

## 2024-2025 Program Policies - Table of Contents

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## SECTION III – PROGRAM POLICIES

### **MercyOne North Iowa School of Radiologic Technology August 2024 – August 2025**

Students are expected to present themselves in a manner reflecting the Code of Ethics as set forth by the American Society of Radiologic Technologists and to follow Hospital and School policies.

These policies include many different situations, however, not all situations can be foreseen, and the school reserves the right to make those decisions as they occur. If a situation arises that is not covered by School policies, our sponsoring institution's policy will be referred to.

All applicants and enrolled students at the school will be considered and treated without regard to race, color, religion, sex, sexual orientation, gender identity, age, disability, national origin, marital status, protected veteran status, or any other characteristic protected by federal, state, or local law. If you feel that you have not been treated in accordance with this, you should immediately contact the Human Resources Department or call the 24-hour Integrity ALERTLINE at 1-866-477-4661.

**Certification Eligibility:** Our curriculum meets requirements for application of ARRT (American Registry of Radiologic Technologists) National certification examination. Each state may have its own licensing requirements in addition to ARRT certification exam; graduates are provided state health department links via ARRT Registry online handbook. (NIACC Standard disclosure requirement)

The ARRT requires all examinees to have a minimum of an Associate Degree prior to taking the National Registry Test. MercyOne has an agreement with North Iowa Area Community College (NIACC) for an Associate of Applied Science (AAS) in Radiologic Technology as an option for students needing to fulfill this requirement. Students must be making progress on the general education classes as outlined in the Curriculum on our website: [www.mercyone.org/northiowa/xrayschool](http://www.mercyone.org/northiowa/xrayschool)

The ARRT requires all examinees to disclose any prior felony or misdemeanor conviction. ARRT determines eligibility on a case-by-case basis and takes into consideration many items such as number of infractions, length of time between infractions, severity of the infraction, patterns of infractions, completion of sentence/fines/requirements. Upon review of the background history, the ARRT's decision may include several options: conditional eligibility upon successful completion of sentence and no further infractions; ineligible; no decision made on eligibility until successful completion of the sentence/fines. If the applicant/student has multiple charges, speeding tickets charged as a misdemeanor or serious charges, it is suggested and may be required by the Program that the student request an ARRT ethics pre-application review. There is a fee for this review, paid by the student. This process is to prevent the student from having completed the two-year program and then being ineligible to take the ARRT certification exam and work in the profession. Information is available at their website [www.arrt.org](http://www.arrt.org) and also a 12 minute ARRT video: [Ethics Requirements - ARRT](#)

**Classroom Dress Code:** Students are representatives of MercyOne while on campus. Students may either wear business casual attire or Caribbean blue scrub top with black scrub pants. If you are cold wear under-layers, scrub jacket, and/or use/sit by approved classroom heater(s). If using your jacket as a last resort to warm up, your name tag must be on the outside of your jacket.

**MercyOne Dress Code policy:** No apparel will be worn with inappropriate or unprofessional images, wording, or logos. Clothing is not to be too tight, too short, too long, revealing, or see-through in showing undergarments. Clothing should not expose cleavage or chest hair, the mid-section (front or back) or the buttocks. Clothing should be neat, clean, pressed, and not torn or frayed. Appropriate undergarments must be worn to avoid unprofessional appearance and should not be visible. Items considered inappropriate include denim blue jeans, shorts, cut-offs, graphic design t-shirts, halter tops, shirts showing visible spaghetti straps, visible backless shirts, leggings with shirts that may show the buttock or upper thigh area, yoga pants or other exercise clothing, hoodies (sweatshirt material), sweatshirts, or sweatpants. No hats of any type are allowed unless it's for medical or religious reasons. This is not intended to be an exhaustive list, and leadership reserves the right to determine whether apparel or personal grooming is appropriate for the workplace. If a student's dress or appearance is not appropriate as outlined in this Policy, appropriate corrective action may be taken, including requiring the student to leave the work area and make necessary changes to comply with this Policy.

MercyOne Spirit Days will be held on Friday of each month. Examples of appropriate items for MercyOne Spirit Days would include departmental specific shirts or other imprinted MercyOne clothing. During these designated days, students will be allowed to wear scrub pant color that is different than the standard to coordinate with the top color. MercyOne Spirit Days are not recognized at our offsite locations. Students must continue to wear their Caribbean blue scrub top with black pants at these locations.

Students who do not provide patient care or pass through a patient care area will be allowed to wear open toed shoes, not including sandals or flip-flops. If we are to be in a patient care area any portion of a class day, clinical dress code will be followed.

Students must be professional in their use of jewelry/accessories, including amount, size, and styles. Visible body piercings must be small and minimal during the work shift. Wearing of jewelry may be limited for safety reasons dependent on the work area and functions performed. As a safety precaution, Students providing direct patient care may not wear long necklaces, dangling earrings, scarves, or ties.

Any tattoos that may be offensive to others must always be covered, including but not limited to those that contain pictures/symbols/words of a sexual nature, gang affiliations, violence, profanity, or derogatory words/images.

**Books:** The school will supply a list of required textbook editions (see Section 2 – Handbook). The student is encouraged to utilize our distributor Elsevier. This enables both students and instructors support for additional online resources.

**Cell Phones/Electronic Devices/Smart Watches:** Laptop/notebook/tablet is required for online tests proctored on-site, possible use in Image Analysis course and possible use for extended illness and/or COVID quarantine/isolation (suggested minimum screen size 13"). During class, all cell phones must be in your backpack and smart watches must be turned off. These devices are only to be utilized during breaks. Cell phones and smart Watches (or anything resembling) must be off the body and out of sight during testing. During testing, only school-supplied calculators may be used.

During clinical time cell phones should remain off or on 'silent' unless you are expecting an emergent call. At MercyOne, phones should be in your mailbox or your locker, not on your person. You may access your device during breaks and at lunch. After 5PM when evening shift transitions to the ED, your phone can move to the ED X-ray control area (not on your person).

