

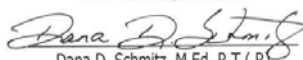


MERCY/ST. LUKE'S  
SCHOOL OF  
**Radiologic  
Technology**

***CLINICAL HANDBOOK***

***2011-2012***

I hereby certify the contents of this handbook are true and accurate  
at the time of publication.

A handwritten signature in black ink, appearing to read "Dana D. Schmitz". The signature is fluid and cursive, with a large initial "D" and "S".

Dana D. Schmitz, M.Ed. R.T.(R)  
Program Director

*Reviewed/Revised 4/11*

**MERCY/ST. LUKE'S  
SCHOOL OF RADIOLOGIC TECHNOLOGY  
CLINICAL HANDBOOK**

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## HELPFUL WEBSITES

Program Information - [www.isrt.org/mstl.htm](http://www.isrt.org/mstl.htm)  
National Credentialing Agency – [www.arrt.org](http://www.arrt.org)  
National Professional Society – [www.asrt.org](http://www.asrt.org)  
Accrediting Agency – [www.jrcert.org](http://www.jrcert.org)  
State Professional Society – [www.isrt.org](http://www.isrt.org)  
St. Luke's Hospital – [www.crstlukes.com](http://www.crstlukes.com) and [www.ihs.org](http://www.ihs.org)  
Mercy Medical Center – [www.mercycare.org](http://www.mercycare.org)  
Financial Aid Processing – <https://mercystlukes.vfao.com>  
Populi - <https://mstl.populiweb.com/>

## IDENTIFIED CLINICAL INSTRUCTORS

### **St. Luke's Hospital**

Kim Matteson, RT(R)  
Kathy Barnotes, RT(R)  
Connie Spicher, RT(R)(CT)

### **Mercy MedicalCenter**

Jim Meyers, RT(R)  
Marie Lynch, RT(R)  
Kim Volesky, RT(R)

## **OVSERVATION CLINICAL FACILITY**

### **Radiology Consultants of Iowa RCI**

Contact Person: Trachele March, R. T. (R) (CT)

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## **WELCOME TO MERCY/St. LUKE'S SCHOOL OF RADIOLOGIC TECHNOLOGY**

Your clinical experiences can be wonderful and exciting experiences. We are confident these experiences will allow you to become a professional, competent technologist if you take advantage of them as such. To this end, specific policies, rules, and regulations have been established and put in this Clinical Handbook. These are not meant as restrictions, but have been developed as a guide from past experiences. The Handbook is meant as a source of information upon which accurate and responsible decisions may be made. A separate Student Handbook highlights the primary policies and rules that govern the program as a whole.

You are expected to read the Clinical Handbook in full and are entitled to have your questions satisfactorily answered. You will be asked to sign an agreement stating you understand and agree to the terms contained herein. This agreement will be signed and maintained in your permanent file. You are also entitled to be notified in writing when changes are made during the academic year.

## **CLINICAL HOURS**

Normal school hours are from 0700 (7:00 am) to 2030 (8:30 pm) Monday through Friday. Students will be assigned clinical along with classroom education during those hours, no more than 8 hours per day and 40 hours per week total. An equal number of evening and weekend assignments will be scheduled beginning in May of the first year. The hours assigned for evenings are 1200 (12:00 pm) to 2030 (8:30 pm) Tuesday through Thursday and on Friday and Saturday, the hours assigned are 1400 (2:00 pm) to 2230 (10:30 pm). Weekend rotations also begin at this time and consist of typical "day" rotation hours.

Additional hours such as those spent attending district meetings or time spent above the normal 8 hours will be added to the students "bank" of hours providing they are properly documented on an Attendance form. Students are expected to stay beyond their shift if they are completing a patient exam. Students may stay if they are involved in a special case or one that is considered rare. In these instances, they may stay without prior permission from the faculty.

## **GENERAL RESPONSIBILITIES**

1. Obtain competency and experience in all entry-level areas of clinical education.
2. Demonstrate personal conduct indicative of a mature, professional student radiographer.
3. Contribute to the department and hospital in such a way as to promote compassionate, effective patient care.

## CLINICAL GUIDELINES

Always arrive and be in your designated areas prior to 0700. You are expected to be ready to begin your experiences at 0700, not just entering the building at that time.

As a Junior (first-year) student, your first task is to stock your designated areas and complete the room check list in your designated area. There are check lists for all rooms. The importance of stocking your room can not be overstated. Each room contains many necessary supplies that are frequently needed quickly in emergency situations. Detailed instructions regarding room checklists appear later in this handbook. Senior (second-year) students are responsible for stocking when Junior students are absent. In exam rooms that require calibration, this should be your next task. You will be shown how to do this.

Stay in your areas until you leave for class or are dismissed by the technologist for that area. Students are not to be dismissed prior to 1430 on any clinic day. If your area does dismiss you prior to 1430, you are expected to explain to them that you are not able to leave until that time. Early dismissal during special rotations is discussed later in this handbook.

All schedules are posted on Populi, the bulletin boards in each department and in each classroom. Except for the first semester, schedules are not issued to each student. You may download and/or print them from Populi if you choose. Please don't ask your instructors where you are supposed to be.

When in your areas, always show interest, dedication and initiative. Observe and ask questions at appropriate times for new and unfamiliar exams/experiences. Your clinical experiences will provide you with much knowledge if you take advantage of every opportunity. If you do not enjoy the clinical experiences, perhaps you should reconsider your choice of professions.

Work on study guides throughout the rotations/weeks, not on the Friday they are due. You will not be able to accomplish all tasks on the study guide if you are not working on them throughout the week. Study guides are due on the last Friday of the rotation. For some rotations that will be one week, for others it may be several weeks. If you are not sure, ask the Clinical Coordinator. Assure all blanks are completed on each study guide as any blanks will result in a score of "0" for that rotation.

There is also an evaluation due each week for clinic. You must ask the tech(s) in your area to complete these at the end of the rotations. These are due to the Clinical Coordinator by the following Tuesday of each week. For AC I there will be a total of nine evaluations to be turned in for the nine weeks of the semester. It is *your* responsibility to follow up with the tech(s) to assure that evaluations are completed on time. The Clinical Coordinator will periodically e-mail or show you the comments from these evals, especially if there are areas needing improvement. This way, you have ample opportunity to improve these areas prior to the end of a semester.

After you have attempted competency on an exam with a technologist, you must fill out a comp form for each attempt and give it to the Clinical Coordinator. Turning in the comp form informs them that you have a competency to be evaluated. Please fill out the comp form by evaluating your images, not what you are taught in Procedures class that you *should see*. Just tell us what you see on the images. Details are discussed later.

