



**ASCENSION ST. JOHN HOSPITAL  
SCHOOL OF RADIOLOGIC TECHNOLOGY  
STUDENT HANDBOOK  
2024-2025  
revised 8/6/24**

**Mission Statement**

The Mission of the Ascension St. John Hospital School of Radiologic Technology is to provide an economically affordable education in the field of Radiologic Technology. This education is for students who will benefit in becoming competent professionals through successful completion of required clinical and didactic courses and certification by the American Registry of Radiologic Technologists (ARRT).

**Program Goals**

The goals and expected outcomes of the Ascension St. John Hospital School of Radiologic Technology are:

1. Students will be clinically competent.
  - a. Students will apply positioning skills.
  - b. Students will select appropriate technical factors.
  - c. Students will practice radiation protection.
2. Students will communicate effectively.
  - a. Students will use effective oral communication skills.
  - b. Students will practice written communication skills.
3. Students will use critical thinking and problem-solving skills.
  - a. Students will manipulate technical factors for non-routine examinations.
  - b. Students will adapt positioning for non-routine patients.
  - c. Students will critique images for improvement.
4. Students will demonstrate professionalism.
  - a. Students will discuss the importance of professional growth.
  - b. Students will present information on our profession or our program to prospective students, new students, or communities of interest.
  - c. Students will exhibit professional behavior in the clinical setting.

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## **I. Introduction**

### **A. General Comments**

Radiologic Technology is the art and science of producing images of the internal human anatomy. X-radiation was discovered on November 8, 1895 in Germany by Wilhelm Conrad Roentgen. The medical value of x-ray was immediately visible. Originally, physicians and electricians operated the crude pieces of x-ray equipment. During World War I, others became interested in the use of this equipment. By 1920, a group of men and women interested in x-ray joined together to form the American Society of Radiologic Technologists (ASRT) and on November 18, 1922, the first certifying examination for technologists was given by the American Registry of Radiologic Technologists (ARRT).

The responsibilities of Radiologic Technologists include protection of the patient, self and others from electrical hazards and ionizing radiation as well as the production of quality, diagnostic radiographs for the radiologist to interpret. Radiologic Technologists are responsible for the use of a large variety of x-ray equipment. Radiologists are physicians who specialize in the interpretation of radiographs and the use of other forms of diagnostic and therapeutic imaging and treatment used in radiology.

Registered Radiologic Technologists may enhance their professional skills in other imaging modalities. CT, MR, Mammography and interventional radiography require either on the job training or additional education and certification through the ARRT. Sonography, radiation therapy, nuclear medicine, education, radiologist assistant and administration require additional specialized technical education or college degrees beyond ARRT certification.

Radiologic Technologists are educated in a variety of programs. Two-year certificate programs prepare the student both academically and clinically within a hospital setting. Associate degree programs are usually conducted in community colleges and include the same didactic and clinical education as the certificate program with an addition of courses such as English and History. Four-year bachelor of science degree programs are undertaken in four-year colleges or universities or may be a two plus two program. Both of these require the same academic and clinical courses as the certificate program, as well as two years of academic credits in the colleges' required distribution courses and courses in the student's declared major, such as science. The difference between a four year bachelor of science and a two plus two B.S. is usually the result of a two year certificate graduate completing the second two years in a four year college or university, fulfilling the requirements of that institution.

There are several educational institutions that award up to sixty credit hours for successful completion of an accredited radiography program. They include, but are not limited to Western Michigan University, St. Mary's College, Siena Heights University, Rochester University, and Henry Ford College. We currently have a formal articulation agreement with Cleary University, Concordia University – Ann Arbor, Macomb Community College and Wayne County Community College District and are in the

negotiation process with other colleges and universities. Regardless of the type of program chosen, graduates must take the ARRT national certification exam. A passing grade on this computerized 200 question, multiple choice exam awards the students the status of Registered Technologist Radiography, R.T. (R)(ARRT).

## **B. Accreditation and Approvals**

1. Association of American Medical Colleges the Council of Teaching Hospitals
2. Association for Hospital Medical Education
3. Greater Detroit Area Hospital Council
4. American Hospital Association
5. The Joint Commission on Accreditation of Health Care Organizations.
6. Catholic Hospital Association
7. American Medical Association (Michigan State Medical Society)
8. Michigan Hospital Association
9. Joint Review Committee on the Education of Radiologic Technologists (JRCERT)  
20 N. Wacker Dr., Suite 2850  
Chicago, IL 60606-3182  
[www.jrcert.org](http://www.jrcert.org)  
[mail@jrcert.org](mailto:mail@jrcert.org)

## **C. Professional Organizations**

The American Society of Radiologic Technologists (ASRT) is an approximately 152,375 member organization serving the needs of technologists in all 50 states and Puerto Rico. The ASRT functions to give professional guidance and assistance to its members. The ASRT becomes involved in legislation affecting technologists, provides services such as insurance, low cost loans, continuing education programs and a wide variety of services to the individual technologist as well as to local technologist organizations.

Active ASRT membership provides bimonthly copies of ASRT Journal “Radiologic Technology” the ASRT newsletter, the “Scanner” and discounts on supplies, services and a national annual meeting. Students are encouraged to become members and take advantage of the study aids that are available to students.

A local organization, the Michigan Society of Radiologic Technologists (MSRT), provides a newsletter, educational programs and meetings that enable the technologist to remain current in their profession. Students are encouraged to become members and participate in the monthly meetings and “Student Tech Bowl” competitions at the annual meeting.

## **D. Ascension St. John Hospital**

St. John Hospital was founded and incorporated in 1948 by the Sisters of St. Joseph. Actual construction began in 1950 when the cornerstone was laid. The hospital was officially dedicated on March 9, 1952. The doors to patients were opened for the first time on May 15, 1952. The increasing size and complexity of the hospital prompted the Sisters to give the community a greater voice in its management and in 1965, it made provisions for the inclusion of lay members on the Board of Trustees. In 1968, another

major change was made in the hospital's organization when the Sisters of St. Joseph and Board of Trustees appointed a President and a Chief Executive Officer. With this appointment, the beginning of a corporate type management structure was initiated to give the hospital the necessary leadership to guide its development.

Today, Ascension St. John Hospital, is a non-profit community tertiary healthcare center, which serves the Eastern Metropolitan Detroit area. It is fully accredited by the Joint Commission on the Accreditation of Hospital Organizations (TJC) and is approved for post-graduate internship and residency training. Ascension St. John Hospital is a part of a large system called Ascension Michigan (AM). Ascension was formed when the Sisters of St. Joseph merged with the Sisters of Charity to form what today is the largest not for profit Catholic health system in the United States with 150 hospitals.

Ascension St. John Hospital is an affiliated undergraduate institution of Wayne State University. It is licensed and certified by the Michigan Department of Consumer and Industry Services and is a member of the Council of Teaching Hospitals, the Greater Detroit Area Hospital Council, the American Hospital Association, the Michigan Hospital Association, and the Catholic Hospital Association.

Departments include: comprehensive cancer center, coronary intensive care, cardiovascular intensive care, medical intensive care, surgical intensive care, neonatal intensive care, pediatric intensive care, cardiac catheterization lab, non-invasive cardiac lab, mobile kidney and gallbladder lithotripsy, laser center, transplant center, psychiatric unit, radiation therapy, nuclear medicine and magnetic resonance imaging.

A medical staff of 3,200 physicians, most of whom are board specialists, continues to grow. The hospital also has complete rehabilitative medical facilities, which include: speech therapy, occupational and physical therapies, cardiac rehabilitation, and medical social services.

The growth of the hospital continues with the expanding needs of patients. The hospital and their associates have continually pledged to provide patients with the highest quality medical care. To meet the sophisticated, high technology demands of modern medicine, the hospital campus is continually being updated.

#### **E. Imaging Services Department**

The Imaging Services Department provides 24 hours, seven days a week service. The Ascension St. John Hospital Imaging Department employs approximately 225 associates including: technologists, personnel for patient transportation, record keeping, nursing and supervision. There are also 22 radiologists and a physicist.

Services offered by Imaging Services include: diagnostic radiology, fluoroscopy, tomography, special vascular/interventional procedures, emergency radiology, mobile radiology, surgical procedures, breast imaging, ultrasound (US), computed tomography (CT), Magnetic Resonance (MR) and radiation therapy.

The equipment used in radiology is state-of-the-art and operated by highly skilled professionals who are certified and registered by the ARRT.

## II. School of Radiologic Technology

### A. History and Expectations

The Ascension St. John Hospital School of Radiologic Technology was established in 1952. Since 1952, the school has been supplying competent Radiologic Technologists to the community. The Ascension St. John Hospital School of Radiologic Technology is a twenty-four month program designed to give the student intensive instruction in the didactic and clinical aspects necessary to produce a highly qualified, productive radiographer.

### B. Enrollment

Each Monday following Labor Day a new class of students begins the program. The number of students selected to the program is calculated by the Joint Review Committee in the Education of Radiologic Technologists (JRCERT) based on the department size and number of Radiologic Technologists on staff so that a 1:1 student to technologist ratio exists to enhance the student's learning.