No photos or recordings may ever be taken of a patient (even if it doesn't include their face), their medical images (even if it does not include their name), or any other protected health information.

The hospital telephones are for medical center use. If you need to use, you must dial a "9" for outside line.

**Audio/Visual Recording of Lectures:** Permission to record class lecture is a privilege, not a right. This privilege may be withdrawn if it is abused in any fashion. Student dissemination of lecture recordings may result in disciplinary action up to and including dismissal. The student agrees not to:

- Publish on personal or social media/sites.
- Use the recordings for any purpose other than their own personal academic study.
- Record sessions on behalf of anyone else (exception would be LOA)
- Attempt to undermine faculty.
- Share or release the records in its entirety or a portion for financial gain, malicious intent, cheating or to replace class attendance.

Staff reserve the right to prohibit recordings. The following may not be recorded: class review, PACS review, exams or graded assignments, positioning simulations or scenario-based class activities.

Students may store for the duration of the class, after which time the recordings are to be destroyed.

### **Classroom Attendance:**

Classes typically meet 2 days per week during Spring and Fall Terms, and the first portion of the Third Term. Refer to course schedules for specific times. Attendance and timeliness are expected in order for the student to be successful and will be monitored each class period. Missed class time cannot be made up. Students will be allowed one absent day from class per term. If you are not present, you cannot learn; if you are frequently absent, you will quickly fall behind. Additionally, attendance reflects highly on professionalism and work ethic.

For each additional absence, a sliding scale of deductions from the final course grade for the class in which the absence occurred will be used: 2%, 4%, 6%, etc. (Ex: deduction #2 is 4%, not 2% + 4%). This penalty will be waived in the case of an approved leave of absence (following the leave of absence policy), inclement weather, jury duty selection process, or compassionate leave (see compassionate leave policy).

Students will be rewarded for classroom attendance/timeliness (face-to-face or virtually) for the entire day; not per 'course.' Being absent for any part of the day or tardy = an occurrence. Perfect attendance/timeliness in Terms 1, 2, 4 and 5 will result in 2 hours of additional PTO per term, 1 hour for Term 3. No exceptions for Compassionate Leave/LOA/weather decisions or missing a test due to Online participation.

Microsoft Teams platform is used for virtual classes when needed/appropriate due to extended illness or inclement weather days. If you have an emergent need contact faculty to discuss. Students will need to download the app and have internet service to participate. Students will be expected to participate via audio during these sessions, webcam will be optional. Student testing and image critique presentations will be held onsite during the next class day. Labs will be rescheduled by instructor and student when class resumes.

MercyOne clinical will automatically be canceled if NIACC cancels classes because of inclement weather, but not due to issues directly related to their campus. We maintain the ability to dismiss early or cancel without NIACC making any such announcement. Classes will be held virtually on days where NIACC cancels, or faculty make the determination class will not be held in person. Students will be expected to attend the virtual session and participate.

**Classroom Huddles/Clinical Updates:** Fifteen-minute huddles will be scheduled each class day to discuss clinical concerns, safety, and customer service. An additional 15 minutes for clinical updates will be scheduled to review clinical topics such as the recent rotations or upcoming assignments. Students and faculty may bring forth discussion topics. Students are required to attend.

**Grading System:** The student must attain a minimum 75% score in each academic and clinical course. Students seeking an A.A.S in Radiologic Technology at NIACC need to obtain a minimum of a 2.0 (78%) in Term 5 & 6 x-ray courses (according to NIACC graduation requirements). A student may be placed on probation for unsatisfactory progression in a course. Failure to achieve the stated grades will result in dismissal from the school. Students will be notified of mid-term grades via the course instructor. Unofficial transcripts will be emailed at the conclusion of each term. Students needing official transcripts must inform the Program Director.

In addition, there are specific criteria outlining successful progression in certain courses as listed below:

*Radiographic Procedures, Image Analysis and Registry Review Courses:* All chapter & final tests must be passed with 75% or higher. If a test is failed, the score will be recorded, but the student is required to retest and pass with 75% or higher to prove they have achieved mastery of the content. A written warning will be issued informing the student that if the student does not achieve at least 75% on the second attempt, they will be put on probation with a performance plan, to include possible dismissal from the program if the third attempt is failed. The score of the second and/or third attempt will not be recorded.

*Radiographic Procedures I-IV:* (no labs in V) The didactic portion is 75% and the lab portion is 25% of the overall grade; students must obtain a minimum score of 75% in both lab and didactic portions to remain in the program. Each student is accountable for at least one lab per week. If a lab is not completed in the week, a zero will be given but the student will still be required to perform the lab with at least 75% accuracy.

*Radiographic Procedures Labs:* Students will be patients for each other during simulations. Palpation is necessary by both student and instructor to determine centering points, etc. If a student feels uncomfortable for any reason, they should talk with one of the instructors.

It is expected that students achieve a passing score on all labs during their first attempt. If the student fails the lab on the first attempt, this score is recorded, and the student will be required to repeat the simulation and reach a passing score to prove they have achieved mastery of the content. A written warning will be issued informing the student that if the student does not achieve at least 75% on the second attempt, they will be put on probation with a performance plan. The score of the second attempt will not be recorded. If this second attempt is still failing, the initial score will be changed to a zero and the student will be put on probation/performance plan (refer to "Probation" section). The lab in question must be successfully completed on the third attempt, or it may be grounds for dismissal from the program due to inadequate progression and retention of skills. Students will not be allowed to progress on to the next lab until the failed one has been successfully demonstrated. Another faculty member or assigned technologist will also be involved with observation of a repeat lab on a 3<sup>rd</sup> attempt.

Successful progression and consistency in psychomotor skills is also demonstrated by having no more than four failures of labs per term whether it is a combination of the same exams repeated or four different exams being failed on the first attempt. A pattern of failed labs is considered unsatisfactory performance and retention of skills. The 5th lab failure in a term (whether for exam-related items or marker issues) or the 8th lab failure for the program the student will be placed on probation/performance plan. Further failures would result in a recommendation of dismissal.

