

**WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM**

RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT REFERENCE GUIDE/PROCEDURE MANUAL

Revised 09/27/23

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STUDENT ACKNOWLEDGEMENT

I, the undersigned, have read or have had explained to me, all policies and procedures related to attendance, vacation time, sick time, job performance ratings, and academic class grades. I do, hereby, understand the consequences of violating any of these policies and procedures regarding disciplinary action up to and including dismissal from the program.

Student Signature: _____

Printed Name (Student): _____

Witness Signature: _____

Printed Name (Witness): _____

Date: _____

**WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM**

RADIOLOGIC TECHNOLOGY PROGRAM

**HENRY FORD HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

PHYSICIANS

Manuel Brown, M.D. - Chairman
Denise Collins, M.D. - Vice Chairman
Daniel Myers, M.D. - Vice Chairman

ADMINISTRATION

Lisa Brown – Vice President of Product Line Services
Emily Vocke – Director, Diagnostic Radiology
Jeanne Mocerri-Mitchell – Manager, Diagnostic Radiology

RADIOLOGIC TECHNOLOGY PROGRAM

Thomas Song, M.D. - Medical Advisor
TBD - Program Director
Jarrod Thorwart, B.S., R.T. (R) - Clinical Coordinator
Laylia Ali, B.S.R.T. (R) (MR) - Faculty

Mission Statement:

The Wayne State University/Henry Ford Hospital Radiologic Technology Program prepares students to perform competently and independently while providing exceptional patient care to a diverse patient population. We demonstrate our commitment to academic and clinical excellence at the baccalaureate level by providing an educational environment that promotes student success.

RADIOLOGIC TECHNOLOGY OBJECTIVES STATEMENT

Students successfully completing a major in Radiologic Technology will demonstrate a range of critical thinking skills and abilities, which they use in the acquisition of knowledge. Their work at the end of the program will be clear, precise, and well-reasoned. They will demonstrate command of the key Radiologic Technology terms and distinctions and the ability to identify and solve fundamental technological and patient-related problems. Their work will demonstrate a mind in charge of its own technological ideas, assumptions, inferences, and intellectual processes. They will demonstrate the ability to analyze radiology questions and issues clearly and precisely, formulate technological information accurately, distinguish the relevant from irrelevant, recognize key questionable radiologic assumptions, use key radiology concepts effectively, use medical language in keeping with professional usage, identify relevant customer service points of view, and reason carefully from clearly stated Radiologic Technology premises, as well as sensitivity to important customer service implications and consequences. They will demonstrate excellent technological and customer service problem-solving.

BRIEF HISTORY OF THE HENRY FORD HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY

The School of Radiologic Technology at Henry Ford Hospital (HFH) has been in existence since the 1950's when Dr. Howard Doub, the first Chairman of the Department of Diagnostic Radiology, started the program.

The original goal of the program was to train interested individuals to become radiologic technologists as there was a shortage of properly trained technologists. The program was started to ensure that the hospital would be adequately staffed with trained technologists. With students graduating yearly, the shortage of technologists at Henry Ford and other hospitals throughout the city was alleviated.

The school began as a hospital-based program. The department has always been firmly committed to the program and continues to provide financial and instructional support. No affiliate institutions are utilized as all clinical training occurs at Henry Ford Hospital.

As the interest in Radiologic Technology as a profession increased, the total enrollment in the program also increased. At one time, an average of 10 to 12 students were accepted into the program every six (6) months. In 1980, the decision was made to reduce enrollment. The program is currently accredited for 40 students but maintains an average of 25 to 30 students on-site.

The program is approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT); in 2021, the program received a certificate of accreditation for eight (8) years. The next site visit is scheduled for 2027.

The program has always maintained a strong reputation for providing a high-quality education. Many of our graduates hold responsible positions in the health care industry.

In March 2006, a partnership was forged with Wayne State University to turn the hospital-based program into a four-year baccalaureate degree program.

Henry Ford Hospital continues to maintain its commitment to providing high-quality Radiologic Technology education. The program continues to provide the institution with potential employees. Over 60 percent of our current staff of radiographers are graduates of the program. The hospital's satellite clinics also have radiology facilities, and many of our graduates are employed at these clinics.

Henry Ford Hospital also sponsors an allied health training program in Ultrasound Technology. The program in radiography serves as a feeder for this program. Many of our graduates have specialized in this area and remained on staff at the hospital.

There are numerous potential employers in the Detroit Metropolitan Area where our graduates may seek employment. Some of the largest hospitals in the Midwest are located in metro Detroit. In addition, there are numerous clinics and doctors' offices with radiology facilities. This has created a good job market for our graduates.

INTRODUCTION TO RADIOLOGIC TECHNOLOGY

Welcome to the Wayne State University (WSU) and Henry Ford Health System (HFHS) Radiologic Technology Program. We hope you find Radiologic Technology a rewarding and stimulating profession.

As a student, you will be assigned to the different areas of the Henry Ford Hospital Radiology Department. This will allow you to develop a working knowledge of all aspects of radiology. The student contact technologists will be assisting you in becoming familiar with the areas and informing you of the expectations of the areas. You will be responsible to them, the supervisor of the area, and also to the radiographer you may be assigned to work with. These radiographers are responsible for producing quality radiographs and providing for our patients' care, comfort, and dignity. These radiographers are capable of performing their duties accurately, effectively, and quickly. They also have a responsibility to you, the student, to provide supervision over your clinical endeavors and to provide you with the information necessary to aid you in developing your technical skills. The mastering of these skills is required for program completion. The registered radiographer is an essential person in your technical training. You will be working with actual patients, and your work must be precise. The radiographer will observe your work to insure all is correct before any exposure is made.

The student contact technologists along with the radiographers will also evaluate your clinical performance. These evaluations are given to the Clinical Coordinator and will be reviewed with you each semester. You will also be given a clinical grade for each rotation based on the evaluation, clinical data sheets (when appropriate), and number of competencies completed. This clinical grade will be made available shortly after the completion of each individual rotation.

Your classroom instructors are another important group of individuals who take part in your training. They spend many hours outside of their regular working day preparing lectures, assignments, and examinations. The instructors are responsible for relating massive amounts of subject material to you in a manner you may easily assimilate. Most of these instructors have a working knowledge of educating adults and have an

earnest desire to share their expertise with you through teaching. They are more than willing and capable to help you understand the theory as well as the practical aspects of the didactic portion of your education.

The personnel in the Radiology Department are prepared to assist you; however, the ultimate responsibility for mastering all that you need to know is yours.

GENERAL INFORMATION

DAILY ATTENDANCE

A nametag system is used to take daily attendance when arriving in the department in the morning. You will be considered tardy until your nametag is turned.

Location:	On the wall of the locker room (WC 335A)
Color Code:	The nametags remain red to indicate the student is not in attendance. The nametags are turned over to the green side when the student arrives. Students are not permitted to turn another student's nametag.

HOURS

40 hours maximum scheduled time per week, Monday through Friday. Students are not scheduled for clinical time on afternoon or evening shifts, or for any weekend shifts. The clinical hour to credit hour ratio is set at 5:1, for 30 hours of clinical education each week throughout the entire professional program. All clinical rotations are performed exclusively at Henry Ford Hospital's Main Campus in Detroit.

Students rotate through the various areas of the department every three (3) to five (5) weeks during the first year and every three (3) weeks during the second year. Some rotations are observational and are shorter.

All requests to leave early must be cleared through the Clinical Coordinator or Program Director. Students are not allowed to leave early without permission. Time off needed to leave early will be subtracted from the student's personal time. Requests to leave early/arrive late will not be considered for time increments of less than 1 hour (was 2 hours).

Tardiness is a poor work habit and will not be tolerated. Minutes/hours late will be subtracted from the student's personal time. The time subtracted will be a minimum of 30 minutes and increments will increase based on actual arrival time.

For further and more complete information, please refer to the Attendance Policy located in this handbook.

TELEPHONE CALLS

Personal telephone calls cannot be accepted. In the event of an emergency, the call should be directed to the Clinical Coordinator or Program Director and the message will be forwarded to you.

If you must leave a phone number where you can be reached, use the Program Director's office number at 313-916-1348 or Clinical Coordinator at 313-916-0615.

Hospital phones cannot be used to make personal calls. If you find it necessary to make a personal call, use your cell phone away from the clinical area. Please refer to the health system policy on cellular communication devices. Personal cellphones may only be used in non-public, non-patient care areas. **Students are NOT allowed to have personal cellphones in clinical rotations.**

PROGRAM INFORMATION

Important student information is posted on bulletin boards in the student locker room, as well as emailed to students.

HOLIDAYS

The program follows the Wayne State University Academic calendar, as posted by the Wayne State University Office of the Registrar.

DISCIPLINARY POLICY

It is the policy of the Radiologic Technology Program to administer disciplinary action in a manner that is consistent for all students. This policy is located in this handbook. Please read it carefully and use it for reference.

STUDENT RECORDS

Each student has a permanent file, which is kept in the Program Director's office. This file contains the following information: performance evaluations (those submitted electronically will be maintained on Trajecsys), health clinic forms, disciplinary reports, competency evaluations, and other pertinent information.

Performance evaluations, reports, and transcripts are reviewed with the student each semester throughout their training. Additionally, by appointment, a student may review his/her file and obtain copies of information contained in it by observing the Guidelines for Review of Student File.

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), information contained in the student's file is confidential and will not be released without the written consent of the student.

ACADEMIC POLICIES

The academic curriculum for the Radiologic Technology Program appears on the following page. Classes are taught in a sequence that allows one class to serve as a foundation for another. The clinical rotations are scheduled so the student can demonstrate competency for routine examinations first before they rotate through more specialized areas. As the students change rotations, the theory presented in class can be experienced in the clinical environment.

All classes are held Monday through Friday in the HFH radiology classroom, Room 2085 of the Education and

Research Building or remotely as scheduled. Due to scheduling conflicts, classes may be scheduled in other rooms throughout the year. The amount of time spent in the didactic setting varies with each semester. As social distancing requirements continue, a larger classroom in the E&R building will be reserved. Students must follow all social distancing and mask requirements as required by both HFH and WSU.

It is recommended that students attend classes as scheduled. Students who attend classes on personal days will not be credited with the additional time spent in didactic activity. In the event a class is cancelled, the students will be notified.

Grade Appeals Policy:

There is a link to the Final Grade Appeal Policy on the EACPHS Resources page:

<https://cphs.wayne.edu/students/resources.php>

Here is a direct link to the policy:

<http://cphs.wayne.edu/students/eacphs-grade-appeal-dismissal-policy.pdf>

If, after your School/College appeal path is exhausted and you wish to continue with the grade appeal process, per the University Academic policy, you may request a Provost Review within 30 days of this decision. The request should be submitted via the online form located at <https://provost.wayne.edu/academic-policy>. For assistance with the appeal process, you may contact the Ombudsperson Laura Birnie-Lindemann at ombudsoffice@wayne.edu.

Please add “cc R. Darin Ellis, Associate Provost for Academic Affairs” on the bottom of the notification letters.

Here is a description of the Ombudsperson's role

(https://provost.wayne.edu/pdf/ombuds_and_academic_appeals.pdf).

Radiologic Technology Professional Curriculum

Spring/Summer Semester

Introduction to Radiologic Technology	RDT 3100	2
Radiographic Procedures I	RDT 3300	3
Clinical Education 1	RDT 3400	6
Semester Total Credits		11

Fall Semester

Medical Terminology (Directed Study)	RDT 3090	1
Radiation Biology and Advanced Protection	RDT 3200	3
Pharmacology	RDT 6500	2
Clinical Education 2	RDT 3600	6
Semester Total Credits		12

Winter Semester

Patient Care	RDT 3500	3
Radiographic Procedures 2	RDT 3700	3
Clinical Education 3	RDT 3900	6
Semester Total Credits		12

Spring/Summer Semester

Cross Sectional Anatomy	RDT 3800	3
Clinical Education 4	RDT 4300	6
Semester Total Credits		9

Fall Semester

Radiographic Quality/Exposure	RDT 4100	3
Radiation Physics & Circuitry	RDT 4200	3
Independent Study	RDT 4800	1
Clinical Education 5	RDT 4500	6
Semester Total Credits		13

Winter Semester

Radiographic Pathology	RDT 4400	3
Radiology Seminar	RDT 4600	1
Jurisprudence	RDT 4900	3
Clinical Education 6	RDT 4700	6
Semester Total Credits		13

Updated Sept. 2019, effective May 2020

ATTENDANCE POLICY

1. Student Breaks/Vacations

Breaks and vacations will follow the Wayne State University calendar.