Student Clinical Hours:

Days (Variable 8-hour shifts)	5:00 a.m. – 7:00 p.m.
Afternoons (Variable 8-hour shifts)	1:00 p.m. – 11:00 p.m.

### C. Admissions and Selection

#### I. Eligibility Requirements

- a. High School Diploma or GED equivalent. Foreign graduates must have transcripts evaluated in equivalent American courses and grades. Minimum Standard: 2.5 GPA
- b. College Minimum Standard: 2.7 GPA
- c. The minimum requirement for consideration is an Associate degree *or* enrollment in a college or university that we have an articulation agreement with.
- d. ACT (American College Testing) score. Ascension St. John Hospital School of Radiologic Technology ACT code number is **2047**.  
Minimum Standard: 18  
(SAT Scores will also be evaluated.)
- e. Required college 1000 level or higher courses include:
  - Communications (English)
  - Information sciences (Computers)
  - Algebra (not Intro, Pre, Basic or Elementary)
  - Anatomy & Physiology *or* Physical Science
- f. Three official letters of recommendation

- g. The application form must be completed and returned to the Program Director via mail before February 1 before consideration will be given to the candidate.
- h. The above application materials must be compiled by the student and mailed to the Program Director in **one** envelope packet.

## 2. Application Criteria

The completed application form and other requirements regarding admission to the school should be addressed and mailed to:

Denise Rene Allen, MBA, RT(R)(M)(QM)(ARRT)  
School of Radiologic Technology  
Ascension St. John Hospital  
22101 Moross Road  
Detroit, Michigan 48236

The applicant will be scheduled for a personal interview once the application process is completed and the following required information is received/met:

1. ACT score (score of 18 or higher)
2. \*Official transcripts of high school and college grades
3. Three official letters of recommendation from employers, teachers, counselors, etc. These letters shall not be from friends or relations.
4. Non-refundable \$40 application fee (check or money order made out to *Ascension St. John Hospital*)
5. Evidence of an Associate degree or higher *OR* proof of enrollment in a college or university that we have an articulation agreement with (refer to page 3-4).

**The deadline for receiving completed applications for the class beginning in September is February 1st.**

\*Official documents must be sealed, and either signed or stamped across the back by the school officials or reference. Letters or transcripts that are not signed or sealed appropriately or appear to be tampered with will not be accepted.

## 3. Selection Process

Selection is based on ACT or SAT score, educational background, prior healthcare experience and personal interview. A point system is utilized to rank prospective students with the top 13 highest scoring applicants entering the program; the next 3 are chosen as alternates (as an alternate, you may be invited to join that cohort if a seat opens (up to one week after school begins). In case of tie score, the program director makes the ultimate decision. The remaining applicants are encouraged to reapply the following year.

### Interview

Personal interviews will be conducted by appointment, if application criteria has been adequately met. Interviews are conducted in February and March.

### Non-Discrimination

Student selection for the Ascension St. John Hospital School of Radiologic Technology is non-discriminatory with respect to race, color, religion, gender, sexual orientation, gender identity, age, disability, national origin, height, weight, genetic information, marital status, amnesty, and other legally protected status or status as a covered veteran in accordance with applicable federal, state, and local laws.

### **4. Agreement**

Upon acceptance into the program, the candidate receives an “Agreement” which is signed by the student and Program Director. It defines the responsibilities of the student and the school. Both the signed agreement and “Technical Standards” form must be submitted to the Program Director by the specified date to secure a position.

Admission to the program is contingent upon clearance of the candidate’s pre admission physical examination (including a drug screening) which is performed by the Ascension St. John Hospital Occupational Health Services, and a cleared criminal background check performed by the hospital’s Human Resources Department.



**Ascension St. John Hospital**  
**School of Radiologic Technology**  
**STUDENT AGREEMENT**

- I. The applicant, \_\_\_\_\_, hereby agrees to register as a student in the School of Radiologic Technology at Ascension St. John Hospital for a twenty-four month period.
- A. The applicant is responsible for returning this agreement form with a ***non-refundable first year tuition deposit of \$1500.00, no later than June 1, 2024, to hold their seat.*** The remaining ***non-refundable first year tuition (\$1500)*** and an annual electronic record keeping fee (\$150) are due on September 9, 2024. ***Checks should be made payable to: Ascension St. John Hospital.***
- B. Students are responsible for an annual record keeping fee (\$150), online course fees, all textbook costs (approximately \$1500.00 total), and student membership in the ASRT (~\$40). The program director will provide you with more details regarding the purchase of the majority of these books (~\$1200) in August.
- C. The second year tuition and fees (\$3150) are due on the first day of school in September of the second year (Sept. 8, 2025). A few additional textbooks and online courses are also required the second year (~\$400 of the ~1700 total book costs for the program) and student membership in the ASRT (~\$40).
- II. The applicant understands and agrees that:
- A. Students are evaluated in the following areas during their final year in the program:
1. Clinical Education - 80% minimum passing grade.
  2. Didactic Education - 80% minimum in each course.
  3. Professional conduct - Students are selected into the program by their ability to demonstrate outstanding academics, maturity, potential for building clinical skills, and the capacity to act as a responsible, considerate adult.
- B. The student may be dismissed from the program at any time, if:
1. The student's scholarship is unsatisfactory.
  2. The student has breached any of the rules and regulations of the hospital, Imaging Services Department, or the School of Radiologic Technology.
  3. It is found that the student does not satisfy the requirements of health, professional ethics, or personal suitability for the profession of Radiologic Technology.
- C. In the event of dismissal of a student, as indicated above, the Hospital, Department of Radiology, nor the School of Radiologic Technology shall have any further obligation to the student.

- D. Admission to the program is contingent upon the applicant meeting the following criteria prior to September 9, 2024:
- a. Pre-admission physical examination performed by the Ascension St. John Hospital Occupational Health Services Department (at no cost to the applicant) without findings. This will be scheduled by the program director.
  - b. Consistent with Section 20173 of the Michigan Public Health Code and the requirements of clinical rotation partners, a Criminal Background Check and Drug Screen clearance will be required prior to admission. (These will also be performed by Ascension St. John Hospital at no cost to the applicant.)
  - c. Return of the signed Technical Standards portion of the program agreement.
  - d. Return of the signed COVID-19 Precautions and Clinical Education Agreement.

**SIGNATURES**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Program Director, Denise Rene Allen  
School of Radiologic Technology

\_\_\_\_\_  
Date

**Ascension St. John Hospital  
School of Radiologic Technology**

**TECHNICAL STANDARDS**

Technical standards for radiologic technology require a student to be able to perform the following with reasonable accommodation:

1. Reach to a height of 36" over the imaging table.
2. Assist a non-ambulatory or semi-ambulatory patient in transferring from a bed to a wheelchair or stretcher. Assist in transferring said patient from a wheelchair or stretcher to the imaging table.
3. Propel the wheelchair or stretcher from the patient's room and in and out of the imaging room.
4. Position a patient on the imaging table in the required positions for all procedures.
5. Push the portable imaging unit from the department to the patient's room.
6. Carry imaging cassettes used in the imaging areas to and from the processing area.
7. Recognize any situation that may prove potentially hazardous to a patient or other personnel.
8. Listen for indicative signs of medical emergency: choking, shortness of breath, patient complaints of pain, etc.
9. Mentally assess medical emergencies and respond quickly to summon qualified medical personnel.

I have read and understand the technical standards for this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

## **D. Program Description**

The School of Radiologic Technology offers a diverse and stimulating two-year (24-month) program of instruction. It is recommended to students who wish to receive their education at a progressive and active hospital. Ascension St. John Hospital is a designated trauma center offering a wide variety of educational experiences.

Students receive didactic instruction and clinical education in all phases of the Imaging Services Department. During the two-year program, approximately 40% is spent in academic preparation and 60% in developing clinical competencies.

In addition to Ascension St. John Hospital, students will experience a vast spectrum of exams in the Imaging Services Departments of St. John Macomb-Oakland Hospital, Warren Campus; St. John Macomb-Oakland Hospital, Madison Heights Campus; St. Clair Orthopaedics and Sports Medicine; Ascension St. John Hospital Health Center at 23 Mile; and Ascension St. John Hospital Health Center at 12 Mile. Additional clinical rotations may be added. The assignments serve to enhance the curriculum by providing specialized clinical educational opportunities. Students are responsible for their own transportation; all students rotate through all six clinical education sites.

The school meets the standards established by the American Society of Radiologic Technology (ASRT) and the American Registry of Radiologic Technologists (ARRT), and is accredited by the Joint Review Committee on the Education of Radiologic Technologists (JRCERT), 20 N. Wacker Dr., Suite 2850, Chicago, IL 60606-3182. [www.jrcert.org](http://www.jrcert.org)

The school faculty includes a Program Director, a Clinical Coordinator, Clinical Preceptors, Physicists, Registered Nurses, Radiologists, Registered Radiologic Technologists and other qualified instructors.