#### **Grade Scale:**

4.00	96 – 100%	A	3.00	87 – 90%	B	2.00	78 – 81%	C
3.67	93 – 95%	A-	2.67	85 – 86%	B-	1.67	75 – 77%	C-
3.33	91 - 92%	B+	2.33	82 - 84%	C+	0	< 75%	F

**Late Tests:** Tests not completed at the scheduled time due to the student not being prepared will receive a 20% reduction. Additional 20% reductions will occur for every additional school day not completed. Tests that are not completed at the scheduled time because of illness or excused absence are expected to be completed on the first day back to School (class or clinical) if faculty schedule allows; exceptions evaluated on a case-by-case basis. Lunch time will be utilized when before/after clinical/class is not an option. 20% reduction also applies if student is unprepared to complete it the following day.

**Clinical Attendance & Timeliness:** Is expected and used as a measurement for reliability and dependability. Students must be present in the clinical area to be evaluated and develop their skills. Students will be placed on probation for the following attendance reasons:

- a. Excessive tardiness per term as defined by the handbook & clinical syllabus.
- b. More than the allowed personal days used per term.

The student will not be scheduled for more than 10 hours in any one day (JRCERT Standard 4.4). Typically, students are not scheduled for more than 40 hours per week including both clinical and academic time. In the rare event that a student stays 15 minutes or more than their scheduled due to an extenuating circumstance; faculty will evaluate the situation for compensatory time considering the entire week, based upon whether the student has been let go early from clinical in a similar amount (faculty will not add smaller daily increments together when considering comp time). Student must check in with faculty at the end of their clinical week for possible compensatory time.

Students may volunteer to put in additional time over their scheduled hours if they feel it is necessary for proper progression within the program. The student will not be compensated for this time. The student needs to authorize this with faculty.

Students unable to practice for a lab during clinical may practice outside of clinical hours; the student will not be compensated and does not need to be pre-authorized if done at MercyOne Hospital. Since all rooms at MercyOne are energized, per JRCERT, staff techs must be present for indirect supervision.

To document clinical attendance and timeliness each student uses the Trajecsyst online system. Clock-ins should not be sooner than 7 minutes before the scheduled time. No clock out/in for lunch is needed, but for patterns longer than scheduled meals, disciplinary action will be taken including PTO (Personal Time Off) deductions. Students must only use hospital devices for normal clock in/out; disciplinary action will result if using personal devices.

The school will periodically send PTO bank updates via email. Each student is responsible for reviewing this document. The student needs to notify faculty within two weeks of the email if they believe an error has been made in recording their attendance; otherwise, the record will be considered correct. The students should print or save this copy to keep track of the remaining PTO themselves.

**Clinical Personal Time Off (PTO):** This includes time for sickness, unexpected events, college campus visits and job interviews. PTO is used in 1-hour increments.

PTO hours are allocated for clinical absences as follows (based upon total # of clinical hours / term with allocation for job/school interviews included in the last two terms):

Term 1 – 24 hours	Term 3 – 40 hours	Term 5 – 40 hours
Term 2 – 32 hours	Term 4 – 32 hours	Term 6 – 24 hours

Unused PTO hours cannot be carried over into the next term; exception - up to 8 hours Term 5 PTO can be carried over into Term 6.

For entire days off, use "Absent" under Time Exceptions. This can be submitted via home or personal devices the day of or prior to the absence. Faculty will review and print Standard Work for Submitting PTO requests via time exceptions. (Document located on school drive 'standard work-process change alerts' folder). If a student fails to enter their time exception for PTO, they will receive one reminder. If the time exception is not placed into Trajecsyst within 2 business days of the date of absence, the student will be charged an additional hour of PTO.

If a need arises during scheduled clinical hours the student may request time off *by communicating with school faculty* and it may be granted on a case-by-case basis. Student must also do a Time Exception in Trajecsyst when clocking out.

If faculty is not available and the need is emergent, the student informs Clinical Supervisor/Liaison at the site. Student must also do a Time Exception in Trajecsyst when clocking out. The penalty for failing to communicate with site prior to leaving will be an unexcused absence.

If faculty, clinical supervisor, clinical liaison, or their designee requests the student leave clinical due to illness (for staff and/or patient safety) or inappropriate behavior, the student must comply. The time missed will be deducted from the allotted hours for the term.

If the clinical site allows the student to leave greater than 15 minutes prior to their scheduled end time, the student must enter a time exception, along with the name of the technologist that allowed them to leave early and the reason.

In the event of lifting restrictions by a physician, reasonable accommodations will be considered on a case-by-case basis using the physical demands worksheet and consulting with Students Health to ensure student and patient safety prior to the student being allowed in clinical.

If an illness (excluding COVID) lasts more than one day, the student must call daily, or it will be considered an unexcused absence. If the student is absent more than 3 consecutive days, the student must have a physician's approval to return to School (excluding COVID).

If the illness is of long duration (post-surgery, etc.), the student may request a Leave of Absence.

A student may exceed the allowed absences by up to 8 hours in a term without penalty of probation.

*Discretion should be used; absences beyond 8 hours will result in probation and may be grounds for dismissal following the probation policy.*

The student will schedule and make up the excessive time prior to the end of the term to be allowed to continue in the program. If this occurs within 2 weeks of the end of the term, the student will be granted a two-week extension to meet this requirement. In addition, the time will be made up in the full increment owed and not broken down into smaller time frames (for example 4 hours over the limit = 4 hours to be made up at one time – not to exceed 10 total clinical hours per day). This excessive time should be made up as soon as possible after the occurrence to minimize clinical rotation conflicts if there are other students already scheduled or also having time to make up.

Students with symptoms of a contagious nature (ex: vomiting, diarrhea, fever, conjunctivitis) must leave immediately or take the entire day off when calling in.

COVID policy: Faculty and students follow MercyOne Guidance on COVID precautions and policies. As this information changes, students will be apprised via email, huddles and/or process change alerts.

Patient Care exclusions/Return to Clinical (table below) found in PolicyStat within both Colleague Health Program and the Report of Illness/Return to Work Policies: [Attachment A - Guidelines for Excluding Students from Patient Contact or Work](#) (last updated May 2021).

