the event of absence from clinical or classroom courses. Refer to each individual course syllabus for information pertaining to the test make-up policy. Notification of absence should be made prior to the next scheduled class meeting.

The faculty does recognize that unforeseen situations may arise over which the student has no control such as illness, death in the immediate family, and personal matters. In cases of extenuating circumstances/extended illness such as those requiring hospitalization will be handled through the program director and special arrangements will be made. Although excused absences are granted, the student must achieve a passing average in theory to pass the course. Clinical hours are 8:00 A.M. 4:30 P.M. Students are expected to be in scheduled areas at the specified time and to remain in the area for the duration of the specified time. Students must follow hospital policies and regulations. Only JRCERT Clinical Instructors (CI) are allowed to change a student's department rotation. After changing a student's rotation, the CI will relay the change to the staff and department manager/director.

Clock In/Out Policy

One of the primary responsibilities of a professional radiographer is regular, punctual attendance. To instill good work habits, students are required to clock in and out every daily on time. Failure to clock in and/or out will result in an entire day's absence. Tampering with or falsification of timecards/records will result in program termination. This action will be carried from semester to semester. The following is the Clocking In/Out Policy.

1. Students are required to be present and to be clocked in at 8:00 A.M. and clock out at 4:30 P.M. each day except for being dismissed by a clinical official with CI approval.
2. Students with scheduled time off in the morning must clock in at the faculty by 12:00 P.M.
3. Students with scheduled time off in the afternoon must clock out by 12:00 P.M.
4. **Note:** The clinical instructor on site can send the students home early if they need to.

Lateness

A student arriving after **8:07 A.M** (or after **12:07 P.M.**), must report to a faculty member upon arrival as a witness and provide an explanation. A lateness warning will be issued. Lateness reflects unprofessional and irresponsible behavior. Three (3) late offenses per semester will be counted as one absence in the clinical attendance factor. Any student who arrives at a clinical assignment more than 2 hours late not informing the school and clinical will be considered absent for that day. A student involved in a MVA should call the program director ASAP, however, is not required to come in. Please seek medical attention immediately.

Calling Out

Students are allowed three (3) absences per semester, except in the last semester. Students are only allowed 1 absence in the last semester. A student who will be absent is required to personally notify the clinical coordinator and clinical education setting (clinical instructor CI) at least one hour prior to the schedule time of arrival. Failure to properly report an absence is violation of the policy and will result in an entire absence day. No-Call/No-Show is in violation of the attendance policy. Excused absences are

for extenuation circumstances ex. MVA, emergency care of self, child etc. Habitual absenteeism (patterns) requires making-up time.

Time off

School academic calendar is as presented.

Bereavement

Four days for immediate family (father, mother, spouse, sister, brother, child) director approval. Documentation must be presented to the Program Director.

Jury Duty:

The Radiologic Program recognizes jury obligations. The student is excused for duty (without make-up time). The student must notify CC and program director as soon as the court has notified him/her. The student must submit the letter from the court verifying jury duty day and verify actual attendance (2 papers).

Hazardous Weather Conditions:

During instances of extreme inclement weather, the program follows the **Philadelphia Public School system** and students will not report to school or clinical. A pandemic or community hazard may also close the school temporarily. Expect communication from the program director in all cases.

Interview Days:

Seniors are permitted one day for interviews. This may be utilized in half days. Documentation needs to be presented upon returning to school or when appointment is made. During the second year, “senior” students are given time for either job interviews or further education “school” interviews. All interview time must be previously scheduled, and the student is required to provide notification to the program director. This is another example of an excused absence.

Dress Code

The following policies concerning clinical and classroom appearance will be always effective unless otherwise specified: Uniforms should be neat, pressed, and clean. Students are required to present a professional appearance during all scheduled clinical and classroom schedules (all clinical and class settings). It is the patient’s right to be treated with dignity and care by professional, clean individuals. It is, therefore required that each student practice appropriate personal hygiene.

Students must wear approved uniforms on all clinical areas and classroom. Approved uniforms consist of the following:

A. Male:

1. Approved Scrub Pants. (*Navy blue*)
2. Approved Scrub Top. (*Navy blue*)
3. White or black hospital shoes, closed toe, and heel and white or black socks.
4. School patch on the top right sleeve.
5. All tattoos must be covered

B. Female:

1. Approved Scrub Pants. (*Navy blue*)
2. Approved Scrub Top. (*Navy blue*)
3. White or black hospital shoes, closed toe, heel, and white or navy-blue socks.
4. School patch on the upper right sleeve.
5. All tattoos must be covered.

C. All students:

1. The following items are considered part of the uniform and as such must be on your person daily.
 - a. Current radiation monitor/s
 - b. Radiographic markers
 - c. Hospital ID badge
 - d. Name embroidered on scrubs.
2. Uniforms will be neat, pressed, and clean always. The pants length will cover the top of the shoes. No rips, tears, or holes.
3. An all-white or navy crew neck undershirt or long-sleeved turtleneck may be worn.
4. A Navy-blue lab coat may be worn as part of the uniform. Lab coats must be clean, and neatly pressed.
5. Hospital shoes with closed toe and heel color is solid white. Athletic shoes are acceptable, but must also be solid white, all leather, and low cut. Regardless of style, footwear must be kept clean (not dirty) and in good repair. Slippers are not allowed.
6. Simple post earrings (in the ear only), wedding ring, and a watch are acceptable. Any exposed body jewelry (tongue/nose), other than that worn in the ear is prohibited.
7. Fingernails must be short and neatly trimmed. No artificial nails, No gel nails, No nail tips permitted. Nail polish, if worn, must be clear, no color.
8. Hand washing, before and following contact with each patient is required.
9. Hair must be neat in appearance; long hair is worn up or secured back off the face and shoulders and of a natural or pleasing color. This applies to males and females.
10. Make-up and perfume must be applied sparingly.
11. Proper personal hygiene should be always practiced.
12. Official identification ID and badges shall be worn on the uniform so that the student's identity is readily visible to the patient and staff.
13. Beards should be neat, clean, and well groomed, not of extreme length and not interfering with performance of clinical education assignments. Neat mustaches are permitted; otherwise, facial hair should be shaven daily.
14. Tattoos must be sufficiently covered. This applies to male and female students.

Any student not in the program's uniform as described above will be sent home and considered absent for that day.

Scrub suits other than the uniform, will be worn when required by the student's rotation or department at the clinical site and should not be worn home.

Lab coats or appropriate institutional covering must be worn over scrub suits when the student is not present in the surgery areas. Shoe covers and masks may not be worn outside surgery areas unless specifically instructed to do so.

Hospital-issued scrub suits of any kind are not for personal use and may not be worn outside the assigned clinical area of use. Other hospital apparel is not allowed while in class or clinical.

Phone/Cell Phones

In case of an emergency, a student may receive a message that has been directed to the Program Director at (215-427-6754). When calling the director's office leave your name, date, time, and reason for the call. The use of cell phones is not permitted in the clinical areas. Cell phones in the classroom are permitted only upon the instructor's request. No cell phone allowed on the desk during a test/quiz. A student reported to the school for using their cell phone on the clinical site will be written-up. Please inform the program director/clinical coordinator in case of family emergency.

Smoking

To provide a healthier, clean, and safe environment for all students, no one is permitted to smoke on any clinical facility's premises. If the clinical facility provides a designated area for smoking, students may use that area at lunch periods only. Breaks are not permitted.

Use of Alcohol or Drugs

Intoxicating beverages or drugs are not permitted on Hospital or School grounds. Students under the influence of either while present in school or clinic will be dismissed from the program immediately. A student maybe randomly selected at any time to report to Employee Health for drug and/or alcohol testing. The Program adheres to a zero-tolerance policy.