2. Personal Days/Sick Days

a. Personal Days: These must be arranged in advance with the Clinical Coordinator or Program Director. All requests for personal time off must be submitted to the Program Director on the appropriate form and are subject to approval. In the absence of the Program Director, time off may be scheduled through the person(s) designated to act as Program Director unless other instructions have been given.

b. Sick Days: Students who will not be in due to acute illness must notify the Program Director at 313-916-1348, Clinical Coordinator at 313-916-0615 before 7:30 am unless other instructions have been given. Failure to do so will result in a warning slip.

c. It is the responsibility of the student to call in personally. Under normal circumstances, a parent, spouse, or friend may not call in for a student. A follow-up email should also be included.

d. An unscheduled absence of three (3) or more days will require a doctor's permission slip before the student can return to the program. This permission slip should contain the following:

- Diagnosis
- Date the student may return
- Restrictions*, if any
- *Students may NOT participate in clinical activities with ANY restrictions

e. Students returning from medical leave of absence must submit a doctor's permission slip and follow the hospital protocol regarding such return which may include a visit to Employee Health Services. Classes and clinical rotations missed during the leave of absence will be rescheduled and must be completed before the student can graduate.

f. Excessive absenteeism will be dealt with in accordance with the HFHS policy (5.02) regarding the number of occurrences in a given time period. This can be found later in this document.

g. Emergency situations will be handled on an individual basis by the Program Director.

3. Tardiness

a. Repeated tardiness post-scheduled starting time will be cause for a documented verbal warning. Personal time will also be deducted. Continued tardiness after the verbal warning will be cause for a written warning and continued steps in progressive discipline, up to and including termination.

b. Students who are going to be substantially late must notify the Program Director in the morning by 7:30 am by phone. Substantial tardiness is time in excess of one half hour (30 minutes).

4. Leaving the Clinical Area

- a. Requests to leave the clinical area early must be cleared through the Program Director or Clinical Coordinator. Time off needed will be deducted from the student's personal time bank.
- b. If a student must leave the clinic area (e.g., doctor's appointment, library time, conference with instructor, etc.), the Program Director or Clinical Coordinator and the supervising technologist must be notified in advance.
- c. Students should use their own discretion as to when to leave for class in order to arrive on time, however, leaving the clinical area well in advance of scheduled class time will not be tolerated. Students should promptly return to their clinical area after class is over. It should be noted that ten (10) minutes is the maximum allowable time for leaving or returning from a scheduled class for students not scheduled at CAM or the Cancer Center.

5. Exceeding the Allowed Time

- a. Should a student exceed the allowed amount of personal time, this time must be made up prior to graduation. Any student who owes in excess of two (2) days in any academic term will be scheduled to make that time up during the semester break following the Fall semester. Failure to do so will be considered voluntary termination from the program.
- b. Any student who owes in excess of two (2) days in any academic year will not be granted approved time off when requested unless extreme circumstances can be documented. Any student who owes in excess of two (2) days will have the privilege of working in the department outside of program hours revoked. Any student who owes in excess of three (3) days will no longer be eligible for advanced certification.
- c. No student is allowed to participate in program activities exceeding 40 hours in any given week.

Time Off for Students

Each student is given five (5) personal days, totaling 40 hours, at the beginning of each year of the professional program. Days unused from the first year will transfer to the second year and be added to the second-year allotment. Any time owed will be subtracted from the second-year allotment as necessary.

Students wishing to use personal time may do so by filling out the appropriate time off slip. It must be signed by a program official and will only be approved if the student has enough hours available to them. All time off requests must be in increments of 1 hour (formerly 2 hours) unless otherwise specified (such as during the last program semester).

Students who leave an area without proper authorizations, will be charged with an occurrence. A minimum of 4 hours will be deducted from the students' respective bank irrespective of actual time away. If the student is unaccounted for in excess of 4 hours, a full day will be deducted from the bank. Either situation will be considered abandonment of duty and will follow disciplinary action as prescribed by HFHF Policy No. 5.02.

Other situations rendering an occurrence:

Students who report to the clinical area when they are ill will be sent home and this too will result in an occurrence.

Students who are found sleeping in areas will be sent home and will be charged with an occurrence.

Students who are in dress code violation will be sent home and this will result in an occurrence. (This includes lack of hospital identification badge, radiation dosimeter, improper footwear, or failure to wear a lab coat as a part of infection control precautions).

Students who have a personal cell phone or other electronic device with internet/camera capability in the clinical area will be sent home. It will result in an occurrence.

TIME OFF REQUEST FORM

A form must be used whenever you wish to: 1) leave early, 2) arrive late, or 3) take a day off. On the following page, there is a sheet of these forms.

Once you have filled out the form, it should be submitted to the Clinical Coordinator or Program Director for approval. In our combined absence, the student contact technologist named to handle attendance must give approval.

After approval, you can take the form to the student contact technologist or the technologist you are scheduled to work with for the time requested for their signature. If you are leaving early, the technologist should record the actual time you are leaving for the day, which means that the technologist will not be signing the slip until you are ready to leave.

Students who will be off for a full day or coming in late should obtain the technologist's signature the day before they will be absent or tardy.

Upon obtaining the signature of the technologist, the form is to be brought to the program office before you leave for the day.

Not following through with the procedure will result in an occurrence rather than approved time off.

This procedure will assist in bridging any communication gap that may occur in different rotational areas. A file box will be available in the program office for these forms so that a permanent record will be available should any questions arise involving the absence of a student. You may want to make a copy of the form for your own records once the time off has been approved.

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

Name: _____

Request to: Total Hours Requested: _____

_____ Leave Early at: _____ (time)

_____ Come in Late at: _____ (time)

_____ Take a Vacation Day

On: _____ (date)

Date Submitted: _____

Approved by: _____

Tech Notified: _____
Name, Date, and Time (if applicable)

WSU Office: _____

RESPONSIBILITY OF THE CLINICAL AREAS TO THE STUDENT RADIOGRAPHERS

The program has developed competencies to support student proficiency in imaging procedures.

It is imperative that students are able to experience all radiographic examinations that are performed in the area. We must realize that Henry Ford Hospital is a “teaching” institution and dedicated to the instruction and education of all facets of health care and specifically Radiologic Technology. This means that the education of students cannot be forfeited or postponed due to insufficient staffing or an increased patient flow.

Students will be supervised by registered radiologic technologists and shall not take the responsibility or position of qualified staff.

Until competency is reached for a procedure, all student radiographers are to be scheduled in a radiographic room with a registered radiographer and directly supervised. This means that students who have not achieved competency must be placed with a technologist who has already passed the National Registry. Students who have not established competency may not be scheduled with unregistered technologists. Once a student achieves competency, he/she may be scheduled in a room alone without immediate supervision; however, a registered radiographer must be available in the immediate area for indirect supervision.

Students may not take the place of qualified staff in any capacity. We have a responsibility to guarantee student proficiency. This means that students may not be assigned to take the place of any staff, technical or non-technical. Students are not to be placed in positions due to inadequate staffing from areas experiencing low volume to areas experiencing high volume rather than performing examinations (e.g., receptionist or patient transport). Students should, however, be competent with those tasks. Students may be requested to facilitate patient flow in the area where assigned on a temporary and limited basis, providing they have achieved competency in that area.

GRIEVANCE/DUE PROCESS POLICY

The following section contains the Standards for an Accredited Educational Program in Radiologic Sciences. If any individual consider the program in non-compliance with any of the standards, the following course of action should be taken:

1. Bring the formal complaint to the Program Director in written form. The official Program Number 2636 should be listed along with the name of the program and the name of the sponsoring institution clearly visible on the top of the complaint.
 - The complaint should clearly state which standard is believed to be in violation.
 - A description of the event(s) violating the standard should also be included.
 - The name of the complainant(s) should be typed or printed and signed.
2. The complaint will be investigated by the Program Director within five (5) working days of receipt of the complaint, and a formal typewritten response will be given to the complainant(s). At this point, a copy of both the complaint and response will be forwarded to the JRCERT for their review and records.
3. Should the complainant(s) find the response unacceptable, he/she has three (3) working days to resubmit

the complaint with additional documentation demonstrating the non-compliance. This will be forwarded to the remaining program officials, namely, the Medical Advisor, Manager, and Clinical Coordinator.

4. A meeting of an ad hoc resolution committee will be scheduled by the Manager to include the following members of the Advisory Committee: Medical Advisor, Manager, Program Director, Clinical Coordinator, Supervisor, Senior Class Student, and Junior Class Student, within two (2) weeks upon receipt.

5. The committee will convene and review the complaint. If no additional investigation is necessary, a final resolution will be drafted and given to the complainant(s) and the committee members. Should additional investigation be necessary, it shall be done within two (2) weeks of the meeting.

6. If the complainant is still not satisfied, the complaint may be sent to the Assistant Dean of Students within one (1) week of receiving the determination of the program. A final resolution will be written within (2) weeks. A copy will also be forwarded to the JRCERT.

7. If the complainant(s) is not satisfied with the final resolution, he/she should contact the JRCERT in writing at the following address:

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182

For Other Complaints:

Problems (not considered in the Grievance policy) encountered by the students throughout the course of their training should be discussed with the Clinical Coordinator and/or Program Director. The Medical Advisor may also be consulted, though it is preferred that the students see the Clinical Coordinator or Program Director first. Problems that occur in the clinical areas where the student contact technologist is not available should be directed to the Clinical Coordinator.

The program will investigate for patterns of grievance or complaint exists, to maintain the integrity of the educational program.

STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY (2021)

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff

The sponsoring institution provides the program with adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

DRESS CODE POLICY

In order to promote the professional standards of the Radiologic Technologist, students are required to adhere to the following Image Apparel Policy. This policy is to be used whenever students are acting as a member of Henry Ford Health System at the main hospital site or any of its affiliates.

Female Students:

Scrub suits (matching solid tops and bottoms in navy blue only) may be worn provided they are clean and pressed. Combinations of scrub tops or bottoms with other apparel are not acceptable. White or black leather or leather-like athletic or uniform shoes must be worn. Suede or suede-like material is not permitted, nor is any shoe with a mesh fabric component. The shoe must be primarily white or black. A small amount of another color due to manufacturer's logo is acceptable.

Accessory clothing that may be worn includes a clean **plain white, black, or navy blue** short sleeve or long sleeve T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, ladies fitted jackets or unisex jackets in navy blue only. Personal jackets, sweaters, or sweatshirts are **NOT** permitted, nor is any hood.

Shirts may be worn under the scrub tops in certain clinical rotations provided they meet the dress code. The following are some examples of items that are **NOT acceptable**:

- scrub dresses or skirts (long or short)
- long scrub tops (approved scrub tops must end at the hip - greater trochanter area)
- long sleeved scrub tops with high necks
- shoes with any mesh or openings or an open back

You may not sew any additional material to the bottom of a scrub top to make it longer. Approved scrub tops have a v neck and short sleeves. You will not be allowed to wear inappropriate items because you purchased them. We are a Level 1 trauma center and our students rotate throughout the hospital. Clothing that is not approved may be a safety issue and/or a violation of MIOSHA regulations.

Males:

Business attire, shirt and tie, dress slacks, dark socks, and dark leather shoes. A white lab coat/jacket must be worn at all times with business attire.

OR

Scrub suits (matching solid tops and bottoms in navy blue only) may be worn provided they are clean and pressed. Combinations of scrub tops or bottoms with other apparel are not acceptable. White or black leather or leather-like athletic or uniform shoes must be worn. Suede or suede-like material is not permitted, nor is any shoe with a mesh fabric component. The shoe must be primarily white or black. A small amount of another color due to manufacturer's logo is acceptable.

Accessory clothing that may be worn includes a clean **plain white, black, or navy blue** short sleeve or long sleeve T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, ladies fitted jackets or unisex jackets in navy blue only. Personal jackets, sweaters, or sweatshirts are **NOT** permitted, nor is any hood.

In order to maintain the professional standards of the radiologic technologist and retain the confidence of the patient population, male students cannot wear earrings and hair must not be longer than collar length as some patients may find this offensive. Longer hair must be pulled back.

Radiologic Technology Students in the Operating Room and Interventional Radiology:

In order to comply with Infectious Control practices, scrubs will be issued by the Operating Room and Interventional Radiology. Students are required to wear street clothes or navy scrubs to and from the hospital and change on-site. These hospital-issued scrub suits are to be worn only during hours scheduled in a student capacity and are not to be worn away from the hospital. It is mandatory that students wear a lab coat/jacket over the scrub suit when away from the operating room or division. Socks and white or black leather or leather-like athletic or uniform shoes must be worn. A clean **plain white, black, or navy blue** T-shirt, turtleneck, or mock turtleneck may be added to the scrub suit. Appropriate Infectious Control apparel (head covers, masks, and shoe covers) are to be worn as required. No patient gowns are ever to be worn by students! OR scrub jackets may also be provided by scrub vending access.

GENERAL DRESS CODE AND APPEARANCE GUIDELINES

1. Clothing is to be clean, neat, free of wrinkles, and not distracting. Stained clothing is unacceptable.
2. Hemlines including skirt slits and pant length should be modest and not extreme.
3. The approved Henry Ford Health System identification badge is to be properly displayed while the student is on HFHS property. The badge must include a visible photograph and clearly readable name and must be worn at chest height. Pins and stickers may not be attached to the identification badge.
4. The radiation-monitoring badge is to be properly worn at all times.
5. Shoes and hose or socks must be worn.
6. Hair, including beards and mustaches, must be clean and neatly groomed. Hair should not be worn in extreme styles and should be pulled back and constrained.
7. Natural fingernail tips should be clean and neatly trimmed to less than one quarter (1/4) inch long. Nail polish must be free of chips and peeling. Artificial nail tips, wraps, tapes, bonds, rhinestones, and/or appliqué are not permitted.

