



STUDENT HANDBOOK

For

RADIOLOGIC TECHNOLOGY PROGRAM

2011-2012

An electronic version of the Student Handbook and the forms indicated are accessible from the Radiation Sciences Website at www.medicine.uiowa.edu/RadSci
(Select “radiologic technology”, “Current Students” and “RT Program Materials”.)

Students are responsible for knowing and adhering to the policies and procedures contained in this handbook, and The University of Iowa student policies (<http://student-services.uiowa.edu/students/policies/index.php>) and The University of Iowa Hospitals and Clinics’ policies on patient, visitor and staff safety provided in the Patient Care Practicum/UIHC Compliance Training Course 414:198:015.

The program faculty will consult with the student handbook to ensure fair enforcement of the policies and procedures contained. If the student believes a policy has been enforced unfairly, the student should consult the grievance policy for guidance.

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ORGANIZATION OF RADIOLOGIC TECHNOLOGY EDUCATION

The program is a 24-month, hospital-based certificate program in radiologic technology. The University of Iowa Hospitals and Clinics, in cooperation with the Department of Radiology, sponsors the program. Dr. Laurie Fajardo is the Chairman of the Department of Radiology. Dr. Yutaka Sato is Medical Advisor to the program. Tyler Artz is the Administrator of the Department of Radiology and Kathy Martensen is the Director of Radiologic Technology Education.

The program accepts a maximum of 21 students each year into the Program.

The educational experience includes: didactic, laboratory, and clinical instruction.

Chairman, Radiology Department

Laurie Fajardo, MD, MBA, FACR

Director of Radiology Administration **Assistant Radiology Director to UIHC**

Tyler Artz, CMPE

Program Director and DEO

Kathy Martensen, M.A., R.T.(R)

UIHC Clinical Coordinator

Zanetta Hoehle, M.A., R.T.(R)(CT)(CV)

Imaging Educators

Stephanie Setter, M.B.A, R.T.(R)(MR)

Stephanie Harris, B.S., R.T.(R)(M)(CT)

Kelley Kirby, B.S., R.T.(R)(MR)(CT)

Lorie Gillitzer, B.S., R.T.(R)(CT)

Office Coordinator

Mary Huinker

Radiation Sciences Degree Advisors

Jennifer Maiers & Shelley Matzen

ADVISORY COMMITTEE

Director of Radiology Administration **Assistant Radiology Director to UIHC**

Tyler, Artz, CMPE

Program Director and DEO

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UIHC Clinical Coordinator

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Stephanie Harris, B.S., R.T.(R)(M)(CT)
Kelley Kirby, B.S., R.T.(R)(MR)(CT)
Lorie Gillitzer, B.S., R.T.(R)(CT)

Program Vice-Chair of Education

Brian Mullan, M.D.

Medical Advisor

Yutaka Sato, M.D.

Radiation Sciences Program Directors

Stephanie Ellingson, MS, RDMS, RVT, RDCS, RT(R)
Jennifer Maiers, MHA, R.T.(R)(CT)(VI)(QM) (Interim)

Radiology Technical Director

Janet Roe, RDMS, R.T.(R)

Radiologic Technologists

Jean Eisenhauer, R.T.(R)(MR)(CT)
Scot Heery, R.T.(R)(CT)
Shelley Leib, R.T.(R)(MR)

Promotions Committee

The promotions committee works to ensure that each of the Program's graduates has adequate skills, knowledge, judgment, ethical standards, and personal integrity to assume the responsibilities of a radiologic technologist. The Promotions Committee consists of the Radiation Science Directors and Radiologic Technology faculty members. The Promotions Committee recommends specific actions to be taken in cases in which a student's skills, knowledge, judgment, or conduct is in any way considered consistently marginal or unsatisfactory.

MISSION STATEMENT, GOALS, & LEARNING OUTCOMES

MISSION STATEMENT:

The mission of the Radiologic Technology Education at the University of Iowa Hospitals and Clinics is to recruit and provide quality individuals with an ambitious, extensive education, which equips them with knowledge, skills, and abilities to provide high quality, compassionate medical imaging. The students will be adaptable to varied healthcare settings with diverse patient populations and effectively interact with other members of the healthcare team to provide the best possible patient care.

GOALS:

Graduate clinically competent radiographers that can apply appropriate problem-solving and critical-thinking skills in all clinical situations.

Student demonstrates good written and oral communication skills.

Provide the communities of Iowa and other states with quality radiographers.

Student participates in professional development and growth activities and demonstrates professionalism.

SECTION I - CONTACTS & COMMUNICATION

Address:

Radiologic Technology Education
Radiology C725 GH
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, Iowa 52242-1099

Program Telephone: (319) 356-3861

Fax: (319) 384-9574

Telephone Numbers (319 area code)

Kathy Martensen	356-4332	General	356-3359	CT	356-3960
Mary Huinker	356-3861	Fluoroscopy	356-3356	CVI	356-7743
Zanetta Hoehle	353-8639	Pediatrics	356-1957	MRI	356-2236
Stephanie Setter	356-4397	Musculoskeletal	353-7461	Ultrasound	356-7637
Stephanie Harris	356-4334	ETC	356-3657	Nuclear Medicine (Tony Knight)	356-2954
Kelley Kirby	356-8333	Cardiac Catherization	356-2721	Radiation Therapy (Mindi TenNaple)	356-8286
Lorie Gillitzer	356-8334	Densitometry	354-8301	EKG	356-1992
		Network Support	335-6500	Radiation Sciences	353-8388
				radiation-sciences@uiowa.edu	

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check their account frequently. (Operations Manual, III.II.15.1.k.11.)

1. Appropriate times to check E-MAIL messages include before 8:00 a.m., during the lunch hour, or after 4:30 p.m.
2. Messages about changes in schedules, etc., from program faculty will be sent via the E-mail.
3. E-mail Caution: Health Care Information Systems states that confidentiality of information messages cannot be guaranteed and such messages can be considered evidence in legal proceedings. Do not retain electronic copies of e-mail beyond 30-days.

Internet Activity Standards

Students will be required to sign the “Declaration of Access Security Responsibility and Standards of Internet Activity Declaration” below in electronic form annually.

Access to the Internet is an important professional tool. As with other resources of UI Health Care, the purpose of Internet activity is to facilitate the performance of assigned job responsibilities. Limited personal use may be permitted, but it must not conflict with work responsibilities, overburden system resources, or create a hostile work environment. Users accessing the Internet via UI Health Care networks are representing the University of Iowa and must abide by The University of Iowa Policy on Acceptable Use of Information Technology Resources. Internet messages and conduct must reflect standards of language and behavior expected when communicating with any internal or external customer.

Internet access is provided to users to facilitate work-related business. The history of that activity is therefore considered the property of UI Health Care. When there is probable cause to believe a user has violated this policy, management reserves the right to access, review, and disclose the history of that activity.

I declare that I have read and understood the standards for Internet activity. I understand that a violation of this policy is reason for disciplinary action including possible dismissal from the program and liability to civil and criminal penalties.

SECTION II – ACADEMIC CALENDAR, ADMISSIONS, REGISTRATION, & ADVISING

2011 – 2012 ACADEMIC CALENDAR

2010 – 2012 Session Dates

Junior Vacation: June 6, 2011 – June 17, 2011 (2 weeks)

Senior Clinic Session: June 20, 2011 – August 19, 2011 (9 weeks; attend 5 days/week)

Senior Fall Clinical: Aug. 22, 2011 – Dec. 16, 2011 (17 weeks; attend 3 days/week; off Thanksgiving recess)

Senior Fall Didactic: Aug. 22, 2011 – Dec. 16, 2011 (17 weeks; off Thanksgiving recess)

Thanksgiving Recess: Nov. 21, 2011 – Nov. 26, 2011 (1 week)

Fall Semester Clinical Notebook Due: On or before Dec. 16, 2011

Holiday Break: Dec. 19, 2011 – Dec. 30, 2011 (2 weeks)

Senior Spring Clinical: Jan. 2, 2012 – June 1, 2012 (22 weeks; attend clinic 3 days/week, off spring break)

Senior Spring Didactic: Jan. 17, 2012 – May 11, 2012 (17 weeks; off spring break)

Senior Spring Break: March 12, 2012 – March 16, 2012 (1 week)

Spring Semester Clinical Notebook Due: On or before July 20, 2012

Personal Time Clinical Makeup Session: June 4, 2012 – June 8, 2012 (1 week) (Students attending this session are required to pay a \$25 per day fee regardless of the number of hours attended. See the Personal Time Makeup Policy.)

Graduation: Friday, June 8, 2012, 6:30 pm, University Athletic Club

2011-2013 Session Dates

Orientation: July 11 – Aug. 19, 2011 (6 weeks)

Junior Fall Clinical: Aug. 22 – Dec. 16, 2011 (18 weeks; attend 3 days/week; off Thanksgiving recess)

Junior Fall Didactic: Aug 22 – Dec. 16, 2011 (17 weeks; off Thanksgiving recess)

Thanksgiving Recess: Nov. 21, 2011 – Nov. 25, 2011 (1 week)

Fall Semester Clinical Notebook Due: On or before Dec. 16, 2011

Holiday Break: Dec. 19, 2011 – Dec. 30, 2011 (2 weeks)

Junior Spring Clinical: Jan 3 – June 1, 2012 (22 weeks; attend 3 days/week; off spring break)

Junior Spring Didactic: Jan. 17 – May 11, 2012 (17 weeks; off spring break)

Junior Spring Break: March 12 – March 16, 2012 (1 week)

Junior Summer Clinical: May 14 – June 1, 2012 (3 weeks; attend 3 days/week)

Junior Vacation: June 4 – June 15, 2012 (2 weeks)

Senior Clinic Session: June 18 – August 17, 2012 (9 weeks; attend 5 days/week)

Spring Semester Clinical Notebook Due: On or before July 20, 2012

Senior Fall Clinical: Aug. 20 – Dec. 21, 2012 (18 weeks; attend 3 days/week; off Thanksgiving recess)

Senior Fall Didactic: Aug. 20 – Dec. 14, 2012 (17 weeks; off Thanksgiving recess)

Thanksgiving Recess: Nov. 19 – Nov. 23, 2012 (1 week)

Fall Semester Clinical Notebook Due: On or before Dec. 21, 2012

Holiday Break: Dec. 24 – Jan 4, 2013 (2 weeks)

Senior Spring Clinical: Jan. 7 – May 31, 2013 (21 weeks; attend clinic 3 days/week, off spring break)

Senior Spring Didactic: Jan. 22 – May 17, 2013 (17 weeks; off spring break)

Senior Spring Break: March 18 – March 22, 2013 (1 week)

Spring Semester Clinical Notebook Due: On or before May 31, 2013 (Program Completion Date)

Personal Time Clinical Makeup Session: June 3 – June 14, 2013 (2 week)

Graduation: Friday, June 14, 2013, 6:30 pm, University Athletic Club

Admissions

See http://www.medicine.uiowa.edu/RadSci/rad_tech/RTadmission.html

Technical Standards

See http://www.medicine.uiowa.edu/RadSci/rad_tech/RTadmission.html

Background Self-Disclosure & Background Check Verification

Self-disclosure of a criminal background is required of all candidates upon application admittance.

1. Candidates are required to complete the background self-disclosure form.
2. Selection committee will use the background self-disclosure information in the selection process as they relate to the responsibilities and disclosure considerations listed below and the level of concern.