Sexual Harassment

It is our desire to provide an educational environment free from all forms of discrimination. We wish to maintain an environment free from offensive or degrading remarks or conduct, including sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually abusive or threatening comments and language, the display of sexually suggestive art or objects, or retaliation against you for having complained about any such behaviors. Harassment can be conduct that unreasonably interfere with your performance or conduct that creates an intimidating, hostile or offensive educational environment. If you feel that another person is harassing you, call the matter to the person's attention in a direct way. If the offending person does not change because of your communication, you should contact your Clinical Instructor, Clinical Coordinator, or the Program Director.

You will be assisted in completing a record of the incident (s) and the facts will be investigated.

The Human Resources Department has the authority and responsibility for advising on the policy and its interpretation.

This policy is discussed at the Hospital orientation at both clinical sites. Hospital orientation at both clinical sites is mandatory for all incoming students.

Professional Organizations

Information concerning professional societies are introduced to students in the courses of study. Attendance to professional society meetings/seminars is encouraged and may be mandated at specific times. Student membership to American Society of Radiologic Technology (ASRT) is highly recommended to first year students and mandatory for the second year in the program.

Counseling Documentation Policy/Form

Academic/Clinical grades not meeting standards and/or recurrent performance not compatible with appropriate workplace behavior such as but not limited to the examples listed under Professional Conduct will necessitate counseling the student.

Such counseling will be documented as follows:

Student's Name: _____ Date: _____

Course/Clinical _____

Faculty _____

Reason for Counseling:

Student's Response:

Program Recommendations:

Faculty Signature

Student's Signature

Student Health Policy

All students must provide documentation of current health insurance upon admission into the Program to be able to provide necessary coverage for any medical services. Any student who becomes ill or is injured while at school or clinical could report it to the Program Director, Clinical Coordinator, or one of the Clinical Instructors who will refer the student to the Emergency Department where appropriate medical action may be taken. If the student is recommended to go home, he/she must inform program director or clinical faculty before leaving and a minimum of ½ day absence may be used if sent home.

Communicable Diseases

If a student is exposed to a communicable disease while in school, the student must report this incident to the Program Director or one of the Clinical Instructors immediately. The student will then be referred to Employee Health so that appropriate medical action may be taken.

In the event a student contracts a communicable disease outside the institution, he/she must notify the Program Director, Clinical Coordinator or one of the Clinical Instructors as soon as possible. Before the student returns to the program, a physician's note must be presented to the Program Director stating it is safe for the student to return to school and the clinical area. Any restrictions placed on the individual should also be noted in the physician's statement.

Injury Policy

If a student is injured in the clinical education setting, he/she must use the following procedure in seeking treatment:

1. The student must immediately report any injury to a faculty member. If a faculty member is unavailable, the incident must be reported to a department supervisor and the appropriate incident forms (Department/Hospital and Program forms) must be completed. Depending on the severity of the injury, the student should seek treatment at Employee Health or the emergency room.
2. In the instance of exposure to blood or bodily fluids, Infection Control as well as the emergency room should be notified and the appropriate protocol should be initiated.
3. The faculty member will document the incident and follow-up care should also be documented.

St. Christopher's Infection Control Policies

Preventing Infections

Hand hygiene is the single most important measure to prevent infections. Contaminated hands are a primary means for transmission of infection. Hand hygiene is required:

- Before and after every patient contact or contact with the patient's immediate environment.
- Before entering the NICU, ICU, CCU or SICU
- Before and after the use of personal protective equipment (gloves, masks, gowns, etc.)
- After contact with blood, body fluids, secretions, and excretions

- After contact with contaminated items such as equipment, telephones, specimens
- Use alcohol hand sanitizer, or if your hands are visibly soiled, use soap and water and wash your hands for 15 seconds.
- Always use a paper towel to turn off a faucet.

Infection Prevention Measures

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose with a tissue to prevent the spread of infection to others.

- Keep tissues handy. Be sure to throw away used tissues and clean your hands after coughing or sneezing. If a tissue is not handy, then sneeze or cough into your sleeve
- Remember to follow the Ventilator Associated, Central Line, Surgical Site and Catheter Bundles/Policies to prevent infections in our patients.
- The hospital has implemented best practices to facilitate the prevention of multiple drug resistant organisms (MDRO) in the hospital.
- An active MRSA (methicillin drug resistant staphylococcus aureus) surveillance program is in place to identify and track patients.
- An alert system is on the face sheet that identifies readmitted or transferred MRSA-positive patients.
- Contact precautions (gowns/gloves) are used for patients with MRSA.

Covid-19 Policy

Infection Prevention measures to minimize exposure to COVID-19 include but are not limited to the use of personal protective equipment (PPE), transmission-based precautions: enhanced contact and droplet precautions, patient placement, exposure evaluation with quarantine when appropriate, contact tracing, staff and patient screening and universal masking for source containment. **DEFINITIONS:**

Contact tracing: The process of identifying and monitoring individuals who may have had contact with an infectious person as a means of controlling the spread of a communicable disease.

COVID-19: A novel coronavirus first identified in Wuhan, China in December 2019 which resulted in a global pandemic. The virus is typically spread from person to person even if symptoms are mild or asymptomatic. Exposure is possible by touching a contaminated surface and then touching one's mouth, nose, or eyes. Symptoms of COVID-19 may include fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Early symptoms may also include chills, body aches, sore throat, headache, diarrhea, nausea or vomiting, and runny nose. Older adults and people who have serious chronic medical conditions are at a higher risk for serious illness.

Exposure is defined as contact with a person infected with SARS-CoV-2

- Being within 6 feet of infected person for ≥ 15 minutes without proper PPE OR
- Any duration of exposure during aerosol generating procedure without proper PPE OR
- Distances of >6 feet might also be a concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.

Healthcare workers (HCWs) includes but is not limited to medical staff, nursing staff, and employees or contractors that provide therapeutic services, social services, housekeeping services, dietary services, and maintenance.

Personal protective equipment (PPE): Equipment designed to protect the wearer's body from injury or exposure to physical, chemical and/or biological hazards.

Quarantine: The separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick.

EMR- Electronic Medical Record

FDA-Food and Drug Administration

Influenza (Flu)

Influenza (flu) is a contagious disease that is caused by the influenza virus. It attacks the respiratory tract and usually comes on suddenly. The peak of flu season can occur anywhere from late December through March. Symptoms include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches. Children may also have additional gastrointestinal symptoms including nausea, vomiting and diarrhea. Each year approximately ten to twenty percent of the United States population gets the flu. Approximately 114,000 people are hospitalized each year with flu related complications, and about 36,000 Americans die each year from flu complications.

The flu is spread from person to person when an infected person coughs sneezes or talks and the virus is sent into the air. The single best way to prevent the flu is for individuals to get the flu vaccine.

- It is important to receive your influenza vaccine each year.
- Flu can lead to serious complications.
- It is your responsibility to protect our patients and yourself by getting vaccinated.
- Flu shots DO NOT cause the flu.

The injectable flu vaccine is made from inactivated or killed flu viruses and cannot cause the flu.

Natural and artificial fingernail policy

Artificial nails pose an infection hazard and reports link artificial nails to patient infections. Long nails and/or cracked or chipped nail polish harbor germs on fingertips. Natural nails must be no longer than ¼ inch in length. No **dark or bright color nail polish** is permitted. **NO artificial nails of any sort, acrylic or gel polish** may be worn by hospital staff involved in direct patient care activities and activities involving preparation of food, medication and/or sterile products to be administered, consumed, or used in the care of patients. **Clear or watery polish** is permitted.