See PolicyStat for full list of disease/problems (ex: Cold sore, lice, shingles, COVID); common ones listed below:

Disease or Problem		Restriction	Duration
Conjunctivitis	Viral or Bacterial	Restrict from patient contact and contact with patient environment.	Until infection is resolved



Disease or Problem		Restriction	Duration
		Restrict from work if close contact with students cannot be avoided.	
Diarrhea/ Vomiting	Acute Stage (diarrhea with other symptoms)	Restrict from patient contact, contact with patient's environment or food handling.	<ul style="list-style-type: none"> <li>• Until 48 hours after diarrhea and/or vomiting has resolved</li> <li>• If caused by spore forming organism (ex E Coli or C Diff): refer to PolicyStat or Students Health</li> </ul>
Fever (greater than 100.4 <sup>o</sup> F)		Exclude from duty.	Until afebrile for >24 hours without use of an antipyretic, like Tylenol, etc. unless stated differently according to a specific disease process
Upper respiratory infections		Exclude from duty.	<p>Until afebrile for &gt;24 hours without use of an antipyretic, like Tylenol, etc.</p> <p>Upon returning to work if cough and/or sneezing are present the colleague must wear a mask during patient care activities.</p>

**Clinical Unscheduled Absence:** All PTO requests must be submitted by 3pm the day prior. If your request is submitted after 3pm student must email or leave voicemail to faculty AND you must inform your clinical site of late start or absence. If you are unable to reach clinical site, please include that in your communication to Faculty. Failure to inform your clinical site will result in an unexcused absence.

Number of requests after 3pm for unscheduled PTO is limited to 2 per term. If you exceed the allotted amount the PTO deduction will double for each use.

**Tardiness:** Students will be considered tardy if the clock-in is any later than their scheduled start time (i.e., scheduled 7:00 - 7:01 is tardy). Failure to clock in OR out or using a personal device for clocking on the Trajecsyst system will also be counted as a tardy. The student will need to fill out a Time Exception for a missed clock in/out (this can be done from personal device).

Penalties will be assessed per term as follows:

- Two tardies of less than 15 minutes or no clock in/out will be allowed with no penalty assessed. After the two "free" tardies have been utilized, time is deducted in 1-hour increments from personal time off. Additional 1-hour penalty will not be enforced. (See next bullet point)
- Each tardy 15 minutes or more, time is deducted in 1-hour increments from personal time off and an additional 1 hr. penalty will be enforced. (ex. Late by 20min = 2 hrs. of PTO) (1 hr. of PTO deducted plus an additional penalty hour of PTO). Student must arrive within 60 minutes of their scheduled time. If student is late more than 1 hour, an additional hour of PTO will be deducted.
- 5<sup>th</sup> tardy results in probation/performance plan with PTO penalty of 2 hrs.

- 6<sup>th</sup> tardy results in a one-day suspension with PTO penalty of 4 hrs. See suspension policy.
- 7<sup>th</sup> tardy results in a 3-day suspension with recommendation for termination.

In the event of a late arrival, the student will call their clinical site and School faculty with their estimated arrival time.

**Unexcused Absence:** Definition – failure to call in prior to scheduled start time when you will be absent for the day or being absent from clinical without proper approval. (No call/No show) Time missed will be deducted from PTO and:

- 1<sup>st</sup> offense during the program - written warning via disciplinary action form
- 2<sup>nd</sup> offense during the program – probation with one day suspension
- 3<sup>rd</sup> offense during the program – 3-day suspension with possible dismissal

An unexplained absence of three consecutive days or failure to report back after a leave of absence is considered a voluntary withdrawal from the program.

### **Clinical Hours of Attendance:**

Rotations are scheduled so that they are equitable for the class. Students are not allowed to switch shifts or switch weekends.

Clinical schedules are provided approximately four weeks in advance with specific times and rotations.

The student will normally be assigned three clinical days per week during the fall and spring terms. Typical clinical hours fluctuate between 6 a.m. and 9:00 p.m.

During the second portion of the 3<sup>rd</sup> Term and the entire 6<sup>th</sup> Term, the student will typically be scheduled for five clinical days each week.

The assignment of clinical rotations for weekends and evenings must be equitable and program total capacity must not be increased based on these assignments. (JRCERT Standard 4.4)

Weekends are scheduled 8-4:30 Saturday and Sunday with compensatory time given the Friday prior and the Friday following. Since assigned weekend rotations are limited in number and students cannot trade weekends, in addition to the option of taking PTO, students are allowed to vary the hours anytime between 6:30 a.m. and 10 p.m. This must be scheduled with an instructor by 3 p.m. on the preceding Friday. After 3 p.m., the student will need to take PTO if they cannot complete the hours as scheduled.

Students are not allowed to slide their hours without prior permission. Students who slide their hours forward or back on their own will have a four-hour PTO penalty assessed.

When scheduled the full weekend (16 hours; two 8-hour shifts), students may opt for a 10-hour/6-hour weekend (or 9-hour/7-hour) by scheduling with an instructor by the end of the school day (3 p.m.) on Friday.

Both 1<sup>st</sup> and 2<sup>nd</sup> year students are required to attend MercyOne X-ray School graduation ceremony. 1<sup>st</sup> year students will be compensated with PTO for time spent at graduation.

**Clinical Meal Breaks:** A half-hour meal break is taken based upon patient load; students take their meal break when indicated by their tech unless the student has a need to request a specific time.

For shifts over 5 hours, students must take a meal break (following Iowa Code for Employers/Students). If a student has requested PTO so that their day is 5 hours or less, it is an option to take a 'no lunch' if there is appropriate supervision. This must be cleared by faculty.

Occasionally certain sites/rotations take 1-hour lunches – student schedule will reflect that.

**Scheduled School Breaks:** Students are not required to use PTO for the following breaks –

- Labor Day (plus the Friday before in 2<sup>nd</sup> year)
- Thanksgiving Day and following Friday
- Christmas/New Year's break – approximately 2 weeks – see calendar.
- 5-day Spring Break in mid-March
- Memorial Day, plus the Friday before
- Independence Day plus 4 days (2<sup>nd</sup> year) – see calendar.