Responsibilities:

- Regular direct patient contact
- Contact with or direct access to controlled substances and/or secured areas as part of normal educational rotations
- Handling/control of patient valuables
- Access to confidential, personal medical, or human resources information

Disclosure Considerations:

- Nature of crime
- Number of convictions
- When crime was committed
- Rehabilitation

3. Reference checks, Office of Inspector General searches, criminal history, and child/dependent adult/sexual abuse checks must be completed for all final considered candidates before acceptance is finalized. The information provided by the applicant and found in the various background checks will serve as additional criteria in making the final acceptance decisions.
4. All final candidates for acceptance in the UI Hospitals and Clinics Radiation Sciences (RS) programs must be presented an "External Investigative Background Check Consent" after being extended a permanent position in the program but before the program start date. Individuals transferring from elsewhere in the University to the Hospital will need to complete this form if they have not had a background check within seven years. Completed forms must be returned to the Hospital Human Resources (HR) to complete the background checks. The temporary acceptance will be made permanent upon successful completion of these checks. Background check results will take approximately 2-4 days.
5. If the background checks reflect a criminal conviction or founded report, Hospital HR in conjunction with the appropriate RS program director determines if the issue has a nexus to the Program acceptance. Such information is not considered to be public record and is treated as a confidential matter. If there is a relevance to the acceptance, consistent with the Fair Credit Reporting Act (FCRA) requirement, Hospital HR will discuss the information with the candidate (providing a copy of the background check report and "A Summary of Your Rights Under the FCRA") allowing a reasonable opportunity for the individual to provide clarifying information. Hospital HR will consult with UI HR as to the relevance of the conviction/founded report to the position and make a recommendation regarding acceptance. If it is determined that the individual is not eligible for acceptance based on the results of the external background check, Hospital HR will be responsible for notifying the applicant in writing that the acceptance offer has been withdrawn, along with a second copy of the external background check report and a second copy of "A Summary of Your Rights Under the FCRA."

Registration - University of Iowa

Student must register with the UI for the RT Program each semester to attend the didactic or clinical assignments.

1. If the student fails to register by the registration deadline date, he/she:
 - a. is subject to late fees charged by the University of Iowa, and
 - b. is not allowed to attend didactic or clinical assignments until student is registered.
 - c. will be subject to the didactic and personal time procedures for the time missed until student is registered.
2. If the student attends clinical assignments during a semester, he/she is not registered for:
 - a. he/she assumes all liability for incidents that occur, since only registered students are covered by the State of Iowa Liability Insurance, as described in the liability insurance policy, and
 - b. will be subject to the didactic and personal time procedures for the time attended as a non-registered student and be required to make time up according to the Make-Up Time Policy (Section IV).

Academic Advising/Career Guidance/Counseling Services

The Program Director and Imaging Educators will serve as the academic advisor for the RT Program.

The Radiation Sciences (RS) Advisors will serve as the academic advisors for the RS degree completion.

Career Guidance is provided by the Pomerantz Career Center. (<http://www.careers.uiowa.edu/>)

Counseling Services are provided by the University Counseling Service (<http://www.uiowa.edu/ucs/>).

SECTION III - TUITION & FEES

Tuition and Fees are subject to annual changes.

University of Iowa Hospitals and Clinics Program Tuition / Fees

\$150 non-refundable enrollment fee when accepted into the Program

2011 - 2013 Tuition: \$6,250 (due the first day in the Program & due on July 1st during the 2nd year of Program)

2012 - 2014 Tuition: \$6,500 (due the first day in the Program & due on July 1st during the 2nd year of Program)

Activity Fee: \$250.00 (due the first day in the Program)

University of Iowa Tuition / Fees

Tuition / Fees: \$746.75 (due at start of each Fall and Spring semesters; \$1,493.50 annually) (2011-2012 session)

Optional Student Health Care Fee: \$117.00 per semester

Miscellaneous Fees

Textbooks: \$900 (approximate) for textbooks before entering the Program (covers most of the two years).

Clinical Uniforms: \$300 (approximate) for uniforms (5 sets) and shoes before entering the Program.

Optional Professional Radiologic Technology Societies: \$45 per year

ARRT Certification Examination: \$200 application fee (spring of the Senior year)

Iowa Permit to Practice: \$60 application fee (due after pass ARRT registry and only if working in Iowa)

Tuition Refunds

UIHC tuition shall be refunded upon withdrawal from the Program according to table below. UI tuition and fee refunds will be according to the published UI schedule of courses, significant deadline dates

(<http://www.registrar.uiowa.edu/Calendars/AcademicDeadlines/tabid/67/Default.aspx>).

1. **Withdrawal during the first week:** The student receives a 90% refund of tuition.
2. **Withdrawal during the second week:** The student receives a 75% refund of tuition.
3. **Withdrawal during the third week:** The student receives a 50% refund of tuition.
4. **Withdrawal during the fourth week:** The student receives a 25% refund of tuition.
5. **Withdrawal after the fourth week:** The student receives **NO** refund of tuition.

Course Retake Fees

1. All failed didactic and clinical courses must be repeated and satisfactorily passed to graduate.
2. A fee of \$208.00 per credit hour will be charged to repeat all failed didactic and clinical courses. This includes a senior course where remedial help is given to pass a failed course.
3. The fee must be paid in full to the Program Director prior to the first day of the repeated course or remedial help for the student to obtain credit for the course.
4. If the student fails to complete course work before the end of the second year summer semester in addition to the above Program course fee, the University of Iowa will bill the student for one-half of the UI mandatory student tuition and fees for every semester added.

SECTION IV – ACADEMIC & RELATED POLICIES

Curriculum & Course Descriptions

Clock hour to credit-hour equivalency used.

Didactic Education: 16 clock hours = 1 credit hour

Clinical Education: An 8 to 1 clinical to didactic ratio is used; 128 clock hours = 1 credit hour

First Year		
Summer – 6 weeks	Credit Hr	
Introduction to the Radiation Sciences & Health Care	1	
Health Professional Relations & Clinical Orientation		
Radiographic Procedures I & Lab		3
Radiographic Image Analysis I		1
Anatomy & Physiology I		2
Medical Terminology		1

First Year			
Fall – 16 weeks	Credit Hr	Spring – 16 weeks	Credit Hr
Anatomy and Physiology II	2	Radiographic Procedures III & Lab	3
Radiographic Procedures II & Lab	5	Radiographic Image Analysis III	1
Digestive System Procedures	1	Radiographic & Digital Imaging Principles	3
Patient Care	3	Radiographic & Digital Imaging Practical	2
Pathology for the Radiation Sciences	2	Medical Ethics and Law	2
Radiographic Image Analysis II	2	Clinical Education II	3
Clinical Education I	3		

Second Year		
Summer – 6 weeks	Credit Hr	
Clinical Education III	5	

Second Year			
Fall – 16 weeks	Credit Hr	Spring	Credit Hr
Anatomy and Physiology V (Neuro)	1	Anatomy and Physiology IV (Vascular)	1
Radiographic Procedures IV	1	Radiographic Quality Management & QC	2
Radiographic Physics and Imaging Equipment	4	Anatomy and Physiology III (Sectional)	1
Radiobiology & Radiation Safety	2	Professional Development	1
Clinical Education III continued		Clinical Education IV	3

	Clock Hours	Credit Hours
<p><u>Introduction to Radiation Sciences & Health Care:</u> Overview of radiation sciences as they relate to the health care team and the hospital environment. Review of Student Handbook and Clinical Notebook. Basic theories and practices relating to radiation protection, patient care, communication, & working in the hospital environment.</p>	16	1
<p><u>Anatomy and Physiology I, II, III, IV, V</u> Structure and function of body cells, tissues, organs, and systems will be discussed. Sectional anatomy, including transverse, coronal and sagittal perspectives is also studied. Skeletons, models, phantoms and radiographs provide for a thorough understanding of anatomy and physiology. Special attention is given to identify anatomy on radiographic images.</p>	112	7
<p><u>Radiographic Procedures I & Lab</u> This course introduces radiographic positioning principles and provides the technical and positioning information needed to perform and evaluate radiographic examinations of the chest and abdomen on adult and pediatric patients. Emphasis on quality patient care and adaptation to a variety of client conditions will be explored. Labs are included.</p>	48	3

Radiographic Procedures II & Lab

80 5

This course is an extension of Radiographic Procedures I to develop specific skills in upper extremity, shoulder and lower extremity imaging. Labs are included. Independent decision-making regarding trauma radiography is also included.

GI Procedures

16 1

This course is an extension of Radiographic Procedures I and will cover gastrointestinal and biliary radiographic procedures, to include contrast use, preparation, indications and contraindications, equipment and room setup, and patient positioning.

Radiographic Procedures III & Lab

48 3

This course is an extension of Radiographic Procedures II to develop specific skills in pelvic, hip, skull, spine, sternum, ribs, and GU system imaging. Labs are included.

Medical Terminology

16 1

Developing a vocabulary of complex medical words and abbreviations as they apply to specific disease processes, body systems, and injuries.

Radiographic Image Analysis I

16 1

This course will run in conjunction with the Radiographic procedures I course and will help the student develop a systematic approach to radiographic image analysis, providing opportunities for evaluating images of the chest and abdomen. Class time will include a review of radiographic anatomy and discussions on the criteria used to analyze the accuracy and acceptability of images, and how to improve positioning when less than optimal images are obtained.

Radiographic Image Analysis II

32 2

This course will run in conjunction with the Radiographic Procedures II course and it an extension of Radiographic Image Analysis I to review images of the upper and lower extremities, and shoulder. Students will participate in small group and other student engagement activities.

Radiographic Image Analysis III

16 1

This course will run in conjunction with the Radiographic Procedures III course. It is an extension of Radiographic Image Analysis I and II to review hip, pelvis, spine and skull images. Students will work in pairs to evaluate images and will present their findings.

Patient Care

48 3

Foundation for providing care to clients during radiographic examinations. Communication techniques and role-playing are included. Major topics include taking medical histories, basic life support, medical emergencies, vital sign assessment, body mechanics, infection control, sterile techniques, intravenous equipment, and administration. Advance concepts in client assessment and monitoring to include evaluation and monitoring of clients in pain and of clients in acute and chronic states of illness.

Pathology for the Radiation Sciences

32 2

The goal of Pathology for Radiation Sciences is for the student to gain an understanding of the general pathologic processes. Topics include: Introduction to imaging modalities, pathological terms used to describe the bodies response to stress and disease, how the body responds and forms pathological diseases such as: infectious and parasitic diseases, inflammation and repair, immunopathology, neoplasia, genetic disorders, dietary deficiencies and excesses, hemodynamic disorders, trauma & emergencies.

Radiographic & Digital Imaging Principles

48 3

Radiographic & digital imaging provides the student with the knowledge of factors that govern and influence the production of the radiographic image. It includes discussions on x-ray and scatter production, patient interactions, disease processes, radiation protection, the function of kVp, mAs, and distance as it applies to density, contrast, scatter radiation, and spatial resolution. Film/screen and digital radiography are compared and contrasted. Practical issues concerning automatic exposure control and grid usage are also explored.

Radiographic & Digital Imaging Practical

32 2

This course runs parallel with the Radiographic & Digital Imaging Principles course, providing the students with opportunities to practice and apply the theoretical principles associated with the production of quality images.

Worksheets, image production and evaluation will be the primary learning activities to gain knowledge related to the exposure factors that influence the production of the radiographic image.

Medical Ethics and Law

32 2

This course is designed to be an introduction to ethical thinking for students in the radiologic sciences. We will focus on the integration of knowledge about patient care and the ethical/legal issues which can occur in the process of providing care. Topics include the ethical principles of autonomy, beneficence, justice, nonmaleficence, and paternalism, the Patient's Bill of Rights, resolving moral dilemmas, and the legal principles of malpractice, intentional torts, and negligence. The course will be a combination of short presentations, web-based "discussion board" posts and class discussion intended to promote self awareness and an understanding of the expectations of one's profession and the society at large.

Radiographic Physics and Imaging Equipment

64 4

Characteristics of atomic structure, electricity, and x-ray machines; properties of x-rays and their interaction with matter; measurement of radiation exposure. Construction principles and theories of operation of specialized imaging equipment, including fundamentals of acquisition for the following: Imaging Intensification, Geometric Tomography, Mobile/Portable Radiography, and Magnification Principles.

Radiographic Procedures IV

16 1

This course is an extension of Radiographic Procedures I – III and includes information on advanced radiographic procedures and the contrast materials, specialized radiographic equipment and techniques used to when performing them.

Radiographic Quality Management & Quality Control

32 2

Total quality management of a radiology department within the health care system is discussed and quality control tests are explored and performed.

Radiobiology & Radiation Safety

32 2

Coverage will include the basic concepts of ionizing radiation, radiation physics and chemistry (direct and indirect action of radiation) and the biological effects of ionizing radiation. The Radiation Protection section of this course is designed to provide the student with: a) instruction in the safe use of medical radiation producing devices and the handling of radioactive materials, b) information regarding certain formulae and techniques useful in radiation protection programs and c) familiarization with the regulatory agencies, regulations and regulatory guidelines pertinent to their respective fields. Emphasis is placed on the applied aspects of radiation protection. The radiobiology section of this course will introduce the basic concepts of Radiation Biology. There will be a review of basic cell biology (basic components of the cell and various cell structures) and an introduction of the cell cycle in order to gain a better understanding of what radiation does to an individual cell. Topics include cellular response to radiation, tissue radiation biology, radiation pathology, total body radiation response and the late effects of radiation on biological systems.