Radiology Department Infection Control Policy

Many patients visit the department each day. Many times, exposure to an individual patient who has a potentially infectious disease is learned about after the patient has left the department. Every patient

should be handled as if infectious. Blood and bodily fluid contamination are a critical concern in the performance of many radiographic procedures and the delivery of quality patient care.

I. Policy

All radiology staff will be educated on practices that prevent infections and will participate in activities with hospital staff to prevent the spread of infection.

II. Mandatory Precaution Procedures

A. Patient Contact

Hand Hygiene. Hand hygiene is to be performed before and after every patient contact. All Radiology staff are expected to be meticulous in their hand hygiene technique (Infection Prevention Policy # 2.1.100: Infection Prevention Policy and Procedures).

Standard Precautions. All Radiology staff are required to utilize Standard Precautions for all patients. Standard Precautions include: 1) Gloves should be worn when there exists the possibility of encountering blood or body fluids, secretions, excretions (except for sweat), non-intact skin or mucous membranes. 2) Disposable gowns should be worn if soiling of clothing is possible. 3) Additional personnel protective equipment (PPE) i.e., masks, face shields, goggles, should be donned as needed when performing activities which may produce aerosols or splashing of blood, body fluids, secretions and/or excretions.

Isolation Precautions. All Radiology staff are expected to read and carefully follow Isolation Precautions posted on the patient's door. If there are questions regarding the precautions the patient's nurse is to be consulted. Additional questions or those concerning communicability of a patient's illness should be asked of the Infection Preventionist or Hospital Epidemiologist.

B. Food in Patient Care Areas. Eating and drinking are prohibited in all patient care and Central Control Areas.

C. Transport of Isolation Patients to and From the Department

1. Nurses, radiology technologists and/or assistants may transport isolation patients to and from the Radiology Department.
2. The Technologist/Assistant should sign the patient out at the Nursing Station.
3. Radiology staff is to comply with Standard Precautions and don protective gear as needed prior to transport.

Radiology staff must disinfect patient care equipment between cases with a hospital-approved disinfectant (e.g., Sani-Cloth). This includes any equipment that encounters the patient or with the employees' personal protective equipment (gowns, gloves etc).

5. All imaging studies on patients with contagious **airborne diseases** (e.g., TB, pertussis, chicken pox, shingles) should be performed in his/her rooms if possible. If the study **MUST** be done in the radiology department, the Demistifier Transport System (IP Policy 2.4.100) must be used. This system is kept in the Supply, Processing, and Distribution Department.
6. Patients in any type of isolation should be transported directly to the Radiology Department - ideally when there are no or very few patients waiting (e.g., the last patient of the day). The procedure should be performed promptly, and the patient returned directly back to his/her room. Protective gear, if worn, should be disposed of properly.
7. The X-ray equipment, e.g., table, cassette, or cassette holder, is draped prior to positioning the patient for the test.
8. Hand hygiene is essential both before and after direct patient contact - regardless of whether gloves were worn.
9. X-ray equipment is cleaned with a hospital approved disinfectant (e.g., Sani-Cloth) between patients.

D. Portable Radiology Studies

1. Technologist disinfects the image receptor (IR) with hospital-approved disinfectant (e.g., Sani Cloth Disinfectant Wipe) before going to the patient care unit.
2. Technologist performs hand hygiene upon entering an intensive care area and prior to performing diagnostic exam and afterwards.
3. Don personal protective equipment necessary, as per Standard Precautions and isolation requirements.
4. Technologist covers the IR with a protective cover prior to coming into contact with the patient or their bed.
5. Dispose of protective gear prior to leaving the room or bedside area.
6. Technologist will again perform hand hygiene after completion of diagnostic study.
7. The IR and portable equipment are wiped down using a hospital-approved disinfectant after removal from the isolation room.
8. For patients colonized with resistant organisms (Contact/ Resistant Isolation), the technologist will follow isolation rules outlined in the IP Policy# 2.3.500 Multidrug Resistant Organism Isolation Policy.

E. Ultrasound

1. The Endo-vaginal Probe will be stored in a clean container.

2. A disposable probe condom is utilized with each patient.
3. After use the probe condom is discarded in red trash, and the probe is disinfected with a hospital-approved disinfectant (Sani-Cloth, e.g.).
4. The probe is then placed in a container to transport to SPD with an inventory sheet and returned at the time of pick up after high level disinfection in SPD.

III. **Education Programs**

- A. **Orientation.** All Radiology students and staff must attend a mandatory orientation upon initiation of Program/employment. This program gives basic information on Infection Prevention and Employee Health issues. Opportunity is given for the new student/employee to ask question of the Infection Preventionist and/or Employee Health Team.
- B. **Annual Infection Prevention Education.** All hospital staff/students must participate in a Mandatory assigned annually Infection Prevention online Learning Education for all. Documentation of completion is kept in the employ/student's records.
- C. **Need based in-services.** All Radiology staff and students will participate in need-based in-services provided for the imaging personnel (to include students). Documentation of attendance will be kept in the Program's Records.

IV. **Employee Health**

- A. **Upon employment/student/resident.** All new employees/residents/students are requested to fill out a health-screening form including issues pertaining to Infection Prevention. Appropriate serologic and tuberculosis testing is performed according to Employee Health Infection Prevention Policy (Infection Prevention Policy # 4.1.100: Employee Health Infection Prevention Policies). Covid-19 vaccine documented cards or physician letter is required for everyone in the hospital with and without patient contact. This information must be provided to Employee Health.
- B. **Sickness.** Radiology staff/student with skin, respiratory or (**COVID**), gastrointestinal or other contagious diseases will not report to clinical until cleared by their physician or Employee Health. Students must call the school and clinical site. If you have COVID symptoms or tested positive do not report to class or clinical, until documented clear. Documentation must be brought upon return or emailed to the program director.

Hepatitis B Virus

Hepatitis B (HBV) is a serious viral infection of the liver. In the United States alone 300,000 new cases of Hepatitis Bare diagnosed each year. Hepatitis B is spread through contact with blood and bodily fluids and is far more contagious than AIDS. Long term Hepatitis B infection can lead to cirrhosis, cancer, liver failure and eventually even death.

Hepatitis B is transmitted through sexual contact, sharing IV needles and from mother to baby. In the health care setting, REV is most often transmitted through breaks in the skin (needle sticks, human bites, non-intact skin, or spray to mucous membranes).

After exposure it takes two to six months for HBV to develop. Symptoms may be completely absent, mimic a mild flu (fatigue, loss of appetite, aching muscles, and joints), or symptoms may be more severe depending upon the liver's involvement.

The Hepatitis B vaccine is developed from a yeast base and therefore contains no human blood products. It is very pure and very safe. Side effects are mild and may include soreness of the arm, mild aching and/or headache. The vaccine is very effective. Approximately 96% are protected for HBV after completion of the vaccine series. An anti-HBs test can be administered one month following the final vaccination to prove effectiveness.

HBV vaccine is given into the muscle of the upper arm. It is a series of three injections given over a six-month period. A booster may be required seven to ten years after vaccination or in the event of a future exposure.

All students are required to receive the Hepatitis B Vaccine series due to the risk and possibly unavoidable occupational exposure to blood or other potentially infectious materials. If a student had already been vaccinated or prefers to receive their vaccination from their family physician documentation certifying this must be supplied to program faculty as well as the office of Employee Health. Failure "to provide such evidence will necessitate that the student be removed from all clinical assignments until documentation is supplied, which may result in a failing clinical grade.