The year is divided into four semesters of clinical and didactic education. The fall semester begins the Monday following Labor Day and is 14 weeks in length. This semester concludes prior to Christmas. The winter semester is also 14 weeks and begins the first week of January and concludes in April. The spring semester is eight weeks in length. The summer semester is spent primarily on clinical practice and is 14 weeks in length.

## **E. Curriculum Summary**

### **1. Clinical Education I-VIII**

Content and clinical practice experiences are designed for sequential development, application, critical analysis, integration, synthesis and evaluation of concepts and theories in the performance of radiologic procedures. Through structured sequential, competency-based assignments in the clinical setting, concepts of team proactive, patient-centered practice and professional development shall be discussed, examined and evaluated.

### **2. Introduction to Radiography**

This course will provide the student with an overview of radiography and its role in healthcare delivery. Student responsibilities will be outlined. Students will be oriented to academic and administrative structure, key departments and personnel, basic radiation protection techniques, medical ethics, and to the profession as a whole.

### **3. Patient Care I**

This course will provide the student with the concepts of patient care, including considerations for physical and psychological needs of the patient and family. Routine and emergency patient care procedures will be described, as well as infection control procedures utilizing Standard Precautions. Also introduced in this course will be an orientation for the understanding of radiographic orders and in interpretation of diagnostic reports.

### **4. Patient Care II**

Prerequisite: Patient Care I. This course will provide a continuum of the basic concepts of patient care, routine emergency care, an emphasis on basic pharmacology, recognition of basic knowledge of EKGs and arrhythmias for the imaging technologist.

### **5. Introduction to Mobile Radiography**

This unit introduces the student to equipment and exams performed in mobile radiography. Equipment manipulation and basic positioning considerations will be demonstrated.

### **6. Medical Terminology**

This course will provide the students with the elements of medical terminology. An introduction to the origins of medical terminology will be addressed. A word building system will be introduced. Abbreviations and symbols will be discussed.

### **7. Anatomy and Physiology I**

This course will provide the student with knowledge of anatomy and physiology of the cells and tissues, respiratory system, digestive system, urinary system, fluid and electrolyte, acid and base balance.

**8. Anatomy and Physiology II**

Prerequisite: Anatomy and Physiology I. This course will provide the student with knowledge of anatomy and physiology of the skeletal system.

**9. Anatomy and Physiology III**

Prerequisite: Anatomy and Physiology II. This course will provide the student with knowledge of anatomy and physiology of the skull, facial bones, and special senses.

**10. Anatomy and Physiology IV**

Prerequisite: Anatomy and Physiology III. This course will provide the student with knowledge of anatomy and physiology of the circulatory system, lymphatic system and immune system.

**11. Radiographic Procedures I**

This course introduces the student to positioning terminology, radiographic examinations of the chest, abdomen, gastrointestinal tract, urinary tract and biliary tract. Consideration will be given to the production of images of optimal diagnostic quality. Laboratory required experience will be used to compliment the classroom portion of the course. Students will position classmates and phantoms during laboratory sessions.

**12. Radiographic Procedures II**

Prerequisite: Radiographic Procedures I. This is a continuation of Radiographic Procedures I and includes routine positioning of the upper and lower extremities.

**13. Radiographic Procedures III**

Prerequisite: Radiographic Procedures II. The course includes radiographic positioning and laboratory practice of the cervical, lumbar and thoracic spines, sacrum and coccyx, sacroiliac joints, bony thorax, and skull.

**14. Radiographic Procedures IV**

Prerequisite: Radiographic Procedures III. The course includes radiographic positioning and laboratory practice of the facial bones, paranasal sinuses, mandible, nasal bones, orbits, scoliosis series, and special positions of the skull.

**15. Radiographic Procedures V**

Prerequisite: Radiographic Procedures IV. This course includes the radiographic special positioning and laboratory practice of the temporomandibular joints, mastoids, and sternum. Radiographic examinations of the upper and lower extremities and the spine will be studied. Geriatric and pediatric imaging and Mobile Imaging is also covered.

**16. Trauma Radiography**

Prerequisite: Radiographic Procedures V. Special considerations and positioning of the trauma patient will be addressed.

17. **Principles of Exposure I**

This unit will provide the student with knowledge of factors that govern the production of a quality image. Laboratory experiments will be utilized to demonstrate clinical applications and the theoretical principles and concepts.
18. **Principles of Exposure II**

Prerequisite: Principles of Radiographic Exposure I. This unit is a continuation of the factors that govern a quality image. Emphasis is placed on what the radiographer can do improve quality when necessary.
19. **Radiographic Image Evaluation I-IV**

This course will provide the student with a working knowledge of radiographic imaging evaluation and critique. As the student progresses through the curriculum, the complexity of images to be evaluated and critiques will increase. Some radiographic pathology discussion will be included during these sessions.
20. **Radiation Physics I & II**

These *online* courses will provide the student with knowledge of basic physics. Structure of the atom, electromagnetism, magnetism, electrostatics and electrodynamics will be studied.
21. **Principles of Radiation Protection**

This *online* course will provide the student with an overview of the principles of radiation protection. Radiation protection responsibilities of the radiographer for patients, personnel and the public are presented. The concepts of As Low As Reasonably Achievable (ALARA), and stochastic and non-stochastic effects will be discussed and compared with the concept of Absorbed Dose Equivalent. Regulatory agencies will be identified and agency involvement in radiation protection will be discussed.
22. **Principles of Radiation Biology**

This online course will provide the student with an overview of the principles of the interaction of radiation with living systems. Radiation effects on biologic molecules and organisms with factors affecting biologic response to irradiation are presented.
23. **Radiographic Pathology**

This course will provide the student with an introduction to the concepts of disease. Pathology and disease as they relate to various radiographic procedures will be discussed.
24. **Venipuncture**

This unit will provide the student with the theory and practice of the basic technique of venipuncture and administration of contrast media and/or intravenous medication.
25. **Digital Acquisition and Display**

This course covers the basic concepts of principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display archiving and retrieval are discussed.

**26. Professionalism**

This course provides the student with tools to become a committed, team oriented, accountable, employable individual who is proud of his/her profession. Resume writing, interviewing and job search skills are also discussed.

**27. Human Diversity**

This unit is designed to promote better understanding of patients, the patient's families and professional peers through comparison of diverse populations based on their value system, culture and ethnic influences, communication style, socioeconomic influences and life stages. Content includes the study of factors that influence relationships with patients and professional peers.

**28. Registry Review**

Utilizing the *Corectec*® *online* review course, the ASRT Student Exam Assessment Library (SEAL), and interactive, engaging classroom review sessions, emphasis is placed on determining the soon-to-be graduate's strengths and weaknesses in preparing for the ARRT national certification exam.

Course content, additions or deletions are at the discretion of the instructional staff. Changes are made to reflect technological advances and ASRT curriculum guidelines. All didactic courses meet at the sponsoring institution, Ascension St. John Hospital (ASJH) in Detroit.

**F. Program Completion**

After successful completion of the 24 months of didactic and clinical education, the student will be awarded a certificate. That certificate allows them eligibility to apply to take the ARRT national certification exam.

The following criteria must be met prior to graduation:

1. Satisfactory completion of all competency examinations and final competency examinations (minimum 95%)
2. Complete all Clinical Education requirements and rotations in semesters I through VIII with a minimum of 80%.
3. Maintain a minimum of 80% in each didactic course.
4. All attendance obligations including registry review courses.
5. Completion of two community service projects.

Awards are presented to the student who achieved excellence in academic education and clinical education.

Required competencies are developed in multiple didactic courses, as well as clinically. The required competencies for the certificate of completion are based on the program's goals (refer to page 1). They include demonstration of knowledge in the following areas:



## 1. Patient Care and Management

### Goals:

- a. The graduate will provide basic patient care and comfort, and anticipate patient needs.
- b. The graduate will provide appropriate patient education.

These competencies are developed and identified in: Patient Care, Cardiopulmonary Resuscitation and Basic Life Support Instruction and Clinical Education.

## 2. Radiation Protection

### Goals:

- a. The graduate will practice safe radiation protection.

These competencies are developed in: Introduction to Radiography, Principles of Radiation Protection, Principles of Radiographic Exposure, Radiation Physics, Radiographic Procedures and Clinical Education.

## 3. Radiographic Principles

### Goals:

- a. The graduate will operate medical imaging systems and accessory devices.

These competencies are developed in: Radiation Physics, Radiographic Procedures, Principles of Radiographic Exposure and Clinical Education.

## 4. Radiographic Procedures

### Goals:

- a. The graduate will position the patient and medical imaging system to perform examinations and procedures.

These competencies are developed in: Radiographic Procedures, Human Anatomy and Physiology and Clinical Education.

## 5. Principles of Exposure

### Goals:

- a. The graduate will exercise independent judgment and discretion in the technical performance of medical imaging procedures.