8. Jewelry must be subtle and kept to a minimum. Earrings (females only) may not hang more than one (1) inch below the earlobe, and no more than three (3) earrings per ear may be worn. No other visible body jewelry is permitted, with an exception for cultural reasons.
9. Strong odors from perfume, cologne, and cigarette smoke should be avoided.
10. Gum-chewing is not appropriate in-patient areas.
11. Tattoos are to be covered and not visible
12. The following is a list of attire that is not permitted:

- No hats
- No low-cut clothing, front or back
- No sundresses
- No sweatshirts, T-shirts, polos, halters, crop tops, or tube tops
- No sheer garments
- No denim, cotton sheeting, or leather garments
- No jeans, sweatpants, or knit pants
- No sandals, canvas tennis shoes, or snow boots

*Please see HFHS Policy 5.06 (in this document) for additional restrictions.

GUIDELINES AND POLICIES

ABSENCE

1. Anyone calling in sick the day prior to or following a holiday, scheduled vacation, or semester break is required to submit appropriate documentation from a physician regarding your absence.
2. Any noticeable patterns associated with calling in sick will be documented, and the appropriate disciplinary procedure will be followed.
3. Any student wishing to take vacation time must have an adequate amount of time available in his/her bank before the schedule posting date.
4. All requests for time off must be submitted in writing. Time taken off without written request will be considered an unexcused absence.
5. Requests to leave the clinical area early must be cleared through the Program Director or Clinical Coordinator.

TARDINESS

All students are expected to be in their respective clinical areas prepared for the clinical experience by 7:30 am as scheduled. In the clinic area is defined as “in the department to which you are assigned for clinic rotation”. 30 minutes will be deducted from a student’s personal time bank for a student not being in their assigned clinic area by 7:30 AM.

DIDACTIC GRADING POLICY

The grading scale for the Radiologic Technology Program is listed below. This grading scale has been in effect since September 27, 2004.

94 - 100	=	A
92 - 93	=	A-
89 - 91	=	B+
86 - 88	=	B
84 - 85	=	B-
81 - 83	=	C+
80	=	C
79 or below	=	Failure

A student who does not successfully complete a course will be issued a written warning slip and placed on programmatic probation. Within one (1) week after completion of the course and prior to the official end of the semester, a comprehensive examination over the entire course will be administered. A score of 80 percent or higher must be obtained on this examination in order for the student to pass the course. The student's grade will then be elevated to a passing score of 80 percent, and the student will no longer be on programmatic probation. If the student does not pass the comprehensive examination, the student will be immediately terminated from the program. Should a student fail another class while on programmatic probation, it will mean immediate dismissal from the program. The Eugene Applebaum College of Pharmacy and Health Sciences Grade Appeal and Dismissal Policy is the student's avenue for grade appeal.

Any student failing more than one (1) class will be terminated from the program.

All academic classes must be successfully completed prior to graduation.

The Clinical Grading Policy can be found in this student reference guide.

GRADUATION REQUIREMENTS

Successful completion of the Radiologic Technology Program is considered when the following criteria is met:

1. Successful completion of all academic classes with an 80 percent (letter grade of C) or greater cumulative final grade. Some courses may require separate components be successfully completed.
2. Successful completion of a Mock registry examination (75% or better) administered in the last semester of the program as a component of Radiology Seminar (RDT 4600).
3. Successful completion of 23 out of 24 clinical rotations with a 3.0 or greater using a scale of 1 to 5.
4. Semester clinical (letter) grade of C or greater for all semesters.
5. Successful completion of all required challenge/competency examinations in both the first and second year of the program.
6. Successful completion of a written research paper (Independent Study, RDT 4800) that is a minimum of 3,000 words in length on an approved radiology-related topic defined by the Guidelines for the Research Paper.
7. Successful completion of clinical attendance requirements as defined in the Attendance Policy.
8. Maintenance and compliance with radiation safety standards as stated in the Radiation Safety Policy of Henry Ford Hospital as governed by the Radiation Safety Office.
9. Adherence to all institutional rules and regulations as defined by Wayne State University, Eugene Applebaum College of Pharmacy and Health Sciences, Henry Ford Health System, and Henry Ford Hospital.

HEALTH POLICY

PRE-TRAINING HEALTH SCREENING AND BACKGROUND CHECK

A pre-employment health screening with drug screening test as well as a background check is administered to all incoming students by the Henry Ford Hospital Employee Health Clinic in participation with Henry Ford Health System Human Resources. This physical exam, drug screening test and background check is free of charge to the student. Students must be cleared by Employee Health as well as by HFHS Human Resources (including a background check) prior to the scheduled starting date of the program. If a student is not cleared by HFHS Employee Health Clinic, his/her acceptance into the program will be rescinded. Henry Ford Hospital's Main Campus in Detroit is the exclusive clinical site.

STUDENT LIABILITY INSURANCE

Student Liability Insurance will be provided to each student as part of course materials fees. The Student Liability Insurance for Radiologic Technology students is part of the Wayne State University policy. Documentation is kept by the Program Director, as provided by Wayne State University. A copy will be provided to each student as requested.

Drug-Free Workplace Policy (as stated in HFHS Tier 1 Policy):

It is the policy of Henry Ford Health System to provide and maintain a drug-free workplace. The manufacture, use, possession, or sale of illegal drugs on HFHS premises or when conducting business on behalf of HFHS is prohibited. Reporting for work or working while under the influence of illegal drugs or alcohol is prohibited. Lawfully prescribed prescription drugs used in accordance with their instructions are not subject to this policy. However, reporting for work or working under an impairment caused by the abuse of lawfully prescribed drugs is prohibited. A violation of this policy will result in corrective action, up to and including termination. Patient safety event related incidents are governed under separate guidelines found in system Patient Safety Policy.

It is also the policy of Henry Ford Health System to maintain a tobacco free work day, during all shifts. (Tier 1- Tobacco-Free Environment) The use of any tobacco product during a shift is prohibited. Employees may not use tobacco at any time including their work shift, during breaks, and whether on campus or off campus. Clothing worn during the shift, hair, skin, and breath must be free of the odor of tobacco in accordance with the Henry Ford Health System's Personal Appearance Standards policy. A violation of this policy will result in corrective action, up to and including termination.

The policy below also applies to students.

Procedure:

A. GENERAL INFORMATION

1. Any employee who wishes to receive information regarding drug and/or alcohol counseling and rehabilitation may contact the Human Resources department or Henry Ford Enhance (EAP) office.
2. Any employee who is convicted of, or pleads guilty or nolo contendere to, a drug or alcohol related offense must report such offense to their regional Human Resources Service Center within seven (7) days of the date of conviction. Failure to do so may result in corrective action, up to and including termination.
3. Any employee who wishes to receive information and/or assistance to quit smoking can contact the Center for Health Promotion and Disease Prevention at (313) 874-1885.

B. DRUG TESTING

1. Applicants

HFHS requires a uniform drug screening test for all prospective employees as part of its fitness for work policy. See *Tier 1-Employee Health Screenings, For Cause Testing, and Fitness for Duty Examinations*. Any applicant who refuses to submit to a drug and alcohol screening test will be denied employment with HFHS.

2. Reasonable Suspicion Testing

HFHS reserves the right to conduct testing of an employee who is reasonably suspected of using alcohol or illegally using drugs. **Any applicant that has a positive drug screen test will be subject to having their offer of employment withdrawn. An applicant who has their offer of employment withdrawn due to having a positive drug screen test will be ineligible to reapply for a position at HFHS for a period of six (6) months.** An employee whose use of illegal drugs or alcoholic beverages poses an immediate health or safety risk to co-workers or the general public will be subject to immediate termination. Any employee who refuses to submit to a drug and alcohol screening test will be considered to have voluntarily resigned from employment with HFHS.

Employees requested to submit to a drug and alcohol screening test must do so **immediately** or by a time otherwise specified by the requestor. Employees may not delay in taking the test or otherwise cause the test to be delayed. Any employee who violates this provision will be considered to have voluntarily resigned from employment with HFHS.

C. Substance Abuse Testing Process

HFHS also reserves the right to conduct uniform drug testing of employees as deemed necessary to protect the health and safety of its patients, employees, members and others or as required by law. Any uniform drug testing done in this manner must be objectively and consistently applied.

Employees requested to submit to drug and alcohol testing must do so immediately. Employees may not delay in taking the test or otherwise cause the test to be delayed. Any employee who violates this provision will be considered to have voluntarily resigned from employment with HFHS. (See *Tier 1-Employee Health Screenings, For Cause Testing, and Fitness for Duty Examinations*)

1. Steps for a Supervisor to initiate testing:

- a. When there is a suspicion of impairment (smell of alcohol, unsteady gait, unusual behaviors, etc.) the supervisor should attempt to confirm this suspicion with another management representative.
- b. The manager will meet with the employee to discuss their observations and solicit a response from the employee. If it is determined by the manager that there remains reasonable cause for testing, the employee will be required to go to the business unit's designated site for testing. The employee is advised that refusal to submit to the required testing will result be considered a voluntary resignation.
- c. The manager is required to contact Human Resources to establish an evaluation with Employee Health Services. If the testing for cause request occurs after the close of normal business hours, the manager is to utilize a HFHS Emergency Department for evaluation. If any of the steps in this process requires transportation to an off-site location, the suspected employee must not drive and transportation must be provided by taxi or other means. It is preferable that the employee is

accompanied by a management representative for safety purposes. The management escort is required to wait at the testing site while the employee is evaluated.

- d. Once the testing is completed the employee will be suspended pending test results. The employee should be offered a taxi home or be allowed to make other arrangements for transportation. If the employee's test is negative then the employee should be compensated for all time missed at work. If the test results are positive the employee will be reviewed for corrective action up to and including termination of employment (see Tier 1-Corrective Action Policy)

2. Referral to Henry Ford Enhance (EAP)

Employees who test positive may be referred to the Henry Ford Enhance (EAP). In HFHS' sole discretion, and as a condition of continued employment, employees who test positive for drug or alcohol use may be required to enter into a Last Chance Agreement (LCA). The LCA is designed to provide an employer a means of addressing the positive drug test by mandating treatment and establishing criteria, through the EAP, to ensure that this treatment is completed successfully. Failure to comply with any and all of the conditions set forth by the LCA will result in termination from employment. In order to ensure that persons who are enrolled in, or who have successfully completed, a drug or alcohol counseling or rehabilitation program are no longer engaging in the use or abuse of alcoholic liquor or drugs, random testing may be conducted as part of the LCA. Any employee refusing to submit to such a drug test will be considered to have voluntarily resigned from employment with HFHS. A positive test at any time during the LCA process; or after the completion of the LCA, will result in immediate termination.

3. Confidentiality

The results of any drug and/or alcohol screening test will remain confidential and limited to essential personnel, except as otherwise required by (Michigan state) law. Reports from drug and/or alcohol testing will be forwarded to Human Resources and will confirm only whether or not the employee tested positive for either drug or alcohol abuse.

D. Workplace searches

HFHS reserves the right to question and conduct searches of employees and all other persons entering its premises, and to search personal belongings, offices, desks, files, lockers, or any other area of the premises when there is a reasonable suspicion of illegal drug or alcohol possession, use or sale. Employees who refuse to consent to a search may be subject to corrective action, up to and including termination.

ON-SITE MEDICAL COVERAGE

1. Students who incur an injury during the day may be sent to the Emergency Department for evaluation by a physician. The initial visit is at no charge to the student. If a follow-up appointment is necessary at one of the specialty clinics, the student or his/her insurance company is financially responsible. An injury report must be filed with Wayne State University for the visit to be covered.
2. Incident (Redform/RL) Report Forms are available on-line using RadicaLogic. A completed form is necessary to use the facility. A supervisor should be involved in this process.

3. Arrangements in which the student elects to use the health services of the hospital (e.g., Allergy, Dermatology, Ophthalmology, etc.) will be the financial responsibility of the student or their insurance company.
4. Henry Ford Hospital maintains a 24-hour Emergency Department at the Detroit Campus as well as many of the larger satellites. Students requiring emergency care are encouraged to use these facilities.
5. Students are offered the Hepatitis B vaccine, and possibly other vaccines, at no charge to them. Mandatory vaccines may be added at any time, by either the health system or Wayne State University for participation in clinical education courses.
6. Annual testing of mask fit is a requirement in conjunction with the Department of Radiology.
7. Students will be given a flu vaccination at no charge to them as the institution deems necessary (annually). **Flu shots are MANDATORY!**
8. Students will be given a COVID-19 vaccination at no charge to them as the institution and university deem them necessary. Students are to get any/all required “booster” vaccinations as required by the health system and/or the university. **COVID-19 vaccinations are mandatory!**

Radiation Safety for Students in the Radiologic Technology Program

Radiation Safety Practices:

In order to assure that students employ proper radiation safety practices during imaging examinations that use ionizing radiation, students must adhere to the following:

1. students must not hold image receptors during any radiographic procedure
2. students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

Consistent with State of Michigan Department of Licensing and Regulatory Affairs, Radiation Safety Section, Ionizing Radiation Rules Governing the Use of Radiation Machines:

Rule R 333.5333 Conditions of operation.