**Inclement Weather:** Clinical and class delays/cancellations because of weather will follow NIACC's decisions; but not for issues related to their campus. The school reserves the right to make independent decisions to delay/cancel if necessary.

If school is canceled due to inclement weather, no extra time will be given to students who end up in clinic more hours/ than others for that week.

In the absence of cancellation or postponement (clinical rotations could start prior to NIACC's announcement and/or be on Sundays or days when NIACC class is not 'in session'), each student must make the decision whether to attend based on their own assessment of the weather conditions, road conditions, and other factors at the place where they live or must travel to for clinical obligation. The student is required to call the school and their clinical site before the scheduled start time if they will not attend or will not be on time. It is also expected if severe weather should occur during scheduled rotations that students make their own decisions to stay or to leave.

For a student who arrives at their clinical site before NIACC announces a delay, if the student chooses to remain in clinical during the delay, the school will review the situation for possible compensation to the student's personal time. If NIACC campus closes shortly after the students' arrival, the students are released from clinical obligations. School will review circumstances for possible compensation to student's PTO bank. No morning labs will be held if NIACC delays due to weather; class will start at NIACC's stated time.

*Inclement Weather – tardiness:* No tardiness due to weather will be assessed on severe weather days (ex: extreme fog, excessive flooding, snowstorms) The School will allow up to 20-minute leeway for students arriving late for clinical on severe weather days (the student will not have to make up time). The school reserves the right to deny use of this leeway if there is questionable abuse of this policy. For students arriving late, any clinical time missed over 20 minutes may be

made up (may be done on that day if there is adequate supervision) or personal time will be deducted in hour increments. Students opting not to come in due to severe weather will need to use PTO or make up the full number of hours scheduled. Make up time due to inclement weather needs to be made up prior to the end of the term in which it occurs.

*Inclement Weather – switching clinical sites:* To keep rotations equitable, even during severe weather students may not switch clinical sites. Switching sites could create unfairness to others and create confusion with various calls to various sites. Students are reminded they can use their PTO or make up the missed time.

*Inclement weather – sites closing:* In the event a student is scheduled at a clinic or hospital that either closes or reduces to minimum staffing during severe weather, that student will not be responsible for making up the missed hours as this situation is out of the student's control.

**Leave of Absence:** A leave of absence, up to a maximum 20 days (clinical and/or class days), may be granted for serious health conditions, family medical needs (spouse, parents, children), military duty, jury duty (see jury duty section for specifics), and pregnancy. Students requesting a leave of absence must do so in writing from the Program Director. This may not be requested more than twice during the program. Due to the intensive nature of the material and orientation activities during the first 30 calendar days of the program, a leave of absence during this time will not be allowed.

PTO will not be charged for any portion of a leave of absence. At the end of the term, if the student still has remaining PTO, they may apply it towards any leave of absence make-up time. If needed, reasonable clinical requirement accommodations will be assessed on a case-by-case basis.

Extended absences, beyond what is stated above, will be assessed on a case-by-case basis by the faculty as to the status of the student. Students who are no longer able to continue in the program and are in good standing at the time of withdrawal will be given priority consideration for re-admittance but must re-apply and interview.

Students anticipating a leave due to health conditions must submit the following from their physician:

1. Amount of time needed/anticipated
2. If illness is continuous or intermittent
3. Clinical activities that the student cannot participate in, e.g., lifting
4. If the condition is chronic: if present now, the time needed now, or the expected frequency of the episodes that may occur in the future

Students missing class time may be allowed to use e-mail or other sources (Microsoft Teams) provided by the instructors to keep up with didactic work.

Clinical time missed due to leave of absence must be made up, and can be either:

1. After the leave of absence:

Students may start making up hours after the leave of absence by scheduling with faculty. Students may elect to do this make up in any hour increments. If the make-up time has not been completed by the next scheduled break, the student will be assigned hours during that break (not on the holiday) and subsequent scheduled breaks if needed until the make-up time has been completed. Students have up to 30 days after their scheduled graduation date to make up any remaining time but cannot take ARRT Registry exam until all make-up time is complete.

2. Prior to the expected leave of absence:

For any leave of absence, the school may allow make up to be done in a limited amount (up to 40 hours), during the school term of the expected leave. Availability of make-up rotations will depend on several factors such as amount of time requested to make up prior, proximity to the leave, rotations that will be missed, and impact to regularly scheduled rotations of other students. If a student should happen to not take/need their leave of absence by the end of the program, any time made up in advance is forfeited; therefore, students are cautioned to use this option with discretion.

Clinical Make-Up Time policy will apply.

**Incomplete Grades:** (typically due to LOA) To calculate a reasonable completion date:

For classroom material: the number of missed calendar days will be calculated once student has returned to the program. The student will have equitable time to complete missing assignments and earn a grade in the gradebook. Beyond that time a "zero" may be recorded and the student will be on probation/performance plan with expectation to pass the items within a specified time frame set by faculty otherwise it will result in dismissal for failure to complete.

For missed clinical assignment (comps, objectives, etc.) due dates: while the student volunteers when and how many hours to make up, the completion date for clinical assignments will be calculated by the number of missed clinical day (or hours) and the extension will be based upon an equitable amount beyond the end of the term. Any time that is made up before the end of the term or over a break between terms, will be subtracted when identifying the completion date.

Extensions may be granted on a case-by-case basis, based upon total time off, amount of missed assignments/clinical time or for those returning with restrictions or intermittent LOA.

**Pregnancy:** A female student has the option of declaring her pregnancy. If she chooses to declare the pregnancy, it must be done in writing with either the Program Director or the Imaging Services Department Director. The written declaration must include the estimated date of conception so that embryo/fetal dose can be calculated. If the student does not declare the pregnancy, the student will NOT be considered pregnant. The student may un-declare the pregnancy if she chooses. This must be done in writing and will be attached to the original declaration form.