Radiation Monitoring Policy

The Radiography Program has developed procedures and policies concerning radiation monitoring of the student radiographers to be in accordance with state and federal regulations. Some of the major items of the policy are listed below and additional instruction for the use, care, and wearing of these badges is given during the program orientation lectures.

A radiation monitor is always issued to each student and **MUST** be worn during clinical education assignments. The monitor is to be worn at collar level (outside the lead apron) when lead shielding is worn. This badge is strictly for the purpose of monitoring educational related exposure only.

A lost or damaged personnel radiation monitor must be reported to a Program faculty IMMEDIATELY. The Radiation Safety person (RSP) will issue a temporary personnel radiation monitor to the student Prior to the student resuming clinical education assignments.

Personal radiation monitors are exchanged bi-monthly. Bimonthly personnel radiation monitor reports are reviewed and maintained by the Radiation Safety Personnel. Each student can review then initial a copy of the bi-monthly personal radiation monitor report, indicating he/she has reviewed the report of their bi-monthly radiation exposure. The Clinical Coordinator is responsible for having students initial a copy of the bi-monthly report. The RSP will notify the Program Director if a student's bi-monthly

radiation monitor reading exceeds **.1 rem or 100 mrems**. The RSP and Program Director will investigate with the student to determine how (and why) the student's bi-monthly radiation exposure exceeded **.1 rem or 100 mrems**. A plan of action will then be developed and presented to the student and Clinical Instructor/s to ensure that the student's bi-monthly radiation monitor exposure does not exceed .1 or 100 mrems in the future. Radiation monitor policies are listed in the handbook. Radiation protection is presented to all incoming students during the first semester. During this time students are instructed that under NO circumstances are they permitted to hold a patient. All radiation dosimetry reports submitted to the Program adhere to confidentiality standards. Only the names of current students are legible on the report.

Radiation monitoring is discussed to all students by **Radiation Safety Personnel**, he or she will also discuss how to interpret the reports. Students receive information on the hazards of radiation through classroom instruction at various intervals of learning throughout the Program. Students are advised on the importance of properly wearing radiation badges during Orientation classes when they start the Program during Orientation RAD 100. The effects of radiation exposure and safety instructions are taught in Procedures I, II, III, and IV, Patient Care I and II, Radiation Biology and Protection 202, Radiation Biology 209 courses. Students are monitored on the clinical sites daily by Clinical Instructors

for the proper wearing of radiation badges. The students are encouraged to review their personal report bi-monthly and initial the report. Under NO circumstances are students permitted to hold a patient.

Magnetic Resonance Imaging (MRI) Safety Screening: The Philadelphia School of Radiologic Technology has established a Safety Screening protocol for students having potential access to the Magnetic resonance environment. This assures the students are appropriately screened for magnetic wave or radiofrequency hazards. Training is provided to all students during their first year of classes to prepare students for senior year rotations through magnetic resonance imaging (MRI) department. To acknowledge student's attendance of the presentation and understanding all students are required to sign a Training Acknowledgement Form.

Disclaimer: Students will understand the meaning of magnetic resonance imaging (MRI) screening to ensure the safety of the students, visitors, and other staff. To avoid hazards related to MRI objects containing magnetic metals (e.g., iron, nickel, cobalt) in various combinations may be attracted to the imaging magnet with sufficient force to injure patients, or students that may be interposed between them. Proper MRI screening aids in avoiding such hazards ensures a student does not have metallic objects on or in their bodies that could be diversely affected by exposure to strong magnetic fields. The following are a few examples of the importance of MRI screening:

- Persons with cochlear implants
- Persons with implanted infusion pumps
- Persons with implanted dental implants
- Foreign bodies lodged within the body etc.

Students who come into the Program with medical device implants are not required to rotate through MRI. The Program Director reviews this information during Orientation RAD 100, when the entire

Handbook is reviewed and provided for each student. Essential rules of protection are identified before the students begin clinical experience as part of RAD 100,

Patient Care, Introduction to Radiologic Technology and reinforced in Positioning courses I. II. And III, Image Production and Evaluation course and Radiation Protection

Later in the semester before students are assigned rotations into specialty areas this modality training is conducted by Daniel Benson, RT, (R) Lead MRI/CT, St. Christopher's Hospital for Children. Mr. Benson provides a formal presentation and training to the students concerning proper MRI Screening techniques to prepare the students for magnetic resonance safe practices and a copy of the screening protocol is provided to each student. In addition, exclusion from this rotation and additional information is obtainable by consulting the Program Director.

PREGNANCY POLICY

Since ionizing radiation has been determined to be harmful to the developing embryo/fetus, the following recommendations and issues of compliance are required to protect the health of the student and embryo/fetus.

A student may voluntarily choose to declare, not declare or un-declare a pregnancy, as is her right. Should a student choose to voluntarily declare or un-declare her pregnancy, it must be in writing and given to the Program Director.

A student who voluntarily chooses to declare her pregnancy will be advised of the possible risk to herself and the unborn fetus by the Radiation Safety Personnel (RSP). Dose limit guidelines (NCRP Report #116 and United States Regulatory Commission (NRC) Regulation 10 CFR Part 20.1208) and the cardinal principles of protection will also be discussed. After being advised, the student may wish to exercise one of following options open to her:

Option #1

The student may choose to continue in the program fulfilling all program requirements (clinical and didactic) within the curriculum and adhering to radiation guidelines and recommendations as follows:

The student will be required to wear an additional film monitoring device to monitor the fetus. The fetal monitor will be worn at the waist. If a lead apron is worn, the monitor will be worn at waist level under the apron.

The student will be required to adhere to ALARA principles and acknowledge the risks to the embryo/fetus.

A total dose equivalent limit (excluding medical exposure) of 5 mSv (.5 rem) for the embryo/fetus is established by NCRP Report #116 and followed by the program. Once pregnancy has been declared, exposure of the embryo/fetus shall be no greater than 0.5 mSv (.05 rem) in any month (excluding medical exposure).

The Program Director and the appropriate institutional Radiation Safety Personnel will periodically review student radiation exposure reports to assure compliance with the above dose limit.

Option #2

The student may request a leave of absence (by written notice) from the program, returning at the appropriate semester. The student must meet with the Program Director for advisement prior to her reinstatement. Her physician must approve the return of the student to the program. The student must complete all program requirements before graduation may occur. Graduation date will change.

Option #3

The student may withdraw from the clinical portion of the program while choosing to continue with the academic coursework for the semester. The student must meet with the Program Director for advisement before resuming coursework for the program. Her physician must approve the return of the student to the program and the student is required to complete all clinical and didactic requirements before graduation can occur.

The student may withdraw the declaration of pregnancy at any time. Retraction of the pregnancy declaration will require the student to abide by the general guidelines for radiation workers. Therefore, after pregnancy declaration retraction, the student will be monitored according to general guidelines for radiation workers as described by the NRC. Note the Un-declaration of Pregnancy form provided.

Should the student choose to remain in the program on a full-time or limited basis, neither the Program nor the Clinical affiliates will be held legally responsible for the health, safety or welfare of the unborn child or student.

Program and Clinical Affiliate Officials will be notified of student status after voluntary disclosure. Following voluntary disclosure, the student will be required to wear two badges, one at waist level and the second at collar level. The radiation monthly reading for the fetal badge should not exceed 50 mrem per month during the duration of her pregnancy. If the monthly reading exceeds 50 mrem, the student will meet with the faculty to discuss appropriate actions.

Although the program and the clinical affiliates seek to provide the utmost in radiation protection for every student, should a student choose to remain in the program on a full-time or limited basis after being advised of the possible risks, the student will be reminded to use proper body mechanics, employ the use of radiation protective apparel, observe all rules and regulations regarding radiation safety, and to use prudent judgment in the performance of radiographic examinations and procedures. It is both policy and procedure to provide the most in radiation protection to the students; neither the program nor its' clinical affiliates will assume liability nor be held legally responsible for the health, safety or welfare of the student or the unborn child.