Rule 333.

(3) Staff personnel routinely working with or around radiation sources shall not be required by the registrant to hold film or restrain patients during radiography. If such procedure is permitted, personnel exposure shall not exceed the limits in R 333.5057 to R 333.5059 or the procedure shall be prohibited.

Students are subject to the same conditions of operation.

Magnetic Resonance Imaging Safety Practices:

To ensure student safety, and in order to assure that students are properly and appropriately screened prior to entering the Magnetic Resonance Imaging environment, each student will be screened according to the following MRI safety screening protocol:

1. The magnetic resonance environment will be described in detail during RDT 3500 (Patient Care) which occurs during the third (of 6) program semester, at the end of the

junior year. Students are also instructed in safe practices for the MRI environment during class, prior to the first clinical rotation. MRI clinical rotations occur during Clinical Education 4-6.

2. At the end of the discussion, each student will be provided a copy of the WSU/HFH School of Radiologic Technology Student MRI Screening Form (see form following this policy). The form and its contents will be explained by the instructor. Students will be allowed one week to complete the form, in order to verify any pertinent information with their personal medical records as necessary.
3. The faculty of record for the course will give the forms to the Program Director or Clinical Coordinator. That program official will verify the information and clarify any inconsistencies with the student as necessary. The program official/faculty member that reviews the information will sign the form and provide his/her printed name. All forms will be scanned and emailed to the MRI supervisor and/or leader (or supervisor's designee). Each form will be reviewed by MRI leadership. The supervisor or designee will inform the Program Director or Clinical Coordinator of student clearance status for the MRI environment.
4. Students who have been pre-cleared by MRI supervision using the form below will be rescreened on the first day of rotation by MRI personnel.
5. If the MRI supervisor or designee determine at any point prior to or during a rotation that a student will not be safe in the MRI environment (either with the form or on rescreen at the start of rotation), the student will be rescheduled to a different clinical area with no impact to the student's grade.

References:

JRCERT Standards for an Accredited Educational Program in Radiography, Effective January 1, 2014: Standard Four (Health and Safety), Objective 4.3 (Assures that students employ proper radiation safety practices).

Michigan Department of Licensing and Regulatory Affairs, Radiation Safety Section, Ionizing Radiation Safety Rules Governing the Use of Radiation Machines

https://www.michigan.gov/documents/lara/rss_irr_part7_525013_7.pdf

PREGNANCY POLICY

Both the National Council on Radiation Protection and Measurements (NCRP) and the International Commission on Radiological Protection (ICRP) have recommended that during the entire pregnancy, the maximum permissible dose equivalent to the unborn fetus from occupational radiation exposure to the expectant mother should not exceed 0.5 rem (5 mSv) and should not exceed 0.05 rem (50 mrem or 0.5mSv) per month. (NRC) and the State of Michigan have established a limit of 0.5 rem (5 mSv) to the embryo/fetus over the entire gestation of a declared pregnancy.

It is your responsibility to decide whether the risks to you or to a known potential unborn child are acceptable. A student has the option of notifying the Program Director of her actual or possible pregnancy; this notification is

not required. However, should the student elect to declare her pregnancy, it should be done at the earliest time possible; and it must be in writing.

This notification may be rescinded in writing at any time. Should written notification of pregnancy be made, the student may choose from the following options:

- Continue current educational activities as planned.
- Terminate from the educational program.
- Continue with academic coursework only with the understanding that all clinical competencies must be completed prior to issuing of a certificate.
- Leave of absence.

Each case will be considered on an individual basis dependent on the clinical and didactic progression of the student.

Any student who declares her pregnancy in writing will be issued a fetal radiation monitor through the Radiation Safety Office. Should she so desire, the student may also meet with the radiation safety officer to discuss and evaluate potential risk of program continuance.

Attachment A



Radiation Safety Office

Henry Ford Hospital
2799 West Grand Blvd.
Detroit, Michigan 48202
(313) 916-2739 Office
(313) 916-8456 Fax

DECLARATION OF PREGNANCY TO THE RADIATION SAFETY OFFICER

I am declaring that I am pregnant. The estimated date of delivery is _____. I voluntarily disclose this information, and I understand that I can un-declare my pregnancy at any time in writing to the Radiation Safety Office.

I understand the radiation dose to my embryo/fetus during my entire pregnancy shall not exceed 5 mSv (0.5 rem) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

I understand that the Radiation Safety Office will keep this information private, except in circumstances that require disclosure to manage the monitoring and protection of the embryo/fetus (e.g., informing supervisor for changes in responsibilities, fetal dosimeter ordering and distribution, etc.).

Employee Printed Name

Employee Signature

Employee Phone Number

Employee Department

Date

**PRINTED VERSIONS OF THIS DOCUMENT ARE NOT CONTROLLED AND ARE FOR REFERENCE ONLY.
THE USER IS RESPONSIBLE TO CHECK THE ON LINE POLICY WEBSITE TO VERIFY THE CURRENT VERSION PRIOR TO USE.**



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Next Review 5/1/2026

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Physics &
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Administration
Applicability Henry Ford
Health System-
wide
Document Types Policy and
Procedure

Tier 1: Pregnant Radiation Workers

Applicability

Henry Ford Health

Scope

This policy applies to all employees of Henry Ford Health.

Background

Published studies indicate that an embryo/fetus may be more sensitive to ionizing radiation than an adult, especially during the first three months of gestation. Different regulatory requirements apply to employees who declare their pregnancy in writing to the Radiation Safety Officer. This policy aids to ensure the safety of the developing fetus and to ensure pregnant employees work in a safe environment.

This policy applies to all departments in which pregnant employees may be exposed to ionizing radiation. This policy does not address other hazards to the fetus.

Definitions

Ionizing Radiation – Ionizing Radiation is radiation that has sufficient energy to remove electrons from an atom. This removal has the potential to cause damage to the structures of the body. Naturally occurring sources of ionizing radiation are common in the environment and in the human body. These

sources are continuously emitting ionizing radiation. Human activities cause additional exposure to ionizing radiation, e.g., making medical x-rays, generating nuclear power, testing nuclear weapons, and producing smoke detectors that contain radioactive materials. Ionizing radiation does not include ultraviolet (UV) radiation, microwave radiation, radiofrequency (RF) radiation, or sound waves (e.g., Ultrasound).

Declared Pregnant Employee – An employee who declares a pregnancy in writing to the Radiation Safety Officer (or designee).

Effective Dose – Effective Dose is used to quantify and assess risk for ionizing radiation exposure. The international unit for Effective Dose is the sievert (Sv). The United States uses both the sievert and rem for units. One sievert is equal to 100 rem.

Policy

It is Henry Ford Health policy that appropriate precautions shall be taken to limit the exposure to ionizing radiation to a Declared Pregnant Employee. Under this policy:

The maximum permissible dose to the fetus from occupational exposure of the Declared Pregnant Employee **shall not exceed 5 mSv (500 mrem)** during the entire gestation period, and at a **rate that should not exceed 0.5 mSv/month (50 mrem/month)**.

Declared Pregnant Employees are not prohibited from working or being in areas where exposure to ionizing radiation may occur. The Declared Pregnant Employee is expected to perform the normally assigned duties unless restrictions are placed upon the employee by the Radiation Safety Officer. These individuals may operate sources of ionizing radiation, such as diagnostic x-ray equipment and linear accelerators, as well as handle radioactive materials used in Nuclear Medicine or Radiation Oncology. The uses of radiation that are prohibited for a Declared Pregnant Employee will be established by the Radiation Safety Officer (or designee).

During the pregnancy, Declared Pregnant Employees must wear radiation monitoring devices in areas where radiation exposure is possible. The Radiation Safety Office will typically issue a fetal dosimeter to the Declared Pregnant Employee. The fetal dosimeter is assigned on a monthly basis, and should be worn with the Declared Pregnant Employee's normal dosimeter(s). The fetal dosimeter should be worn at the level of the abdomen, under any protective apparel (lead aprons, etc.).

All concerns regarding radiation exposure should be directed to the immediate supervisor and/or the Radiation Safety Office. Upon request, The Nuclear Regulatory Commission Guide 8.13 "Instruction Concerning Prenatal Radiation Exposures" can be obtained from the Radiation Safety Office.

Procedure

When an employee learns of a pregnancy, it is the option of the employee to declare the pregnancy to the Radiation Safety Officer (or designee) by completing the Notification of Pregnancy Form (Attachment A).

Declaration of pregnancy is strongly encouraged, but is not required. The Radiation Safety Officer will assess the Declared Pregnant Employee's work and determine what, if any, precautions are needed and provide safety instructions.

It is also the employee's option to un-declare the pregnancy at any time to the Radiation Safety Officer (or designee). The occupational dose limits will revert back to those of a non-pregnant radiation worker.

Related Documents

None

References/ External Regulations

- A. USNRC 10 CFR § 20.1208 Dose equivalent to an embryo/fetus.
- B. Michigan Radiation Safety Rules R 333.5059 Dose equivalent to embryo or fetus.
- C. The Nuclear Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposures.
- D. NRC: 10 CFR §20.1208 Dose equivalent to an embryo/fetus.
- E. National Council on Radiation Protection and Measurements (NCRP) no. 53: Radiation Dose Limit for Embryo and Fetus in Occupationally Exposed Women.
- F. National Council on Radiation Protection and Measurements (NCRP) no. 91: Recommendations on Limits for Exposure to Ionizing Radiation.

All Revision Dates

5/2/2023, 6/3/2020

Attachments

[Attachment A: Declaration Form for Pregnant Radiation Workers Final 9-21-18.pdf](#)

Approval Signatures

Step Description	Approver	Date
Chair Radiation Safety Committee	Alan Jackson: Bioscientific Staff	5/2/2023
Pharmacy Review	Rox Gatia: VP-Pharmacy Shared Svcs	5/2/2023
System Policy Management Office	System Policy Management Offic	5/1/2023
EHR Impact	Lori Doyle: IT Program Manager	5/1/2023

Standards

No standards are associated with this document

COPY



Last 1/4/2022
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Effective 1/4/2022
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Owner Nicholas Bevins:
Vice Chair-
Physics &
Research
Area Radiology:
Administration
Applicability Henry Ford
Health System-
wide
Document Policy
Types

Tier 1: Occupational Radiation Dosimeter Monitoring

Scope

This document is applicable to all of Henry Ford Health System. This applies to the assignment and monitoring of radiation dosimeters worn by employees to track external occupational exposures to ionizing radiation. This document does not apply to the monitoring of internal occupational exposures of employees to ionizing radiation (i.e., bioassays).

Background

There are state and federal limits to the amount of radiation dose that an employee may receive as a result of the employee's work. This policy describes the policy for monitoring and reporting on occupationally-exposed staff.

Definitions

ALARA: This is an acronym for **As Low As Reasonably Achievable**. This is a radiation protection principle that recognizes the potential value of minimizing exposure to radiation below the whole body dose limits. In practice, employees who exceed 10% of the quarterly portion of the whole body dose limits are reported to the Radiation Safety Committee and a notification is sent to these same employees.

DDE: This is an acronym for **Deep Dose Equivalent**. This is the dose equivalent at a tissue depth of 1 cm from an external whole-body exposure.

Dose: Ionizing radiation dose is a quantity expressing energy deposited per unit mass. The units of dose are gray (Gy) and rad.

Dosimeter: A device used to measure radiation dose. The dosimeter reports in the units of rem and sievert (Sv).

DPW: This is an acronym for **Declared Pregnant Worker**. This is an employee who has declared their pregnancy in writing to the Radiation Safety Officer.

Effective Dose: Effective Dose is used to quantify and assess risk of ionizing radiation dose. The international unit for Effective Dose is the sievert (Sv). The United States uses both the sievert and rem for units. One sievert is equal to 100 rem.

Employee: Any individual working for the benefit of the health system, whether directly employed or providing contracted services. Private practice physicians who work at Henry Ford Health System facilities are considered employees for the purposes of this policy. Students who are studying at Health Ford Health System are also considered employees unless they receive radiation dosimeters from their educational program.

High Radiation Area: An area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 1 mSv (100 mrem) in 1 hour at 30 centimeters from the radiation source or 30 centimeters from any surface that the radiation penetrates.

Ionizing Radiation: Ionizing Radiation is radiation that has sufficient energy to remove electrons from an atom. This removal has the potential to cause damage to the structures of the body. Naturally occurring sources of ionizing radiation are common in the environment and in the human body. These sources are continuously emitting ionizing radiation. Human activities cause additional exposure to ionizing radiation, e.g., making medical x-rays, generating nuclear power, testing nuclear weapons, and producing smoke detectors that contain radioactive materials. Ionizing radiation does not include ultraviolet (UV) radiation, microwave radiation, radiofrequency (RF) radiation, or sound waves (e.g., Ultrasound).