The Imaging Department will provide declared pregnancies a third monitoring device. The dose to the embryo/fetus from occupational exposure must NOT exceed 0.5 Rem for the entire gestational period. The student will continue to participate in all rotations but will not assist with brachytherapy/tandem ovoid cases in the Operating Room or Cancer Center.

The pregnant student has a third option to continue the program without modification.

The pregnant student is reminded that the embryo/fetus is more sensitive to radiation, especially during the first trimester, and that the proper methods of protecting the embryo/fetus are the same as protecting oneself. This includes standing completely behind the control booth wall (not near the open doorway) during radiographic exposures, using as much distance as possible and wearing a full-wrap lead apron during fluoroscopy and mobile exams.

See Leave of Absence policy for details on missed time. Any time missed because of the pregnancy or delivery will be made up according to the Make-up time policy of this handbook.

**Jury Duty:** Students are responsible for returning Jury Duty forms to the Courts. Students may ask the school to write a letter supporting your request for a delay until after the program as to not affect the students standing within the program. If the courts deny the request or the student fails to have the school write the request, the student may choose to use personal time or request a leave of absence.

Jury selection process – If hours are minimal, students may choose to provide documentation of their time, so that no deductions are made for class absences, and they can either make up missed clinical time by the end of the term in which it occurs or use personal time. If the hours become extensive, the student may request a Leave of Absence retroactively.

**Injury During Clinical Time:** Students are not covered by Workers Compensation or MercyOne medical insurance. Students seen in the Emergency Department or by any physician are responsible for any cost their insurance carrier does not cover. Any time missed may be made up or PTO may be used.

**Clinical Make-up Time:** Only allowed in cases of COVID-19, Leave of Absence, Jury Duty/Selection Process, Inclement Weather, Suspension, going over allotted personal time per term or if a student misses time due to an injury sustained during clinical time.

Make-up time is allowed when it does not affect regularly scheduled rotations of other students. Students must first check clinical schedule & tech schedule for 1:1 availability; if on weekends – the weekend student has 1<sup>st</sup> option of hours if only 1 tech is available; during the week – students with optional rotation have 1<sup>st</sup> option of available hours. If 1:1 availability – student electing to make up time adds their hours to the control room clinical schedule and informs faculty. This time must be scheduled with faculty. Students will sign a clinical make up form acknowledging their voluntary request & that all school policies are in effect during make-up time.

In addition, it may also be done in an equitable rotation if it does not affect the completion of clinical assignments/objectives. Equitability in rotations is based on the primary scope of experiences; example: MercyOne Dx 8-430 is primarily a diagnostic x-ray rotation; therefore, sites that are primarily diagnostic rotations can be used for make-up hours. Acceptable requests for make-up include hours: before/after scheduled clinical or class day, on weekends, during scheduled days off, or during scheduled breaks. Make-up hours CANNOT include holidays (per JRCERT 4.4), or after 10 PM or before 6 AM. While students are choosing when the make-up hours occur, for student and patient safety reasons, the total time spent in clinical cannot exceed ten hours (JRCERT 4.4) in one day.

Students who miss non-diagnostic x-ray rotations that are not operating during evenings or weekends will be rescheduled out of future diagnostic x-ray rotations to complete the missed objectives. They will then make up the missed diagnostic x-ray rotation unless they have previously chosen to use personal time.

During certain times of the program, students are already scheduled for 40 hours/week. Students may make up time during these instances; a waiver statement is provided on the Clinical Make-Up form for students to sign that they are volunteering to put in more than 40 hours/week.

Make-up hours due to Suspension – to continue in the program, the student must make up the time prior to the next term. This excessive time should be made up as soon as possible after the occurrence to minimize clinical rotation conflicts. This suspension make-up time cannot be broken down into smaller time increments than the originally scheduled rotations that were missed.

**Compassionate Leave:** Students will be given time off (School faculty must be notified in advance) without having to use personal time if a funeral bulletin or online obituary link is provided, for the following:

Bereavement Leave Benefit - Trinity Health Human Resources Ministry-Wide Policy No. 1015 Page 2  
Students may receive up to three clinical days off from regularly scheduled Clinical as a bereavement leave benefit in the event of the death of a Family Member or a parent's loss of a pregnancy. If students leave Clinical/Class early on the day, they are notified of the death or a parent's loss of a pregnancy, that day will not count as bereavement leave. The bereavement leave benefit does not need to be taken consecutively but is generally expected to be taken within one year following the death of the Family Member or a parent's loss of a pregnancy.

A student who wishes to take time off due to the death of a Family Member or a parent's loss of a pregnancy must notify the Program Director, who is responsible for approving clinical absences, for the student, as soon as possible. In addition to the bereavement leave benefit, a student may, with the approval of the program director, use additional personal time off ("PTO") available as necessary and/or may apply for an elective leave of absence, as applicable. If the need for bereavement leave benefit occurs while a student is using PTO during a leave of absence, vacation, short term disability for a self-health condition, family member's health condition, for baby bonding, or elective leave, the student will receive a bereavement leave benefit instead of using PTO hours for that day or days.

**Disciplinary Action:** Students are expected to observe all rules, policies, procedures, guidelines, practices, and standards of performance. Failure to adhere to these expectations will be grounds for disciplinary action including, but not limited to warning, warning with clinical grade reduction, suspension, EAP (Students Assistance Program) referral, or dismissal. The school retains the right to skip any or all the steps of disciplinary action and proceed to dismissal as deemed appropriate. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.

If a student has been given 4 verbal reminders of a combination of different clinical policies or appropriate behaviors, a written warning will be issued. Each additional reminder will constitute a written warning with clinical grade reduction (3%) and possible suspension/performance plan depending on severity.

If student must be reminded of the same infraction (class/clinical) more than once, their corresponding (class/clinical) grade will be reduced 3%. Continued violations are considered insubordination and subject to suspension/probation/dismissal. If this violation puts them on suspension or probation, it will be a reduction of 5%.

If in any term, a student is put on probation for 1 major violation of policy, their overall clinical grade will be reduced by 5%.