Professional Development

16 1

This course will provide information on preparing resumes, interviewing, career planning, salary negotiation, continuing education post-RT program, and benefits through guest speakers. A process for systematically preparing for the ARRT certification examination will also be addressed.

RT Clinical Internship I

384 3

RT Clinical Internship II

384 3

RT Clinical Internship III

640 5

RT Clinical Internship IV

384 3

Students will rotate through the different areas of the UI Hospitals & Clinics. During rotations, the student will assist with routine images in the assigned area, as well as practice and test out on x-ray examinations learned in the didactic setting, increasing from the less complex chest, abdomen, upper extremity, and shoulder in the I and II clinical internship courses to gastrointestinal, lower extremity, spine, thorax, and skull exams in the III and IV clinical internship courses. Throughout the clinical internship the student builds skills for the care and management of patients. Performance assessments are conducted and guideline objectives are completed for each rotation. Performance expectations progressively become higher as student gains experience and skills. Observation rotations in radiation therapy, nuclear medicine, angiography, diagnostic medical sonography, computed tomography, and magnetic resonance imaging are completed to introduce the student to all fields related to Radiology.

Didactic Grading Guidelines

University policy requires that instructors outline in their syllabi how grades will be determined in a class, including whether plus or minus grading will be used. Radiologic Technology Education has adopted the following grading guidelines for course taught in their programs.

Didactic course grades are computed on a scale of A (95%), B (85%), C (75%) and F (no grade of D is issued), with the following grading system used to compute the GPA.

Grade Description	Grade point per s.h.	Other marks on the permanent record:
A Superior	4.0	I = Incomplete Dark shaded box = Second-Grade-Only Option
A-	3.67	
B+	3.33	
B Above Average	3.0	
B-	2.67	
C+	2.33	
C Average	2.0	
F Failing	0	

Plus/Minus Grading: The use of plus and minus is optional: individual faculties are free to use the grades of A, B, and C without plus and minus. In either system, instructors may use any or all of the points on the above grading scale. The grading system used by a faculty must be applied to all students in a given class. The grading system must be the same in all sections of a multisection course. Faculties should announce at the beginning of the course the grading system to be used.

Grade-point average (GPA) is computed by: Multiplying the number of credit hours in each course by the appropriate grade points; totaling the grade points earned to date; and dividing the total grade points by the number of hours taken, excluding courses in which a mark of 'I' have been given. Hours of 'F' are included in hours attempted and are used in computing the grade-point average.

Incomplete (I): Faculties may report a mark of I (incomplete) only if the unfinished part of the student's work in a course is small; the work is unfinished for a reason acceptable to the instructor; and the student's standing in the course is satisfactory. Courses may not be repeated to remove incompletes. Incompletes must be removed by completing the unfinished part of the work.

The work must be completed and submitted to the course instructor within 14 days of final course session. Failure to do so will result in an "F" for the incomplete work.

Exam Make Up: University policy requires that students be permitted to make up examinations missed because of illness, mandatory religious obligations, or other unavoidable circumstances or University activities. Therefore, instructors will offer reasonable options without penalty to students who have missed examinations for legitimate reasons. It is the student's responsibility to contact the instructor as soon as possible about the reasons for a missed exam. Instructors may request that students provide documentation for any absence before the student is allowed to make up missed work. An UI absence form is available at the Registrar student forms link. Any requirement that students must use this form will be clearly stated in the course attendance policy on the syllabus. Make-up examinations will be scheduled at a reasonable time and location. The make-up examination, if different, will be equivalent to the original in form, content, difficulty, and time limits, and the standards for scoring and grading will be equivalent to those used for the original examination.

1. It is the student's responsibility to contact the instructor to arrange a time to make up the quiz or exam on the day the student returns.
2. The quiz or exam may be made up before 8 a.m., over the lunch time, or by arrangement with the instructor. The student is not allowed to take clinical time to make up a quiz or exam.

GPA Requirement:

To remain in good scholastic standing in the Radiologic Technology Program, the student must maintain a grade-point average of 2.00 (on a 4-point scale) each semester in all RT Program courses.

1. Any first-year course failed by the student must be repeated and passed by the student during the second year of the program. No more than one first-year class each semester may be taken in the second year. See the Course Retake Fee Policy for additional procedures and fees associated with repeating a failed course.
2. Clinic time missed due to repeating of a course will be made-up according to the sick/personal leave make-up policy.
3. If a student fails more than one course per semester, the Promotions Committee will determine if he/she will be dismissed from the program and/or given the option to repeat the following year.
4. Any senior who fails a course will have to satisfactorily complete remedial work, as determined by the instructor, or return to retake the class before graduation. See the Course Retake Fee Policy for additional procedures and fees associated with repeating a failed course.
5. A student receiving an 'F' on any course has the option of retaking the course for a second-grade-only option.
6. A total of three courses may be repeated during the program. If a student fails more than three courses, they may be dismissed from the Program.

Second Grade Option: When a student repeats a course, only the grade and credit of the second registration is used in calculating total hours earned as well as cumulative and total cumulative grade-point averages. The Program marks the permanent record (with a darker shaded box) to show that a particular course has been repeated, but only the second grade is used in calculating the grade-point averages and hours earned.

A course may be repeated only once. Failing to pass a course after the second attempt will result in student being dismissed from the Program.

Radiographic Procedures Course Retake Policy

Each unit of the Radiographic Procedures course must be passed with a minimum of 75% before student is allowed to obtain signatures or competencies. If a unit is not passed by 75%, the following retake policy will be in effect for this student. This policy only enables the student to complete competencies in the clinic. It has no effect on the overall Radiographic Procedures grade.

1. The student will go over the final unit exam with the instructor.
2. The student will pass a retake exam with at least a 75% grade, using no class curve. The student may retake the exam a total of 2 times. If the student fails to pass the exam after the second retake attempt, the student will have to repeat the didactic course section during the 2nd year before being allowed to repeat the exam for the fourth time. This may mean the student will be placed on clinical probationary status. See the Clinical Grading Policy for details of this status.
3. The timing for this retake is critical. The student will NOT be excluded from any clinical competency policies due to a failed section. The student repeating the didactic section in senior year due to failure of retake may be required to remain after the program completion date if unable to complete the clinical requirements effected by this failure.
4. The student may use the retake exam procedure for no more than 2 radiographic procedure exams per radiographic procedure course. If student fails more than 2 exams in a radiographic procedure course they will be given a failing grade for the course and will have to repeat it during the senior year, even if she/he has passed the course point wise. If the student fails the whole course, it will be repeated with the junior class the following year. Refer to the Didactic Grading and Repeat Course Fee Polices for additional information.

Grade Reports

1. At the end of each semester, a didactic grade report is given to the student.
2. A mid-semester clinical grade progress advisory session is held with the student and student advisor each semester.
3. A performance appraisal summary and overall clinical grade report is given to the student at the end of the fall and spring semesters.
4. Upon completion of all Program requirements, a final grade transcript is given to the student.

Graduation Requirements

1. The student must satisfactorily complete all didactic, laboratory, and clinical work in accordance with the grading policies to be eligible for graduation.
2. All fees and financial obligations to the University must be satisfied prior to receiving the completion certificate.
3. All Hospital and RT education's property must be returned before graduation. This includes library books, picture ID badges, radiation monitoring badges, lead markers, and radiographs from the education file.
4. After the completion of the above, the student will be certified as eligible to sit for the American Registry of Radiologic Technologists' National Certification Examination. Following successful completion of this examination, graduates will be able to use the initials R.T.(R) after their name.

Honors & Awards

1. Students will be recognized at graduation and/or on transcript for academic excellence.
2. Clinical Above and Beyond recognition for students who have completed more than the required elective competencies. (See the Clinical Education Guidelines in the clinical notebook for details.)
3. Students graduating with a 3.5 to 3.74 cumulative didactic G.P.A. will receive honors recognition.
4. Students graduating with a 3.75 or greater cumulative didactic G.P.A. will receive high honors recognition.
5. An Academic Excellence Award is presented to the student in the class with the highest cumulative didactic G.P.A.

Scholarships

The following scholarships may be available to RT students.

1. Iowa Society of Radiologic Technologists Scholarship: <http://www.isrt.org/>
2. ASRT Jerman-Cahoon Student Scholarship: www.asrt.org/content/asrtfoundation/welcome/entrylanding.aspx
3. The Royce Osborn Minority Student Scholarship: www.asrt.org/content/asrtfoundation/welcome/entrylanding.aspx
4. Iowa Hospital Association Scholarship: <http://www.ihaonline.org/>

Disability Accommodations

A student seeking academic accommodations must register with Student Disability Services. A Student Academic Accommodation Request (SAAR) form must be provided to the instructor before accommodations are considered. For more information, visit this www.uiowa.edu/~sds/.

Records

For specific details concerning the UI policy on educational records and guidelines for faculty and staff relating to education records refer to the UI Operations Manual (www.uiowa.edu/~our/opmanual/iv/06.htm)

1. A copy of the final course grade and grades on all components that went into calculating that grade should be kept with the department for 2 years. The file should be detailed enough to allow for a check for clerical errors by comparing the student's graded work with the department record.

Term papers, assignments, and projects are generally considered to be the property of the student who prepared them. Students should be told in advance if the instructor plans to keep copies of student work. Similarly, if the course work is done in conjunction with a consulting project that will be the property of a client, students should be informed at the start of the class that their work will belong to them but will instead become the property of the client. Examinations (questions and answers) are the property of the instructor.

Ideally, graded assignments, papers, and examinations should be returned to students before the end of the semester. Final examinations, final papers, and capstone projects that are graded after the end of the semester should be kept at least until the end of the subsequent semester so that students can refer to them or retrieve them. Materials from a spring semester should be kept at least until the end of the next fall semester. Materials from a summer session should be kept at least until the end of the following fall semester and materials from the winter term should be kept until at least the end of the following spring semester.

2. The program will not disclose information in the educational records to include personal information, employment records, grades, class schedules, printed class lists, and graded test papers with personally identifiable information related to the individual student without the prior consent of the student, except to exempted persons. Such consent will specify the records to be disclosed, the purpose of disclosure, and to whom the disclosure is to be made. Exempt individuals include:
 - a. University of Iowa faculty and staff with legitimate educational interest.
 - b. Representatives of agencies or organizations from which the student has received financial aid, including banks and other lending agencies.
 - c. Officials from other educational institutions in which a student intends to enroll.
 - d. Individuals or groups specifically exempted from the prior consent requirement.
 - e. Federal and state officials, organizations conducting studies on behalf of the University of Iowa, and accrediting organizations.
3. Individual directory information may be released without written consent, except when the student has filled out a Request to Withhold Student Information document and given it to the Program Director. Directory information that can be disclosed includes:

<ul style="list-style-type: none"> ○ Addresses (local) ○ Telephone numbers (local) ○ Hometown and state ○ E-mail address ○ University of Iowa Hawk ID ○ Major field(s) of study 	<ul style="list-style-type: none"> ○ College(s) enrolled in ○ Dates of attendance ○ Full-time/part-time status ○ Degrees and awards received
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4. The required Student Consent for Release of Records and Letter of Recommendation Release forms are accessible from the program website.
5. The following student records are kept in permanent Program files.
 - Program application and submitted grade transcripts
 - Program grade transcript, with attendance record.
 - Radiation protection cumulative report.
 - Clinical performance summation reports.
 - Copy of Program certificate
 - Release of records form(s) when applicable.
 - Photograph/information consent agreement.
 - Mandatory reporter training in recognition and reporting of child and dependent adult abuse form.
 - Mandatory Hospital Requirement Form.
6. Permanent Program records are kept in the Program office in a locked cabinet.
7. The following individuals will have access to student records: Program Faculty and Office Coordinator.
8. Students wishing to review their records may do so by notifying the program faculty or secretary. A program faculty or the office coordinator will be present with the student when reviewing the records.
9. Students have the right to request the amendment of inaccurate or otherwise inappropriate records and the right to file a complaint concerning alleged failure by the Program to comply with the requirements of FERPA with the Family Compliance Office in the United States Department of Education.