LDE: This is an acronym for **Lens Dose Equivalent**. This applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeters.

SDE: This is an acronym for **Shallow Dose Equivalent**. This is taken as the dose equivalent at a tissue depth of 0.007 centimeter for external exposure of the skin of the whole body or the skin of an extremity.

Very High Radiation Area: An area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving an absorbed dose in excess of 5 Gy (500 rads) in 1 hour at 1 meter from a radiation source or 1 meter from any surface that radiation penetrates.

Policy

Appropriate precautions shall be taken to limit the exposure of employees to ionizing radiation. Employee radiation dose shall be controlled to within the applicable state and federal limits as follows:

Table 1: Occupational dose limits^a:

Exposure Type	Limit
Whole Body (DDE)	50 mSv/y (5000 mrem/y)
50 mSv/y (5000 mrem/y)	
Lens of Eye (LDE) ^b	150 mSv/y (15 000 mrem/y)
150 mSv/y (15 000 mrem/y)	
Skin (SDE)	500 mSv/y (50 000 mrem/y)
500 mSv/y (50 000 mrem/y)	
Extremity (SDE)	500 mSv/y (50 000 mrem/y)
500 mSv/y (50 000 mrem/y)	
Fetal Dose (DPW) ^c	5 mSv/gest (500 mrem/gest)
5 mSv/gest (500 mrem/gest)	

^aThe limits in this table are taken from 10 CFR §20.1201, 10 CFR §20.1208, and MI Rule 57 (R 333.5057).

^bThe international recommendation for the Lens of the Eye is lower (20 mSv/y (2000 mrem/y)). Controlling below the US limit is an important priority (CRP, 2007. The 2007 Recommendations of the International Commission on Radiological Protection. ICRP Publication 103. Ann. ICRP 37(2-4).

^cThe fetal dose limit only applies to employees who have declared their pregnancy in writing to the Radiation Safety Officer in Accordance with the *Policy for Pregnant Radiation Workers*.

Employee radiation dose shall be measured when required by regulation as detailed in Table 2 and the provided references. The Radiation Safety Officer will make decisions about the type and frequency of dosimetry used to measure occupational radiation dose.

Table 2: Conditions requiring radiation dosimeter monitoring of occupationally exposed employees:

Personnel	Conditions Requiring Dosimeter Monitoring
Adults	Workers likely to receive >10% of the dose limits in Table 1 ^a .
Minors	Minor employees likely to receive ^b : <ul style="list-style-type: none"> • >1 mSv/y (100 mrem/y) DDE • >1.5 mSv/y (150 mrem/y) LDE • >5 mSv/y (500 mrem/y) SDE to the skin or extremities
Declared Pregnant Workers	Declared pregnant workers likely to receive >1 mSv/gest (100 mrem/gest) DDE ^c .
All	<ul style="list-style-type: none"> • Operators of diagnostic or therapeutic x-ray equipment, including computed tomography (CT) and mammography systems^d.

Personnel	Conditions Requiring Dosimeter Monitoring
	<ul style="list-style-type: none"> • Individuals who work in fluoroscopy rooms^e. • Individuals entering high radiation areas and/or very high radiation areas^f. • Any other individual identified for radiation dose monitoring by the Radiation Safety Officer.

^aThis condition is taken from 10 CFR §20.1502(a)(1) and MI Rule 64 [R 333.5064(a)].

^bThese conditions are taken from 10 CFR §20.1502(a)(2) and MI Rule 64 [R 333.5064(b)].

^cThis condition is taken from 10 CFR §20.1502(a)(3) and MI Rule 64 [R 333.5064(c)].

^dThis condition is taken from MI Rule 317 [R 333.5317(7)], MI Rule 333 [R 333.5333(6)], MI Rule 713 [R 333.5713(7)], and MI Rule 656 [R 333.5656].

^eThis condition is taken from MI Rule 348 [R 333.5348(3)].

^fThis condition is taken from 10 CFR §20.1502(a)(4) and MI Rule 64 [R 333.5064(d)].

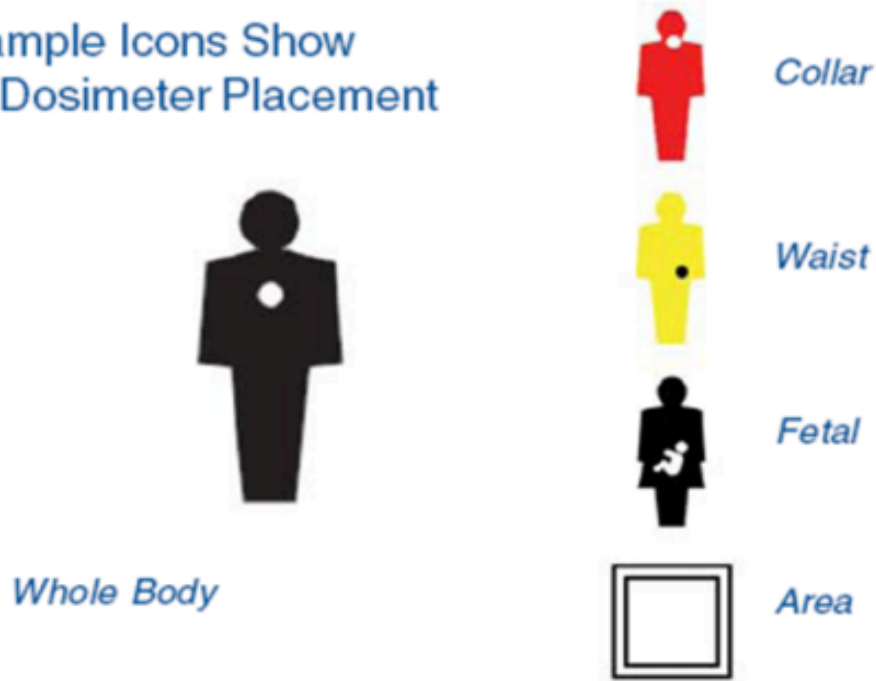
Radiation dosimeters shall be worn by personnel as required by regulatory agencies.

- A. State law requires that all employees who operate portable x-ray equipment or work in a room where an x-ray fluoroscopy is being used must wear a radiation dosimeter badge and a lead apron (Flexible Reusable X-ray Shields or FRXPS). For our purposes fluoroscopy includes any fixed or mobile C-arm fluoroscopy, cineangiography, digital subtraction angiography, or any CT machine used for interventional work. State of Michigan requires that fluoroscopy workers to wear at least one dosimeter outside the apron at collar level. Refer to the Policy regarding [Care and Use of Flexible Reusable X-ray Protective Shields \(FRXPS\)](#) for more details regarding personal shield requirements.
- B.
 1. Individuals routinely working fully behind a protective screen are not required to wear a FRXPS but shall wear a radiation dosimeter badge.

Radiation dosimeters should be worn in a consistent location.

- A. There are figure icons on the front of the dosimeter to identify the proper location of use. The multipurpose dosimeter has a black figure icon. The dosimeters with a red figure icon are the "collar" type and should be only worn on the neck outside of any FRXPS. The dosimeters with a yellow figure icon are the "waist" type and should be only worn on the waist shielded under the FRXPS. The dosimeters which point to the abdomen are the "fetal" type and these are assigned only to declared pregnant employees and should be worn on the abdomen under any FRXPS. Examples of the figure icons follow:

Sample Icons Show Dosimeter Placement



- B. Dosimeters used to measure dose to the whole body shall be worn outside of the lead apron at the unshielded location of the whole body likely to receive the highest exposure, typically at the collar.
1. The State of Michigan rules requires all employees who operate portable x-ray equipment or work in a room where an x-ray fluoroscopy is being used must wear a radiation dosimeter badge and a FRXPS. For our purposes fluoroscopy includes any fixed or mobile C-arm fluoroscopy, cineangiography, digital subtraction angiography, or any CT machine used for interventional work. Mini C-arms are exempted from this rule. Only the operator of a mini C-arm is required to have a collar dosimeter and a FRXPS ([miosha-rss-118 Dosimetry for Extremity Fluoroscopy Mini C-Arms_531828_7.pdf \(michigan.gov\)](#)).
 2. For employees whose hands are at risk of entering an x-ray beam or employees who frequently handle greater than 1 mCi of radioactive materials that emit penetrating radiation, a ring dosimeter should be worn unless contraindicated by infection control or surgical dexterity. Ring dosimeters may be scrubbed in a sink or gas sterilized.

Radiation monitoring devices should be stored at the facility in a designated location at the end of every workday. This aids collection of dosimeters and reduces the potential for interferences from other radiations sources. Radiation monitoring devices should not be stored with lead aprons or other lead shields and should be stored distant from radioactive sources. A dosimeter badge rack is recommended. The Radiation Safety Office can help departments to obtain dosimeter badge racks.

The Radiation Safety Officer will review radiation dose reports for employees, and report to the applicable Radiation Safety Committee on doses on a quarterly basis. Doses that exceed 10% of the quarterly portion of the dose limits will be considered exceeding the Level I ALARA criteria and will be

reported to the employee. Doses that exceed 30% of the quarterly portion of the dose limits will be considered exceeding the Level II ALARA criteria and are investigated. Doses that exceed the annual dose limits will be reported to the appropriate regulatory agencies. Additionally, results of dosimetry reports will be reported to individuals at least annually. Dosimetry reports will be kept by the health system for the life of the individual.

Related Documents

[Tier 1: Pregnant Radiation Workers](#)

References/ External Regulations

State of Michigan *Ionizing Radiation Rules*. (retrieved 01 Jun 2020)

Code of Federal Regulations. 10 CFR Part 20. *Standards for Protection Against Radiation*. (retrieved 01 Jun 2020)

USNRC Regulatory Guide 8.18 *Information Relevant To Ensuring That Radiation Exposures at Medical Institutions Will Be As Low As Is Reasonably Achievable*. (retrieved 03 Aug 2018)

AORN. *Guidelines for Perioperative Practice: Radiation Safety*. 2015.

TJC Standard EC.02.02.01 EP17. (retrieved 21 May 2020)

All Revision Dates

1/4/2022, 10/19/2021

Approval Signatures

Step Description	Approver	Date
Chair Radiation Safety Committee	Alan Jackson: Bioscientific Staff	1/4/2022
Pharmacy Review	Rox Gatia: Dir- Pharmacy	1/4/2022
System Policy Management Office	System Policy Management Office	1/4/2022
EHR Impact	Lori Doyle: IT Architect - Epic	1/4/2022
Document Owner	Nicholas Bevins: Vice Chair- Physics & Research	1/4/2022

Standards

Tier 1: Occupational Radiation Dosimeter Monitoring. Retrieved 9/20/2023. Official copy at <http://henryford.policystat.com/policy/10965193/>. Copyright © 2023 Henry Ford Health

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No standards are associated with this document

COPY

ADDENDUM TO DEPARTMENT OF DIAGNOSTIC RADIOLOGY PRACTICES AND POLICIES FOR MONITORING PERSONNEL EXPOSURE TO IONIZING RADIATION

A lost dosimeter must be reported to the Program Director or Clinical Coordinator immediately. A written explanation should be given so that it may be forwarded with a Lost Monitor Form to the Radiation Safety Office. Repeated loss of monitoring devices may result in progressive disciplinary action.

It is the responsibility of the student to wear the monitoring device at all times while in the clinical setting. Failure to do so will result in being sent home on the second offense. Lost time will be subtracted from the cumulative total of personal hours available to the individual student.

Issued dosimeters are to be returned to the appropriate monitor board at the end of each day and retrieved before any clinical encounters on the next scheduled clinical day.

STUDENT RECORDS POLICY

1. All current student files are kept in a locked file cabinet in the Program Director's office. Student files are only readily accessible to the Program Director, Clinical Coordinator, Medical Advisor, and Director of the Radiologic Technology Program.
2. Anyone wishing to review a student file must have authorization from the Program Director with student knowledge prior to the examination of the folder. This authorization can only be obtained if there is adequate justification for review of a student file.
3. Students may review their own records in the Program Director's office with the Program Director after an appointment has been made for this purpose. Appointments can usually be granted within three (3) working days of the request.
4. No student will be granted permission to review another student's file.
5. Active student files may not be removed from the Program Director's office.
6. Copies of student records can only be obtained after all pertinent forms are signed and submitted to the Program Director.
7. File cabinets containing student records shall be locked whenever the Program Director is not in the office.
8. Files of recent graduate students (less than two years post-graduation) will remain locked in the Program Director's office.
9. Files of other graduates (two years or more post-graduation) will be maintained in locked cabinets.
10. Files of all students dismissed or leaving the program will be maintained.

GUIDELINES FOR REVIEW OF STUDENT FILE

These guidelines were written to allow students the opportunity to review and secure copies of information contained in their student file.

1. Students wishing to review their student file shall make an appointment with the Program Director. An appointment time will be granted within three (3) days whenever possible. The file must be reviewed in the Program Director's office and cannot be removed. The Program Director shall be present while the file is being reviewed.
2. Parents or legal guardians of students not of legal age may also review this file provided an appointment time has been made with the Program Director.