**Probation/Performance Plan:** Probationary status is a warning to students that their status in the program is in jeopardy. The student will be notified in writing of the probationary status by faculty.

Probation requires the student to meet with faculty to identify and discuss the reason for probation, formulate a performance plan (if applicable to correct the reason for probation), and establish a timeframe in which improvement is expected. These actions must be taken prior to the student being allowed to progress in the program. Subsequent meetings as outlined in the performance plan will reflect student progress in correcting the identified problem. Failure to demonstrate implementation of a plan and correction of identified problem areas within the established time frame may result in disciplinary action up to and including dismissal from the program.

Continuation of probation after the initial time frame may occur if good effort has been demonstrated, but without resolution of the problem. Probationary status may carry over to the next term but must be resolved by the end of that next term for the student to remain in the program.

Students may be dismissed from the program if placed on probation twice for any reason at any time during the program.

Listed are of some of the reasons why a student may be placed on probation/disciplinary action:

- a. Inconsistent / unsatisfactory clinical performance (including a pattern of failed comps)
- b. Lack of preparation for clinical experience. (If this occurs the faculty reserves the right to send the student home and charge personal time accordingly)
- c. Unsafe clinical performance.
- d. Exceeding the allowed absences and/or tardiness per term.
- e. Lack of Professionalism at any clinical site during training, School, or Hospital-sponsored functions (e.g., seminars, educational meetings, graduation) or any other school related function. Some examples may include:
  1. Failure to cooperate and comply with program policies.
  2. Use of profane and vulgar language.
  3. Use of mood-altering chemicals.
  4. Failure to demonstrate maturity, self-control, and courtesy.
  5. Failure to respond to feedback with openness, personal consideration and appropriate/recommended change(s).
  6. Failure to abide by MercyOne's Guiding Behaviors and the ARRT's Code of Ethics.
  7. Dishonesty.
- f. Failure to maintain acceptable academic standards according to policy.
- g. Lack of confidentiality.
- h. Arrest or conviction related to the roles/responsibilities of the career/schooling.
- i. Insubordination
- j. Failing to abide by MercyOne Tobacco Free Environment policy.

While several reasons are listed, this list may not include every situation. The school reserves the right to make decisions according to the severity of any other infraction. Depending on the severity or number of occurrences of the above, the school retains the rights to skip any or all the steps of probation/performance planning and proceed to dismissal. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.



**Dismissal from the School:** There are behaviors that warrant immediate dismissal. These behaviors include:

Stealing from the hospital or any person working or visiting, or a patient at the hospital

Cheating on an academic or clinical exam (i.e., falsifying or destroying clinical forms)

Possession of drugs other than legally prescribed or over the counter

(All medications must be in their original container)

Possession of alcohol on hospital property

Possession of weapons on hospital property

Perpetrating bodily harm or threats of bodily harm to anyone during educational time or while on MercyOne property

Extreme Insubordination or an antagonistic disposition or any other undesirable trait, making them unsuitable for the field of Medical Imaging.

While these reasons are listed, they may not include every situation - the school reserves the right to make decisions according to the severity of any other infraction. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.

**Voluntary Withdrawal from the School:** The school asks that a student put the withdrawal in writing for the Program Director or sign a withdrawal form provided by the school. The Program Director will attempt to contact the student about the withdrawal reasons in an effort to improve future attrition rates. If the student does not provide a written withdrawal, no tuition refund will be issued.

**Program Re-entry:** For students voluntarily withdrawing or dismissed from the program there is no automatic re-entry. Students seeking readmission into the program must complete the entire application process; past files will be reviewed as part of the application. Acceptance will be on a space-available and case-by-case basis. To ensure patient safety and continuity of the educational process, re-entry placement will rest with the discretion of the faculty. Factors to be considered in re-entry placement include length of time from leaving the program to re-entry, course and clinical availability, reason for withdrawing or dismissal. If greater than one year has occurred from the time of leaving the program, placement may be at the beginning of the program.

When appropriate, placement may be determined through avenues such as required course auditing, didactic exams, and test-out performance assessments. Retests would include at a minimum passing all the prior final tests. If any tests are below 75%, faculty would review next steps. Next, must arrange a time to simulate all past comps. If fail simulations, original comp is pulled, and student must re-comp. Would not require re-simulation of prior labs; student can prep for future comps on own.

Must go through all pre-enrollment appointments, background check, and general orientation.

**Grievance / Fair Treatment:** (per JRCERT glossary, 1.1 and 1.5) *Grievance* is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. *Complaints* are anything that does not require invoking the grievance procedure (ex: cleanliness of classroom). Students should bring this to attention of faculty as soon as possible. Huddles are another opportunity to bring forth improvement ideas.

Program will use documentation via a log on the X-ray School drive to determine if a pattern of complaints and/or grievances exist and could negatively affect the quality of the program.

The student should make every effort to resolve complaints with the party involved before using this policy.

Below defines a process to be used by students seeking resolution of school related problems when using traditional open door or informal complaint process has not worked to resolve the issue effectively. The following emulates MercyOne students Fair Treatment policy.

The Formal Fair Treatment Procedure requires the submission of a written statement. A written response is then provided. (MercyOne Complaint and Grievance Process Policy Stat ID 14842594).

Step 1: Student communicates written complaint, within 30 days of the incident, to Program Director. The Program Director must act upon the complaint and provide a written copy of the decision to the student within 7 business days. If the response is acceptable to both the student and the Program Director, the complaint/grievance shall be considered settled. If it is not settled within 7 business days, a written letter will be issued every 30 business days, until the grievance is resolved.

Step 2: If Step 1 is not satisfactory to the student or no response is received within the prescribed time limit, an appeal may be made to the Director of Imaging Services. Following a student grievance and unsuccessful resolution to the step 1 process, the student has the right of appeal to the Director of Imaging Services within 7 business days. The appeal must be in writing and must provide a statement of the grievance/appeal; its date of occurrence; the policies or procedures violated, if any; attempts at informal resolutions; and the remedy sought. Within seven business days from the date the Director of Imaging received the written grievance/appeal, the Director of Imaging shall reply in writing. A copy will be provided to the student and the Program Director. If the response is acceptable to both the student and the Program Director, the complaint/grievance shall be considered settled.