Didactic Dress Requirements

Students are required to follow the UI Healthcare Professional appearance policy when at UIHC for any reason other than when on clinical assignment.

1. UIHC Identification Badge is to be worn at all times while on didactic and clinical assignment.
 - a. The ID badge must be worn above the waist, without attachments, and with picture and name forward, immediately visible to patients, visitors, and other staff. Pins and awards are to be attached to clothing or a lanyard, not the ID badge.
 - b. Replacement cost for lost, stolen, or defaced ID badge is the responsibility of the student.
2. Grooming/Personal Hygiene:
 - a. Students must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive body odor.
 - b. Students should avoid excessive use of fragrances and must be sensitive to scented chemicals that may be offensive, cause allergic, or other adverse reactions for patients, visitors, staff, or another person.
 - c. Hairstyle and/or color should not interfere with assigned didactic tasks.
3. Jewelry/Adornments:
 - a. The wearing of jewelry, scarves, and accessories should not interfere with assigned duties and must not pose an infection or physical hazard to self or to another person.
 - b. Tattoos and body art with wording or images that may be perceived as offensive (such as, racial slurs, swear words, revealing body parts in a way that a reasonable person could perceive as inappropriate, symbols of death) to patients, families, or other persons should be covered during the assigned didactic time.
 - c. No visible body piercing may be worn. This includes the tongue.
4. Clothing/Apparel/Uniforms:
 - a. Clothing must be neat, clean, and free from offending odors. Blue clinical uniforms may be worn.
 - b. Shorts, blue denim jean pants of any length, and exercise or workout clothing, including sweatpants, spandex or leggings, are not considered appropriate attire. Denim jean pants in colors other than blue are acceptable if they are clean, and in good condition with no holes, ragged hems, or patches.
 - c. Appropriate footwear to the job and duties is required (such as, nonflip-flop type sandals, tennis shoes, dress shoes). Beach type shoes such as thongs or flip-flops and bedroom slippers are not appropriate. Shoes are to be clean and polished.
 - d. Caps or hats, unless worn for medical or religious reasons or for nature of specific duties, such as outdoor work, are not considered appropriate attire.
 - e. Shirts or other apparel with images, wording or logos that may be perceived as offensive to patients, families, or others are not considered appropriate attire.
 - f. Tank tops, halter tops, or tops that leave the midriff or back exposed, skirts or other clothing that exposes undergarments or could be perceived as sexually provocative to a reasonable person, are inappropriate attire in light of the desire to be patient-centered.
5. Special Holiday Dress Guidelines: Students may participate in Halloween festivities by coming to clinical or didactic assignments in costume. Many of our patients and other staff enjoy this. However, the costumes should be appropriate to the assigned area and respectful to patients, fellow staff, and the public.

Transfers

Student requesting transfer to another program will sign a Release of Grade Form before his/her records can be transferred to the new program. No transfers into the UIHC RT Program will be accepted.

Withdrawal

Student wishing to withdraw from the Program will do the following.

1. The student will submit a letter of withdrawal to the Program Director. At minimum, the letter must include the date, student's signature, and the words, "I am writing to inform the Radiologic Technology Program that I have decided to withdraw effective _____ (insert date)."
2. If withdrawal is after registering for the semester but before the first day of classes for the semester, the student is responsible for notifying the University Office of the Registrar, 1 Jessup Hall, regarding withdrawal.
3. If withdrawal is during the session, the student's registration must be formally withdrawn by submitting a student withdrawal card, with the appropriate signatures, to the University Office of the Registrar, 1 Jessup Hall.

Withdrawal cards will be issued only after student has submitted the following to the Program Director.

- a. Any checked out books, library books, and/or radiographs
 - b. Letter of withdrawal
 - c. Radiation dosimetry badges
 - d. Hospital ID badge
 - e. Radiographic markers
4. Student will sign a Release of Education Information Form.
 5. Tuition refunds will be according to the published Program policy. (See Tuition Refund section).
 6. Program activity fee refunds will not be granted after the 4th week of the Program.
 7. The student is responsible for selling textbooks and uniforms.

SECTION V – CLINICAL POLICIES

UIHC Compliance Training Course 414:198:015

This course is a noncredit, no-fee course that is self-directed and administered through UI ICON distance education, so can be accessed from any computer with Internet access. It contains modules in **HIPPA, Hospital Safety, Mandatory Reporter, Hospital Orientation, Domestic Violence, and Fire Extinguisher Safety**. Each of the training modules in the course must be viewed and a quiz completed and passed with at least an 80% to be in compliance. The course must be completed annually and will be included on your UI student transcript.

HIPAA / Patient Confidentiality

The students will complete the HIPAA (Health Insurance Portability and Accountability Act) 414:198:015 compliance course and will electronically sign the declaration of patient information confidentiality form below annually.

HIPAA STATEMENT:

All patients treated at The University of Iowa Hospitals and Clinics are provided with a copy of the University of Iowa Health Care Privacy Notice. The preamble to this notice, which directs the behavior of persons working at The University of Iowa Hospitals and Clinics, is particularly applicable to your job:

“As your health care provider, we are legally required to protect the privacy of your health information ...”

The performance of your job may require retrieval of information from patient medical records and/or computer-stored patient information. Under no circumstances should this information be discussed with anyone unless this disclosure is required in the performance of your duties and responsibilities. Once confidential patient information has been retrieved in the performance of your duties, it then becomes your responsibility to properly ‘dispose’ of the document by distributing to appropriate people, filing securely, or otherwise destroying the document. **Hospital policy prohibits retrieval of medical records or computer-stored information that is not required for the performance of your job.**

The confidentiality of information about patients that you obtain in the course of employment is protected by state and federal law. State and federal law prohibits you from making any disclosure of the information unless you are specifically authorized to do so under the policies of your department. Any staff member who becomes aware of a breach of confidentiality is required to inform the Joint Office for Compliance (JOC). Reports may be made directly to JOC (4-8282) or confidentially and/or anonymously through the Helpline (4-8190).

‘I declare that I have read and understood the above aspects of patient confidentiality. Furthermore, I understand that violation of the confidentiality of patient information is reason for disciplinary action including possible dismissal from my job and liability to civil and criminal penalties.’

Inappropriately accessing patient information is a violation of University policy and the federal HIPAA Privacy Rule. It is also inappropriate to discuss a patient’s status, care, or other circumstances with those not involved in the patient’s direct care. The compliance office periodically monitors privacy compliance and violators are disciplined and/or terminated.

To help all patients feel confident that their protected health information is safe at UI Hospitals & Clinics, please:

- Do not share your password with ANYONE
- Do not give family or friends unofficial tours of patient care areas
- Do not access protected health information unless it is job- or patient-care related.

Medical History / Immunizations / TB Tests

All students enrolled in the Radiation Sciences are required to complete the health science student requirements (health information, medical history, and immunization forms & hepatitis B Titre) and have all of the required forms on file at UI Student Health before the Program start date. Information on the requirements and related forms can be located on the Student Health Services website at <http://studenthealth.uiowa.edu/forms-and-reports>

The student must provide proof of up-to-date (meaning it is no more than 1 year old) TB and TB respirator mask fitting tests before the start of each academic session. If the tests are completed at UI Student Health Services proof can be printed from ISIS by logging in, selecting “Student Records” from the top NavBar, and then selecting the “Health Requirement Status” listed under the “Student Life Management” category. (If you are a UI Hospitals &

Clinics' Employee and had your tests done at Employee Health you will need to obtain proof from Employee Health, since these records are not part of Student Health Services).

Failure to complete them will result in you missing clinical assignments, which may affect your clinical grade, until they have been completed.

CPR Certification

All radiation science students are required to have current certification in cardiopulmonary resuscitation (CPR) throughout the Program. Students must submit proof of having completed the American Heart Association's Healthcare Provider Course. Recertification is required every 2 years and must be completed by any student whose certification expires while enrolled in the Program. Students who do not hold current CPR certification will not be allowed to attend any clinical affiliation until certification is obtained. It is the student's responsibility to ensure that current CPR certification is maintained.

Radiation Safety Course:

The students are required to complete the radiation safety-training course entitled "Student Safety Course- EHS" before the start of each academic session. This training is available through the UI ICON distance education. A quiz is to be completed and passed with at least an 80% to be in compliance.

Health Insurance Mandatory Requirements

1. Health science student must show evidence of annual verification of continuous health insurance sufficient to satisfy the minimal standards of coverage by submitting the Proof of Coverage – Exemption Health Science Student Form to the University Student Insurance Office, Benefits Office, 120 USB, Iowa City, IA 52242.

The minimum standards for complying with the University's proof of coverage policy are as follows:

- Policy Limit: The health plan/policy covering the student should provide no less than a \$250,000 lifetime benefit, or \$75,000 per person annual benefit, or equivalent.
- Inpatient Coverage: The health plan/policy should provide coverage for hospitalization including coverage for room and board, physician visits and surgeon services, x-ray and lab, and miscellaneous services.
- Inpatient Deductible: The inpatient deductible under an individual policy shall not exceed \$500 per admission and a 20% co-payment/coinsurance requirement. A deductible up to \$1,000 per admission is acceptable if coverage is under a group plan.
- Outpatient Coverage: The health plan/policy shall provide coverage for medically necessary care including both physician services for treatment of emergencies, illness, accident or injury, and x-ray and lab services

2. Failure to provide acceptable documentation will result in the student being automatically enrolled and charged for participation in the University's Student Health Insurance Plan administered through Wellmark Blue Cross and Blue Shield of Iowa.

Liability Insurance

Students in the RT Program shall have professional liability coverage provided by the State of Iowa.

University of Iowa Hospitals and Clinics is an agency of the State of Iowa, which self-insures its liability for the negligence of its employees through the Iowa State Tort Claims Act, Chapter 669, Code of Iowa.

Section 25A.2(1) defines "employee" to include "persons acting on behalf of the state or any state agency in any official capacity, temporarily or permanently in the service of the state of Iowa, whether with or without compensation".

Section 25a.(5) defines "claim" to include claims against the state or an employee of the state caused by the negligent or wrongful act of any employee of the state while acting within the scope of his or her employment.

Section 25A.21 provides the state shall defend and indemnify and hold harmless any employee against any claim subject to Chapter 25A, unless it is determined that the conduct of the employee upon which the tort claim is based constituted a willful and wanton act or omission or malfeasance in office.

In accord with these provisions, any student enrolled in an educational program sponsored by the University of Iowa Hospitals and Clinics is covered by the Iowa State Tort Claims Act when providing care to patients at the University of Iowa of Iowa Hospitals and Clinics and under the direction and the supervision of his or her clinical instructor.

Rotations external to the University of Iowa Hospitals and Clinics are governed by a Memorandum of Affiliation that states "The UIHC agrees to be responsible for any and all claims and liability for injury to persons

or property arising out of or caused by negligence of its agents, employees, or officers in the performance of the duties and obligations contemplated in this agreement to the extent permitted by Chapter 669 of the Code of Iowa.”

Clinical Dress Requirements

Student will wear the program uniform and be dressed to look professional when on clinical rotations as described below.