Junior students will be in Pain Clinic rotations for the first three semesters of the program. Some students will rotate through surgery during AC II and some will not go until AC III (January of the first year). This is because of knowledge levels, skill levels, and infection control. You will learn about sterile fields and work around them in the Pain clinic for the first six months, then in the OR for the rest of the program starting in January.

## CLINICAL POLICIES

1. The student will be supervised in the clinical area by the Clinical Coordinator, clinical instructor and by staff radiographers (techs) and is ultimately responsible to the school faculty. It is your responsibility to immediately inform program faculty if a 1:1 student/tech ratio is not being maintained.
2. The supervising staff radiographer will assign students a 1/2 hour lunch period on full clinic days. Lunch may not be "skipped" in order to leave early. If it is not possible to get to lunch, an Attendance form must be submitted by the students and signed by the supervising technologist. If you are here four hours or more, you must take a lunch break, whether you eat or not.
3. Students must remain in their assigned clinical rotation area and may not leave the rotation area or department without notification and permission of the supervising staff radiographer and school faculty.
4. Students are responsible for completion of the clinical assessments (Study Guides) throughout the rotation. It is also the student's responsibility to assure timely completion of **all** portions of the assessments.
5. The accrediting agency, The Joint Review Committee on Education in Radiologic Technology (JRCERT), requires students to perform in the clinical area under the direct supervision of a registered staff radiographer for radiographic procedures in which they have not proven competency. For the procedures the students have demonstrated competence, the students must be under indirect supervision of a registered radiographer.

**According to JRCERT Standards, the following conditions constitute direct supervision:**

- A. A qualified staff radiographer will review the request for the radiographic examination to determine the capability of the student to perform the examination with reasonable success, or to determine if the condition of the patient contraindicates performance of the examination by the student.
- B. Closely watches the student during the performance of the examination.
- C. The qualified registered radiographer checks and approves the radiographs prior to the dismissal of the patient. Medical judgment may supersede this provision.
- D. All repeat exams must be performed under direct supervision of a technologist.

**The following conditions constitute indirect supervision by staff radiographers and apply to all students:**

- A. A qualified staff radiographer will review the request for the radiographic examination to determine the capability of the student to perform the examination with reasonable success, or to determine if the condition of the patient contraindicates performance of the examination by the student.
- B. If patient condition permits, the student will be allowed to perform the examination independently. A staff radiographer will be on the premises in the vicinity of the radiographic area and available for immediate assistance to the student.
- C. The qualified registered radiographer checks and approves the radiographs prior to the dismissal of the patient. Medical judgment may supersede this provision.

**NOTE:** Under no circumstances will students be allowed to perform repeat, portable or surgical exams unsupervised. Students who have not gained competency in portables will always be under the direct supervision of a staff radiographer. Students who have gained competency will be allowed to perform portables under indirect supervision. **The supervising radiographer must be within audible range of the student and able to provide immediate assistance if required.** Audible range means in an adjacent room on the same floor not telephone audible range.

6. Students are not permitted to accept gratuities or gifts from patients.
7. Any information that is learned regarding the diagnosis, prognosis, or personal life of any patient is classified confidential information and must not be discussed in public or with the patient.
8. Student may take textbooks and study materials into the clinic, as long as it does not interfere with clinical education. This is subject to change at the discretion of the Clinical Coordinators upon abuse of the privilege.
9. Students are to refrain from profanity, private, and intimate conversations or remarks while in clinic.
10. Students who are involved in or witness any unusual incidents during school hours are to immediately report the incident to the program faculty and complete an incident report.
11. Students shall question all female patients of childbearing age (12-55) as to the possibility of pregnancy. If there is a question of a possible pregnancy, the student is to consult a radiologist or supervisor prior to performing the exam.

12. In accordance with the National Council on Radiation Protection Report #48, *no person shall be employed specifically to hold patients, nor shall members of the Radiology Department who are classified as radiation workers, be asked to do so.*

For cases necessitating the restraint of a patient during an exposure, the student may assist voluntarily. If the patient must be held during an x-ray exposure, such persons shall be provided with protective aprons and gloves and be positioned such that the un-attenuated useful beam does not strike any part of the holder's body.

In instances where patient restraint must be used, the student is encouraged to employ restraining devices such as tape, sandbags, sheets, etc. In the event these devices fail, students are encouraged to solicit assistance from non-radiology workers such as aides, orderlies, nurses, clerical staff or members of the patient's family. Such persons shall be provided with protective apron and gloves and be instructed to position themselves away from the primary beam.

13. The student must adhere to all policies including, but not limited to those listed in the Performance Standards.
14. No personal electronic devices allowed in clinic.
15. No gum allowed.
16. Beverages with lids are allowed in designated clinical areas only.
17. The supervising radiographer must initial all student-performed radiographs before the patient is dismissed.

18. The Internet may not be accessed in the clinical areas for personal use.

## **CLINICAL ASSESSMENTS**

A clinical education packet will be given out at the beginning of each grading period consisting of study guides specific to each area. During each rotation, the student will be required to complete all study guides for that area/room in the presence of a technologist. Clinical Instructors and technologists will complete evaluations regarding student performance on a regular basis.

Clinical study guide and evaluation due dates vary slightly from semester to semester. As a general rule study guides must be turned in to the Clinical Coordinator no later than 1530 hours on the Friday ending the rotation. Evaluations from technologists must be turned in weekly to the radiology instructor no later than 1530 hours on the Tuesday following the end of the rotation. If either the study guide or an evaluation is turned in late, the result is a zero (0) for that week of the rotation. Any items left blank on the Study Guide will result in a score of "0" for that entire week as well. *These are YOUR responsibility!*

## **CLINICAL COMPETENCIES**

A procedure competency is the performance of a routine radiographic examination on an actual patient. For each procedure competency, the student will begin with 100 possible points. Any error that will result in a repeat radiograph is a 10-point deduction. Minor errors result in a 2-point deduction. Three minor errors equal a repeat. Any repeated projections automatically result in a 10 point deduction and failure of that competency. No more than 10 points will be deducted per projection per attempt. The total number of deductions subtracted from 100 will determine the procedure grade.

If any projection is repeated, the student will redo **the entire procedure on their next comp attempt**. (A procedure consists of all routine projections for that body part.) No splitting of exams for competency is allowed. On subsequent attempts, the student will begin with the score from their previous try. Students must let the technologist know ahead of time when attempting competency and have their comp book accessible to the technologist observing. The supervising technologist must sign competency attempts. Any special patient situations should be noted in the comp book by the tech.