These competencies are developed in: Radiographic Procedures, Clinical Education, Radiation Protection and Principles of Radiographic Exposure, Image Evaluation and Trauma Radiography.

## 6. Anatomy and Physiology

### Goals:

- a. The graduate will demonstrate knowledge of Human Anatomy and Physiology and Pathology.

These competencies are developed in Human Anatomy and Physiology, Radiographic Image Evaluation, Medical Terminology, Radiographic Procedures, Radiographic Pathology, Trauma Radiology and Clinical Education.

7. Image Display:

Goals:

- a. The graduate will demonstrate knowledge and skills related to medical image display.

This competency is developed in Principles of Radiographic Exposure, Digital Image Acquisition and Display and Clinical Education.

8. Equipment Maintenance

Goals:

- a. The graduate will understand the safe limits of equipment operation.
- b. The graduate will recognize equipment malfunctions and report them to the proper authority.

These competencies are developed in: Radiation Physics, Principles of Radiographic Exposure, and Clinical Education.

9. Interpersonal Communication

Goals:

- a. The graduate will demonstrate knowledge and skills relating to verbal, nonverbal and written medical communication in patient care intervention and professional relationships.

These competencies are developed in: Professionalism, Patient Care, Radiographic Procedures and Clinical Education.

10. Professional Responsibility

Goals:

- a. The graduate will support the professions code of ethics and comply with the profession's scope of practice.

These competencies are developed in: Radiographic Procedures, Patient Care, Introduction to Radiography, Professionalism and Clinical Education.

11. Clinical Education

Goals:

- a. The graduate will competently perform a full range of Radiologic procedures on pediatrics, adults and geriatrics in the following categories; Head/Neck, Abdominal, Gastrointestinal, Genitourinary, Musculoskeletal, Chest, Trauma, Bedside and Surgical.

These competencies are developed in Radiographic Procedures, Trauma Radiography and Clinical Education and Anatomy and Physiology.

## **G. Clinical Education Rotations**

### ***Junior Year***

Department and Hospital Orientation will take approximately 4 weeks to complete in the first semester of the junior year. Educational experience will include exposure to the following areas:

Customer Service

Patient Care

Radiation Protection

Radiographic Patient Flow

### ***Junior Year Rotational Series***

Junior students experience the following areas of radiology on a 2 week (3 days/week semester I-III, 5 days/week semester IV) rotational basis throughout the first year.

Fluoroscopic Radiography (to include UGI, BE, other fluoroscopy studies)

General Imaging

St. Clair Orthopaedics & Sports Medicine (*15 mins from ASJH*)

Ascension St. John Hospital Health Center at 12 Mile (*15 mins from ASJH*)

Mobile Radiography

Afternoon Split Shift (11:00 a.m.-7:00 p.m.)

Afternoons (3:00-11:00 p.m. semester IV only, 1 week only)

Operative Cystography Radiography/ Operating Room

Ascension Macomb-Oakland Hospital, Warren Campus (*20 mins from ASJH*)

(includes Mobile Radiography, Operating Room Imaging and General Imaging)

Ascension Macomb-Oakland Hospital, Madison Heights Campus (*25 mins from ASJH*)

(includes GI, General Imaging, Portables, and Operating Room)

Ascension St. John Hospital Health Center at 23 Mile (*35 mins from ASJH*)

### ***Junior Student Clinical Education Areas:***

### ***Approximate Number of Weeks per Rotation***

Fluoroscopic Radiography	7
General Imaging (includes ER)	9
St. Clair Orthopaedics & Sports Medicine	4
Mobile Radiography	3
Afternoons (1:00-11:00 p.m. variable)	1
Ascension St. John Hospital Health Center at 12 Mile	4
Ascension Macomb-Oakland Hospital, Warren Campus	6
Ascension Macomb-Oakland Hospital, Madison Heights Campus	4
Ascension St. John Hospital Health Center at 23 Mile	4

**Senior Year Rotational Series**

Senior students experience the following areas of radiology on a 1-week (3 days/week semesters V-VII, 5 days/week semester VIII) rotational basis throughout the second year.

Fluoroscopic Radiography (to include UGI, BE other fluoroscopy studies)

General Imaging

Mobile Radiography

Afternoons (1:00 p.m. – 9:00 p.m.)

Operating Room Radiography

Ascension Macomb-Oakland Hospital, Warren Campus

(includes Mobile Radiography, Operating Room and General Imaging)

Ascension Macomb-Oakland Hospital, Madison Heights Campus

(includes GI, General Imaging, Portables and Operating Room)

Ascension St. John Hospital Health Center at 23 Mile

**Senior Student Clinical Education Areas:**

**Approximate Number of  
Weeks per Rotation**

Fluoroscopic Radiography	8
General Imaging	6
Mobile Radiography	3
Afternoons (1:00 p.m.-9:00 p.m. variable)	4
Operating Room Radiography	7
Ascension Macomb-Oakland Hospital, Warren Campus	4
Ascension Macomb-Oakland Hospital, Madison Heights Campus	3
MRI	1
Special Procedures/Interventional Radiography	1
Mammography	1
Ultrasound	1
CT	2
Ascension St. John Hospital Health Center at 23 Mile	2
Student Choice – provided all requirements for completion of program are met	2

### III. Student Guidelines

#### A. Professional Conduct

Students are expected to adopt a demeanor consistent with professional standards set forth in the code of ethics of the American Society of Radiologic Technologists. In addition, it is suggested that students practice the golden rule. Manners, kindness and consideration are never out of place. Professional standards must go beyond the paper they are printed on. Application of standards in relationships with patients, peers, supervisors and others in general is an expected behavior of the program.

In addition, it should be stressed that patients, students and employees have the right to confidentiality. Students will be required to sign a “Confidentiality Agreement” to guarantee this right to confidentiality. Discussion of health, welfare, financial status, grades or any other business without consent is inconsistent with that right and is utilized for the sole purpose of clarification in diagnosis.

Radiographic procedures are restricted to patients with appropriate physician’s requests. The purpose of this is to reduce unnecessary exposure to ionizing radiation.

Students are expected to abide by the rules and regulations of the program. These rules may be found in the section on Administrative Policies on page 22-23.

#### B. Educational Performance

##### 1. Didactic Performance

Didactic or academic preparation is a necessary, integral portion of our students’ education. Fundamental principles give students the tools necessary to gain the knowledge and understanding to perform clinically. It assists by supplying the knowledge to develop critical thinking skills.

Satisfactory performance in didactic and clinical education, demonstration of professional ethics and personal suitability for the profession of Radiologic Technology are required for promotion. The following grading system is used:

95% - 100%	A
89% - 94%	B
85% - 88%	C
80% - 84%	D
79% and below	F

An 80% in **each** didactic course must be earned in order to succeed into the next semester.

##### 2. Clinical Performance

Students rotate through several clinical areas. Checklists and objectives are supplied to the student on the E\*Value clinical guidelines. The objectives are guidelines for expected minimal performance. Checklists enable a staff technologist to assist the clinical coordinator in assessment of the student’s performance. The checklists increase in expectations from a level one (introduction) to a level three (competency).

Additionally, students receive didactic instruction in radiographic procedures, laboratory demonstrations and competency evaluations. Competency evaluations are given when students feel prepared to perform given exams unassisted and without direct supervision. A *minimum* number of competencies are required each semester. An 80% minimum must be earned in Clinicals in order to succeed into the next semester.

**Students receive *direct supervision* until they achieve competency in a given area. Once competency is achieved in an area, *indirect supervision* is received.**

***Direct supervision* is defined as student supervision by a qualified radiographer (an ARRT registered and certified radiographer) who:**

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

***Indirect supervision* is defined as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of achievement.**

**Repeat images must be completed under *direct supervision*.**

**Students must be *directly supervised* during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.**

Scheduled rotations include days and afternoons. Rotations cannot be changed to accommodate extracurricular activities, employment schedules, etc. Clinical guidelines are provided for the student on the first few weeks of classes on E\*Value. This online resource contains all information pertinent to the clinical aspect of education.

### 3. Evaluations

Progressive evaluation records are kept on the E\*Value online system and in the student's locked personal file. Students receive academic and clinical evaluations at the end of each semester. Academically, each course instructor determines tests given per semester. Student clinical rotation evaluations are completed by the Radiologic technologist upon the completion of each rotation.

Mid semester, students receive an "Awareness Report". This informs the student of his or her academic average in each course and clinical requirements met, as well as remaining personal time for that semester. Students are encouraged to come to the meeting with a plan of action for success for the remainder of that semester.

At the end of each semester, students are given a copy of their progressive academic record, and clinical progress. They also are scheduled for a 15-30 minute individual discussion of their progress. Student feedback is encouraged and expected at this time. The student is expected to come prepared to discuss personal and professional goals for the next semester.