Information about a student's decision of leaving the program due to pregnancy will be held in the strictest confidence.

See attachments on pages 42 and 43.

Pregnancy Agreement Signature Page

I have read the enclosed pregnancy statement and understand its content.

Student Signature: _____ Date: _____

CONFIDENTIAL Declared Pregnancy

To: Radiation Safety Officer or Designated Person

From: _____

Subject: Declaration of Pregnancy

Date: _____

Pursuant to regulatory requirements and Drexel University College of Medicine/Tower Health policy, I have been informed of my pregnancy rights and am declaring my pregnancy. I understand that by declaring my pregnancy, a dose limit of 5 mSv/term (500 millirem/term) to the embryo fetus (10% of the annual radiation exposure limit to a radiation worker) is imposed. I also understand that the institution may require enhanced engineering controls, administrative controls, additional personal protective equipment, and/or additional monitoring to assure compliance with the dose limits.

I certify that I am making this declaration voluntary.

The estimated date of conception (month/year) is _____

Signature: _____

Name Printed: _____

Date signed: _____

For Radiation Safety Officer or responsible person Use Only

Dose registered to date _____ mR.

Action taken:

NUREG 8.13 "Instructions Concerning Prenatal Radiation Exposure" provided: y / n Initials _____

FORM2.2A

Clinical Education Guidelines

Philosophy of Clinical Education

The role of the Radiographer has grown in complexity with the development of more sophisticated procedures and equipment in the field of Radiology. It is the philosophy of the Program Faculty to provide the Radiography students with optimum clinical experiences and to ensure that the students can perform all routine types of radiographic procedures in the appropriate proportions. Furthermore, philosophy of the Program Faculty is to provide demonstration, supervision, observation, counseling, and evaluation in the clinical setting whereby the student will effectively:

1. Apply knowledge of the principles of radiation protection for the patient, self, and others.
2. Apply knowledge of anatomy, positioning, and radiographic technique, to accurately demonstrate anatomical structures on a radiograph.
3. Determine exposure indicator numbers to achieve optimum radiographic images with a minimum of radiation exposure to the patient.
4. Examine radiographs for the purpose of evaluating technique, positioning and other pertinent technical and pathological qualities.
5. Participate in radiologic quality assurance programs.
6. Exercise discretion and judgment in the performance of medical imaging procedures.
7. Provide patients care essential to radiologic procedures, as well as recognize emergency patient conditions and initiate first aid and basic life-support procedures.
8. Established interpersonal communications with the patient, family (when applicable) and other members of health care team.
9. Maintain patient confidentiality at all times.
10. Students will avoid any non-diagnostic radiographing of self or others. Doing so will subject the student to dismissal from program.

Clinical Rotations

1. General
2. Portables
3. Emergency room
4. Operating room
5. Fluoroscopy (*e.g. Barium swallow studies, Barium enemas, Upper GI studies*)
6. CT
7. Electives:
 - a. MRI
 - b. Interventional radiography
 - c. Sonography
 - d. Nuclear medicine
 - e. Radiation Therapy
 - f. Mammography

Competency Based Clinical Education

Competency Base Clinical Education (CBCE) is directed toward preparing individuals to perform specified tasks as a radiographer under realistic conditions and to perform these tasks at a level of accuracy and speed required of entry-level radiographers of accuracy and speed. The goal of clinical education, therefore, is to provide students with the opportunity to achieve competency in the duties of a radiographer before leaving the clinical education program.

Competency is the required minimum standard of performance of specified radiographic procedure. Clinical education, which is competency-based, must be founded upon a set of tasks that are performed by radiographers in the field. For each task performed, there are certain skills, knowledge, and attitudes that a student must competently demonstrate. Competency is not just a manipulative skill but includes cognitive and affective development as well.

Components include:

1. **Cognitive:** Classroom and acquired knowledge
2. **Psychomotor:** Clinical or motor skills
3. **Affective:** Emotions, values, attitudes, and characteristics

Structure of Clinical Education:

Clinical education should reflect the progression of required competencies from a basic level to an advanced level over the entire educational program of twenty-three months. This is accomplished through a valid plan for clinical experiences, as evidenced on the cognitive, psychomotor, and affective aspects of the curriculum and integrated throughout clinical education.

Learning Progression:

1. Required didactic (classroom)
2. Laboratory Testing
3. Simulated experiences (demonstrations) in the clinical setting
4. Observation of qualified radiographers in the execution of their duties
5. Transition from passive observation to active participation by assisting the radiographer in performing the procedure. The rate of student progress depends on the student's ability to comprehend and perform. Too much hesitation will inhibit progress.
6. Competency evaluation in the clinical setting is not accepted until three (3) direct supervision studies are performed. This applies to competency evaluation.
7. The student will lose three (3) points from the evaluation for each mistake.
8. More than five (5) mistakes will require the student repeat the entire examination. A minimum grade of 85 is required for competency to be established.
9. Experience in performing procedures with indirect supervision of radiographers
10. Final competency evaluations in the clinical setting before graduation.

Clinical Education Experience

Overview:

The clinical curriculum is composed of (5) sequential linked competency-based clinical education courses, which increased in complexity and requirements. Details outlining all clinical education requirements are published in individual clinical syllabi.

Objectives of Clinical Education:

Students will observe, practice, and actively demonstrate the professional skills required of a radiographer by:

1. Perform the required number of competency examinations established for each course.
2. Evaluate patient examination request form/s accurately using three-point check patient ID.
3. Prepare the radiographic room appropriately.
4. Support, assist, evaluate, question, observe and inform the patient.
5. Accurate positioning of the patient for the procedure.
6. Practice good radiation protection.
7. Use equipment and exposure technique charts correctly.
8. Appropriately process and accurately evaluate images, before the staff technologist releases the images.
9. Demonstrate a professional level of record-keeping and computer skills.
10. Maintain patient confidentiality in compliance with HIPAA regulations.
11. Observe gender, cultural, age and socioeconomic factors that may influence patient compliance with procedures, diagnosis, treatment, and follow-up of patients.
12. Adapt procedures techniques to meet age-specific, disease-specific, and cultural needs of patients.
13. Assess the patient and record patient histories accurately.
14. Assess patient using the ABCs of CPR and demonstrate basic life support procedures.
15. Maintain HIPPA compliance while completing all didactic and clinical education activities.

The student will observe, practice, and demonstrate learning and growth in professional behavior by:

- a. Demonstrate an ability to work with others.
- b. Communicating a caring attitude to the patient, staff, and cohorts.
- c. Accept constructive criticism willingly and as a caring contribution toward improvement.
- d. Demonstrate an effective use of time by working systematically and efficiently.
- e. Adhering to program policies and requirements.
- f. Demonstrate ethical conduct while respecting the patient's rights, values and confidentially.
- g. Demonstrating initiative in clinical responsibilities.
- h. Demonstrating dependability and responsibility in clinical assignments.
- i. Present an appearance and demeanor that communicates professionalism and competence.
- j. Demonstrate interest in the Profession of Radiologic Science by joining a professional organization.
- k. Perform community service by attending health fairs, visiting local schools, and participating in Information Sessions and other events for the Radiologic Technology Program.

Eligibility for Clinical Placement:

Each student must meet the following criteria:

Maintain current **cardio-pulmonary resuscitation competency** for healthcare professionals. Students who do not meet these requirements will be unable to attend clinical education assignments.