The student must notify the Clinical Coordinator within 7 working days utilizing the appropriate documentation (comp form). After approval by the school faculty, the student is considered competent in the procedure. The average of all competencies comprises a portion of the Clinical grade. The number of required procedure competencies varies by semester. The syllabus for each semester of Applied Clinic will state the required number of comps for each semester. Generally, the following guidelines are used.

AC I	1 comp
AC II	5 comp
AC III	8 comp
AC IV	10 comp
AC V	10 comp
AC VI	All remaining

Failure to obtain the required number of procedure competencies will decrease the clinical grade. The minimum number of competencies required is just that, a minimum. If the Clinical Coordinator deems it necessary, a competency may be revoked at any time. All procedure competencies must be completed in order to graduate. Up to 8 procedure competencies may be simulated in June of the 2nd year. Fluoroscopy competencies will also be simulated. The only exams you may simulate for signatures are identified in the comp book by an asterisk. Simulations required on weekly Study Guides may not be used for exam signatures or competencies.

A competency may still be granted, with no point deductions, if the student uses the posted technique chart as appropriate for the patient, and the exposure value number does not end up in the appropriate range. If the image is such poor quality as to warrant a repeat, the repeat should be performed, documented, and still turned in to the Clinical Coordinator, and they may still achieve the comp.

Similarly, a comp may still be granted, with a five point deduction in the following circumstance. If the student performs the exam and realizes the exam is repeatable and knows the correction, they may perform the repeat with the correction. If this repeat corrects the original error and the image is acceptable, the comp will likely be granted. The student must be the one to decide what the error was and to perform the repeat. The technologist can not do this for the student if the student expects to be granted the competency. Proper documentation from the supervising technologist must be evident on the comp form.

## **RANDOM COMPETENCIES**

Throughout your clinical experiences you will be required to perform graded simulated exams that will demonstrate your critical thinking skills. These exams will vary by semester, becoming progressively more difficult. No resources such as notes or books will be allowed during the Random. You will be given one hour to perform these exams and they will be graded as follows:

Minor errors will result in 2 point deductions

Examples:

- forgetting to shield
- forgetting markers
- minor positioning errors that are not repeatable such as CR slightly off

Major errors will result in 6 point deductions

Examples:

- forgetting to change IR between projections
- major positioning errors causing repeats such as clipping anatomy, incorrect obliquity, or incorrect angulations

Types of randoms to be performed:

**AC II** - The student will perform 3 exams drawn from a pool of exams taught during Radiographic Procedures I and II.

**AC III** - The student will perform 3 exams drawn from a pool of exams taught during Radiographic Procedures I, II, and III.

**AC IV** - The student will perform an exam scenario that is drawn from a pool of several specific scenarios. These scenarios will be similar to actual exams that could be ordered on any patient. These scenarios will test your ability to perform the images in a logical order as well as your positioning skills.

**AC V** - The student will perform 3 exams. Two exams will be drawn from a pool of routine exams. One exam will be drawn from a pool that includes exams from Advanced Procedures and headwork exams from Procedures III.

**AC VI** - The student will perform an exam that is drawn from a pool of several specific scenarios. These will be of a higher level of difficulty than the ones contained in previous Random Competency situations. These exams will reflect more traumatic situations that will test your patient care abilities as well as procedural skills and order of imaging.

Exams in the pool may be modified from the typical departmental routine in order to assure a consistent number of projections for all students. The maximum number of projections per scenario is twelve.

For AC IV and VI, there will be no prior notification of the actual scenarios that will be in the pool. Sometime during these

semesters, you will be called to a room to draw the scenario and perform the indicated exams. You will have one hour to complete all projections/exams listed. If you are not finished in one hour, any remaining projections will receive a score of "0".

The Random Competency will comprise a percentage of your clinical grade each semester. See the Applied Clinic syllabi for the specific percentage of the grade.

## **ROOM CHECKLISTS**

As previously discussed, your first task when arriving in clinic is to stock your designated areas and fill out the room check list appropriately. There are check lists for all rooms. At St. Luke's this includes a Portables checklist. (There is no Portable checklist at Mercy.) The importance of stocking your room can not be overstated. Each room contains many supplies that are needed quickly in emergency situations. As a Junior student, it is your responsibility to assure every item is available, re-stock as necessary, initial the checklist, and assure the room is cleaned every day. If you are in class at 0700, the room checklists must be done when you arrive at clinical later in the day. Monthly checklists are turned in to the faculty and reviewed. If any room check list is found to be incomplete, including daily initials, the person(s) assigned for the incomplete weeks will receive a clinical point for each infraction. If you simply initial the list but do not re-stock as appropriate, you will also be assigned a clinical point. You should monitor the contents of the room throughout the day and restock and clean as needed.

## **EXAM SHEETS**

A record of the number of radiographic exams and repeat exposures that the student performs must be kept for each calendar month. Students will record every exam performed on white individual exam sheets found in the clinical area. At the end of the month, the student tallies each specific exam for total number of exams, exposures, and repeat exposures. These are

then written on the students' tally sheet.

All individual exam sheets and the tally sheet are then turned in to the Directors office prior to or on the 15<sup>th</sup> of each month for the preceding month. If the office is unoccupied please slide them under the door. DO NOT leave them in the mail slot as this is a violation of the confidentiality policy. If the 15<sup>th</sup> falls on a weekend (Saturday or Sunday), or a student is scheduled to be off on that date, the exam sheets must be turned in on the Friday prior to or the day prior to their absence. You may NOT ask the Clinical Coordinators to take them to the Director's office. Occasionally, you may be asked to turn in exam sheet tallies prior to the 15<sup>th</sup> of the month. Ample notice will be provided.

It is expected that the exams will be tallied accurately before they are submitted. If errors are noted, they will be returned to the student to be recounted. Clinical points will be deducted if the Program Director has to issue more than one reminder. A clinical point is also deducted if exam sheets or the tally sheet are lost or destroyed to the point they can not be tallied. (ie...washing them in the pocket of your uniform) It is suggested you keep the tally sheet in your slot in clinical for ease of locating it at the end of each month. Exam statistics will be shared with each student during end of semester evaluations.

Here are a few tips for completing the exam sheets correctly.