All student records are kept confidential and in the student's personal file. Records are available to the student upon verbal or written request. Upon completion of the program, transcripts are available upon written request. *(In accordance with the Family Educational Rights and Privacy Act and Buckley Amendment).*

#### **IV. Administrative Policies**

##### **A. Purpose**

The following is a list of expected student behaviors. This list is to serve as a set of guidelines, enabling the student to develop behaviors and attitudes consistent with those expected of a healthcare professional.

The School of Radiologic Technology reserves the right to change and update the conditions, provisions and requirements upon reasonable notice as deemed necessary to maintain standards and objectives of the program.

Students selected into the program have demonstrated the ability to conduct themselves well and have maintained a high academic performance. It is expected that this degree of quality will be maintained throughout the student's two years at Ascension St. John Hospital and all clinical education sites.

##### **B. Attendance**

Attendance is an important aspect in the development of a radiologic technologist. Student clinical and academic schedules are planned well in advance. These schedules are developed to enable the student to achieve the program's goals and objectives. Schedules are 32-40 hours each week with time divided between the clinical and academic portions of the program. Particular attention to attendance on the part of the student is necessary since these schedules leave little leeway for clinical enhancement time. The number of personal days allowed per semester are as follows:

Fall semester - 3 days (24 hours total)	Spring semester - 2 days (16 hours total)
Winter semester - 3 days (24 hours total)	Summer semester - 2 days (16 hours total)

Should a student exceed the allotted number of personal days in one semester, the absence shall be made-up before the start of the next semester. If it is not possible to make-up the missed hours in the same week, then it shall be scheduled at another time when the total number of hours does not exceed 40. Any time being made up that exceeds 30 minutes must be made in a minimum of 30 minute increments. Excessive absenteeism may result in dismissal from the program. Personal hours will not be carried over and applied for the next semester. Any personal time not used in a given semester will be lost. Each incident of personal time over usage will follow the progressive disciplinary process. **Three (3) points will be deducted from the student's semester final clinical grade if failure to call in an absence/tardy as indicated above is not followed.**

Students are limited to 40 hours per week or less of combined didactic and clinical education. The student may volunteer to exceed 40 hours per week in order to complete clinical objectives and goals. No additional personal time will be awarded in such a case. This clinical time must be scheduled in advance with the Clinical Coordinator.

### 1. Vacation

Students are entitled to two weeks of vacation (80 hours) in the summer between their two years and one week (40 hours) in their last summer. Vacation time must be taken during the summer didactic break. Vacation time **MUST** be taken in five or ten day periods only. Additional time off, during the Winter and Spring breaks, to be determined by the program director.

**Vacation time may only be changed by switching with a student in your class and approved by the Clinical Coordinator.**

**\*Deadline for submitting summer vacation is March 15.**

### 2. Holidays

Students are not scheduled for classes or assigned in their clinical areas on holidays observed by Ascension; New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Christmas Day. **Students are not allowed additional clinical time on Ascension observed holidays.**

### 3. Sick and Personal Days

Students are allowed 3 personal days (24 hours total) in the Fall semester, 3 (24 hours total) in the Winter semester, 2 (16 hours total) in the Spring semester and 2 (16 hours total) in the Summer semester. It is recommended that personal days be used when the student is ill or has a personal emergency and cannot report to their clinical rotation or class. One personal day is deducted for each day of absence. Absences exceeding the allowed personal time each semester are to be made up prior to the end of that semester. **Three percentage points will be deducted from the clinical grade for each incident exceeding the allowed time.** If a physician's note is provided, the absence will be deducted, however, no points will be deducted from the clinical grade, the missed time, though, must be made up if it exceeds the personal days allotted. Each incident over usage will follow the progressive disciplinary process.

A. **Requests for scheduled personal time** shall be made in writing at least one day prior to the requested time off. Calling in late without a prior request will be considered an unscheduled tardy and time will be deducted from personal time. The number of tardies allowed per semester is Fall 3, Winter 3, Spring 2 and Summer 2. **It is mandatory that the school is notified at least one-half hour before the student is scheduled to arrive.** Should there be no answer in the **school office (313-343-4746)**, a voice mail message must be left. It is the responsibility of the student to provide a doctor's note, should they have one, immediately upon the day of their return, prior to attending clinical or class.

B. **Long term illness or accidents that exceed 10 school days** will be made up at the end of the two-year program. Since each incident can be accompanied by a variety of circumstances, each case will be handled individually by the program director. In general, however, the following will be used as a guideline:

Should the condition interrupt the clinical sequence for more than ten clinical days but not more than four weeks or 20 clinical days, and does not interrupt



the academic portion of the program, the clinical portion can be added on at the normal end of the clinical sequence.

1. During the first year, the student would be eligible to take a medical leave of absence, returning in September and beginning the first year again. However, if at the same time the student does not meet the minimum 80% clinical and didactic grade, or is involved in any disciplinary action, dismissal will occur.
2. During the second year, the student would be eligible for a medical leave and would return the following September to begin the second year again, providing the academic and clinical standards are being met and there is no involvement in the -disciplinary process.
3. If the illness occurs within the last six months of the program and would not keep the student from meeting the academic requirements, and only minor changes in the clinical areas were necessary, allowances may be made at the discretion of the school staff.

C. Should a **student become ill or injured during clinical or didactic time**, the student **must** report to the Clinical Coordinator (CC) or Lead Technologist who will direct them to Occupational Health before leaving the building for any minor injury or to Emergency Department (ED) Occupational Health is closed. The CC will assist the student in completing an online/phone work injury report through Ascension. The student must also report to Occupational Health upon return, before going to class or the clinical assignment. Physician clearance must be received by the Clinical Coordinator prior to returning. Any major injuries or illnesses can be treated in our ED and an online work injury report submitted. Any follow up care or treatment is done with the student's own physician. Financial responsibility for ED treatment or follow up care falls on the student.

D. If the **student is sent home ill** or leaves the clinical area or classroom early, then time taken will be deducted from the remaining personal time.

#### 4. Punctuality

Punctuality is the mark of a responsible individual. Development of the student's attitudes in the area of punctuality is essential to a complete education. Schedules are published well in advance allowing the student time to know when they are to be in the class and report for their clinical education. There is no grace period with punctuality. If a student is scheduled to be in clinical at 7:15 a.m., then that student should be clocked in **before** 7:15 a.m. and in their area **PREPARED TO BEGIN** at 7:15 a.m. The following policy will be enforced.

- A. Failure to punch in is considered an absence.
- B. Failure to punch out is considered an absence.

C. The amount of time that the student was tardy will be deducted from personal time. If no personal time remains, refer to IV, B 3.

D. Students are expected to call the school when possible, if they will be late and must notify the school upon arrival.

E. Excessive tardiness may result in dismissal from the program.

F. Any student staying more than 30 minutes past their scheduled clinical time to complete a patient exam shall be given that amount of time added to their personal time upon approval by school staff or, in their absence, a clinical preceptor. This does not apply to competency testing. The student record must be initialed by the approver.

G. Three percentage points will be deducted from the clinical grade for each tardy that exceeds the allowed time.

#### **5. Bereavement Time**

In the event of the death of a family member, students will be allowed three days off. This includes mother, father, sister, brother, spouse, child, grandparent, stepparent, stepchild, stepbrother, stepsister, mother or father-in-law, brother or sister-in-law, daughter-in-law or son-in-law, aunt and uncle. Other deaths will be handled on an individual basis by the program director.

#### **6. Jury Duty**

In the event that a student is selected for jury duty, it is suggested that a deferment be requested until after graduation. It is difficult for students to make-up lost time that occurs during their education. Should the deferment be unacceptable to the court, the student will be given time to complete their obligation. This time will be rescheduled and made up after graduation.

#### **7. Military Obligations**

Students who are required to complete military obligations will be granted time to do so. Students may elect to use their vacation time or personal time to fulfill their obligation. Should that be inconvenient, the time required for military obligations will be made up after the proposed date of graduation.

#### **8. Time Clock**

Students are required to punch in and out with their designated student time card or time sheet, depending on the time and attendance method used at that clinical education site. Each student must punch his/her own time card or have a clinical preceptor or manager sign their own time sheet, and no one else's. Any falsification of time records, whether it be your own or another student's, is unacceptable and subject to dismissal.

## **9. Lunch Break**

Lunch breaks are scheduled each day, usually between 11:00 a.m. and 1:30 p.m. for one hour (site and rotation dependant). Lunch schedules may be interrupted if a case is not completed at lunch time. This change in lunch is open to the discretion of the radiology lead technologist. Students leaving the hospital campus are required to clock out and clock back in again. When scheduled in O.R., students must change into street clothes before leaving the building (ie. at lunch and end of day). Lunch breaks cannot be substituted for personal time.

If personal time is being used and you will be in clinicals less than 8 hours, the following must be used for determining your lunch break:

- 5-7 hours in clinicals: 30 minute lunch break
- 1-4 hour in clinicals: no lunch break

## **10. Employment**

Work related activities are beyond the responsibility or authority of the school. Employment matters should be directed to the employer/Human Resources department. However, school should be the student's main priority during enrollment. Clinical and/or class assignments will not be changed to accommodate employment obligations. This includes any employment in or outside of Ascension St. John Hospital.