1. Criminal Background Check and Child Abuse Clearance
 - a. Conviction of any offense other than a minor traffic violation may impair continue in the Program or meet eligibility for the American Registry of Radiologic Technologist Examination.

Clinical Supervision

Until students achieve the program's required competency in each procedure, all clinical assignments should be carried out under the **DIRECT SUPERVISION** of qualified radiographers.

The following are parameters of indirect and direct supervision:

INDIRECT SUPERVISION: defined as supervision provided by a qualified radiographer immediately available to assist **students** regardless of the level of student achievement.

Direct Supervision

Occurs when a supervising technologist is directly observing the student while performing a radiographic examination. Direct observation of the student must occur both in radiographic room and at the operator's control panel.

Direct Supervision is required with no Exceptions:

- Whenever the student is repeating an unsuccessful radiographic examination.
- During all mobile radiographic or fluoroscopic examination, regardless of the student's level of progression or competency status.
- If the student has NOT previously demonstrated successful competency on the radiographic examination to be performed.

Indirect Supervision

Occurs when the student performing a radiographic examination has a supervising qualified practitioner within "Normal voice call" and/or "immediately available distance away from the radiographic room where the student is completing the radiographic examination being performed. Indirect supervision of a student may be practiced which (s) he has previously demonstrated to be competent.

“Immediately available” is interpreted as the presence of a qualified radiographer adjacent to the room or location where radiographic procedure is performed. This availability applies to all areas where ionizing radiation equipment is in use.

Repeat Radiograph Policy

In support of professional responsibilities for provision of quality patient care and radiation protection, **unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer regardless of the student’s level of competency.**

STUDENTS ARE NOT PERMITTED TO DO MOBILE AND OR REPEAT RADIOGRAPHY WITHOUT A CERTIFIED R.T. PRESENT REGARDLESS OF THE STUDENT’S LEVEL OF COMPETENCY.

Clinical Grading Policy and Scale

Due to the high standards required to deliver quality patient care, students must achieve a grade of no less than **85%** for each clinical competency evaluation. This is a higher level of excellence in their clinical education than in the didactic portion of the program requiring a grade not less than 82%. Therefore, the following grade scale is utilized for the clinical practicum:

Clinical Grading Scale:

A	= 4.0	96-100
A-	= 3.7	93 - 95
B+	= 3.3	91 - 94
B	= 3.0	88 - 90
B-	= 2.7	85 - 87

Grading Rationale:

A staff technologist should deduct three (3) points for each error done by the student when evaluating the student. Five (5) errors on a student’s evaluation means the student’s grade is 85. Any errors greater than five 5 will require the student to repeat that specific examination. The student is not competent for that examination; however, can he/she may be very competent in other patient examinations. A technologist allowing a student to be graded higher than his/her performance could be the cause of the student encountering a much greater consequence than a failed examination that could be easily repeated after corrective counselling from the technologist.

Clinical Grading System

First Year	Fall Semester I	Spring Semester II	Summer Semester III
Technologist Evaluation (Room, equipment, rotation)	30%	30%	30%
Clinical Preceptor Evaluation	15%	15%	15%
Laboratory Testing, Lab Evaluations	20%	20%	20%
Competency Testing (Pt. Evaluations)	35%	35%	35%
Second Year	Fall Semester IV	Spring Semester V	Summer Semester VI
Technologist Evaluation (Room, equipment, rotation)	30%	35%	35%
Clinical Preceptor Evaluation	15%	20%	20%
Laboratory Testing, Lab Evaluations	20%		
Competency/ Testing (Pt. Evaluations)	35%	45%	45%

Clinical Rotation Evaluation

The program director has developed specific behavioral objectives concerning clinical performance expected of each student in the assigned clinical sites and radiographic rooms. These objectives are designed to direct the performance of the students in the following areas: patient care, equipment manipulation, examination/positioning skills, radiation protection and professional communications and critical thinking.

The objectives are given to the student at the beginning of the program and there are instructions along the way as to the expectations of these objectives. The staff is informed of their need to utilize these objectives in their instructing, demonstrating, and evaluating of the student's performance.

Clinical rotation evaluations allow the program faculty to determine the progression rate of students within the clinical education as to whether they can meet specified pre-defined clinical performance objectives. The Program Handbook should be kept in the Radiology Department to assist the Staff Technologist in the evaluation process.

In-services are given to the staff technologists regarding the importance of the student clinical objectives and the need for the staff technologist to adequately supervise, observe, and evaluate the student's performance relative to the clinical objectives (when requested or new hires). Staff Technologists play an integral role in the student's clinical experience by directly supervising and giving initial and reinforced clinical instructions in the following areas:

1. Patient Care
2. Professional Communication and Equipment Operation
3. Radiation Protection
4. Positioning
5. Equipment and Technique Manipulations

The evaluations are filled out by the staff technologists. All students must ensure their clinical books with the evaluations are brought to the school and submitted for grading. Room evaluations are submitted no later than 5 days following the end of rotation. It is the student's responsibility to provide the technologist who he/she worked with or observed the examination to complete the evaluation on time (within 5 days of the end of that rotation). It is the responsibility of the student to put their name on the evaluation with date and the name of the technologist. The student is NOT to sign the technologist's name, only to put the name on the evaluation. If the student does not present the evaluation to the staff technologist at the time of evaluation or before the technologist is aware of a competency the technologists is under NO obligation to fill it out. The student must wait and complete the examination for competency when he/she has provided the proper paperwork and communication to the technologist.

A technologist may leave the paperwork in a secure location to fill out at his/her convenience. A technologist should not feel pressured about filling out the evaluation or the grades given to a student. For this reason, a technologist is welcome to give the evaluation to the Clinical Coordinator (CC) when present or to one of the clinical instructors to give to the CC. Evaluations should have dates and month of rotation. Five points will be deducted from the evaluation grade if an evaluation is submitted without date/month of rotation and student's signature. This is not the technologist's responsibility; it belongs to the student. Should there be any deficiencies noted, the clinical coordinator will privately discuss it with the student and make recommendations on how the student may improve his or her performance.

Staff Radiographers are encouraged to discuss the evaluations with the student after grading an evaluation, explain 100% means perfect. The evaluations are made available to the students to encourage improvement in needed areas. All clinical rotation evaluations are documented and filed in the student's permanent record. Should the student feel that the evaluation is not truly representative of his/her performance, but rather a personality conflict, the Clinical Coordinator (CC) will discuss the evaluation with both parties separately and document the conversation(s), if any. The student may write comments concerning the evaluation and those comments will remain with the evaluation. The final decision regarding a discrepancy with a clinical evaluation will be made by Program Director in concordance with the CC and Clinical receptor (CP).

Regulations Governing Clinical Education:

1. Clinical schedules are posted on CANVAS.
2. Students are to punch or swipe by **(8:00A.M)** and must stay in clinical assignments thereafter. Students will punch or swipe out at the end of the day at **(4:30P.M.)**. If they fail to be signed out, the student will not receive P.M. clinical credit.
3. Students are expected to report to their clinical assignment on time and prepare the room by cleaning and stocking it. If an x-ray examination is already in progress, they are to assist the technologist as needed.
4. Students will be present in their assigned radiographic area whenever an examination is being performed.
5. Students will address all patients and doctors with respect, i.e., Miss, Mrs., Ms., Mr., or Dr. students will not use first name to address patients and/or doctors.
6. Students may **never leave a patient** unattended.