- Only document exams for which you were primarily responsible for performing, meaning the majority of, or all of, the positioning. If you merely assisted or set technique, it is not your exam.
- The same exam may not be written on two students' exam sheets.
- Make sure you enter the date of the exam and either the patients' number or name, or both.
- Bilateral exams count as one exam.
- If you perform an exam that does not appear on the tally sheet, simply write it in at the bottom of the sheet in the section reserved for that month.

- If you have no exams for a particular month, you must enter "0" in the "Chest" line and still turn in the tally sheet.
- *Please use pencil on the tally sheet for easier corrections. Write legibly!*
- A "spot" chest does count as one exposure and one repeat.
- Soft Tissue neck falls in the C-spine category.
- The "Number of Exposures" should contain ALL exposures, including the number of repeat exposures.
- All portable exams belong in the Portable category.
- All chest x-rays (decub, lordotic, etc.) belong in the Chest category.
- S & U Abdomen with PA CXR should be counted as 1 abdomen with three exposures.

## **PERFORMANCE STANDARDS**

The Clinical Coordinator will partially evaluate students' clinical performance based on the adherence to the Performance Standards. Failure to comply with these standards will result in the clinical grade being decreased one percentage point for each violation. A copy of the Performance Standards are distributed during Applied Clinic I.

## **WEEKEND ROTATIONS**

All students are assigned an equal number of weekend rotations. Each rotation will consist of two weekend day shifts per semester starting in AC IV. The hours will vary depending on the Applied Clinic semester. (0700-1530 or 0730-1600) When assigned a weekend you will be scheduled days off during the week. Each Saturday scheduled will be given the Friday prior off, and each Sunday scheduled, the following Monday off. There are no assigned "rotations" during weekend hours. Report to generals to be assigned where needed (ie: fluoro/portables). If you are absent, you must call in to speak with a *technologist* in

the department as well as leaving a voice message with your Clinical Coordinator.

Use of personal time on weekends is discouraged. You are encouraged to trade your weekend rotation with another student. You may trade one day (ie: Saturday for a Saturday) or the entire weekend (Saturday & Sunday). If you trade a Saturday for a Saturday, you also trade the day off (Friday). If you trade the entire weekend you trade both days off (Friday & Monday). Trade forms are available in the clinical area and trade slips must be signed by **both** students involved and approved by the Clinical Coordinator(s). Trades for weekends must be submitted seven working days prior to the trade. All other trades (i.e., evening rotations) require a five day notice. Always attempt first to trade with students on your side, however trading between hospitals is allowed. In this instance, a signed trade slip must be turned in at each hospital. All clinical rules remain in effect for weekends as during other scheduled hours. Specific weekend study guides will be required and can only be completed during assigned weekend shifts. One evaluation form should be filled out for **both** days.

Leaving the hospital for lunch is not permitted without the permission of the technologists.

## **EVENINGS, LATE GENERALS, AND SPECIAL ROTATIONS (AC IV – VI)**

1. Evening rotation hours are Tuesday – Thursday 12-2030 and Friday and Saturday 1400-2230. All students are assigned an equal number of evening and late general rotations. Lunches are to be taken after class time during the week or before 5:30 pm. On Friday and Saturday your dinner break will be designated by the evening staff. A specific evaluation is designated for the evening rotation.

2. Late Generals rotations are from 1200-2030 Monday – Friday. Lunch are treated the same as they are for evenings. (See #1 above) Evaluations are to be completed by evening shift techs.
3. Special Rotations:
  - A. Radiation Therapy is an optional observation only rotation. Hours are 0800 to 1530.
  - B. Ultrasound, Mammography, and Nuclear Medicine are also optional observation only rotations.
  - C. CT is an area you are required to learn how to scan patients; possibly including non-contrast heads, appendix and non-contrast abdomens.
  - D. MRI is a required area that you will be allowed to scan in if you show good initiative. Possible exams to scan are heads and spines.
  - E. RCI Rotation: This is an OBSERVATION rotation only! This means students are NOT able to perform ANY patient care activities. All students will have this rotation. When at RCI, do not wear your picture IDs from either hospital. You are to wear only your school name tag. This rotation will be from 0800-1130 on Tuesday, Wednesday, and Thursday. If you are unable to attend clinic, please call in to the Clinical Coordinator. Do not call RCI or Dana. We will take care of informing the area regarding your absence.
4. If dismissed from any clinical area prior to 1430, you must report to generals until 1430. During this time you are required to participate and perform exams on patients. If you are dismissed from your area prior to 1430 and you leave without going to Generals, you will be given a Clinical Point.

## **ATTENDANCE AND ADMISSIBLE ABSENCE**

It is recognized that students must be away from the education program for brief periods of time due to illness, personal business and bereavement. In anticipation of these inevitable instances, specific policies and guidelines have been developed. In accordance with the School's philosophy, this time is granted in addition to vacation leave. Specific guidelines that deal with vacation are set forth in a separate policy.

1. Attendance in both classroom and clinical instruction is a requirement of the utmost importance in the education program. If you are not present, you can not learn, and if you are frequently absent, you will quickly fall behind. Additionally, attendance reflects highly on professionalism and work ethic.
2. All students are assigned an equal number of late generals, weekend, and evening clinical rotations. Total scheduled clinical involvement will never exceed forty (40) hours per week. There may be special circumstances when a student may voluntarily perform more than forty hours per week in the program. In most of these instances, compensatory time will be awarded.
3. All classroom and clinical objectives must be achieved at an acceptable level of mastery to insure student competence. Absence that exceeds more than 10% of a course may inhibit the achievement of the objectives in a satisfactory manner. In this instance, a student may be required to repeat the course, placed on probation, issued a grade of "Incomplete", and/or dismissed from the program. The Program Director will make the final decision. Every consideration will be given to the student's level of progress prior to the absence(s) and to the student's capability to accept the increased study load after falling behind.
4. Each student will receive two days per academic year to use when weather conditions cause the student to be

absent from class and/or clinic. Weather days not used during each year will be added to the student's "Bank" of hours in the spring. Students are advised to personally observe weather conditions before they make a decision to stay home. Remember that area elementary and secondary schools may close at the slightest hint of weather problems and that hospitals never close. If you do not anticipate needing extra time due to weather conditions and you are late arriving, this will count as a tardy. If, however, you plan to leave home later than normal to allow for daylight or plowing, etc, and you call before 0700 this will not be counted as a tardy.