## **C. Health and Safety**

1. Students are responsible for their own health care insurance. If injured during school hours and an ED visit is determined necessary by the school staff, all financial responsibility falls on the student/student's insurance. Workman's Compensation does not apply to students; students are not paid employees of Ascension.
2. Occupational Health service performs the pre-entrance physical examination and drug screening. This is at no cost to the student. If the student receives an invoice for the aforementioned, please contact the Program Director.
3. In the event of injury during school hours, the school faculty or lead tech should be notified immediately of the incident. The school faculty or lead tech will direct the student to Occupational Health or the ED depending on the severity of the injury and the hours of operation of the Occ. Health or the ED. Occupational Health Services is located adjacent to Ascension St. John Hospital in Professional Building One (PBI) in Suite 234. The hours are 7 a.m. to 3:30 p.m., weekdays. The Emergency Department or Occupational Health will determine whether the student will remain in attendance or go home. The Emergency Department or Occupational Health is not responsible for any follow up treatment. Any follow up treatment necessary shall be provided by the student's physician. An Ascension online/phone work injury report must be filled out by the student and Occupational Health notified. Any missed clinical or didactic time is deducted from your personal time.

4. To provide a secure hospital environment, students, non-employed personnel, employees from other departments, or employees who are off duty should not be in working areas without specific related reasons. At the same time, students are not allowed in areas of the hospital to which they are not assigned by their clinical rotation or not assigned by supervisory or school personnel.

- A. Students will be counseled about the security of their personal property. If a criminal act is observed, it must be reported to security.
- B. The corporation reserves the right of absolute search and seizure for any condition in which probable cause deems such investigation necessary, including the search of corporate owned lockers used by students.
- C. The hospital is not responsible for any lost or stolen articles.

5. Students must adhere to hospital policies as stated in the Infection Control Manual found on the Ascension St. John Hospital intranet.

6. All students are expected to behave in a careful manner in order to prevent injury to themselves and others.

7. **Radiation Safety** – Radiation safety is a concern for all members of the community, but particularly so for those people who are responsible for the use of radiation for diagnosis and treatment. Personnel monitoring in our radiology department consists of the use of two separate radiation monitors; one radiation monitor is worn on the collar outside of the lead apron and one on the waist under the lead apron. Students are expected to take care of these monitors and turn them in to the program director as designated. Ascension St. John Hospital uses As Low As Reasonably Achievable (ALARA) standards, which restricts the acceptable dose to 1/10 of that normally acceptable to radiation workers. Monitors exposed to heat, water and sunlight can give inaccurate indications of the radiation exposure to the individual. Students must practice all rules of radiation safety, never taking a chance with their own safety or that of others. Hospital specific radiation policies may be found in student orientation binder. Policies are discussed at length during student orientation. Students will be notified in writing of any exposure amounts above the acceptable limits. The Dose Equivalent Limit for students must not exceed 0.5 rem (500 mrem) for any 12-month period. Any student with a monthly report that exceeds 30 mrem will be counseled by the clinical coordinator regarding safe radiation practice. A subsequent investigation into the student's radiation practice will also ensue to determine possible cause(s) of an increase in the student's monthly exposure. Carelessness in radiation practices is not tolerated and repeat offenses will result in dismissal from the program. All exposures must be reported to the Program Director immediately following the event.

- A. Students are expected to report with their radiation monitors daily. **(No badge, no beam)**
- B. **Students must always wear a lead apron when doing mobile radiography or fluoroscopy.**

- C. Thyroid (neck) shields are available.
- D. Distance is the best protection from radiation.
- E. Only make exposures that follow a physician's orders (ie. prescription).
- F. Make practice exposures only on phantom parts of anatomy.
- G. **Never** hold a patient and/or image receptor during a radiation exposure (with the exception of fluoroscopy). Use appropriate immobilization techniques.
- H. **Images that must be repeated by a student require direct supervision from a technologist, regardless of a student's competency. The student is responsible for requesting direct supervision. If a student performs a repeat without a technologist directly present, the student will be subject to disciplinary action.**
- I. If a radiation badge becomes lost or damaged in any way, report it immediately to the clinical coordinator.
- J. If employed as a Student Radiographic Technologist/Student Intern (outside of the normal program clinical assignments, for pay), it is required that your place of employment issue a separate radiation monitoring device for use when you are employed with them. It is the student's responsibility to wear the designated badges appropriately as scheduled. The Ascension St. John Hospital School of Radiologic Technology issued student monitoring badge is *only* worn when scheduled as a student in clinical education assignments and while in the energized lab.
- K. All labs are to be conducted under the indirect supervision (immediately available) of the program director, clinical coordinator, or an assigned clinical preceptor or registered technologist. The aforementioned will be immediately available in the adjacent room to assist you.

**8. Magnetic Resonance (MR) Environment** – Students have potential access to the MR Environment and are appropriately screened for magnetic wave or radio frequency hazards. A MR Individual Screening form is filled out by each student during orientation, reviewed privately with a MR technologist. The student's form and the information on that form is confidential and remains in a secure area. This process is repeated again just before the student is scheduled to begin a clinical rotation in MR. Students are mandated to notify the program should their status change.

**9. Pregnancy Policy** – Should a student suspect that she is pregnant, it is **strongly encouraged, but voluntary**, that she informs the program director or clinical coordinator immediately. The student will then be directed to the Radiation Safety Officer to fill out a written declaration of pregnancy form, will be counseled on safety, and an additional

radiation monitoring badge will be issued for the fetus. This procedure is requested for the health and welfare of the baby and mother. The student may withdraw the declaration in writing at any time. Pregnancies are treated as any long-term illness and, therefore, are subject to the same rules and regulations as found in Section III. If the student returns the following year to complete the program, a competency checklist must be evaluated by the program director. In general, however, clinical assignments may be continued without change. The student is expected to complete all clinical objectives and competency requirements prior to the completion of the program. The student may:

- (A) Stay in all rotations during her entire pregnancy (maintain status quo)
- (B) Gain clinical experience in limited rotations, knowing that clinical experience lost in other rotations will need to be made up after the pregnancy, possibly after scheduled date of graduation
- (C) The student feels radiation safety procedures and precautions are sufficient, but she none-the-less wishes to further her exposure to radiation.

**10. Non-Harassment** -Sexual harassment, sexual advances and all other physical or verbal conduct of a sexual nature or otherwise offensive nature during any activities connected to Ascension St. John Hospital have been and continue to be strictly forbidden by the corporation. Offensive comments, jokes, innuendoes, and other statements based on race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, height, weight, genetic information, marital status, amnesty, and other legally protected status or status as covered, veteran in accordance with applicable federal, state, and local laws. Such conduct has the purpose or effect of creating an intimidating, hostile or offensive learning environment is prohibited. This policy applies to non-employees on the premises as well as to all students and employees. The corporation will react to any incidents of sexual harassment, sexual advances, etc., with immediate and appropriate disciplinary action. Students who feel they are being subject to sexual harassment, sexual advances, etc., or who are aware of others being subject to such conduct, are directed to immediately report such conduct to the program director.

#### **11. Americans with Disabilities Act (ADA)**

Students requiring special assistance (including those affected by the American Disabilities Act of 1990) should voluntarily inform the instructor of any special conditions pertaining to the student's learning. The program director will meet confidentially with the student and request that the student submit a written request for reasonable accommodations and documentation from a licensed professional supporting the learning limitation and specific accommodations needed. After this documentation is received, every effort will be made to make reasonable accommodations for the student adhering to ADA guidelines. The program director will contact Ascension Human Resources if further guidance is needed.

## 12. FERPA

Ascension St. John Hospital respects the privacy of student information. In accordance with the Family Education Rights and Privacy Act (FERPA), internal access to student information is restricted to persons with a legitimate need-to-know (program faculty). Further, we do not release private student information to any third party without the prior written consent of the student, including grade transcripts.

## 13. Non-Discrimination

Discrimination and harassment are prohibited based on race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, height, weight, genetic information, marital status, amnesty, and other legally protected status or status as a covered, veteran in accordance with applicable federal, state, and local laws.

### D. Appearance and Grooming Standards

The dress code listed below is an attempt to develop a professional appearance and attitude. Radiologic technologists use academic, analytic, decision-making and physical skills in their job performance. The physical skills require that the dress code be based not only on the professional aspect but also for comfort, flexibility and safety. This dress code applies to both male and female students **EVERYDAY**.