1. Uniforms
 - a. Minimum of five uniforms ordered from uniform company is recommended.
 - b. Must be clean and wrinkle-free and hemmed to an appropriate length.
 - c. Only a white above-the-knee length lab coat or an all white, crew or turtleneck T-shirt (under uniform) may be worn for added warmth. No printing is allowed on the T-shirt and it must not be worn in-side-out or hang below the bottom of uniform shirt.
 - d. The photo identification card is to be worn above the waist with the photo and UIHC logo facing outward. The front of the photo identification card shall be easily observed and free from affixed items. No item may be affixed to the back of the photo identification card because it would interfere with the function of the magnetic stripe or cover the information. It is very important that you wear your ID badge at all times while in UI Hospitals and Clinics. First, it is a requirement for our accreditation by JCAHO; patients have a legal right to know the names and titles of all their caregivers. Second, ID badges allow us to operate a secure environment for our patients, their families and visitors. Third, wearing an ID badge provides a highly visible form of identification, both for us as individuals and as representatives of UI Health Care. Finally, ID badges provide an efficient means to charge purchases within UI Hospitals and Clinics.
 - e. Radiation dosimetry badges are worn at the collar and at the waist, and are required during clinical rotations.
2. Hospital Scrubs and Cover-ups
 - a. May be worn **ONLY** on the surgery, angiography and cardiac cath. rotations.
 - b. **NO** T-shirts are to be worn under scrubs during the surgical rotation.
 - c. **NO** scrubs are to be worn outside the hospital.
 - d. Blue cover-ups are to be worn upon entering the surgical area and removed before leaving.
 - e. **NO** white cover-ups are to be worn as a lab coat.
3. Jewelry
 - a. Two **SMALL** pair of earrings may be worn per ear.
 - b. **NO** bracelets.
 - c. Rings – two rings total may be worn, they must be small and plain.
 - d. Necklace - one small, short, gold or silver chain may be worn with or without a small pendant.
4. Fingernails
 - a. Artificial nails/nail enhancements are not permitted.
 - b. Fingernails are to be neatly maintained and no longer than ¼ inch beyond the fingertips.
 - c. Clear nail polish is preferred; this allows staff members to visualize the subungual area to determine if it is clean. If nail polish is worn, it should be in good repair, without defects (chips, peeling or cracks). Nail polish, if worn, must be under four days old.
5. Hair that is shoulder length or longer must be tied back during clinic time and must be kept out of the patient’s face.
6. Shoes - All white leather – Only blue nursemate hearts are acceptable, otherwise **NO** colored emblems or colored writing or lines. Shoes are to be polished and have clean shoestrings.
7. Stockings/socks: All white. No bare feet or visible bare legs are permitted.
8. Facial hair is clean shaven or neatly trimmed mustache or beard.
9. Be aware that you will be working closely with patients and peers. Pay particular attention to foot, underarm, and clothing and breath odors due to smoking. Do not wear any heavy perfumes or shaving lotions.
10. **NO GUM CHEWING** during clinical hours.
11. No visible body piercing may be worn while you are on clinical experience. This includes the tongue.
12. Dress Code Policy Infractions – See Judicial Procedure for disregard of clinical policies

Lead Markers

1. Each student will be issued lead markers to be used when imaging patients. Markers are personalized with numbers and letters to identify student.
2. If the student loses the markers or is found in clinical setting without markers, they will be required to purchase new markers or leave to retrieve them. Markers can be purchased from Kelley Kirby (I.O.U.s are allowed). The replacement cost is \$1.50 for each R or L and arrow, \$1.00 for small numbers and letters, and \$5.00 for the SUPINE and XTABLE markers and \$4.00 for the PORT.
3. Another student or staff's lead markers may not be used by a student who has lost the markers.

Clinical Grading Policy

1. Refer to the Clinical Education Notebook for specific procedures relating to the clinical education grading requirements for the clinical objective, clinical competency, and performance appraisal grades.
2. The final clinical practicum course grade will be based on an average of the Clinical Objective Grade, Clinical Competency Grade, and Performance Appraisal Grade.
3. A clinical practicum course grade will be determined for each student at the end of each semester except the summer semester of the first year, which is an orientation period. A total of six clinical practicum course grades are given during the program. These grades will be recorded on the student's permanent grade transcript.
4. The following grading system is used compute the GPA for the final clinical grade:

Grade	Description	Grade point per s.h.
A	Superior	4.0
A-		3.67
B+		3.33
B	Above Average	3.0
B-		2.67
C+		2.33
C	Average	2.0
F	Failing	0

5. Any student obtaining an "F" in any of the clinical objectives, competency, or performance appraisal categories will be placed on clinical probationary status for the remainder of the program. (See #6)
6. The probationary status, for obtaining an "F" in any of the clinical categories, is allowed for only one semester. If an "F" grade is obtained on any of the clinical evaluation categories in any remaining semester, dismissal from the program will result.
7. The clinical grade point for each semester's final clinical grade must be a minimum of 2.0.
8. Any student receiving less than a "C" clinical practicum course grade will be required to repeat the entire clinical semester to be eligible for graduation. The number of actual clinical hours that will require repeating will be based on the actual hours required in the failed semester. See the Course Retake Fee Policy for additional procedures and fees associated with repeating a failed course.
9. The clinical semester may be completed as a second-grade option. When a student repeats a clinical semester, only the grade and credit of the second registration is used in calculating total hours earned, as well as cumulative and total cumulative grade-point averages. The Program marks the permanent record (with a darker shaded box) to show that a particular course has been repeated, but only the second grade is used in calculating the grade-point average and hours earned. The grading and clinical requirements will follow the following guidelines. If the student fails the second semester, the next semester grade will be used for the second-grade option and the second semester clinical requirements will be used as the bases for determining that grade. Each consecutive semester and the repeated semester hours will be handled in the same manner.
10. The second-grade option for obtaining an "F" in any of the clinical practicum course grade is allowed for only one semester. (See #5 and 6).

Direct & Indirect Clinical Supervision

The Joint Review Committee on Education in Radiologic Technology uses the following definitions:

Direct Supervision of Students: The parameters of direct supervision are:

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

All students must be under direct supervision of a registered radiographer when performing examinations on patients with communicable diseases. Universal precautions will be practiced on all patients.

Indirect Supervision of Students: Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. A qualified radiographer will review and approve the radiographs prior to release of the patient. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Students may only operate under INDIRECT SUPERVISION when they have passed the clinical competency test in that examination. This rule pertains to all examinations, including portable and surgical. If you have not passed the clinical competency test, the rules of DIRECT SUPERVISION apply. There are NO exceptions to this rule.

Repeat Examinations: Repeat radiographic examinations are performed while the registered radiographer is present and with the student, regardless of a student's competency level. If a repeat examination is necessary, the student shall have a registered radiographer check the position and technique before the exposure is made, regardless whether you have passed the competency or not.

Surgical Rotation Supervision:

1. No student may be on the OR floor without an RTR on the floor. The RTR must be aware the student is on the floor and be responsible for his/her supervision.
2. Students under direct supervision (have not comped) must be with an RTR at all times.
3. When performing a C-arm under indirect supervision, an RTR must be physically present and adjacent to the location where a procedure is to be performed and be available immediately upon request. The RTR supervising the student may not be involved in another procedure.
4. A student may only perform an OR portable under indirect supervision if they have comped on the requested exam. A RTR supervising must be physically present and adjacent to the location where the procedure is being performed and be immediately available for assistance if needed and to review the images upon completion. The RTR supervising the student may not be involved in another procedure.
5. A non-comped junior or senior may not be in the OR room with a comped student if a RTR is not present.

Monitoring of Policy: In an attempt to ensure that the RT students are supervised appropriately, based on JRCERT standards when performing radiographic exams on clinical rotations, each student is asked to anonymously complete a Clinical Supervision Questionnaire periodically throughout the program. Results of this questionnaire are presented at the annual advisory meeting.

Updated 6/09

Cell Phone Usage

The use of cell phones is prohibited during clinical rotations. Students are not to carry cell phones with them.

Clinical Schedule

Students are assigned to didactic and clinical rotations for a maximum of 8 hours per day and 40 hours per week.

1. Clinical day hours are from 8 a.m. to 4:30 p.m. with a half-hour lunch, unless otherwise indicated on rotation objectives. Students should look at their next rotation objectives the week prior to determine if hours are different than these listed. The time not specifically scheduled on the master schedule for the semester is to be considered study time. During this time, prearranged student meetings may be scheduled for the class by the Program Faculty as needed to complete clinical or course requirements. Attendance for these student meetings is subject to the Attendance Policy.
2. Each student is assigned 10 weekend days. Weekend day hours are 8 a.m. to 4:30 p.m. with a half-hour lunch.

- a. The student will be scheduled for the weekend day by the Clinical Coordinator, but may trade days with a classmate if the Clinical Coordinator is notified in advance of the trade by completing and submitting a Weekend Trade Form.
 - b. If the student is assigned to a Saturday, she/he may have the previous day off.
 - c. If the student is assigned to a Sunday, she/he will have the following Friday off, giving her/him a three-day weekend.
 - d. If the Saturday student prefers to have the following Friday off instead of the day off before the Saturday, s/he may voluntarily request it.
 - e. If weekend day assignment occurs prior to a clinical rotations that has less than 3 clinical days (i.e. chest, volunteer, Gen 1, ECG) student will not be given a day off during the week unless they are assigned more than 40 hours.
3. The student is assigned 16 days of Flex shift (A, B, & C – 4:00pm-10:00pm)

Dispersment of Medical Information

Student radiographers are not qualified to disperse medical information in any form during the course of an examination. Failure to comply will result in disciplinary action. The following guidelines will not be exceeded for any given exam:

- A. Explain to the patients, prior to the exam, the radiographs that you will be taking and what is required of them.
- B. Explain to the patients, after the exam, that you have completed the needed radiographs and that they are free to go. If they request information about the diagnosis, explain that you do not interpret the radiographs, but that the radiologist will be doing so and informing their physician about the results. At no time will any pathological processes or interpretation be discussed with the patient.

Radiation Monitoring & Protection of Students

1. The student must be 18 years of age or older to participate in clinical rotations that require working with sources of ionizing radiation.
2. The student will be issued two dosimetry badges; one to be worn on the collar near the thyroid gland outside of lead protection, and the other to be worn on the abdomen under lead protection. (See <https://research.uiowa.edu/ehs/edocs/uihc/all>, Dosimeter ALARA Guidelines.)
3. The student will be issued new badges each month. It is the student's responsibility to return the previous month monitoring devices to the Environmental Health and Safety Office (EHS) on Grand Avenue by the 10th of the following month.
4. If the student fails to return the badge three times within a 1 year period, the EHS Office bills the Radiology Department \$20 per incident for the lost or late badges. The Radiology Department policy requires the individual to reimburse the department for these charges.
5. Radiation Exposure Reports for the previous month are hung in the student lounge each month. A special number that is given to each student when the dosimetry badges are issued identifies the student on these reports.
6. The annual student's dosimetry badge reading will not exceed the following NRC protection recommendation:

Annual Maximum Permissible Dose Limits		
mrem	rem	
5000	5	Whole Body Deep Dose Equivalent (Head, trunk, active blood-forming organs & reproductive organs)
50,000	50	Whole Body Shallow Dose Equivalent (Skin of the whole body) and Extremities (Hands, forearm, feet & ankles)
50000	50	Lens of Eye Dose Equivalent

Notification and investigation levels for occupational exposure to radiation by the EHS Office are as follows:

Action Level I: EHS contacts individuals and their supervisor/department head if their cumulative quarterly exposure exceeds any of the action levels listed below.

Action Level II: In addition to "Level I" notifications, EHS requires the completion of a questionnaire for "Action Level II" exposures and may include a meeting with the staff member and their supervisor to discuss the individual's exposure and potential actions.

ALARA I	ALARA Level II	
200 mrem/month	400 mrem/month	Whole Body Deep Dose Equivalent (Head, trunk, active blood-forming organs & reproductive organs)
2000 mrem/month	4000 mrem/month	Whole Body Shallow Dose Equivalent (Skin of the whole body) and Extremities (Hands, forearm, feet & ankles)
600 mrem/month	1200 mrem/month	Lens of Eye Dose Equivalent

7. The student will always wear an apron when applicable (fluoroscopic and portable exams).
8. The student will never hold a patient during an exam.
9. The student will use the principles of time, distance, and shielding to protect themselves and during procedures.

Updated 6/11

Patient Radiation Protection

The RT student is responsible to maximize the benefit from each x-ray exposure and to minimize the radiation received by the patient. All patients will be provided appropriate radiation protection as listed below.