5. The student must report all absences to the Clinical Coordinators. For absences on a weekday, a voice mail will be left in the Clinical Coordinator's office of the side you are assigned to. A phone message left with the receptionist, other hospital staff or school secretary is unacceptable. This action is inadmissible and will result in a warning for the first occurrence and loss of a clinical point on each subsequent occurrence. Failure to report absence or complete an Attendance Form prior to the end of the next day the student is in attendance will result in the loss of a clinical point. If you want to leave early without prior approval, you must speak to a faculty member or leave them a voice mail in addition to notifying your area. You do not need to leave a voice mail on the Clinical Coordinators' phones if the techs dismiss you early.
6. Absences which occur on weekends must be reported to a technologist in the clinical area. Students may not leave a message with office staff. A voice mail message must **also** be left for the Clinical Coordinator in her office. Failure to correctly report the weekend absence will result in loss of a clinical point. An attendance form must be completed by the end of the next day in which the student is in attendance. Additional policies regarding

weekend rotations may be found in the Clinical Handbook.

7. Requests for personal time of eight (8) hours or more shall be made on an Attendance Form at least five (5) days prior to the requested date. For example, if you wish to request Friday off, this request should be turned in on Monday morning. Requests for personal time in increments of less than 8 hours require a 24-hour notice. You may not call in and request personal time for the same day. ***When the request for personal time results in missing any class other than clinic, you MUST notify the Program Director about the absence in advance of the schedule absence. This may be accomplished via e-mail.***
8. In the case of illness or in unforeseeable circumstances, which prevents the prior submitting of an Attendance Form, this form shall be completed and submitted the next day that the student is assigned to clinical following the absence. Failure to complete the form by the end of the first day the student is in attendance will result in a deduction of a clinical point. In this case, a voice mail message must be left for the Clinical Coordinator.
9. Doctor and dentist appointments are to be made at a time that does not interfere with classes, and preferably, clinic as well. Exceptions may be made with prior approval of the faculty.
10. Personal time cannot be used during the last week of the twenty-four month program. During the last six (6) weeks of the program, personal time in increments of whole days may only be taken on Fridays except for job interviews. This policy is due to Review class.
11. If a student calls in sick for clinical in the morning, he/she may not come to class later in the day. Eight

hours of sick time will be counted in this instance. *You should not be in class if you are ill!!*

12. If the faculty feels that a student is abusing the attendance policy to avoid clinical experiences, this will be discussed with the student.

## **ILLNESS POLICY**

1. Any time you are ill and you have documentation that you were seen by a doctor, the time missed is excused. This also includes the illness of a child, spouse, or family member whom you are responsible for providing care to. This does *not* include routine doctors' or dentists' appointments. Extensive illnesses or injuries and special circumstances will be dealt with on an individual basis. Documentation that is acceptable as proof includes items on a letterhead stationary or business form and includes specific items such as a payment receipt, a "check-out" sheet, or discharge instructions. A handwritten note from the doctor is NOT acceptable.
2. If you are ill three (3) days or more, you *must* have documentation of a doctors' visit before you are allowed to return to school.
3. If you are ill but choose to not see a doctor, the time missed must be made up as soon as possible. If there are scheduled breaks between the time you miss and the end of the semester, the time **MUST** be made up by the end of the semester. If you choose to make up the time on a day you are scheduled off but it is not a school recess day, you must realize this will result in you spending more than forty (40) hours at school during that particular week. If you choose not to volunteer to perform the make up in addition to your typical forty-hour week, the time **MUST** be made up during the *next* scheduled break. This may be a holiday or a break such as Spring Break or vacation. Make up time may only be

performed in increments of four (4) or eight (8) hours at a time if you were absent for an entire day.

Upon return to school from these undocumented illnesses, you must complete an Attendance form within twenty-four (24) hours. At that time you must arrange the dates you plan to make up the time, with the Clinical Coordinator, and indicate these dates on the Attendance form. Make up time can only be performed at a time when you are scheduled off. Suggestions include weekends, holidays, breaks, and vacations. There may be potential for evening make-up time but this opportunity will be limited due to students already scheduled in this rotation. One to one supervision ratios will be maintained at all times, and will be the deciding factor in whether or not you are allowed to make up time when you desire.

If, due to illness, the make up time is not completed as scheduled, you may reschedule again, per the same process listed above. If you simply choose to not perform the make-up time as scheduled and/or you do not call in and don't show up, you will be placed on probation and a Clinical Point will be deducted. If this occurs two times, you will be dismissed. *Once you schedule the make up time, it is YOUR responsibility to remember that you are scheduled. You will not be reminded by the Clinical Coordinator. Failure to show up for your scheduled make up time will result in being placed on probation!!!*

If you are absent due to illness of a child, spouse or other person whom you provide care for, but do not have documentation of a doctor's visit, you may choose whether you take this time off as undocumented sick time (to be made up), or as Personal time (see next section).

4. If the program faculty members feel students are intentionally manipulating the attendance policy in terms of make-up time, this will be discussed with the student

and a plan will be created. If the student fails to follow through as discussed, they will be placed on probation, with probable dismissal listed as the final repercussion.

## **PERSONAL TIME POLICY (Bank of hours)**

1. At the beginning of the first semester, each student is given 8 hours of personal time to use during that first semester. This time may be used in increments of 30 minutes or more. Five (5) working days notice must be given when requesting personal time or eight (8) hours or more. Requests for personal time of less than eight (8) hours must be made at least twenty-four (24) hours in advance.

At the beginning of the second semester, and each subsequent semester, each student will be given 16 additional hours of personal time. Personal time not used in each semester will "carry over" to the next semester. Students may use any/all of their personal time for any reason they need to be absent from school.

2. If the student uses all of their accumulated personal time and then needs additional time off prior to the beginning of a new semester and the receipt of additional time, they must make up the personal time requested *prior* to the day of their absence. If you volunteer to be involved in school more than forty (40) hours in a given week, the make up time may be scheduled with the Clinical Coordinator for one of your regularly scheduled days off. If you have enough advance notice of needing to make up time ahead of time, you may also request the make-up time be scheduled over a school recess. Any advance make-up of personal time must also be done in four (4) or eight (8) hour blocks unless the amount of time requested off is less than four hours. Special circumstances will be handled on an individual basis.

3. Tardy policy is discussed in the following section. The amount of time tardy will be deducted from the personal bank of hours.