1. Uniforms – hunter green uniform scrubs top and bottom. Clothing worn under scrub shirts must be white, have no visible advertising and not be visible below the scrub top. Scrub bottoms must be hemmed and not touching the ground. Scrubs must be size appropriate (ie. must be able to pinch an inch at the greater trochanter).
2. Lab coat/scrub jackets- white, hunter green or print scrub jackets with hunter green are required to be worn over Operating Room scrubs when not in the OR suite.
3. Shoes – predominately white leather sneakers are acceptable. Open-toed shoes, sandals, shoes with openings and canvas or mesh shoes are not acceptable. Shoes must be clean. Socks must be worn.
4. Hospital picture identification must be worn on the right collar or lariat. Stickers, white-out, or markers may not be used to deface/obstruct name id badge.
5. Hair must be neatly groomed and clean. Personal hygiene is extremely important for the safety of the patient in regard to infection control, as well as, the good relationship with one's peers. Long hair (top of shoulders and below) **MUST** be pulled back to assure optimal patient care. Extreme hair colors (determined by the PD) are not acceptable. Facial hair must be kept trimmed and neat.
6. Hijab must be solid color with no embellishments, white or color of scrubs and must be tucked in for safety and infection control reasons.

7. Fingernails must be clean, trimmed and must not distract or interfere with patient care. Nail polish color should be limited to clear only and fresh with no chips. Artificial fingernails, wraps or nail jewelry is not permitted in accordance with hospital policy.

8. Jewelry – watches and small rings are acceptable. Necklaces, earrings and bracelets that do not hang free are also acceptable (earrings should not hang more than one inch). Visible piercings are limited to the ear only and limited to two piercings per ear. All other jewelry is not acceptable, including ear gauges.

9. Make-up, cologne and perfume – limited make-up for daytime wear is acceptable. Perfume and cologne should not be worn as the odors tend to offend patients.

10. Tattoos must be covered.

11. Restrictions placed upon required dress for other areas of the hospital shall be adhered to:

Operating Room - Hospital owned scrubs are to be worn only when the student is assigned to the Operating Room (OR) rotation. Students must wear a buttoned/zippered lab coat over their OR scrubs when outside of the OR. This lab coat or scrub jacket must be removed upon entering the OR suite. These scrubs shall not be worn outside of the Hospital. Wearing hospital issued scrubs outside of the Hospital is considered a violation of school and corporate policy and the student will be subject to disciplinary action and possible dismissal from the program.

Isolation – Proper personal protection equipment (PPE) must be worn and infection control policies observed, to prevent the spread of disease, as published in the guidelines set forth by the Centers for Disease Control (CDC).

One warning is given to students not meeting the dress code. If a student violates this dress code again, he/she will be sent home to change with the appropriate clinical hours deducted from his/her personal time and 3% points deducted from the clinical grade. Future violations will result in the progressive disciplinary process.

#### **E. General Department Rules**

1. The classroom is a multi-purpose area used by employees and students. Therefore, it is everyone's responsibility to keep it in a state of order. Student textbooks, clinical forms and personal belongings must not be stored in the classroom, but in the individual's assigned locker. The school is not responsible for theft of student's property. Do not admit anyone to the classroom that does not belong. Students are welcome to use the classroom after assigned school hours to study.

2. Books and educational materials are available for students in the school library and classroom. Students are encouraged to make use of these resources whenever possible. Please inform the school staff if you wish to take this material home for future study. Please be prompt in returning all loaned material to the classroom so that is available for other students.



3. Department telephones are restricted for hospital business only. Cell phones and portable electronic devices are not permitted in the clinical areas, classroom, corridors, or in customer viewing areas to include outside the building. Phone messages coming in for students will be taken and relayed as follows.

A. If the call is an emergency, every effort will be made to locate the student immediately. Non-emergency calls will be relayed to the classroom or clinical area. The following two numbers may be shared as emergency contact numbers:

Denise Rene Allen, Program Director: 313-343-4544  
Ascension St. John Hospital Imaging Services Administrative Secretary:  
313-343-3248

4. Please notify the school office immediately if you change your name, address, telephone number, or email address.

5. The school office is restricted to the instructional staff. This is necessary to ensure strict confidentiality of student records. Students may enter only with permission and in the presence of the school faculty.

6. All correspondence related to school between a student and clinical preceptors or staff technologists are to be done using only Ascension email and Ascension phones, not on their personal phones or by using their personal email.

#### F. **Progressive Discipline**

It is a fundamental principle of the school to be fair and consistent in the management of disciplinary matters. The purpose of corrective disciplinary action is not to penalize a student but to correct inappropriate behavior. Factors considered in determining disciplinary action for rule violations are as follows:

1. Students disciplinary record.
2. Length of time in the program.
3. Extent of disciplinary action taken in prior cases.
4. Mitigating and aggravating circumstances that are a part of the case.

The progression of discipline adheres to the following guidelines and is cumulative for the duration of the program:

1. **Verbal Warning:** The inappropriate behavior, modification of the behavior and possible future action are considered. The program director keeps a record of the date, time and items discussed for future reference.

2. **First Written Warning:** The problem is documented and action taken. This action is placed in the student's personal file. This normally follows a verbal warning. Three percentage points will be deducted from your final clinical grade.

Note: The warnings need not be for the same offense.

3. **Second Written Warning:** The problem is documented with any previous consultations, warning and/or action noted. The course of action is also addressed. This written action is placed in the students file. Three percentage points will be deducted from your final clinical grade.

Note: The warnings need not be for the same offense.

4. **Dismissal:** The program director documents the situation leading up to dismissal, citing past verbal and written warnings and consultations. The program director is responsible for the actual dismissal with a 3<sup>rd</sup> party representative. Note: The warnings need not be for the same offense.

5. Disciplinary action may be taken at any time, when the situation is serious enough to warrant such action.

A. **Suspension:** This course of action may occur at any phase of the progressive disciplinary process. The duration of the suspension is determined by the program director according to the particular circumstances at that time. The problem and framework for the suspension are documented and placed in the student's file. The time lost during suspension will be made up by the student after completion of the program.

B. **Probation:** Probationary status is a trial period used to correct student deficiencies. The parameters and guidelines of the probation are determined by the program director based on the particular situation. The student is limited to one probation period throughout the two years.

1. **The first semester is probationary.** The School of Radiologic Technology reserves the right to terminate, at any time, any student who, in the judgment of the School, does not satisfy the requirements of scholarship, health, demonstration of professional ethics, or personal suitability for the profession of radiologic technology.

2. **Clinical** – A minimum of 80% each semester. See Clinical Workbook.

3. **Behavioral** – Violation of any of the major or minor infractions may result in probation. The parameters of the probation are dependent on the needed behavior change and degree of severity of the unacceptable behavior. Students on probation are given a copy of the probationary guidelines. Included is a time frame in which the student must alter the behavior.

6. **Major infractions:** Violation of any of the following rules on corporate premises is serious enough to warrant immediate suspension and possible dismissal. These rules are not all inclusive and the school reserves the right to immediately suspend or dismiss students for acts of gross negligence or misconduct which are not listed here.

A. Theft of corporate, patient, visitor, employee or student property.

- B. Unauthorized use of drugs on corporate property, unauthorized possession of intoxicants or illegal drugs on corporate property, including the parking areas or reporting to school under the influence of drugs or alcohol.
- C. Deliberate destruction or abuse of corporate, patient, visitor or student property.
- D. Disorderly or illegal conduct, including gambling or any form of harassment on corporate property.
- E. Falsification or misuse of corporate forms or reports.
- F. Self-medication from hospital or patient supplies.
- G. Insubordination or gross negligence in the performance of assignments.
- H. Physical violence against anyone.
- I. Possession of weapons or explosives.
- J. Verbal, physical or psychological abuse of a patient, visitor, employee or student.
- K. Leaving the clinical area unattended when such leaving jeopardizes the health and safety of patients or interferes with the delivery of patient care.
- L. Discourteous, unethical or insubordinate conduct to patients, visitors, employees or students.
- M. Timekeeping violations, including tampering or swiping the badge/punching the timecard of someone else, or swiping your employment badge/punching timecard.
- N. Unauthorized absences of three consecutive days (considered voluntary termination).
- O. Making or publishing malicious statements concerning any student, employee, supervisor, patient or the corporation or disparaging statements to the public concerning the corporation work or patient care.
- P. Willful violation or disregard of common safety rules or practices.
- Q. Willful violation of the corporation's no solicitation or distribution rule.
- R. Unethical or indecent behavior.
- S. Cheating in any area of the program. This includes copying from another person's paper during examination, unauthorized use of notes, books and other prohibited materials during an exam or homework.

- T. Mistakes due to carelessness or indifference, which affect the health and safety of others. Including, but not limited to, the Radiation Safety Policy.
- U. Unauthorized disclosure of confidential information regarding a patient, corporation, fellow students or employees, test results or any information of a privileged or confidential nature.
- V. Falsifying or deliberate omission of date on personnel, corporation or school records.
- W. Interfering with or refusing to cooperate with corporation security officers in the performance of their duties.
- X. Plagiarism. (Using another person's work without acknowledgement).
- Y. Unauthorized acquisition of tests or alteration of grades.
- Z. Sleeping or the appearance of sleeping on hospital premises.
- AA. Performing repeat images without *direct* supervision.

7. **Minor infractions:** The following violations are considered minor and can be serious enough to warrant dismissal.