1. Procedures
 - Student will double ID all patients, by using their first and last name when locating the patient and ensure that the patient responding has the birth date listed on the exam order.
 - Student will ask patient what body part is to be imaged and question the physician's order if it is listed differently on the x-ray request.
 - Position the patient properly.
 - Choose exposure factors based on the technique charts and patient's measurements.
2. Collimation
 - Limit the field size to include only the area of interest.
 - The beam is never larger than the film size.
3. Gonadal Shielding
 - Ask all females between the age of 12 and 55 if there is a possibility of pregnancy before completing the exam. If pregnancy is a possibility, consult the Policy for Handling Pregnant Patients (#5 below).
 - Provide all patients under the age of 55 with gonadal shielding, unless it interferes with the area of interest.
4. All imaging procedures will be performed under the direct supervision of a qualified practitioner until the radiography student achieves competency, and under indirect supervision of a qualified practitioner after the student achieves competency. All repeat examinations on patients will be completed under the **DIRECT** supervision of a registered radiographer.
5. Pregnant Patients: the primary goal is to protect the well-being of the mother because her well-being preserves the life of the fetus also. In achieving this goal, every attempt should be made at keeping the radiation dose to the fetus to a minimum.
 - a. Before every imaging or interventional procedure, the technologist should inquire from all female patients, in the child bearing age, as to whether she is, or may possibly be pregnant. If the patient is too sick to answer questions, the technologist should ask the family or treating physician. If all attempts do not result in a clear answer, if time permits a pregnancy test should be performed.
 - b. If a patient responds that she is or may be pregnant, the radiologist assigned or scheduled for that particular service should always be contacted.
 - c. There are four possible scenarios to be considered: The patient will be asked to sign an informed consent form.
 - i. For examinations above the abdomen or below the hips, the patient should be assured that there is no scientific evidence that the examination will result in any detectable harm to the fetus. Shielding of the abdomen and pelvis with lead aprons should be used if feasible.
 - ii. For examinations where the fetus is in the direct beam and the estimated dose calculated from Appendix A, B or C is less than 1 rem, the radiologist should discuss the benefits versus the risks of the procedure with the referring physician. Imaging techniques not involving ionizing radiation should be considered. If the examination is judged to be appropriate and necessary, the clinician responsible for the care of the patient will write a note in the chart stating that the imaging study is indicated for the management of the patient. The radiologist will explain the procedure to the patient with the assurance that the radiation dose will be kept as low as possible, consistent with obtaining the required diagnostic information.
 - iii. For examinations where the fetus is in the direct beam and the estimated dose calculated from Appendix A, B or C is greater than 1 rem but less than 5 rems, the radiologist and referring physician should work together to find options that will provide the needed information without the use of

- ionizing radiation such as ultrasound or MRI. If the radiological procedure is deemed essential, the patient should be involved in the decision to proceed with the examination. She should be informed by the radiologist of the risks and benefits of the diagnostic test or interventional procedure. The patient will be asked to sign an Informed Consent Form (Appendix D). The clinician responsible for the care of the patient will write a note in the chart stating that the test is indicated for the management of the patient.
- iv. For the rare occasion where the estimated dose to the fetus exceeds 5 rems, a formal calculation of the dose will be conducted by a radiation physicist (8). The patient and/or family should be counseled about the risks to the fetus. The referring physician, the radiologist, and radiation physicist should all write notes in the patient's chart explaining the circumstances and medical justification for the examination or procedure.
- d. Technical Principles to be Followed in every Pregnant Patient
 - i. Limit exposures to those that are essential for a diagnosis.
 - ii. Use precise collimation and pelvic shielding whenever possible.
 - iii. Limit fluoroscopy to short bursts as needed. All fluoroscopic procedures must be timed and a written record of the fluoroscopy time, kVp and mA must be kept.
 - iv. Every effort must be made to eliminate repeat exposures resulting from technical errors. Repeat exposures should not be performed without consulting with the radiologist responsible for the patient.

Updated 5/11

Pregnancy

1. The dose limit of a pregnant radiation worker remains at 5,000 mrem per year until she specifically declares her pregnancy in a written and signed statement directed to the University's Environmental Health and Safety (EHS) Office. Such a declaration is completely voluntary and made at the mother's choice.
2. Following the EHS Office's receipt of a signed pregnancy declaration, the dose limit to the student's embryo/fetus is limited to 500 mrem for the duration of her pregnancy. Upon the receipt of the signed pregnancy declaration, the EHS will monitor potential internal and/or external exposure to the embryo/fetus as appropriate.
3. A copy of the EHS Pregnancy Declaration Form is available on the Program website and at <https://research.uiowa.edu/ehs/files/documents/radiation/pregform.doc>.
4. For answers to questions concerning prenatal radiation exposure and risk, consult with The Iowa Department of Public Health (IDPH) regulatory guide entitled "Instruction Concerning Prenatal Radiation Exposure" can be accessed from the program website.
5. The student is allowed to participate in her regular scheduled rotations as long as good radiation safety techniques are practiced. Refer to the Sick/Personal Leave and Vacation, and Leave of Absence Policies as needed for time off due to appointments and maternity leave.
6. The student may withdraw the pregnancy declaration by providing a written statement declaring the withdrawal to the program director and EHS office.

Updated 12/11

Clinical Advising

Students are assigned an IE who monitors & advises students on aspects of clinical education. The educator will:

1. Monitor students' adherence to policies and procedures.
2. Monitor students' clinical staff appraisals.
3. Consult with student at mid and end of semester about clinical performance, and competency and objective progress.
4. Prepare clinical grade summation report at end of fall and spring semesters for students.
5. Advise the student on clinical requirements per semester.
6. Advise the student of problem behaviors in clinic.
7. Be available for the student to communicate any problems that are being experienced in the clinic and offer guidance.

Stephanie Setter	Zanetta Hoehle	Kelley Kirby	Stephanie Harris	Lorie Gillitzer
Melea Bell	Mikayla Field	Hannah Cates	Jenna Kuntz	Megan Dennis
Benjamin Deppe	Matthew Holstead	Haley Daniel	Kayla Postels	Chelsea Hammond
Jennifer Hoffman	Lindsay Lewis	Brittney Halverson	Jessica Van Otegham	William Lothamer
Britney Worby	Hannah Gent	Anna Krug	Annie Blaser	Amanda Roth
Sarah Dailey	Meghan Dowling	Andrea Zimprich	Kelsay Brueck	Ashley Wiand
Erin Drew	Gina Frericks	Lauren Giesking	Anne Hatcher	Jessica Hayes
Hailey Jennings	Shelby McGinn	Daniel Niemiec	Elizabeth O-Brien-Penney	Samantha Polton

	Breanna Schneider		Kelsey Schroeder	Hannah Smith
	Melodyanna Sons		Marisa Swoboda	Alaine Voss
				Amber Young

Accidents on Clinical Duty

Accidents encountered in the Department of Radiology will be reported to the area supervisor and the program director.

Student injury (with the exception of blood/body fluid exposure):

1. A Patient Safety Net (PSN) event report needs to be completed if/when a student has an accident while in the facility. Access the PSN through The Point (<https://thepoint.healthcare.uiowa.edu/>) by choosing the “Every Day Tools & Resources” link, and then the “PSN (Patient Safety Net)” link. Use the “visitor category” to identify the person being harmed or nearly harmed, and then note in the narrative that the individual is a “student” and indicate which educational system they are from. When completing the report, the Program Director should be selected as the reviewer.
2. The student will report to the **Student Health Clinic** for care. Care needed outside of the clinic’s hours will be provided by the Emergency Room.
3. The student is not covered by workmen’s compensation, so he/she will be responsible for any charges accrued when reporting to the Student Health Clinic or Emergency Room. The charges will be billed to the student’s insurance company. Whatever the insurance company does not cover will be billed to the student directly. If you have selected to participate in the Optional Student Health Fee, Student Health Clinic visit charges are waived. The optional student health fee allows students free, unlimited office visits with access to many services, including ten physicians, women’s health care clinic, psychiatric, and dietetic services.

Student exposure to blood or body fluid: (See next page for diagram.)

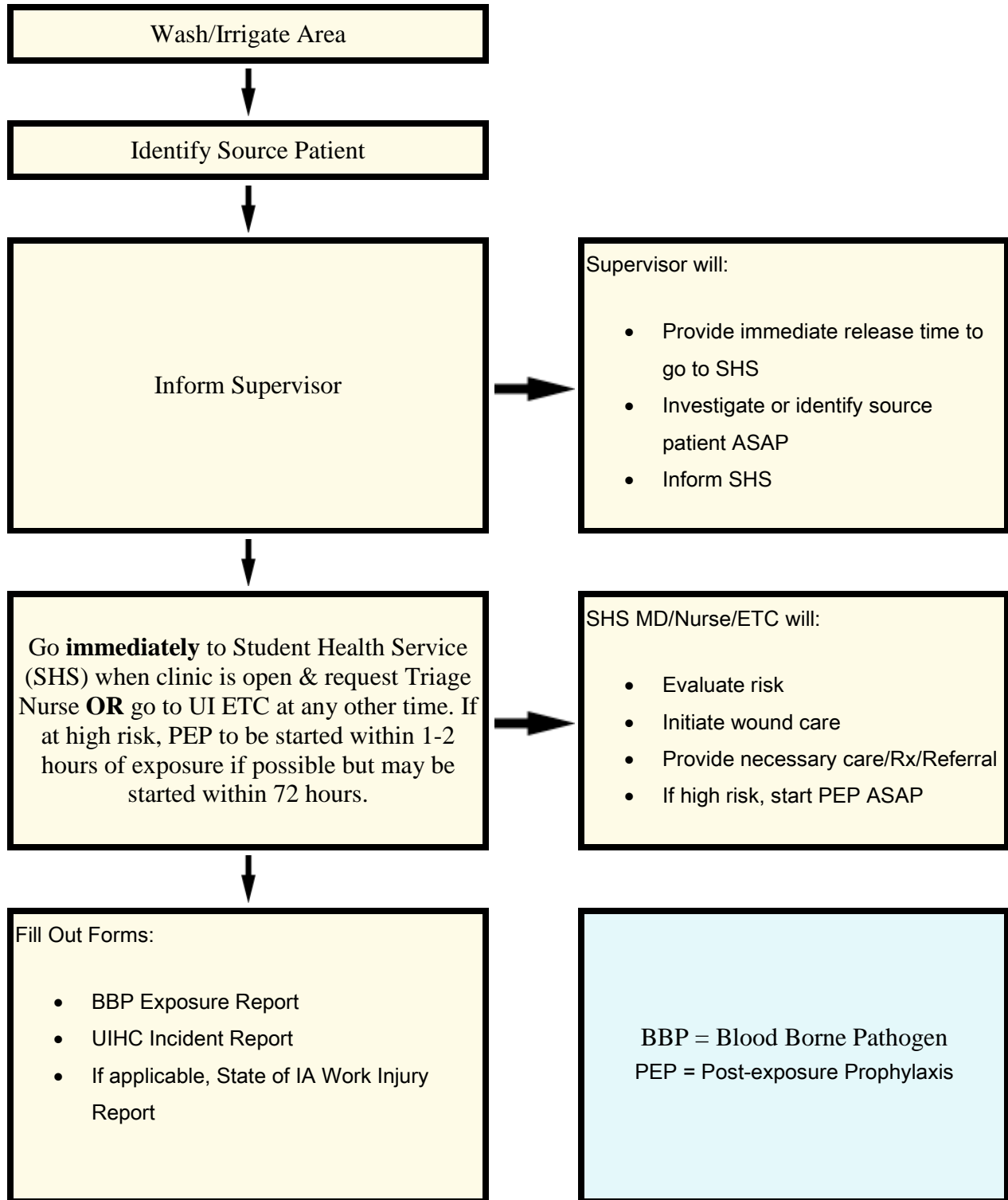
The UI student health will provide initial screening, evaluation, testing, and initiation of necessary prophylaxis, follow-up, and referral when indicated for students who have had an exposure to blood or body fluids. In this process, Student Health Services will rely on the student’s supervisor for information on the source; will consult with other caregivers when the student chooses or is located off-campus; and will consult with the Division of Infectious Diseases as needed and for annual program view. Possible blood borne pathogen exposure include, injury by a contaminated needle, any contaminated sharps injury, exposure to an individual’s blood or body fluids to non-intact skin, eye, nose, or mouth, or through a human bite that breaks the skin.

1. The student will wash and irrigate exposed area.
2. The student will identify source patient.
3. The Program Director and area supervisor will be informed.
4. The student will go immediately to Student Health Service when clinic is open & request Triage Nurse (319-356-2233) OR go to UI ETC at any other time. If at high risk, PEP to be started within 1-2 hours of exposure if possible but may be started within 72 hours.
5. A Patient Safety Net (PSN) event report, as described above, must be completed by the student. The report and form should be printed and taken with the student to the **Student Health Clinic**.
6. See #3 above for fee information.

Patient injury while in student care: A Patient Safety Net (PSN) event report must be completed as described above by the student and a copy given to the Program Director and supervising staff.