## **TARDINESS**

1. Tardiness includes reporting late for clinical assignments and being late for class for any reason except performing exams. If you know you will not be able to arrive by your designated start time you must call ahead. If you do call before your start time, you will not receive a clinical point, but the time will be deducted from your bank and it will be recorded as a "tardy". If you do not call, you will receive a clinical point for not calling.
2. The amount of time that a student is late to a clinical or classroom assignment will be deducted from the student's bank of hours. Students are allowed 2 tardies in any twelve (12) month period without penalty. The 3<sup>rd</sup> tardy in any 12 month span or less will result in the loss of a clinical point and the student will be placed on probation for 6 months. Each additional tardy during the probation period will then result in the loss of a clinical point and the time absent will be doubled. Failure to report tardiness will result in disciplinary action, loss of clinical point, and tardy time being doubled. Failure to complete and turn the attendance form in the allotted time will result in loss of a clinical point.

## **TRADES**

1. Trading clinical assignments is permitted only with faculty approval. Appropriate forms must be completed five (5) days prior to the date of the trade, except for weekends. Weekend trades require a seven (7) day notice.
2. When trading assignments with a student from the other hospital, a trade slip must be submitted at each hospital

and both slips must be signed by both students.

3. When requesting weekend, late generals, or evening trades, they must be late generals for late generals, weekend for weekend, and evening for evening trades.

## **COMPENSATORY TIME OFF (OVERTIME)**

Compensatory time off may be accrued for such things as staying late in the clinic after the end of assigned shift or for attending district meetings. However, you may NOT stay late just to accumulate time. You must be legitimately involved in an exam or otherwise assisting the technologists. Compensatory time will be added to personal time providing an Attendance form is completed within 24 hours and signed by the supervising technologist.

Compensatory time is not allowed for missed lunches unless the workload does not allow for the scheduled thirty (30) minute lunch.

## **HOLIDAYS AND VACATIONS**

1. Students will not be assigned clinical or class on the following six holidays:
  - A. New Year's Day
  - B. Memorial Day
  - C. Independence Day
  - D. Labor Day
  - E. Thanksgiving Day
  - F. Christmas Day (Winter vacation)
2. Three weeks of vacation are given each year:
  - A. The dates of winter vacation will typically be from December 24<sup>th</sup> to January 2<sup>nd</sup>.
  - B. Both Junior and Senior students will have a one-week Spring break in March.
  - C. Junior students will be scheduled for one week of summer vacation during June. Requests for specific

vacation weeks can not be granted.

3. Vacation time will not be granted during regularly scheduled class time without the approval of the Program Director.

### **BEREAVEMENT LEAVE**

1. Bereavement leave implies the necessity for the student to be absent to attend a funeral and to take care of personal business related to family or the funeral.
2. In the event of death in the immediate family, a special absence from one to three scheduled days may be authorized if requested in accordance with the policies for admissible absence.
  - A. Immediate family is defined as the student's spouse, domestic partner, children, parents, brother, sister, grandparents, grandchildren, legal guardian, step-children, step-parents, step-brother, step-sister, step-grandchildren, mother-in-law or father-in-law.
  - B. Time may be granted for other funeral attendance, but the time will be deducted from the student's personal time.
3. In cases where a longer absence is needed, the student may request the additional time as admissible absence.

### **SCHOOL DRESS CODE**

Inappropriate dress, grooming and manners can be offensive and disturbing to patients, visitors, and the public, as well as present a health hazard. For this reason a substantial degree of conformity to accepted professional standards is required of all personnel while on hospital premises. Students whose uniform and appearance do not conform to policy will be sent home to

change, will lose 1 clinical point for each occurrence, and time needed to change will be deducted from personal time. Many of the following policies are hospital policies, not just School policies.

## **UNIFORM**

1. Students are expected to maintain a professional appearance at all times (clean, pressed, free of stains and odors, no fraying or major fading evident).
2. Cost of uniforms, shoes and lab coats are the responsibility of the student. The School will furnish patches upon acceptance and upon request thereafter.
3. Navy blue scrub uniform required. Landau brand preferred.
4. Proper uniforms must be worn in all clinical assignments. Only students rotating through portables, surgery, cardiovascular lab or other areas requiring scrubs may wear hospital scrubs. You are expected to change into respectable street clothes for class and lab. This is the only time street clothes are permitted in the classroom.
5. The School uniform should not be worn in social situations after school. Running errands is acceptable, but wearing the uniform to a restaurant, bar, etc., is not acceptable.
6. If you go to the cafeteria between class and clinic, you must either be completely in uniform, or completely out of uniform. You may not wear your uniform with street shoes and/or no ID badges in the cafeteria.
7. Uniform Requirements:  
  
(1) Shirts: "Surgery style" scrub tops are prohibited.

Other scrub uniform-style tops are acceptable, as are polo-style shirts. Necklines should not be low and revealing. School-provided patches must be sewn in the center of the left sleeve, approximately one inch from the top shoulder seam of every top.

(2) Undershirts: Only navy blue undershirts may be worn. If you wear a different color undershirt and it shows in the clinical environment, you will be assigned a Clinical Point. This shirt should not contain any writing or logos that may be visible while in the clinic. "Waffle-weave" or thermal underwear may not be worn under uniforms. Sleeves of short-sleeved T-Shirts should not be visible below the sleeves of the uniform top. Long sleeve navy blue under shirts or turtlenecks may be worn.

(3) Lab Coats: At least one navy blue (Landau) lab coat is recommended to provide additional warmth during cooler seasons. No sweatshirts are allowed. Lab coats must also contain a patch as described in the "Shirts" section above.

(4) Pants: "Surgery-style" scrub uniform pants with a drawstring *only* are prohibited. Pants should be well-fitting and must sit at or slightly below the natural waist. Loose, baggy uniforms are hazardous in the clinical environment while tight uniforms do not look professional. Pant legs must be worn full length and not rolled up. They should not drag the floor/ground or be frayed.

(5) Shoes: Professional white uniform shoes, walking or jogging shoes with white shoelaces; all leather, not canvas. It is preferred that there is no mesh anywhere on the shoe. This is a safety hazard. Shoes may contain no more than 10% color in the form of a stripe or logo. Sandals or open toed shoes are NOT permitted, nor are any type of shoe with "holes". "Crocs" are strictly prohibited. Shoes and shoelaces must be replaced or

cleaned when dirty. Shoelaces must remain tied while in the clinic setting. Students may change into street shoes prior to departing for class.

(6) Undergarments: Underwear must not be visible during routine bending and lifting. Socks should be worn. White socks are preferred but if they do not show while in the clinical environment, any color is acceptable.