7. Any information which is learned regarding the patient's diagnosis, prognosis, or personal life is **classified/confidential** information and must not be discussed outside the professional realm of duty.
8. Students will label each radiographic image with a lead marker indicating the right or left side of the patient.
9. Students are **not permitted to take repeat radiographs** without a certified staff technologist present.
10. Proper dress code is always required on the clinical grounds.
11. Students are not permitted to chew gum in the clinical area.
12. Students are assigned 45 minutes to one-hour lunch period and are expected to return on time and according to department policy.
13. Students may not place or receive personal phone calls on any department telephone.
14. Students are not permitted to accept gratuities from family members or patients.
15. Students are to refrain from personal conversations or remarks while in the presence of patients.
16. Students may not congregate in any patient-care area of the imaging department.
17. During periods of inactivity, the reading of textbooks and professional literature is encouraged, if permitted. Novels and crafts are not permissible in the clinical area.
18. Students are not permitted to bring food and/or drink to any section of the radiology department or any clinical assigned areas.
19. Students must remain in the clinical area and may only leave with the permission of the Clinical Instructor, or the Staff Technologist (student is working with) or Clinical Coordinator or when dismissed.
20. Students may not leave any clinical site for the day unless they are dismissed by the Program Director (PD), Clinical Coordinator (CC), or Clinical Instructors (CI).
21. Students dismissed by staff technologists must inform CI immediately before allowing students to leave, to ensure no student is left ever behind. If a student is on portables, all students must wait for that student's return.
22. Students **MUST** avoid any non-diagnostic radiographing of self or others.
23. Clinical rotations are made by the Clinical Coordinator. A CI must approve all student's rotation change to ensure each student receives equal rotational opportunities.

Attendance and Punctuality

The student will be graded on the percentage of time that he/she spends in the clinical area. Disciplinary action will be enforced on any student who does not follow attendance, missing without notice, and punctuality guidelines. Medical appointments should be scheduled in advance and at the end of the day or early morning to avoid full day absences. Full day appointments may require make-up time if they exceed the three per semester allotted time. A Grievance Policy is in place. **NO/CALL NO/SHOW** is unacceptable. CI's will provide a contract number. Get a name.

Clinical Competency

This clinical evaluation system is a standardized method of measuring the student's ability to optimally produce a diagnostic radiograph for a specific anatomical part utilizing proper positioning, patient care, anatomy, technique, radiation protection, and equipment manipulation.

The clinical competency evaluation system is divided into two (2) Main parts: Semester Categories and Final or Terminal Evaluations.

Category Evaluations

The following steps are taken in evaluating the student's competency in each a procedure area:

The goal of the evaluation is to determine the student's competency on routine views of all parts of the anatomy. This evaluation takes place in both a mock setting (LAB) and an actual patient setting (Clinical).

- 1 Radiographic Positioning and Anatomy is taught by a designated faculty member in the didactic setting, utilizing texts and audiovisual aids.
- 2 A group demonstration is performed by the procedure's instructor in a designated radiographic room at an assigned time each week. Students are responsible for any missed information in lab. The instructor will demonstrate positioning for those students who have missed lab according to the instructor's schedule.
- 3 The students practice the positioning on one another in preparation for testing.
- 4 Each student, at a designated time is scheduled to perform a specific radiographic procedure in a simulated situation in a designated radiographic room while a faculty member evaluates the student's competency according to clinical competency evaluation criteria.
 - a. If the student fails, the examination (**below 85%**) the student then receives remedial instruction followed by re-examination in that specific procedure the following week.
- 5 Once a student has passed a competency evaluation in a mock setting, he/she must ask to be evaluated during the real-life clinical setting.
- 6 Should a student fail either a mock or patient evaluation both the failing grade and the re-examination grade will be averaged to obtain one grade for that procedure. Failure to shield a patient or to ascertain the chance of pregnancy will result in **automatic failure** for that LAB or competency evaluation.
- 7 Students must work with the technologists they are assigned. A student can NOT go to another technologist who records all 100, and never INDICATES an error.

Each student has a certain number of patient evaluations to complete per semester. ARRT mandates certain evaluations as mandatories or electives and required for graduation. Failure to complete the correct number of semester examination will result in a grade decrease for that semester and the examinations will be added to the following semester's requirements. The student must complete all required competency evaluations by the end of their senior year. All required competencies should be completed in the designated semester to avoid a grade reduction.

Clinical Competency Evaluations for each Semester

The table describes the order of procedures taught in the classroom and required clinical competencies for each semester.

Juniors	Orientation to Fall Semester I September to December
Fall	4
Spring	10
Summer	12
	<ol style="list-style-type: none">1. Chest<ol style="list-style-type: none">a. Routine (PA and Lateral)b. Obliquec. Decubitusd. Lordotice. Stretcher (supine and erect)f. Wheelchair (erect and lateral)2. Abdomen<ol style="list-style-type: none">a. Supine and Erectb. Decubitusc. Laterald. Dorsal decubituse. Obstruction series3. Upper Extremity<ol style="list-style-type: none">a. Finger and thumbb. Handc. Wristd. Forearme. Elbowf. Humerusg. Shoulderh. Scapulai. Claviclej. Acromioclavicular joints
	Spring to Summer II and III January to May
	<ol style="list-style-type: none">4. Lower Extremities<ol style="list-style-type: none">a. Toesb. Footc. Calcaneusd. Anklee. Tibia/fibulaf. Knee/patellag. Femur5. Other<ol style="list-style-type: none">a. Bone ageb. Bone survey (e.g., metastatic, non-accidental trauma)

- c. Arthrography
- 6. Spine and Pelvis
 - a. Cervical
 - b. Thoracic
 - c. Scoliosis series
 - d. Lumber
 - e. Sacrum and coccyx
 - f. Sacroiliac joints
 - g. Pelvis and hips
- 7. Thorax
 - a. Ribs
 - b. Sternum
 - c. Soft tissue neck
 - d. Sternoclavicular joints

Summer Semester IV, V, VI May to December

Seniors

Fall 15

Spring 15

7/ Terminal Evaluations

GI Studies

- a. Esophagus
- b. Swallowing dysfunction study
- c. Upper GI series, single or double contrast
- d. Small bowel series
- e. Contrast enema, single or double
- f. Surgical cholangiography
- g. ERCP

GU Series

- a. Cystography
- b. Cystourethrography
- c. Intravenous urography
- d. Retrograde urography
- e. Hysterosalpingography

Head

- a. Skull
- b. Facial bones
- c. Orbits
- d. Nasal bones
- e. mandible
- f. Paranasal sinuses
- g. Temporomandibular joints



II. Final/Terminal Evaluations 7 Patient Examinations

Students, in the spring and summer semesters of the second year, will be given seven Terminal Competency Evaluations to perform. The purpose of this evaluation is to obtain a final analysis of the student's competency by evaluating him/her on a close encounter of seven designated studies.

Terminal Competencies:

1. Chest PA and Lateral
2. Portable Chest
3. OR study
4. Fluoroscopy study
5. Trauma upper extremity
6. Trauma lower extremity
7. Spine study (*cervical, thoracic, or lumbar*)

All lab evaluations must be completed to be eligible for final/terminal evaluations and student should have completed all ARRT specification examinations.

The student will be evaluated on positioning skills, patient interaction, technical factors, knowledge of anatomy, patient protection and communication, image quality and critical thinking skills. Failure in any of the above examinations will result in remedial instruction and re-examination.

Policy on Student Employment

Students who accept employment situations while enrolled in the program may do so during hours in which the student is not engaged in assigned educational activities. During work assignments, the student may not wear the approved student uniforms, may not wear the approved (St. Christopher's Hospital) student identification badge, and may not wear the student's radiation dosimeter. A student working in an affiliated clinical education site may not supervise other students. Students are advised that their work schedule cannot interfere with their classroom or clinical performance. Student employment is not associated with any areas of clinical rotations/evaluation.