Any UI Student Exposed to Blood or Body Fluids

The Student Will:



www.uiowa.edu/~shs/exposure.htm

STANDARD PRECAUTIONS

The Centers for Disease Control (CDC) recommend the following practices for the prevention of blood-borne pathogens. Training on these guidelines is mandated annually for all individuals who are identified as at-risk to occupational exposure for blood-borne pathogens. (www.uiowa.edu/~shs/exposue.htm)

Hand Care:

1. Wash hands with soap and water frequently.
2. If health science student, wash hands before and after all patient care. Wash hands immediately after exposure to blood and/or body fluids and after removing disposable gloves.
3. If working with heavy cleaning activities, each individual should have his/her own pair of utility gloves to wear during at-risk activities, and wash and disinfect gloves after each use.
4. Avoid chapped and cracked hands if possible. Use a water-based hand lotion frequently. Petroleum-based products and Vaseline break down latex.

Protective Barriers should be worn at all times when working with blood or blood products or body fluids or waste that may contain blood.

1. Protective eyewear should be worn whenever there is a risk of eye splash.
2. Gowns, boots, & masks should be worn when risk of contamination to clothes, feet, or face.

Individuals with open or draining lesions should not work directly with other people (health care students, food servers) while lesion is open or draining.

Do Not Recap, shear, or break needles at any time.

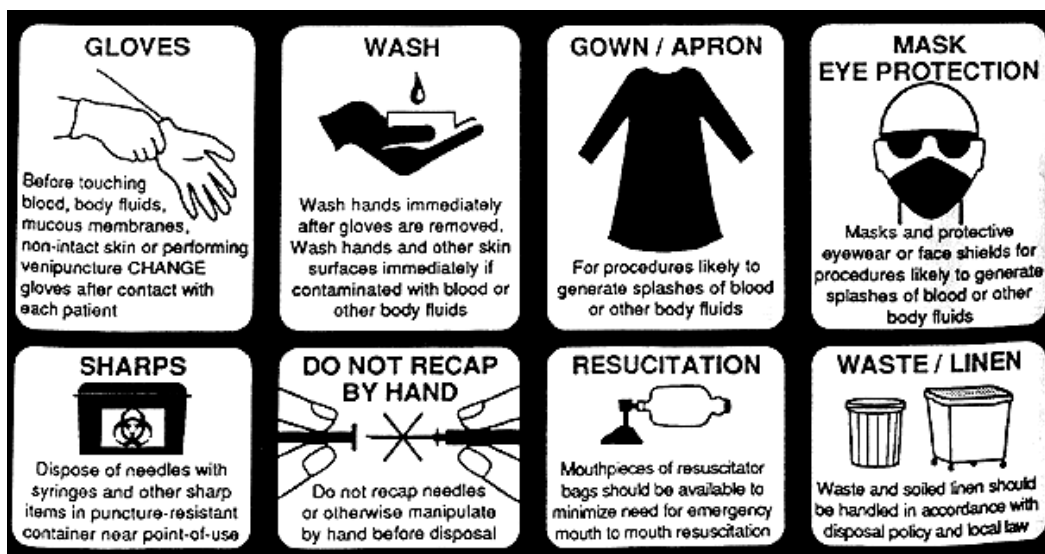
Discard needles and sharp objects in protective containers immediately.

Sterilize or disinfect reusable equipment that is to be used for more than one person. Do Not share equipment between roommates or friends.

Place items that contain a lot of blood in a red biohazard plastic bag that you can get from Student Health Service or Housekeeping. Return red bag to Student Health Service so that bag can be incinerated.

Do Not pick up broken glass with bare hands. Wear utility gloves or sweep it up. Dispose broken glass in container that does not allow others to be cut.

Resuscitation: Mouthpieces or resuscitator bags should be used whenever resuscitation is carried out.



Latex Allergies

Any student with a suspected or known latex allergy must submit documentation from a physician that the allergy exists and that the student may participate in the chosen Radiation Science Program of study. Any allergy testing expenses will be incurred by the student/student's insurance.

SECTION VI – ATTENDANCE POLICIES

Didactic Attendance

The instructor attendance and tardiness policies will be clearly stated on the course syllabus and will be reviewed on the first day of class. Students are required to observe the attendance policy announced for the course. If a complaint or issues arises concerning a student absence, RT Education will use the stated policy within the syllabus to adjudicate the problem.

Clinical Attendance

Clinical attendance is critically important. Students are expected to attend all assigned clinical rotations with no absences. Students are expected to arrive on time to the clinical site and to remain in the clinical area for the entire expected clinical time. A good rule-of-thumb is to arrive 10 minutes before you shift begins, so that you are prepared and ready to begin on time.

1. Students will sign in and out using E*value.
2. Students will be allowed to be absent 2% of the total clinical hours for the semester without a grade penalty as indicated below. All time must be taken in no less than 1-hour increments.

Course	Semester	Personal Time Hours Allowed
RT Clinical Internship I	Junior Fall	10
RT Clinical Internship II	Junior Spring	10
RT Clinical Internship III	Senior Summer/Fall	16
RT Clinical Internship IV	Senior Spring	10

3. For every 2 hours that the student is absent over the allotted personal time for the semester the performance appraisal grade will be lowered by one grading scale increment (i.e. A to A-; B+ to B).
4. Up to 4 hours of personal time, including banked time for professional activities not used in the semester may be carried over to the next semester.
5. As a courtesy to the clinic, personal leave time requested on the day of leave should be cleared with the clinical supervisor before giving the Program notice that the student will be gone for that time.
6. To request personal leave time in advance, submit a personal leave request form to the Program Secretary. This request must be made in no less than 1-hour increments. Any time requested that is less than one hour will be rounded to the greater hour.
7. A list of the time taken and other pertinent notes for each student is located on an excel file labeled "Time off 20XX – 20XX Class" in the EDU-Radiography Student Info folder on the shared directory. To access this file, the student must sign on to their medicine account on a computer in the Hardin or Radiology Libraries during the lunch hour. Select My computer; Radiology on 'HC-File4' (S:); EDU – Radiography Student Info; the appropriate Time Off excel file; and your name at the bottom of the page. It is important to periodically check this file for accuracy. Failure to do so within 1 week of time taken will be perceived as agreeing to calculation of deducted time as indicated.
8. **NO LEAVE MAY BE TAKEN DURING THE WEEK BEFORE THE PROGRAM COMPLETION DATE UNLESS STUDENT NEEDS EMERGENCY LEAVE TIME DUE TO ILLNESS OR PERSONAL CRISIS.**
9. If the student needs emergency leave time due to illness or personal crisis, the Program (356-3861) must be informed prior to the student's scheduled clinical time to report the need for the time off. If the Program Office Coordinator is not available, leave a message on the answering machine. If emergency leave occurs on a scheduled weekend, the student must call clinical area and leave message on program's answering machine prior to the student's scheduled time. If no one answers in the general work area call the front desk (356-3350) they are available 7am-9pm. The student must call in to report illness every day he/she is sick.
10. If the student calls in the morning for sick time, the student will take the full day off.
11. The student will notify the Clinical Coordinator IMMEDIATELY upon recognition of a communicable disease being present in the student.
12. If a personal crisis (i.e. hospitalization) affects the student's ability to attend the clinical assignment and results in her/him going over the semester's allotted personal time, the student may petition to be allowed to makeup the time by providing the Clinical Coordinator with sufficient proof to document the crisis. Decisions on allowing student accommodations for the crisis will be made by the RT faculty. Once proof

has been established, reasonable clinical accommodations will be provided as determined by the Clinical Coordinator (i.e. open weekends, after completion date).

Extreme Weather Protocol

Whenever possible, the University continues to function during inclement weather. Regularly scheduled classes meet to the extent that students and faculty are able to travel to campus and attend classes. Individuals should use good judgment and avoid serious risks in traveling to campus or in attending classes. If weather conditions are so extreme that central administration decides it is necessary to postpone or cancel any University activity, the Office of Relations will alert the campus through the UI Homepage and the UI Severe Weather Web page at www.uiowa.edu/homepage/severe-weather.

Didactic Attendance:

If UI does not cancel University activities: Regular scheduled classes meet to the extent that students and faculty are able to travel to campus and attend classes. A faculty member that is unable to make it to the class or to make arrangements will send an email to the students through the UI email accounts 1 hour prior to the class start time to let students know that the class is canceled or postponed. If necessary, the faculty will make arrangements to reschedule the class or make other accommodations.

If UI cancels University activities: Radiation Sciences classes are also cancelled.

Clinical Attendance:

If UI does not cancel University activities: If student is assigned to the clinical setting, every reasonable effort to report as scheduled should be made. Use good judgment and avoid serious risks in traveling to campus. A student that is unable to make it to the clinical assignment must call the clinical area and phone or email Mary Huinker (319-356-3861) to let Program know that she/he will not be in. Personal time will be deducted for those that do not attend clinic per the clinical attendance policy.

If UI cancels University activities: Radiation Sciences clinical classes are also canceled. Students do not need to report and those that came in are to leave. No time will be deducted for canceled classes.

Breaks and Holiday Leave

No didactic or clinical activities will be assigned during the week of thanksgiving break, two weeks of Holiday break, week of Spring Break, two weeks in June during the junior year only, or Martin Luther King, Memorial, Independence, or Labor Day.

Banking Personal Time for Professional Development Activities

A maximum of 6 hours of personal clinic time may be banked during the Program for the following professional development activities after the total obligation for the activity has been completed.

1. Essay submissions & related presentation to radiography related seminars/journals.
 - a. 3 hours of personal time will be banked upon providing proof of non-disqualifying essay submission to Program Faculty. Student must complete the competition's entire obligation (i.e. present the essay at meeting if chosen) to obtain the 3 hours.
2. Poster board educational display submissions to radiography seminars/healthcare related activities.
 - a. 3 hours of personal time will be banked upon approval of non-disqualifying activity by Program Faculty. Maximum of 5 individuals can obtain personal time for working on one display.
3. Recruitment Activities: 3 hours of personal time will be banked upon approval of activity by Program Faculty.
4. Attending an East Central District meeting (must show proof of attendance) – 3 hours.
5. Attending RSNA in Chicago (must show proof of attending the student session) – 3 hours.
6. Attending an ISRT meeting (must show proof of attending the entire days sessions) – 3 hours.

Funeral Leave

Students will be granted funeral leave as needed.

1. Up to three days funeral leave will be granted for funerals of parents, spouses, siblings, and sons or daughters. The day of the funeral will be granted for grandparents, aunts, uncles, and first cousins.
2. Other requests for funeral leave will be treated as personal leave time for the student.

University Emergency Closing

During a University emergency closing, Radiation Sciences students should not report to campus or clinical education centers.

1. University emergency closing is declared by University officials during circumstances where UI facilities become unavailable due to weather-related emergencies or short-term facility or utility failure.
2. In the event of a university emergency closing the Radiation Sciences students will not report to campus or clinical education centers located off campus. If a university emergency closing is declared during educational hours, students will follow directions provided by University officials.
3. Students are expected to access communication resources during a University Emergency Closing in order to stay informed. Communication resources include:
 - Public radio
 - Public television
 - Telephone – land line or cellular
 - Internet communication via email and/or University of Iowa website
4. Students will be contacted through public notification, program directors or designated program faculty regarding when classes and clinical education will resume.
5. Personal leave time will not be deducted for declared university emergency closing days.

University State of Emergency

During a University state of emergency radiation sciences students should not report to campus or clinical education centers.

1. University State of Emergency is declared when the University President or designee acts to declare such a state under the guidelines set forth in the University's Critical Incident Management Plan.
2. In the event of a university state of emergency the Radiation Sciences students will not report to campus or clinical education centers located off campus. If a state of emergency is declared during educational hours, students will follow directions provided by University officials.
3. Students are expected to access communication resources during a University state of emergency in order to stay informed. Communication resources include:
 - Public radio
 - Public television
 - Telephone – land line or cellular
 - Internet communication via email and/or University of Iowa website
4. Students will be contacted through public notification, program directors or designated program faculty regarding when classes and clinical education will resume.
5. Students are expected to contact their program director to report the development of influenza symptoms as part of the Pandemic Influenza Response plan.
6. Program length may need to be extended due to circumstances related to designated University state of emergency situations.

Leave of Absence

Extended or intermittent leave of absences from the Program will be granted for serious health conditions and family medical needs.