(7) Name tags/ID badges: A school nametag, hospital picture ID badge, dosimeter, and student patch must be worn. Lost or damaged nametags will be replaced for a fee of \$5.00. Hospital ID badges lost or damaged will be replaced for a fee of \$10.00. Two sets of lead markers will be provided to each student at the beginning of the program. They are also considered part of the uniform and they must be on your person at all times. If additional markers are needed, the student must pay \$12.00 per set.

## **RELATED DRESS CODE POLICIES**

1. Hair: Must be kept clean, well groomed and professional in appearance. Long hair (touching the shoulder or longer) must be pulled back and fastened with a non-sharp clasp *at all times, class or clinic*. All hair must be pulled back in a *complete ponytail, braid, or bun*. This means no hair may be hanging loose, such as simply pulling back the sides. No exceptions! Hair colors may not be of unusual shades such as orange, yellow, pink, or blue. Beards and moustaches should be neatly trimmed.
2. Fingernails: Nail polish (including clear), designs, artificial nails and nail tips are prohibited. This is an infection control standard.
3. Jewelry: Restricted to watches, award pins, engagement/wedding rings, or promise rings. Small beads or posts may be worn in pierced ears. Hoops less

than the size of a quarter are allowed. Lip, tongue, eyebrow, nose or other facial rings or posts are not allowed. Small, short chain necklaces are permitted. Dangling earrings and loose chains are not permitted. Patients may easily grab these items possibly causing injury to the student. The wearing of expensive jewelry, is **NOT RECOMMENDED** while in clinic. There are too many ways that rings or necklaces can be lost or damaged. The school or the clinical sponsors assume no responsibility for lost or damaged jewelry.

4. Visible tattoos: Not permitted and must be covered at all times.
5. Colognes: Heavy use of colognes, perfumes, after shave lotions, or other scented products are offensive to patients and staff and is not allowed.
6. Alcohol: Alcohol use prior to a clinical rotation (even the night before) might cause an offensive body odor. This will not be tolerated and will result in the student being sent home and suspended.

## **IDENTIFICATION BADGES**

Students will receive two (2) ID badges when they enter the program. Mercy Medical Center and St. Luke's Hospital will issue the student a photo ID badge to be used when working as a Radiographer's Assistant or other jobs as well as during normal School clinic time for identification purposes. **ID badges may not be used for any charges except St. Luke's Pharmacy.** Then you must take the charge slip immediately to the cashier, pay the bill, and retain the receipt.

Appropriate ID badges for the hospital to which you are currently assigned must be displayed while in clinic at either institution. It is recommended that an ID badge pin be used rather than a lanyard. Pictures and names must be visible at all times and not obstructed by markers, stickers, stars, etc.

Lanyards used should be short enough to insure that the Picture ID badge is displayed in the area between the shoulder and elbow. Students are cautioned to wear breakaway lanyards to avoid choking injuries if patients grab them. Upon graduation or termination from the program, the badges become invalid and must be returned to the Program Director. Lost badges must be reported to the Program Director promptly. A \$10.00 charge will be assessed for replacement.

## **INCIDENT REPORTS**

A report is to be made using the appropriate hospital incident reporting mechanism for any incident involving the respective hospital, which adversely affects or threatens to affect:

1. The comfort, health, or life of a patient, visitor, associate, student or volunteer.
2. The quality or promptness of any service.
3. Patient, personnel, or public relations.
4. Hospital or personal property.

Any student observing or involved in an incident, or the first one on a scene following an incident, should notify his/her supervisor as promptly as possible. The student should then complete the electronic Incident Report form during the work period in which the incident occurred. All Incident Reports should be completed within 24 hours of the incident.

## **LOCKERS**

Storage space within the Radiology Departments is provided for storage of students' books and personal effects. Lockers are issued during the first week of the program. A record of the locker assignment is made. It is important to cooperate at all

times in keeping the storage and locker areas clean. Lockers are the property of the hospital and as such are subject to inspection at any time for compliance with safety, security, and sanitary requirements. Locker space is provided as a convenience. The School or hospitals assume no liability for loss or damage of personal property. The student may be required to provide his/her own lock.

## TELEPHONES

Students are required to have a phone at their place of residence, although this may be a cell phone.

Hospital telephones must be kept open at all times for hospital business. You may not use hospital phones for personal calls unless absolutely necessary. You are requested to discourage friends and relatives from calling you while at school except in an emergency. Students may not use hospital telephones to make long distance calls without permission from the school faculty.

Personal electronic devices must be *turned off* and not visible while in all academic and clinical assignments. Personal electronic devices that go off during class time or in the clinical area will result in the loss of 1 clinical point. If they go off during an exam when a patient is present or during a classroom test, a 2 clinical point deduction will occur. This includes message alert tones as well as the phone actually "ringing".

Text messages to instructors may NOT be substituted for voice mails left in their offices as they do not carry cell phones during the day, as you should not either. Cell phones must not be turned on, used, or visible during classes. If you need to make a call, you must exit the classroom during a break and find a suitably private area for your calls.

## **RADIATION PROTECTION POLICIES**

1. The physical facilities at St. Luke's and Mercy Hospitals meet all existing standards as outlined by the Iowa Department of Public Health, The Joint Commission, the Nuclear Regulatory Commission and other regulatory bodies as well. These standards will be incorporated into the curriculum of the School of Radiologic Technology, so that students are aware of these various standards.
2. An assigned member of the medical staff will serve as radiation safety officer. He/she will be in charge of the various safeguards used to protect the staff, students and the patients. He/she will function as chairman of all radiation activities of employees and students in regards to patients and procedures, as defined by the Radiation Safety Committee.
3. All students in radiation areas shall wear a personnel dosimeter.
  - A. Students are required to wear the dosimeter at chest level, outside a lead apron when applicable. You may not be in the clinical area without it.
  - B. If the student damages or loses a dosimeter, he/she should report it immediately to the Program Director and necessary actions will be taken. Any damaged or lost dosimeter not returned to Landauer, Inc. will result in the loss of a clinical point.
  - C. If a dosimeter is accidentally left in a radiographic room during a patient exam, a Dosimeter Incident Report should be obtained from the Clinical Coordinator, completed, and given to the Program Director.
  - D. If a student turns in his/her dosimeter after they have already been returned to Landauer, the student will have 1 clinical point deducted from the clinical grade. Readings from the dosimeter will not be available in this case.