STUDENT CLASSIFICATION

FULL-TIME/PART-TIME

All students in the program are required to be on-site when scheduled as academic and clinical training occurs during this time. Students are not required to be on-site during weekends or holidays. Students are given a **thirty-minute (30 minute)** lunch period every day, with 15 minutes total being allowed for travel to and from lunch for a total of 45 minutes.

All students in the program are classified as being full-time. The maximum hours of combined clinical and academic involvement required by the program does not exceed 40 hours per week.

In order to ensure that all students are given an equal opportunity to demonstrate academic and clinical competency, no student will be admitted into the program on a part-time basis.

STUDENT SEMINAR ATTENDANCE POLICY

In an effort to promote lifelong learning, students are encouraged to attend educational programs whose content-specific focus is the radiologic technology student. Each student will be granted a total of six (6) days within an 18-month period that may be used for attendance to an appropriate seminar. Appropriate content is considered by program officials including the Clinical Coordinator, Program Director, and Medical Advisor. A student may not request any days applied to seminar attendance until she/he has completed six (6) full months in the program. Attendance to such programs is not mandatory; however, should a student wish to participate, guidelines must be adhered to:

1. A request must be made to program officials at least one (1) month prior to the seminar start date along with the written Seminar Attendance Request; a copy of the seminar brochure must also be submitted. The request should include the following Information:
 - The actual number of seminar days the student intends to use for the conference. Seminar days can only be used for actual days that courses are being offered.

- The number of days the student would like to use, if any, from the personal time in addition to the seminar days.
- The actual last day the student will be at the clinical site and the date of return to the clinical site.
- The student's signature indicating that he/she is fully aware that he/she is responsible for any material presented in class during the absence.

2. Upon return, the student must submit written verification that at least 70 percent of the course offerings were attended at the seminar/conference. If the student fails to do so, time will be prorated and deducted from the student's personal time in accordance with the number of hours missed to equal 70 percent participation.

3. Within one (1) week of return from the seminar, the student must be prepared to share valuable information from at least two (2) of the course offerings in the form of a formal presentation to students who were not able to attend. In cases where more than one (1) student attended a seminar, presentation topics must be submitted to the program officials so that presentation information will not be duplicated.

4. The student is responsible for all costs incurred. It is also the responsibility of the student to provide for his/her transportation to and from the seminar location. While the student attends the seminar, the sponsoring institution is absolved of any debts incurred by the student for medical, legal, or other reasons.

5. Any reports of student behavior reported to program officials by seminar/conference sponsors deemed inappropriate or unbecoming to the professional in the radiologic sciences will be cause for WSU Student Code of Conduct charges.

SEMINAR ATTENDANCE REQUEST

Name: _____ **Date:** _____

Name of Seminar/Conference (brochure attached):

Seminar Dates: _____

Number of Seminar Days Requested: _____

Number of Additional Personal Days Requested: _____

Last Day in Program Attendance: _____

Date of Return to Clinical Rotation: _____

It is my understanding that attendance to this seminar/conference is not mandatory. Any material presented in any of my didactic courses is my responsibility. I also understand that I am being allowed to attend this seminar in lieu of actual program time attendance. Therefore, I am expected to attend a minimum of 70 percent of the course offerings; and this attendance is to be documented with written verification by seminar/conference sponsors. Upon my return, I will be prepared to share information in the form of a formal presentation on at least two (2) of the course offerings that I attended. I also understand that the program is not responsible for any injury to me or loss of my possessions, and Wayne State University and Henry Ford Health System are absolved of any financial responsibility for costs incurred. Since I am a representative of the Radiologic Technology Program, I will act appropriately; and I understand that in the event that officials of the sponsoring event find my behavior unbecoming to the profession, I will be terminated from the program upon my return.

Student Signature: _____

EMPLOYEE RESPONSIBILITIES (INCLUDING RADIOGRAPHY STUDENTS)

Each member of the team has certain responsibilities to fulfill in order to make the team as a whole successful. These include excellent customer service, regular attendance, punctuality, and professional work conduct. Your rights and responsibilities are outlined in the following section.

All of the Policy Guides and Manuals are located online at <http://henry.hfhs.org>. Please use the HFHS Intranet (OneHenry) to access the most current policies.

The following HFHS policies specifically apply during program hours:

- 5.02 Attendance Policy - PolicyStat ID8825009
- 5.03 No Call / No Show Policy - PolicyStat ID12770777
- 5.04 Work Day - PolicyStat ID11184337
- 5.06 Personal Appearance Standards - PolicyStat ID14210180
- 5.11 Drug-Free Workplace - PolicyStat ID14221954
- 5.12 Harassment - PolicyStat ID12412673
- 5.13 Workplace Violence - PolicyStat ID13872247
- 5.17 Corrective Action Program - PolicyStat ID12450165
- 5.27 Cellular Phone/Communication Devices - PolicyStat ID12110619
- 5.29 Social Media Usage - PolicyStat ID9679524

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

53.01 Employment of Student
Radiographer Interns
Page 1 of 3

50.00 Personnel Policies

Revised February, 2011

Policy

In accordance with the Essentials and Guidelines of an Accredited Educational Program for the Radiographer, written by the Joint Review Committee on Education of Radiologic Technologists and adopted by the American Medical Association, the American College of Radiology and the American Society of Radiologic Technologists, the following policy has been formulated regarding students being radiographically employed.

taken from the "Essentials" . . .

V. Operational Policies
Section A-8

"Students may be radiographically employed outside regular educational hours provided the work does not interfere with regular academic responsibilities. The work must be non-compensatory, paid and subject to employee regulations. Administrative responsibility for this practice shall be external to the program."

- I. Students may be employed as radiographers once they have demonstrated clinical competency in routine diagnostic examinations. Evaluation of the level of competency of an individual student will be made with the use of the following criteria:
 - A. Review of the Clinical Rotational Evaluations required by the School of Radiologic Technology.
 - B. Successful completion of Competency Evaluations of specific examinations as required by the School of Radiologic Technology.
- II. Students employed must demonstrate responsibility to the program in Radiologic Technology. This will be evaluated using the following criteria:
 - A. Attendance Records for general program hours
 - B. Transcripts of achievement levels in didactic training
 - C. Clinical Rotational Evaluations

DEPARTMENT OF DIAGNOSTIC RADIOLOGY	
53.01 Employment of Student Radiographer Interns Page 2 of 3	50.00 Personnel Policies
Revised/Reviewed - February, 2006	

- III. Students will be paid a fair wage for the hours worked in compliance with the general wage reimbursement policies of Henry Ford Health System.
- IV. No student shall be required to be employed as a radiographer intern. Employment of students must be voluntary.
- V. Employment of students as radiographer interns outside regular program hours is temporary and conditional. Termination will occur under the following conditions:
 - A. Successful completion of the program whereby the student meets graduate status.
 - B. Voluntary/involuntary termination from the School of Radiologic Technology whereby the student does not meet graduate status.
 - C. Failure to maintain academic standards as required by the School of Radiologic Technology.
 - D. Infractions of immediate dismissal regulations in accordance with all those employed by Henry Ford Health System.
 - E. Failure to maintain satisfactory attendance either to the program in Radiologic Technology or to the area where the student is employed as a radiographer intern.
 - F. Failure to perform as a competent, responsible radiographer intern as evidenced by supervisor evaluations, quality control standards or physician recommendation.
 - G. Students must maintain confidentiality of medical records in compliance with Henry Ford Hospital's Standards and Practices. This provision survives the terms of this agreement.
 - H. Students must conform to Henry Ford Hospital policies, procedures and regulations, which may be amended from time to time, violation may be cause for termination.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

53.01 Employment of Student
Radiographer Interns
Page 3 of 3

50.00 Personnel Policies

Revised/Reviewed- February, 2006

- VI. Employment of students will be in the student status, with no guarantee of employment upon graduation.
- VII. Students will be supervised by Registered Radiologic Technologists and shall not take the responsibility or position of qualified staff. Students are not eligible to "switch" work assignments with qualified Radiologic Technologists, but may "switch" work assignments with each other following Department guidelines.

I have read and understand this Policy.

Name: _____

Date: _____

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADDENDUM to:

53.01 Employment of Student
Radiographer Interns

50.00 Personnel Policies

February, 2011

In an effort to maintain quality of service and the excellent standard of care deserved by our patients in the **Henry Ford Health System**, the following policy addendum is being enforced.

Students in the *Henry Ford Hospital School of Radiologic Technology* are eligible to work in the Diagnostic Radiology Department during their respective training under the classification of “student-temporary” until such time that the relationship between the school and student is terminated and/or in accordance with **53.01 Employment of Student Radiographer Interns** (50.00 Personnel Policies).

Since all students are required to be on-site for clinical and didactic components for forty (40) hours per week, limitations are being placed on the number of extracurricular hours the student may work as a paid employee.

The maximum combined number of hours that a student may work is as follows:

- A. Up to, but not more than six (6) hours on any weekday (Monday through Friday) which equates to a maximum of thirty (30) hours in the five (5) day period**
- B. Up to, but no more than twelve (12) hours in twenty-four (24) on a weekend day (Saturday or Sunday)**
- C. Up to, but no more than forty (40) hours of total hours combined in a seven (7) day period.**

Should a student exceed the limits previously recorded, progressive disciplinary action will result. A first offense will result in counseling to include a written warning placed in the students’ file; a second offense will result in ineligibility to participate in the *Student Radiographer Intern* program.

This is an addendum to the current Department of Diagnostic Radiology policy 53.01 – *Employment of Student Radiographer Interns* and in no way negates or disposes of the mandates set forth previously.

Personal Appearance Standards – Radiology Department

The Radiology Department Personnel will follow the HFHS Policy No: 5.06 regarding Philosophy/Purpose, Scope, Responsibility Policy, and the Uniform Standardization Color Chart.

Radiology General Guidelines

The approved color of the Radiology Department is **Navy Blue**.

Scrub top and bottoms must be solid **Navy Blue**.

White, Navy Blue or color coordinated scrub jacket or warm-up jacket made of fleece or cotton blend may be worn. HFHS approved logo apparel shirts with the department name may continue to be worn as part of their uniform as long as the shirt is Navy Blue. (Not acceptable: Shirts with inappropriate sayings, logos, or advertising. No low cut or cropped shirts, tee-shirts, tank, tube or camouflage tops or sleeveless tops without a jacket.)

A print scrub jacket must be a majority of the scrub color – **Navy Blue**.

A solid navy blue or white or black short or long sleeve or turtleneck shirt may be worn under a scrub top or scrub jacket.

*The OR scrub color is green. Those required to wear scrubs from the Scrub Ex machine will be receiving green scrubs and will follow the guidelines above.

*The Breast Imaging areas color is Pink and will follow the guidelines above.

*CSRs will continue to wear the designated navy blue attire.

RADIOLOGIC TECHNOLOGY PROGRAM INSTRUCTORS

The instructors for the academic classes represent a broad spectrum of individuals from the department and the institution. The variance in their educational specialty and experience allows the student to experience different teaching methods and viewpoints, which are important aspects of the learning environment.

The staff technologists who serve as academic instructors are selected based on their educational background, work experience, knowledge of the subject matter, and relationship with the students. The instructors are responsible for presenting the material contained in the performance objectives they have written for each class.

Henry Ford Health System is committed to an equal employment opportunity for all employees and applicants. Our policy is to fill all job openings on the basis of individual merit and ability and to ensure that training, promotions, transfers, demotions, and layoffs are administered with due regard for seniority, job performance, experience, and qualification, but without discrimination based on race, age, color, religion, sex, national origin, disability, or status as a disabled veteran or a veteran of the Vietnam era. The Affirmative Action Plan of HFHS as well as our Human Resources Policy state that unlawful discrimination will not be tolerated. Our goal is to select and appoint qualified individuals at all levels of the organization. As a result, all matters related to recruiting, hiring, training, advancement, transfers, layoffs, and redeployment will be free of discriminatory practices. HFHS and its employees share the responsibility to ensure that this commitment to equal employment and affirmative action is a reality.

Teaching methodologies utilized are left up to the discretion of the instructor. At the completion of the class,

however, the instructor is required to submit to the Program Director a final grade for each student.

Every semester, the Program Director reviews with the student his/her academic performance. These counseling sessions are held more frequently if a student is experiencing academic difficulty. As all academic instructors are normally on-site, the students are encouraged to seek their advice and help at any time throughout the program. If necessary, tutorial sessions will be scheduled.

ACADEMIC PERFORMANCE OBJECTIVES

Performance objectives have been written for all academic classes. These objectives are formulated by the didactic instructor responsible for teaching the class. Each instructor is encouraged to distribute objectives to the students in their class.

Course descriptions have also been written. They are included with copies of student transcripts that have been requested. Copies appear in this document.

Lesson plans have been developed by the instructors for their respective classes. The formats vary as each instructor wrote theirs in a style they feel comfortable with. Lesson plans for some of the classes are included with this document.

The grading scale for the Radiologic Technology Program was adopted in September 2004 and can be located in the policy section of this handbook.