- A. Willful or repeated violation of corporation or school policies/procedures.
- B. Failure to call in an absence prior to start of shift or failure to meet specific call-in times.
- C. Unauthorized absence from assigned clinical rotation, lecture or seminar without permission.
- D. Creating or contributing to unsanitary conditions or housekeeping, or failure to keep the assigned area clean, orderly and stocked.
- E. Disregard or violation of safety rules or common safety practices.
- F. Violation of infection control policies.
- G. Horseplay, running or throwing objects on corporation property.
- H. Defacing or removal of notices, signs, corporate property, etc.
- I. Unauthorized possession of corporation property.
- J. Failure to observe parking or traffic regulations on corporation property.

- K. Eating in restricted areas (this includes gum chewing).
- L. Smoking on hospital property (this includes in your car and in the neighborhood) is prohibited. This also includes e-cigarettes.
- M. Refusal to comply with school dress code.
- N. Use of abusive profane, blasphemous or obscene language.
- O. Leaving the assigned area or premises without permission from school staff.
- P. Students who report to their clinical rotation without the following items may be sent home immediately to obtain them: radiation monitors, technique book, right and left markers, proper dress code and hospital identification badge. The student must clock out when leaving and back in when returning. The time lost will be deducted from their personal time. The first time a student is sent home is a verbal warning; the second time is a written warning and a third violation places the student on probation with possible suspension.
- Q. Cell phone usage or on your person in our classroom, clinical education areas, corridors, or in the customer viewing areas including outside the building.
- R. Parking in unauthorized areas. (This includes Valet Parking).

**8. Procedure for Resolving Student Concerns:**

- A. Students who have concerns/issues of an instructional nature (evaluations, clinical assignments, etc.) shall confer with the instructor involved in an effort to resolve the issue informally.
- B. Issues that are unresolved at the informal stage shall be referred by the student (verbally or written) within three days to the program director.
- C. Issues that are unresolved by the program director or if a student believes that a disciplinary action was unjustified, a review may be requested. The request must be made in writing to the program director within three school days following the receipt of the unresolved issue/grievance/disciplinary action.
- D. The appeals hearing will consist of a panel of four of the following: Program Director, Clinical Coordinator, Department Manager, Medical Advisor or Lead Technologist.
- E. The student may designate a fifth member selected from the following: a faculty member or fellow student. Outside legal counsel is not permitted to accompany the student through the grievance procedure.

F. The review will take place within one week following the request.

G. The review committee may request documentation or witnesses to reach a fair decision.

H. The decision regarding the disciplinary action will be made by an anonymous majority vote of the members present. The student will receive written notification within 48 hours.

12. If the student disagrees with the outcome of the appeal, they may submit a letter to the Program Director within three days requesting the manager of Human Resources at Ascension St. John Hospital to review the appeal and issue a final decision in writing within 48 hours. All decisions by the Human Resources manager are final and binding.

**9. Re-entrance into the Program:** A student who has been dismissed or left voluntarily for any reason from the Ascension St. John Hospital School of Radiologic Technology may again apply for admission into the program. The student must submit a letter of intent (LOI), detailing what they have done since termination and what their plan of action (POA) is to be successful if they were to be accepted again. This must be submitted before the February 1 application deadline along with a non-refundable \$40 application fee. This student's original application, with the aforementioned reapplication requirements, will be considered on a competitive basis with all applicants seeking admission into the program at that time.

#### **10. Process for Reporting Allegations to the JRCERT:**

The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program's compliance with the accreditation standards and will not affect the status of any individual student. The accreditation standards, the process for reporting allegations, and an allegations reporting form may be found on the JRCERT website ([www.jrcert.org](http://www.jrcert.org)).

*Joint Review Committee on Education in Radiologic Technology*  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
312.704.5300 or [mail@jrcert.org](mailto:mail@jrcert.org)

#### **V. Services**

##### **A. Health Service:**

1. Health service functions are outlined in section IV of the Student Handbook.
2. For illnesses such as sore throat, colds, etc., students should be seen by their family physician.

**B. Counseling:** Basic counseling is available through the program director or Spiritual Care. In addition, Ascension has partnered with Wysa, an award-winning product, to bring a pocket companion for holistic, day-to-day well-being. Engage with a friendly chat bot penguin to help reduce stress and handle life's challenges. It's confidential, anonymous, and available 24/7. Search *Ascension Wysa* in the app store and enter the code **myCare** to get started!

C. **Library.** The hospital library and school library are available for use by students during designated hours.

D. **Parking:** Free parking is available to students. Students are to park in designated parking only (**4<sup>th</sup> floor, West Deck**). Students are urged to keep cars locked and valuables out of sight. Thefts, accidents, etc., can occur and should be reported to security immediately. However, the corporation is not responsible or liable for any thefts, accidents, damage, etc. incurred in the corporation's parking lots.

E. **Meals:** Meals are available at full price in the hospital cafeteria, Moross Market Café or The Market.

F. **Malpractice Insurance:** Students do not need to purchase private malpractice insurance. They are insured under a blanket policy provided by the hospital.

G. **Transcripts:** Transcripts are made available upon written request from the graduate.

## VI. Miscellaneous

A. **Tuition:** Tuition is \$3,000 per year (reviewed on an annual basis) payable directly to *Ascension St. John Hospital*. All tuition is non-refundable.

B. **Text Books and Online courses:** Students must purchase required textbooks and online courses. Total cost is approximately \$1,500.

C. **Fees:** \$150 annual electronic record keeping fee. All fees are non-refundable.

D. **Uniforms:** Each student is required to purchase his/her own uniforms.

E. **Senior and Junior Huddles:** Once every semester, first and second year students will meet separately as a class with members of the school faculty to discuss matters regarding the department, school and the profession as a whole. This will be an informal setting to share information and ideas.

F. **Advisory Committee:** Annually, the Advisory Committee meets to discuss issues pertaining to the overall quality of the School of Radiologic Technology. Members of the committee include the program director, clinical coordinator, department manager, clinical preceptors, outside health care professionals and a student.

G. **Program Improvement Committee:** Every Summer the students participate in an Improvement Committee to address the following issues: Student Handbook policies and procedures, Clinical workbook and orientation week improvement. Any viable suggestions from the students are implemented for the next school year.

**H. Outcomes Assessment Committee:** The Outcomes Assessment Committee meets annually and/or on an as needed basis to discuss the outcome assessment plan, recommend any changes, and to suggest revisions. The committee is composed of the program director, clinical coordinator, imaging services administrative director, and two managers from Imaging Services.

**I. Clinical Preceptor Meetings:** Biannual clinical preceptor meetings are conducted by the program director and clinical coordinator at all six clinical education sites. This is an opportunity for the clinical preceptors to make recommendations, clarify policies, and ask general questions related to clinical education of the program. Teaching tips and motivational strategies for the adult learner are also agenda topics.



## VII. Cooperative Agreement Policy

### Ascension St. John Hospital School of Radiologic Technology Cooperative Agreement Policy

It is the intent of this policy to allow students in their last semester to rotate clinically through an office or hospital for hiring and employment considerations. This rotation is **observation only**.

The following requirements must be met:

1. The student must have all clinical requirements completed, or have the opportunity to complete the requirements at the clinical site. (Refer to Student Handbook, page 17 “F” “Program Completion”)
2. The student must attend all classes.
3. The student must follow all program policies and procedures.
4. The student cannot be paid during the rotation. The rotation serves as an orientation to the clinical site.
5. The clinical site must agree to offer the student employment or additional learning opportunity within two weeks of graduation.
6. If the site is not a current Ascension St. John Hospital School of Radiologic Technology affiliate, the clinical site must appoint a clinical supervisor to monitor the student’s progress and evaluate them.

Signatures:

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Ascension St. John Hospital School of Radiologic Technology Student

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Site Director/Supervisor

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Site Address and Phone Number

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Ascension St. John Hospital School of Radiologic Technology Program Director

**Ascension St. John Hospital  
School of Radiologic Technology**

**VIII. Early Release Policy**

Graduation from the Ascension St. John Hospital School of Radiologic Technology is based on the successful completion of program goals, objectives and competency completion. The average completion time for these goals, objectives and competencies is within 24 months. If early release from the program is desired, the student must submit a letter requesting early release by June 30 of the second year. This letter should indicate why the student feels he/she should be released from *clinical education* early. The school staff will consider a student for early release based on the adequate completion of all academic and clinical goals and objectives. In order to qualify, a minimum average of a "B" in clinical education must have been attained for the previous three semesters. Any student under disciplinary action or probation (academic and/or clinical) during summer semester is ineligible for early release. If granted early release, the student will still be required to meet the entire didactic requirements of the final summer semester. If any of the aforementioned goals, competencies and/or objectives is not met, the student will be required to continue an additional semester after the program completion date. The date of early release will be no sooner than 30 days prior to the scheduled program completion date. Approval will be determined by the program director after July 5.

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved \_\_\_\_\_  
Reason

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Clinical Coordinator Date

\_\_\_\_\_  
Program Director Date

NOTES: \_\_\_\_\_

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