- E. Dosimetry reports are posted in the classroom each month. It is your responsibility to review the report on a monthly basis.
4. All students will have didactic education in Radiation Protection in the first month of the program, a course in protection in the third semester, and a more extensive biology and protection course in the second year of the program. Instructions concerning the proper care and wearing of the dosimeter will be discussed within the first two days of the program, prior to attending clinical experiences.
5. Your position as a student does not require you, and in fact, prohibits you from knowingly exposing yourself to direct ionizing radiation. When in the course of the performance of your profession it is necessary to be exposed to limited secondary radiation (i.e. fluoroscopy), a protective lead apron and gloves are required. Mobile protective shielding may also be available in fluoroscopy areas both in radiology and the surgical procedure rooms. When patient procedures require your attendance in close proximity to the patient, such additional shielding must be utilized. Questions regarding acceptable radiation practices should be referred to the Program Director or the Radiation Safety Officer.
6. Any students involved with radioactive materials (Nuclear Medicine Rotation) will comply with standards written in the Radiology Department's manual.

## **RADIATION PROTECTION POLICIES DURING PREGNANCY**

If a student becomes pregnant during the program, "customary radiation safety practices for pregnant radiation workers shall be followed". While the school does not place restrictions on student pregnancy, it is felt that if a student becomes pregnant before graduation, she may place herself in an extremely high stress situation. This level of stress may affect her grades as well as her health.

A student who becomes pregnant has the option of formally declaring her pregnancy or not declaring her pregnancy.

If a student does not declare her pregnancy, no extra radiation protection procedures will be initiated and the school and the clinical sponsors assume no liability for the protection of the embryo/fetus.

If a student declares her pregnancy and chooses to remain in the program:

1. The declaration must be in writing.
2. An estimated date of conception (month and year) must be given.
3. The student will observe proper radiation safety practices.
4. A fetal dosimeter will be provided which is to be worn under the protective apron to monitor dose to the embryo/fetus.
5. The student will obtain a declaration from her physician approving her continuation in the program and detailing any restrictions he/she feels are necessary.

6. The Medical Director will review the restrictions. If the restrictions will interfere with normal clinical training, the Medical Director, in consultation with the student's own physician, may suggest that the student take a Leave of Absence.
7. If the student does take a LOA, she will be phased back into the program at a point consistent to where she was prior to the LOA. See LOA policy for more explanation.
8. During the entire gestation period, the embryo/fetus should not exceed a dose equivalent of 0.5 rem (500 mrem), not to exceed 50 mrem (0.05) rem in any 1 month period. This will be monitored and recorded monthly.
9. Any injury or illness associated with the pregnancy at any time in the pregnancy will be accepted at the student's own risk.
10. The student is encouraged to return to classroom activities as soon after delivery as she feels appropriate. She may return to clinical only with the signed permission of her physician.
11. Record of the time taken off for the birth will be maintained. If the student did not make up any of this time prior to the birth, the student will be required to perform the make up time after graduation ceremonies are held. This will result in the student not being granted a diploma until all time is made up. There will be no make up fee associated with make-up time associated with the pregnancy and subsequent delivery.
12. Each year, all female employees and students receive a copy of the U.S. Nuclear Regulatory Commission Regulatory Guide 8:13 memo, "Instruction Concerning Prenatal Radiation Exposure" (Appendix F) and are asked to read it thoroughly and

document by signature that they have complied. A copy of the guideline is maintained in the St. Luke's classroom for students to review.

## **INFECTION CONTROL**

Students with diagnosed or suspected infectious / communicable diseases will be required to report to the Work Well Clinic for the purpose of evaluation in accordance with the policy established for associates (Ref. SOP 6800-03, Infectious/Communicable Disease Control for Associates). This includes but is not limited to conditions such as cold sores, chicken pox, shingles, hepatitis, staph infections, skin rashes, eye infections, etc.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Students may take advantage of the services provided by the EAP of both hospitals. These services include counseling and psychiatric services. Initial appointment and some additional sessions are free of charge to the student. Telephone numbers: St. Luke's, 369-8152 and Mercy, 398-6694.

Both Mercy Medical Center and St. Luke's Hospitals have pastoral care departments that are available to all M/StL students. Pastoral care counseling covers both spiritual and personal needs of the students and is available free of charge.

Referrals to the EAP may be made by the faculty prior to initiating, or as part of any disciplinary procedure. If EAP counseling is required by the School, the EAP staff are only allowed to verify the student did attend the session, and will not reveal any other information regarding the session, unless authorized by the student.

## **DRUG AND ALCOHOL FREE CAMPUS STATEMENT**

Mercy/St. Luke's School of Radiologic Technology maintains a drug and alcohol free campus. Because of the serious nature of

the health risks inherent in the use of illicit drugs and the abuse of alcohol, the School urges all students to refrain from these activities in the off-duty hours.

Due to the serious risk to our patients' lives, health and peace of mind, the School requires all students to be free of the influence of intoxicants or illicit drugs while on the school campus. This includes but is not limited to the possession, distribution and/or use of any intoxicant or any substance listed on the Controlled Substance Act. Violation of the above is grounds for immediate dismissal, as called for in the school policies, and possible reporting to the proper state, local or federal authorities for their action. Violators are not subject to re-instatement.

An exemption to the above policy is medications taken under the order of a physician. Any student who feels they may have an alcohol or substance abuse problem

may utilize the Employee Assistance Programs of either sponsoring institution. School employees should refer to the appropriate sponsoring institution policy manual for policies concerning the possession, distribution and/or use of alcohol or illicit drugs on hospital property.

This statement is distributed in compliance with the Higher Education Act of 1965 as amended by the Drug Free Schools and Committees Act Amendments of 1989 (Pub. L. 1101-226) (20 U.S.C. section 1145 g).

## **TOBACCO POLICY**

Both Mercy Medical Center and St. Luke's Hospital are tobacco-free campuses. The use of tobacco products at any hospital-owned facility or on hospital grounds is banned. This policy affects employees, visitors and patients alike. A tobacco-free campus sends a clear message of the two hospitals' commitment to create and sustain healthy communities.

## **STUDENT ACCESS TO THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY**

Students have the right to contact the JRCERT if they believe that the school is not following or adhering to JRCERT Standards as contained in the "Standards for an Accredited Educational Program in Radiologic Sciences". A copy of this may be found in the St. Luke's classroom or online at [www.jrcert.org](http://www.jrcert.org). It is assumed if a student has a concern, this has been made known to the Program Director prior to contacting the JRCERT, although it is not required. Any allegations of non-compliance will be documented by the Program Director, as well as any documentation concerning the allegation, including the resolution. The JRCERT may be contacted at:

Joint Review Committee on Education in Radiologic Technology  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
Phone: 312-704-5300