1. Students anticipating a leave of absence must submit an excuse from their health care provider that describes the following to the Program Director. If the leave of absence is due to a family member, the excuse must include all but "c" below.
 - a. The duration of the absence.
 - b. Whether illness will require full-time or intermittent absences.
 - c. Any clinical activities (i.e., patient care related, lifting) that the student is unable to perform because of condition and expected length of this restriction.
 - d. If condition is chronic: whether the student is presently incapacitated and the likely duration and frequency of episodes of incapacity.
2. This policy recognizes the following family relationships as qualifying under the leave: son or daughter, spouse, and parent.
3. Reasonable accommodations will be provided as determined by members of the Promotions Committee.

SECTION VII - CONDUCT POLICIES

Code of Student Life - University of Iowa

Radiologic Technology Education endorses the policies and rights of students as printed in the “Policies and Regulations Affecting Students” of The University of Iowa, under Section II Student Responsibilities, A. Code of Student Life. (<http://student-services.uiowa.edu/students/policies/index.php>) It is the duty and responsibility of all students to acquaint themselves with all provisions of the code and particularly with the rules and regulations pertaining to personal conduct, and every student will be conclusively presumed to have knowledge of all rules and regulations contained in the code from the date of his or her initial registration at the University.

Academic Misconduct

Radiologic Technology Education has the authority to handle acts of academic misconduct, which are defined in Section IIA as:

“Any dishonest or fraudulent conduct during an academic exercise, such as cheating, plagiarism, or forgery, or misrepresentation regarding the circumstances of a student’s non-attendance, late assignment, or previous work or educational experience, or aiding or abetting another person to do the same. “Dishonest” conduct includes, but is not limited, to attempts by students to cheat or misrepresent, or aid or abet another person to do the same.”

The following regulations provide a procedure for dealing with students who are alleged to have committed an act of academic misconduct:

- **Cheating (including exams, homework, labs, etc.), Plagiarism, or Forgery**
 1. Instructor reduces the student’s overall course grade by one grade level.
 2. A written report of the violation is provided to the DEO.
 3. The violation report is placed in the involved student’s file and the student is placed on academic probation for the remainder of the program.
 4. The reports shall be destroyed when the student graduates.
 5. In cases of flagrant or a second offense, the DEO may impose disciplinary probation or dismissal from the program.

Sexual Harassment

Sexual harassment and other unwelcome sexual behavior are reprehensible and will not be tolerated by the University. It subverts the mission of the University, and threatens the careers, educational experience, and well-being of students, faculty, and staff. In both obvious and subtle ways, sexual harassment is destructive to individual students, faculty, staff, and the academic community as a whole. When, through fear of reprisal, a student, staff member, or faculty member submits, or is pressured to submit, to unwanted sexual attention, the University's ability to carry out its mission is undermined. To review the complete Policy on Sexual Harassment please see <http://www.uiowa.edu/~our/opmanual/ii/04.htm>

Consensual Relationships

Romantic and/or sexual relationships where one member of the University community has supervisory or other evaluative responsibility for the other create conflicts of interest and perceptions of undue advantage. Sexual and/or romantic relationship between individuals in inherently unequal positions of power may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the student-faculty relationship. They may, moreover, be less consensual than the individual whose position confers power believes. Complete policy at <http://www.uiowa.edu/~our/opmanual/ii/05.htm>

Anti-harassment

The University is committed to maintaining an environment that recognizes the inherent worth and dignity of every person, and that fosters tolerance, sensitivity, understanding, and mutual respect. This commitment requires that the highest value be placed on the use of reason and that harassment in the University community be renounced as repugnant and inimical to its goals. Harassment destroys the mutual trust which binds members of the community in their pursuit of truth. The Anti-harassment Policy addresses harassment based on any protected classification (race, creed, color, national origin, age, sex, disability, sexual orientation, or gender identity) as well as harassment based on other factors. To review the complete Anti-harassment Policy please see <http://www.uiowa.edu/~our/opmanual/ii/14.htm>

Anti-retaliation:

The University of Iowa encourages its faculty, staff, and students to make good faith disclosures of University-related misconduct. The commitment to improve the quality of the University through such disclosures is vital to the well-being of the entire campus community. Retaliation as a response to such disclosure will not be tolerated. Retaliation, whether actual or threatened, destroys a sense of community and trust that is central to a quality environment. To review the complete Anti-retaliation Policy, please see <http://www.uiowa.edu/~our/opmanual/ii/11.htm>

Judicial Procedure for Alleged Violations of the Code of Student Life

These procedures are designed to cover complaints against students based on alleged violations of the Code of Student Life except for complaints involving sexual misconduct and academic misconduct. These are ordinarily resolved by the Program Director of students, who may assign responsibility to a designated department faculty.

1. Complaints against students will be investigated per the Section II, B. Judicial Procedure for alleged Violations of the Code of Student Life (<http://student-services.uiowa.edu/students/policies/2b.php>)
2. Interim sanctions may be placed on student while allegations are investigated.
3. The Program Director has the authority to impose any one or a combination of the following disciplinary sanctions if the student is found guilty. (The following are to serve as guidelines rather than as a definitive list of sanctions.)
 - Disciplinary Warning: This is a strong, written warning that if there is a repetition of the same action or any other action in violation of the Rules and Regulations of the Code of Student Life, the student can expect additional disciplinary action. A record of the disciplinary action is kept on file.
 - Disciplinary Probation: When on disciplinary probation a student is not considered to be in good standing with respect to the non-academic disciplinary system and any further violations may lead to suspension or expulsion from the Program.
 - Restitution and Fines: A student may be assessed reasonable expenses related to the misconduct. This may include, but is not limited to, the repair/replacement cost for any damage he or she causes to property or medical or counseling expenses incurred by the victim.
 - Educational Sanction: A student may be required to provide a specific service or participate in a specific program, receive specific instruction, or complete a research assignment. The student is responsible for related expenses, including expenses for education, counseling, or treatment, if any expense is entailed.
 - Exclusion from University Facilities or Activities: A student may be prohibited from accessing University computer equipment or internet connections, or attending a class. Such exclusion may be for a definite or indefinite period of time.
 - Disciplinary Suspension: A student may be involuntarily separated from the Program for a stated period of time after which readmission is possible. A student with one or more violations may be suspended from the Program for an indefinite period of time.
 - Expulsion: When a student has a record of serious violations, he or she may be dismissed from the Program & University permanently.
4. If disciplinary action is taken against a student under these procedures and a sanction imposed, a record of the action will be kept by in the student's Program file. The Program Director will determine the length of time a disciplinary record is to remain on file.

Judicial Procedure for Disregard of Direct/Indirect Supervision Policies

All direct/indirect supervision policy infractions included below will follow the Judicial Procedure for Alleged Violations of the Code of Student Life disciplinary sanctions listed above if the student is found in violation of the policy, with the 1st offense resulting in a disciplinary warning, 2nd offense resulting in disciplinary probation, and 3rd offense resulting in expulsion from the Program.

- Performing an exam without direct supervision if student has not passed the competency on the exam.
- Performing an exam without indirect supervision if student has passed the competency on the exam.
- Obtaining signatures or competencies on exams prior to passing the didactic section for the exams.
- Passing an exam and releasing the patient without having a technologist review the images.
- Performing an exam on a patient with a communicable disease without direct supervision.
- Repeating an exam without direct supervision.

Judicial Procedure for Disregard of Clinical Policies

Minor misconduct to include dress code violations, unprofessional behavior, cell phone misuse, etc. will result in documentation for each infraction that will lower the student's overall semester performance appraisal grade as indicated below.

1st documentation = written warning

All subsequent documentations = 1 full grade level lower (A to B)

The Program Faculty may write these documentations. The Faculty writing the documentation will conduct a counseling session with the student and the session will be documented and placed in the student's permanent file until after graduation.

Serious infractions, as deemed by the Program Director, will be subject to the Judicial Procedure for Alleged Violations of the Code of Student Life Policy.

Grievance Procedure

Grievances concerning faculty/staff actions, program policies and procedures, or allegations of non-compliance of JRCERT standards should follow the grievance procedure below.

1. With all incidences, the student should first attempt to resolve the issue with the faculty, staff, or student member involved within 3 business days of the incident.
2. Lacking a satisfactory outcome, the student will present his/her case in written form to the Program Director or any member of the Promotions Committee within 5 business days of the incident. The written report shall set forth with reasonable particularity (a) the events concerning which the student feels aggrieved or that the program is in non-compliance with JRCERT standards; (b) the date or dates on which the events occurred; (c) the individuals involved; and (d) what has occurred to resolve the grievance or non-compliance to date.
3. The Program Director or Promotions Committee Member will present a written report within 10 business days of receiving the written grievance from the student to the Promotions Committee containing all documentation regarding the student's case.
4. The Promotions Committee will hold a special meeting within 15 business days of receiving the written grievance. The student will be invited to appear before the committee to review the grievance.
5. The decision of the Promotions Committee will be made within 5 business days of the special meeting.
6. If the student is not satisfied with the outcome of this procedure, the student should seek assistance from one of the other sources available.
 - Office of Ombudsperson (<http://www.uiowa.edu/~ombud/>). This office responds to problems from faculty, staff, and students, which appear unresolvable through existing procedures.
 - Office of Equal Opportunity and Diversity (<http://www.uiowa.edu/~eod/>). This office responds to issues of discrimination or harassment.
 - For allegations of JRCERT non-compliance, contact the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, Telephone (312) 704-5300.
7. Records of this procedure and sanctions imposed will be kept in the student's Program file. The DEO will determine the length of time a disciplinary record is to remain on file.

Radiology Department Misconduct (UIHC)

The following are guidelines for reporting and documenting unprofessional, disruptive, abusive, or retaliatory behavior in the Radiology Department.

1. A Professional Conduct Committee has been established for the Department of Radiology and any report of disruptive behavior may be made directly to any member of the committee or to the Chair of the Department.
2. Document the incident by completing the Professional Conduct Violation Report within 72 hours, if possible, to a member of the Professional Conduct Committee or the Chair of the Department. Please retain a copy of the report.
3. The Chairman of the Professional Conduct Committee will be responsible for calling a meeting of the committee to investigate the report as necessary.
4. The Professional Conduct Committee will provide a written report with their recommendations to the Chair of the Department. The report will be reviewed by the Chair of the Department and appropriate action taken.
5. If any individual who has initiated a report believes they are subject to actual or threatened retaliatory behavior, the preceding process should be followed. **NO RETALIATORY CONDUCT WILL BE TOLERATED.**

ARRT Standards of Ethics

(Found at www.arrt.org. Once there select Ethics from left side NavBar)

The standards of ethics serve as a guide by which registered technologists and candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues and other members of the healthcare team.

ARRT Certification Eligibility

Every candidate for certification and every applicant for renewal of registration must, according to the governing documents, "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the [ARRT Rules and Regulations](#) and the [ARRT Standards of Ethics](#)."

One issue addressed by the Rules of Ethics is the conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. "Conviction" as used in this provision includes:

- a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or deferred,
- a proceeding in which the sentence is suspended or stayed,
- a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest), or
- a proceeding resulting in a military court-martial.

ARRT investigates all potential violations in order to determine eligibility.

Pre-application Review: If a candidate is concerned about whether his or her conviction record will affect exam eligibility, there is a way to find out in advance. ARRT investigates all potential violations in order to determine eligibility, and such investigations can cause delays in processing exam applications. Candidates can avoid delay by requesting a pre-application review of the violation before or during training, rather than waiting until completing the educational program. ARRT will rule on the impact of the violation on eligibility for ARRT examination. Once eligibility is established, the candidate proceeds with application.

The pre-application review form is downloadable from the "Ethics" section of our www.arrt.org web site, or you may request a copy by phoning ARRT at (651) 687-0048, ext. 544

Standards for an Accredited Educational Program in Radiologic Sciences

Adopted by: The Joint Review Committee on Education in Radiologic Technology: January 1996; Revised 2001
Standards can be located at: www.jrcert.org/acc_standards.html

The Joint Review Committee on Education in Radiologic Technology is dedicated to excellence in education and to quality and safety of patient care through the accreditation of educational programs in radiation and imaging sciences. The Joint Review Committee on Education in Radiologic Technology (JRCERT) is recognized by the United States Department of Education to accredit educational programs in radiography and radiation therapy.

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