Students found cheating on quizzes or tests will be issued a written warning slip. A second infraction will be grounds for expulsion from the program.

All academic classes must be successfully completed prior to graduation.

CLINICAL EDUCATION

The Wayne State University and Henry Ford Health System Radiologic Technology Program is a four-year baccalaureate degree program designed to prepare the student for a career in the field of Radiologic Technology. We are confident that when our Radiologic Technology students graduate, the skills necessary for one to function as a registered radiographer have been thoroughly presented.

The 24-month professional program at Henry Ford Hospital is a combination of academic classes and clinical education. The student spends part of the day in the classroom receiving the academic information necessary and the remaining portion of the day developing the psychomotor skills required to function competently in this field. The student is presented information necessary to show competency in the field of Radiologic Technology.

Performance objectives for the academic classes are an integral part of the didactic portion of the program and are closely followed. The academic material is presented to the student by the Program Director and various instructors from the Radiology Department.

On the other hand, development of the psychomotor skills necessary for one to perform competently in the field is also a necessity for any student in a Radiologic Technology Program. A merger of the didactic and clinical portions of the program results in a student receiving the benefits of a total education package. To assure a meaningful clinical participation, the student should have first mastered certain cognitive competencies deemed necessary. Without mastering these cognitive competencies first, the student finds it very difficult to participate on a meaningful basis in the clinical environment. For our program, the introductory academic classes prepare the student so a clear understanding of the clinical environment can be obtained.

To ensure that the student is receiving the best possible clinical education, the program follows the format listed on the following page.

1. All students rotate through the different areas of the Radiology Department on a three to five-week basis both the first and second years of training. A copy of this rotation schedule is distributed to each student at the beginning of the program. The rotation schedule has been developed so that certain areas are visited only in the first year and others only in the second year. Some areas are visited only once and others more than once. Additional information regarding the student's clinical rotations appears later in this document.
2. At least one radiographer from each of the divisions will be performing the duties of a clinical instructor, or namely, a student contact technologist. Responsibilities of the student contact technologist have been designated.
3. When the students rotate through a number of diagnostic areas, they are required to pass clinical competency examinations. These examinations are conducted by the student contact technologist, and each student will be required to pass a specific number of competency examinations. Successful completion of the competency examinations is one criterion used for determining how well a student performed in the clinical environment. All students entering the program are required to participate in the competency examinations.
4. Anatomy is at the core of the profession for radiographers. To ensure a strong foundation of human anatomy, each student will take an anatomy quiz at the conclusion of each clinic rotation. These quizzes will cover all the anatomic knowledge required within the radiology department. First year students will be focused on x-ray anatomic structures. Second year students will also have cross-sectional anatomy available for their quizzes for semesters 5 and 6 (After the CSA class from semester 4).
5. Each semester of the 24-month training program, these evaluations are reviewed by the Program Director and the Clinical Coordinator with the individual student. Their academic performance is also reviewed at this time. These scheduled sessions are normally 30 minutes in length or longer if necessary and allow the student the opportunity to express their concerns and comments regarding their performance. A report is written by the Program Director and the Clinical Coordinator and placed in the student's file for future review. Counseling sessions occur more frequently if the student is experiencing problems academically or clinically.
6. The students are encouraged to seek the advice of the student contact technologist if additional help is needed during the clinical rotations.

7. At the completion of each rotation, the students are asked to complete evaluations and submit a written rotational summary. Through these documents the students inform us as to the quality of the clinical instruction they received and include any suggestions they feel would be beneficial. The evaluations are submitted to a secure on-line site and kept for future use. Rotational summaries are submitted to the Program Director and graded based on completeness, grammar and timeliness.
 [This grade is recorded and becomes a part of the clinical grade for the respective student in the semester in which it was submitted.]

As the student rotates through the different clinical rotational areas, the Radiologic Technology Program expects each one to perform to the best of his/her ability. This will help to ensure development of psychomotor skills.

As stated above, successful completion of the program involves not only mastering certain cognitive competencies but also a successful mastering of the psychomotor aspects of the program. Through the continuing efforts of everyone involved in the Radiologic Technology Program, our students can be assured of obtaining a high-quality education.

JUNIOR YEAR COMPETENCIES NECESSARY FOR SENIOR STATUS

Competencies that must be completed during the Junior year:

Chest (Routine) and Abdomen Supine (KUB) in first semester.

* Failure to do so will result in a downgrading (by 1.0) of the final rotation competency grade for Clin Ed 1*

Gen Diagnostic	3
Emergency Room	5
Gastrointestinal	2
Mobiles	2
Orthopedics	5
CAM	3
Mammography	0 (for those who choose to do mammography)
or	
2 nd Bone Rotation	1
C-Arm	1

An additional eight (8) competencies must be done in any area(s) of the student’s choice.

The total number of passed competencies should be 30 for anyone who is doing mammography or 31 for anyone who is not doing the mammography rotation.

The competencies should be done from the list mandated by the ARRT. The student contacts must sign off in your book for the successfully passed competencies.

SENIOR YEAR COMPETENCIES NECESSARY FOR GRADUATION

Competencies that must be completed during the Senior year:

Computed Tomography	3 (1 head, 1 thorax, 1 abdomen)
Emergency Room	3
Gastrointestinal	1
General Diagnostic	3
MRI/General Diagnostic	3
Mobiles	1
CCP	1
Orthopedics	3
C-Arm	1

For rotations not listed – no competencies are required.

An additional eight (8) or nine (9) competencies must be done in any area of the student's choice. The number is dependent upon which, if any, certificate program is being attempted. Any student who chooses to do one of the certificate programs is still responsible for the above-mentioned number of competencies in addition to whatever needs to be done to obtain the certificate.

The total number of passed competencies should be a total of 51 and three (3) additional computed tomography competencies completed by the end of Clinical Education VI.

The competencies should be done from the list mandated by the ARRT. The student contacts must sign off in your book for the successfully passed competencies.

POLICIES AND GUIDELINES FOR CLINICAL AREAS

Technologists are expected to instruct students in positioning skills and the setting of technical factors when assigned to their area. This should be done in a professional manner with the use of constructive criticism and demonstration. At no time should a student be critiqued in the presence of a patient or should patients be made aware of their student status. This can have an adverse effect on patients, students, and the department as a whole. Emotional and verbal abuse will not be tolerated. Any abusive behavior will be reported to the Program Director and respective supervisor immediately. Such behavior will be treated with zero tolerance and reported accordingly.

Technologists in areas with assigned students who have not completed competency in a particular radiographic procedure will be directly supervised at all times. A technologist is required to be present in the radiographic room while students are performing examinations for which they have not been deemed competent.

Technologists in areas with assigned students who have achieved competency for a particular radiographic procedure need to minimally supervise the student. This means that their physical presence is not required in the radiographic room, however, technologists must be immediately available to students in the area.

The protocol for irresolvable conflicts with students should be addressed in the following order:

1. Student Contact Technologist
2. Supervisor
3. Program Director and/or Clinical Coordinator

Any inappropriate conduct violations should be documented on the same working day as the occurrence and should be submitted to the student contact technologist.

Refusal to properly instruct students in an appropriate manner or the improper treatment of students will be documented and should be reflected in an individual's performance appraisal.

STUDENT CONTACT TECHNOLOGIST GUIDELINES

1. The student contact technologist is responsible for supervising the clinical education of the students in the respective areas to include the following:
 - a. Explanation of equipment used.
 - b. Explanation of examinations performed.
 - c. Explanation of the responsibilities of the student.
 - d. Administration of the clinical competency examination.
 - e. Critique of the student's images.
2. The clinical competency examination is kept in the student's file with the evaluations from the radiographers.

3. The student contact technologist is available for consultation with the student if necessary. Problems encountered by the student in the clinical area should be discussed with the student contact technologist.
4. Qualifications for the student contact technologist are as follows:
 - a. ARRT registered.
 - b. Two (2) years of experience as a registered radiologic technologist.
 - c. Through clinical experience, the radiographer showed an interest in teaching.

All student contact technologists attend a Continuing Education Seminar focusing on Clinical Assessment, Legal and Ethical Issues in Clinical Training, and Motivational Techniques. They also go through a two-year apprenticeship period before they are officially named as student contact technologists.

CLINICAL DATA SHEETS

You must perform the examination. This means that you are responsible for positioning the patient and setting the technical factors. Your number should be on the images.

When assigned to the following areas, you will be required to fill out a sheet and turn it in at the end of the day:

General Diagnostic (any room)
Orthopedics/Center for Athletic Medicine (CAM)
Emergency Room
Mammography
CCP

These sheets will become a part of your clinical evaluation. A sheet turned in late is not valid.

Clinical Data Sheets should be filled out in their entirety. You must include all appropriate information to include patient name, medical record number (MRN), time in and time out, examination(s) performed, number of images, and size and number of repeats.

When making up time during scheduled breaks, a sheet must also be turned in along with a signed card by the team leader technologist.

A clinical grade will be recorded for every clinical rotation. This grade will be on a rating system with grades 1-5 (1=low). This grade will be a combination of the clinical evaluations turned in from the technologists, the staff evaluations, completion of required competencies, and the Clinical Data Sheets you turn in. A clinical grade of less than 2.8 is considered below average and is unacceptable. Two (2) clinical grades of less than 2.8 will result in termination in keeping with policy.

In the event that the daily Clinical Data Sheets reflect unsatisfactory performance, the student will be made aware of the problem areas on a weekly basis.

CLINICAL DATASHEET

Name: _____

Area: _____

Date: _____

MEDICAL RECORD NUMBER (MRN)	TIME IN	TIME OUT	EXAMINATION(S) PERFORMED	NUMBER OF IMAGES	NUMBER OF REPEATS

CLINICAL EDUCATION REGULATIONS

The following information has been taken from the guidelines for the interpretation and implementation of the essentials of an accredited educational program for the radiographer:

1. A student shall have adequate and proper supervision during all clinical assignments.
2. Students who have yet to demonstrate competency of any radiographic procedure in their clinical education shall be under direct supervision. The following points constitute direct supervision:
 - a. A qualified registered radiographer reviews the request for the examination to:
 1. Determine the capability of the student to perform the examination with reasonable success.
 2. Determine if the condition of the patient contradicts performance of the examination by the student.
 - b. The presence of the radiographer in the radiographic room is required.
 - c. The qualified registered radiographer checks and approves of the radiographs prior to dismissal of the patient.
 - d. Repeat radiographic examinations are performed while the registered radiographer is present and with the student.
3. Students who have demonstrated competence through written passed competency of a radiographic procedure during clinical education shall be under the indirect supervision of a registered radiographer who is available for immediate assistance to the students. Repeat radiographic examinations are to be performed while the registered radiographer is present and with the student. Students must be directly supervised during surgical and all mobiles, including mobile fluoroscopy, procedures regardless of the level of competency.
4. Supervising radiographers shall be registered by the ARRT in diagnostic Radiologic Technology. Additional qualifications may be defined by the educational programs and/or affiliates.
5. The supervising radiographer shall be identified on all student's clinical educational records.
6. A ratio of no less than one registered radiographer to one student is mandatory.
7. In the absence of the student contact technologist, the supervising radiographer shall maintain records for evaluating a student's performance.

COMPETENCY EXAMINATION GUIDELINES

1. The student contact technologists from the various areas are responsible for administering the clinical competency examinations.
2. As students in the clinical environment, your responsibilities are as follows:
 - a. Successful completion of all the categories of the clinical competency examinations for each of the areas. Successful completion of a category requires you to adequately perform the examinations in the category under the supervision of the student contact technologist or designated personnel.
 - b. A category can only be challenged after the student has performed or observed a certain number of examinations for each anatomic part within the category. Information regarding the number of examinations needed appears below.
 - c. As students, you decide when to challenge the category, however, the student contact technologist reserves the right to determine whether or not a given patient or situation is appropriate for a challenge.
 - d. Copies of the clinical competency examinations will be kept in the student's file.
3. When the students challenge a category, they will be evaluated on the following:
 - a. Student-patient relationship
 - b. Positioning skills
 - c. Equipment manipulation
 - d. Proper collimation
 - e. Proper alignment
 - f. Technique manipulation
 - g. Image identification
4. For each respective area, all categories must be successfully completed. All content categories must be "acceptable" for the challenge to be given a passing mark.
5. Any mistake made by the student which would hinder the successful completion of the examination will be cause for complete failure. Should this occur, the student will be required to perform five (5) additional examinations of the same type before the competency exam may be attempted again. To avoid difficulties, students are advised not to wait until the very end of the rotation to demonstrate competency in a category.
6. All examinations performed by the student up to the time of the competency exam must be recorded in their logbook. A performed examination is one where the student's number appears on the images. Examinations that are to be observed by the student also must be recorded in the logbook. All examinations should be recorded as soon as possible since the student contact technologist must verify that the correct number of examinations have been performed before a category may be challenged. For

each examination recorded, the radiographer's initials must also be recorded. Logbooks will be checked periodically by the student contact technologists, Clinical Coordinator, and Program Director.