Terminal Comprehensive Examination

In preparation for the national certifying examination in radiography, students are required to take a final comprehensive examination at the end of the sixth clinical education course. Students who are unsuccessful the first time will retake a different version of the failed examination until a passing grade is achieved. The terminal comprehensive examination must be completed by June 1 or July 1, of the graduation year or a grade of "F" will be assigned to the course. The student must achieve a score of 85%

or higher to receive a grade in this course. Six Mock Boards examination will also be given and five of the six ASRT broad examinations must be passed with 85% or higher.

Current Address and Telephone Number

It is essential that each student keep the program informed of any changes of his or her current **name** (marriage), **mailing** and **email** addresses and **telephone numbers** to ensure proper documentation of important changes. Mailings and/or messages can be delivered in a timely fashion.

Communication Devices:

1. Cell phone use is not permitted in hospital clinical areas except in the cafeteria, and designated lounge areas.
2. Cell phones and other electronic devices are to be turned off or set to a silent or vibratory signal during class. There are exceptions, when approved by course instructor.
3. No headphones, earbuds during class or clinical.
4. No lectures, seminars or laboratory sessions are to be interrupted (except for asking questions to the instructors).
5. If there is an extreme situation that requires the student to receive notification, the student is to notify the course instructor before the class starts.
6. Absolutely no cell phones are allowed within the clinical settings in patient areas.

Other Services

Library

The library is located on the ground floor at St. Christopher's Hospital for Children. The library number is 215-427-5374. The hours of operation are 8:30a.m. to 5:00 A.M; Monday thru Friday. Also, students wearing their Temple University IDs are permitted to use the libraries on Temple University grounds respectfully.

Parking

Parking garage at St. Christopher's is accessible to students on the **third floor and higher levels only**. Currently there is not a fee for parking at St. Christopher's. Temple University Hospital offers students a reduced rate of \$6.50 from the regular rate of \$12.00 daily. This is through Temple and has nothing to do with St. Christopher's Hospital for Children. St. Christopher's Urgent Care provides free parking. Parking for Chestnut Hill Hospital is free.

Graduation Requirements

Upon successful completion of all program requirements (including financial obligations) the student will be awarded a “Certificate of Completion”. Successful completion of the program allows the student to apply for and sit for the American Registry of Radiologic Technologist’s (ARRT) Registry Examination in Radiologic Technology. Successfully passing the ARRT examination allows the individual to achieve the status of Registered Technologist and privileged to include R.T. (R) behind their name and signature.

To satisfy Program graduation requirements, as well as the ARRT examination eligibility the student **MUST** have:

- a. Met all financial obligations of the program.
- b. Completed all senior review courses with a minimum grade of 85.
- c. Earned a cumulative grade point average of 2.8 or above (B-).
- d. Satisfy all competency examination requirements as indicated on the
“ARRT Content Specifications”.
- e. Completed all required clinical make-up time.
- f. Received a grade of 85% or higher on 7 designated patient exams.
- g. Completed the program’s exit interview survey.
- h. Successfully pass five on-line 200 questions Mock Board Exams (Corectec).
- i. Successfully pass five of the six ASRT Mock examinations with a score of 85 or better.
- j. Attend the Kettering Seminar.

If for some reason a student is unable to complete and graduate from the program within the regular 23 months, he/she must complete all requirements of the program within a limit of 28 months or one semester. A Comprehensive Testing be given to ensure the student’s success of passing the National Boards before leaving the program.

Eligibility for Certification

Candidates must comply with the ‘Rules of Ethics’ contained in the ARRT Standards of Ethics. The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and applicants. The Rules of Ethics are intended to promote protection, safety, and comfort of patients. Registered Technologist and applicants engaging in any of the conduct or activities noted in the Rule of Ethics, or who permit the occurrence of said conduct or activities with respect to them, have

violated the Rules of Ethics and are subject to sanction as described. One issue addressed by the Rule of Ethics is the conviction of a crime, including felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking tickets. All alcohol and/or drug related violations must be reported.

Students remaining in the program for any reason after their scheduled graduation date due to a course failure will be required to take a comprehensive examination prior to the program director signing for their board examination. The student must receive passing grades of “B” or above. A grade of B is equivalent to 85 and the minimum passing grade for the comprehensive testing. Additionally, seven to ten terminal examinations are required from the Temple clinical site for those students out of the classroom over the time allotted. Help will be provided when needed and student is in good standing with the program meeting a through j on the preceding page.

Graduation Awards

Highest Academic Average

Awarded to the student who has the highest cumulative grade point average.

Leadership (Class Representatives)

Awarded to the student/s who demonstrated outstanding leadership qualities.

Clinical Competency Award

Awarded to the student/s who has had excellent clinical achievement and has exceeded minimum requirements of 85 or higher and recommended by the clinical preceptors.

Program Refund Policy:

Any student who withdraws from the program within the first two-weeks of enrollment during the first academic school year will be refunded 50 percent of the current tuition paid. This refund is in reference to the advanced tuition deposit of seven hundred dollars.

No refunds will be issued following two-weeks enrollment period during the first or second academic school year. Refunds for students receiving financial aid from another institution will follow their institution’s policy for refunds.

Student Agreement Form

I have read the Philadelphia School of Radiologic Technology Program Handbook. I understand all the policies and procedures for the classroom and clinical environment and surrounding areas. I

understand the Handbook will be revised as needed. I agree to abide by all rules/regulations and will perform all duties required. I have been provided a copy of the Student Handbook for my own records.

Answer the following questions:

1. The passing grade for each course is _____.
2. Review course grades are the same as regular course grades. True False
2. Not passing with the required grade will necessitate what action?
Briefly explain _____.
3. If I attempt to hide a felony what will happen upon applying for the ARRT examination?
Briefly explain _____.

Student Name: _____ Date: _____

Signature: _____

Thank you,

Jeffrey Goldstein

Philadelphia School of Radiologic Technology

Academic Calendar

The calendar provides the school's semesters and breaks.

2024	Semesters	
July 15 th to 31 st	School Orientation	

August 5 th to 9 th	Semester Finals	
August 12 th to September 2 nd	Summer Break	No Classes
September 3 rd	Fall Semester Begins	
November 28 th to 29 th	Thanksgiving Holiday	No Classes
December 9 th to 13 th	Finals	
2025		
January 2 nd	Spring Semester Begins	
January 20 th	MLK Holiday	
April 14 th to 18 th	Semester Finals	No Classes
April 21 st to 25 th	Spring Break	
April 28 th	Summer Semester Begins	Classes Start
May 26 th	Memorial Day	
June 20 th	Graduation	
July 7 th to August 8 th	School Orientation	
August 11 th to 15 th	Semester Finals	
August 18 th to September 2 nd	Summer Break	No Classes
September 2 nd	Fall Semester Begins	
November 27 th to 28 th	Thanksgiving Holiday	No Classes
December 8 th to 12 th	Semester Finals	
December 15 th to January 1 st	Winter Break	No Classes
2026		
January 2 nd	Spring Semester Begins	Classes Start
January 19 th	MLK Holiday	
April 6 th to 10 th	Semester Finals	
April 13 st to 17 th	Spring Break	No Classes
April 20 th	Summer Semester Begins	Classes Start
May 25 th	Memorial Day	
June 19 th	Graduation	
July 13 th to 29 th	School Orientation	New students
July 27 th to 31 st	Semester Finals	
August 2 nd to September 7 th	Summer Break	No Classes
September 8 th	Fall Semester Begins	
November 26 th to 27 th	Thanksgiving Holiday	No Classes
December 14 th to 17 th	Semester Finals	
December 15 th to January 1 st	Winter Break	No Classes
2027		
January 4 th		Classes Start