7. The student contact technologist will review the student's images at the completion of the challenge.
8. On the first day of the rotation, the students in each of the respective areas should report to the student contact technologist or designated personnel who will then review with them their responsibilities for the rotation.
9. The program expects all students to perform to the best of their ability while rotating through the clinical areas.
10. While rotating through areas of the department where the student contact technologist is not present, the student will report to the leader and/or supervisor of the area on the first day of the rotation. While the student is in these areas, he/she will be responsible for the following:
 - a. Assist and/or perform radiographic procedures performed in that area under the direct supervision of a registered radiologic technologist. The number of exams to be performed for some of these areas has already been listed.
 - b. Complete the following performance objectives related to the area:
 1. Define the student's responsibilities related to the area.
 2. List the examinations performed in the area.
 3. Explain the purpose and importance of the examinations performed.
 4. Describe the type of patients that are seen in the area.
 - c. Complete the following performance objectives related to the examinations where applicable:
 1. Evaluate the requisition.
 2. Demonstrate proper physical facilities readiness.
 3. Demonstrate proper student-patient relationship.
 4. Demonstrate correct positioning skills.
 5. Manipulate equipment effectively.
 6. Proper collimation
 7. Evaluate the radiographic image for:
 - Anatomical parts
 - Proper alignment
 - Radiographic technique
 - Image identification
 - Proper collimation

CRITERIA FOR PERFORMANCE EVALUATION

For all the categories previously listed, the criteria to be utilized for the competency examinations are listed below:

I. Evaluation of Requisition

- a. Identify procedures to be performed.
- b. Recall the patient's name and age.
- c. Identify the mode of transportation to the clinical area.
- d. Pronounce the patient's name within reasonable limits.

II. Physical Facilities Readiness

- a. Provide a clean table.
- b. Exhibit orderly cabinets and storage space.
- c. Have appropriate size cassettes available.
- d. Have emesis basins and medications ready, if applicable.
- e. Locate syringes and needles as necessary.
- f. Turn machine on and prepare for the exposures.
- g. Turn tube in position necessary for the exam.
- h. Find and restock linens and supplies.

III. Student-Patient Relationship

- a. Select the correct patient.
- b. Assist patient to radiographic room.
- c. Assist patient to radiographic table.
- d. Keep patient clothed and/or draped for modesty.
- e. Talk with the patient in a concerned, professional manner.
- f. Give proper instructions for moving and breathing.
- g. Have patient gowned properly.
- h. Follow proper isolation procedure when appropriate.

IV. Positioning Skills

- a. Position the patient correctly on the table.
- b. Align center of part to be demonstrated to the center of the image.
- c. Center CR to the center of the image.
- d. Oblique patient correctly if required.
- e. Angle the central ray to the center of image.

V. Equipment Manipulation

- a. Turn the tube from horizontal to vertical.

- b. Move the bucky tray and utilize locks.
- c. Identify and utilize tube locks.
- d. Insert and remove cassettes.
- e. Select factors at control panel.
- f. Use a technique chart if applicable.
- g. Measure the patient if applicable.
- h. Identify the image with R(ight), L(eft), and other appropriate identification.
- i. Fill syringes using aseptic technique.
- j. Direct mobile unit.
- k. Operate controls for mobile unit.
- l. Select proper cassette size.
- m. Adapt for technique changes in SID, grid ratio, collimation, etc.

VI. Evidence of Radiation Protection

- a. Cone or collimate to part.
- b. Demonstrate utilization of lead aprons and gloves if appropriate.
- c. Select proper exposure factors.
- d. Produce the image badge as required by the institution.
- e. Adjust exposure technique for motion when appropriate.

COMPETENCY WORKSHEET

STUDENT: _____ **PATIENT NAME:** _____

EVALUATOR: _____ **PATIENT MRN:** _____

EXAM: _____ **DATE:** _____

Was the student able to demonstrate the ability to:

Comprehend clinical data from request.	Yes	No
Show compassion and empathy towards patient.	Yes	No
Explain radiographic exam to patient.	Yes	No
Room readiness.	Yes	No
Demonstrate proper patient communication skills.	Yes	No
Select appropriate cassette size (if applicable).	Yes	No
Position the patient correctly for the radiographs.	Yes	No
Apply proper collimation.	Yes	No
Select proper technical factors.	Yes	No
Proper image identification (markers, patient information).	Yes	No
Proper alignment of central ray.	Yes	No
Proper equipment manipulation.	Yes	No
Proper instruction of patient breathing during exam (when needed).	Yes	No
Make exposures while observing the patient.	Yes	No
Know how to order examination in RIS (IDX).	Yes	No
Proper log entry.	Yes	No
Exhibit self-confidence in performing examination.	Yes	No

EVALUATOR'S IMPRESSION:

Was competency demonstrated satisfactorily to allow the student to perform this exam without supervision?

Yes No*

* If No, competency in this exam must be attempted again following completion of five (5) additional same exams.

COMMENTS:

CLINICAL GRADES

In an effort to promote timely feedback on a student's clinical performance, in addition to the individual conferences that occur each semester to discuss progress both clinically and academically, Clinical Grades will be available in a reasonable time frame on the e-Value on-line database.

A grade of 1 – 5 (1=low performance, 5=high performance) will be given for the clinical performance in the rotational area by one or more Student Contact Technologists. The student has the ability to review contents of the evaluation once it is completed and the student has completed the appropriate evaluation in reciprocation. This grade can only be adjusted by the Clinical Coordinator with consideration to challenge completion and/or Clinical Data Sheet completion if applicable. Such adjustments are rare; they occur only in extreme circumstance.

Clinical grades of < **2.8** from more than one (1) rotation will result in immediate termination.

Clinical Grade Calculation Policy

Rationale: The clinical grade calculation will consist of an average based on a culmination of separate grades derived from psychomotor, affective behaviors and cognitive domains. Each will have independent weighting properties in an effort to make the clinical grade more objective.

Policy: The clinical grade will be calculated using the following tools of measurement:

- Student Contact Evaluations ----- 30%
- Clinical Areas Exam ----- 20%
- Journal Entries ----- 10%
- Competencies ----- 10%
- Log Sheets ----- 10%

- Anatomy Quizzes ----- 10%
- Attendance -----10%

Explanation of Each Component:

Student Contact Evaluations:

The Student Contact Evaluations address psychomotor skills, affective behaviors and cognitive skills. These evaluations have been tailored to rotational areas and target skills specific to the clinical area the student has rotated through. Every effort is made to have input from a majority of student contact technologists assigned in a clinical area; however, some areas have only one student contact technologist assigned. *It should be noted here that Student Contact Technologists have had education specific to clinical education and evaluation and meet (minimally) biannually for specific program up-dates.

Clinical Areas Exam:

Each student will be given an objective clinical exam tailored to the areas they have rotated through for the semester being graded. The exams address: procedures done in the areas, positioning for procedures, anatomy specific to the areas, technical factor selection, and contrast media selection/application (if relevant).

Journal Entries:

Journal entries are submitted no later than the last day of the rotation no later than 7:30 am. Journal entries are graded on content and writing skills (to include grammar and spelling).

Journal entries should include (but are not limited to):

In the first year...

- Information on the equipment used
- Competencies completed
- A unique learning incident
- Student's perspective on clinical knowledge of the area
- Student's perspective on areas of focused improvement for return to the area
- Correlation to didactic coursework (if applicable)

In the second year:

- Competencies completed
- A unique patient interaction/learning incident
- Student's perspective on clinical knowledge of the area
- Educational growth (especially if an area that the student has previously rotated through)
- Correlation to didactic coursework (if applicable)

Competencies:

Grade of competency calculation will be based on the number required for the clinical rotation being graded. Completion of required number will result in a grade of 3.0; each additional completed competency will increase the score by .5 to a maximum of 5.0. (Competencies of a procedure will only be counted once in each rotation) Any failed competencies during a clinical rotation will result in a .5 reduction from the calculated competency grade.

Log Sheets:

Grades for log sheet completion are based on the timely submission of log sheets. Log sheets are not required for all areas. Log sheets are to be submitted daily. Grade equivalency for the number of log sheet completed can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).

Anatomy Quizzes:

Anatomy is the foundation upon which medical imaging is rooted. Radiologic Technologists need a solid understanding of the human anatomy to be affecting in their careers. Students will be given anatomy quizzes at the end of each rotation.

- Junior students will have 3 quizzes each semester. These quizzes will focus on anatomy relevant to radiography.
- Senior students will have 5 quizzes each semester. These quizzes will focus on radiographic anatomy, as well as cross-sectional anatomy, starting in semester 5 (after the CSA class in spring/summer).
- Quizzes will consist of 20 questions of varying types (multiple choice, true/false, labeling etc.)

Attendance:

Attendance grades will be determined for each rotation. Grades are assigned based on occurrences. The occurrence conversion chart can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).

Each section score will be added together to ascertain a total for all sections. Actual number (grade) calculation will be converted to a letter grade. The conversion table can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).

ADVANCED CERTIFICATION GUIDELINES

In order to attempt attaining a certificate, the following guidelines must be met. This means if you fall below these guidelines at any time, you will be removed from the certificate program.

1. You must have a minimum of 3.2 clinical grade rating in each of your Junior rotations following completion of the first semester, and continuing through all senior semesters.
2. You must demonstrate competency in the area you are trying to get a certificate by successfully completing one (1) challenge in your first rotation.
3. You must declare your desire to do one of the certificate programs by May 31st of your Senior year.

4. You must maintain 85 percent in all of your classes in order to participate.
5. Attendance must be consistent throughout the program. Anyone in deficit more than three (3) full days will be denied pursuit of a certificate program.
6. All competencies must be completed by April 15th in the year of professional program completion.
7. Any student currently in the corrective action process cannot take part in the certificate program.
8. The student contact who oversees that specific area must accept student into the certificate program. All students wishing to attempt a certificate program must be accepted by that specialty.
9. You must achieve Senior Status by the end of Clinical Education 3 (third clinical semester).
10. You must complete all radiography elective competencies by the end of the fall semester (Clin Ed 5).

Certificate Programs

Computed Tomography

Mammography

Magnetic Resonance Imaging

MISSION, GOALS, and OUTCOMES STATEMENT

MISSION:

The Wayne State University / Henry Ford Hospital Radiologic Technology Program prepares students to perform competently and independently while providing exceptional patient care to a diverse patient population.

We demonstrate our commitment to academic and clinical excellence at the baccalaureate level by providing an educational environment that promotes student success.

Goals and Student Learning Outcomes:

Goal 1: Students will demonstrate clinical competence.

Student Learning Outcomes:

- Students will provide quality patient care
- Students will recognize errors and appropriately define necessary corrections

Goal 2: Students will demonstrate effective communication skills.

Student Learning Outcomes:

- Students will demonstrate effective written communication skills
- Students will demonstrate effective oral communication skills

Goal 3: Students will demonstrate problem-solving and critical thinking skills in the clinical arena.

Student Learning Outcomes:

- Students will manipulate technical factors for non-routine exams
- Students will adapt positioning for trauma patients

Goal 4: Students will exhibit professionalism.

Student Learning Outcomes:

- Students will demonstrate ethical professional behavior and sound professional judgment
- Students will participate in professional activities which promote professional development and lifelong learning

February, 2020

The WSU Radiologic Technology Program is in partnership with Henry Ford Hospital and Health System. Consequently, our students are subject to policies of both institutions (WSU and HFHS). As a student you will be considered a “temporary” employee. ALL employees of HFHS are required to receive a flu vaccination. Please sign below indicating that you are willing to get a flu shot should you be accepted into the program.

HFHS forbids the use of tobacco by any employee. Please sign below acknowledging that this is a smoke free institution with the understanding that smoking is prohibited at any time while on HFH property. The policy is also quite clear that one cannot smell of tobacco products as well.

Each year and any time there is a possible exposure to TB, employees are required to submit to TB Screening. Please sign below indicating you will submit to TB screening as required.

Employees are assigned educational modules through HFHS University. Each module has a mandated due date. Please sign below indicating that you are willing to complete each module as required before the assigned due date.

Radiologic Technology is direct patient contact which requires touching patients. Gloves, gowns, and masks are used when appropriate for reasons of Standard Precautions. Radiologic Technology students are required to perform any and all radiographic procedures on any and all parts of female and male patients. Al though Standard Precautions are used, and specialized precautions as necessary, students are potentially exposed to infectious agents such as blood, feces, urine, vomit, and other body fluids. Please sign below indicating that you agree to perform direct patient contact as outlined above.

Technical Standards

The technical standards for a Radiologic Technologists and student include the ability to:

1. Routinely lift and move equipment as well as move and transfer patients, in excess of 50 pounds
2. Frequently stand, walk, and reach (at least 40" above the radiographic table) while performing imaging exams
3. Move a wheelchair or stretcher from the patient's room and in and out of the imaging room
4. Assist non-ambulatory and semi-ambulatory patients in transferring from wheelchair or stretcher to radiographic table and then back to wheelchair or stretcher.
5. Possess sufficient verbal and written skills to communicate in English with patients and staff to provide procedure information and patient instructions.

I have read the technical standards for this profession, and I will be able to comply with these standards.

Signature: _____

Printed Name: _____

Date: _____