Step 3: If the student is not satisfied following a student grievance and unsuccessful resolution to the step 2 process, the student has the right of appeal to the Senior Vice President within seven business days. The student must make an appointment to meet with the Senior Vice President to file the appeal. The appeal must be in writing and must provide a statement of the grievance/appeal; its date of occurrence; the policies or procedures violated, if any; attempts at informal resolutions; and the remedy sought. Within seven business days from the date the Senior Vice President received the written grievance/appeal, the Senior Vice President shall reply in writing. A copy will be provided to the student and the Program Director. If the response is acceptable to both the student and the Program Director, the complaint/grievance shall be considered settled.

Step 4: If the student is not satisfied following a student grievance and unsuccessful resolution to the step 3 process, the student has the right of appeal to the President/CEO of MercyOne within seven business days. The student must make an appointment to meet with the President/CEO of MercyOne to file the appeal. The appeal must be in writing and must provide a statement of the grievance/appeal; its date of occurrence; the policies or procedures violated, if any; attempts at informal resolutions; and the remedy sought. Within seven business days from the date the President/CEO of MercyOne received the written grievance/appeal, President/CEO of MercyOne shall reply in writing. A copy will be provided to the student and the Program Director. The decision of the President/CEO of MercyOne will be considered the final review for grievances and appeals of students concerning student grievance.

Time Limits – If the student fails to observe the time limits required for the submission of a grievance, the grievance shall be deemed to be settled. However, the Program Director may, at its discretion, extend the time limits for good cause.

Representation – At each step for the procedure, the student may choose self-representation or elect to secure outside representation, at the student's cost and expense. The program/hospital shall also be entitled to representation, if desired. Any cost incurred by the student in preparing the case or securing representation shall be borne by the resident/fellow.

Reprisals - No person shall suffer reprisal, harassment, or discrimination as a consequence of filing a grievance, appearing by or on behalf of the complaining resident/fellow.

Disposition of Record - The record shall be considered a confidential personnel record and closed to the public. MercyOne North Iowa Medical Center Radiology Program shall be the custodian of the official records.

The Human Resources Department is available to assist either the student or the school faculty or anyone involved in this process.

Per Iowa Administrative Code § [283-21.14\(1\)\(k\)](#) schools are required to prominently disclose the Iowa College Student Aid Commission's contact information for students who wish to seek additional information about a school or file a complaint.

**Iowa College Student Aid Commission:**

<https://iowacollegeaid.gov/StudentComplaintForm> or 1-877-272-4456

Documentation relating to fair treatment/grievance will be maintained in the student's file until graduation. The student may be assured that the use of this policy will not negatively affect their treatment or grades.

Behavior that is objectionable or considered sexual harassment will be assessed using the hospital's Administrative Policy concerning these topics.

The Advisory Board will be kept informed of the status and outcome of any grievance.

**JRCERT Standards:** The standards as set forth by the JRCERT (Joint Review Committee on Education in Radiologic Technology) may be accessed by the students at [www.jrcert.org](http://www.jrcert.org). The latest standards went into effect January 1, 2021 (next update occurs near 2028). This website also lists all accredited x-ray programs' effectiveness data (ex: ARRT pass rate, program completion rate). Our data can also be viewed on our website – [www.mercyone.org/northiowa/xrayschool](http://www.mercyone.org/northiowa/xrayschool)

Students who have reason to believe the school is not following JRCERT standards, or conditions exist that are jeopardizing the general welfare of students and/or quality of instruction must first attempt to resolve the complaint directly with institution/program officials by following the fair treatment procedure. If the student feels the concerns have not been properly addressed, he or she may then submit allegations of non-compliance directly to the JRCERT.

Chicago, IL 60606-3182  
Phone: 312-704-5300

**Transfer Policy:** The School does not routinely accept transfer students, advance placement, or part-time students. However, if the request is due to a closure of a program, each request will be evaluated for possible acceptance based on our clinical capacity and/or sequencing with academic curriculum. Requests must include an official transcript from the prior program, courses with C are not eligible for transfer. All MercyOne admission requirements and pre-enrollment items must be met. Transfer students must complete simulated competencies on any previously completed at the prior school. Students will also critique PACs images for those exams. All MercyOne graduation requirements must be met. Transfer into the program is not guaranteed and is determined on a case-by-case basis. Transfer credit is at the sole discretion of the program director and program faculty. JRCERT policy 11.407A requires that at least 51% of all professional courses be completed within the program granting certificate; therefore, student must transfer in prior to June. JRCERT policy 11.407A would be referenced to ensure compliance with any transfers considered.

**Disabilities:** The School and/or HR will review reasonable accommodations for those persons disclosing disabilities to the school.

**Records:** Those maintained by the school after graduation:

- Grade transcripts
- Radiation dosimeter report (in Imaging Director's office, on School drive & emailed monthly to students)
- Authorization for release of information
- Competencies completed (maintained on Trajecsys, Summary printed for each Term 6 clinical folder)
- Attendance records (maintained on Trajecsys & imported to School drive upon graduation)

The student has the right to inspect his/her records. This also includes any graduate of the school. Original records may NOT be removed from the school.

Transcripts & Gradebook are electronic documents on MercyOne's computer system and only accessible to faculty. At the completion of the program a paper copy of the transcript is also kept in the student's file in the locked Faculty office. Most clinical documents are maintained electronically on Trajecsys Online system and accessible by student username / password as well as accessible to program faculty. Upon graduation, a summary of the clinical competencies is printed and placed in the 6<sup>th</sup> term clinical folder (maintained in locked file cabinet at West campus).

The following entities have the right to inspect student records without student consent.

1. National and state accrediting/approving agencies
2. Auditors if the school is involved in Title IV funds.

An agreement with NIACC (North Iowa Area Community College) allows our students, who complete the necessary general education credits through NIACC, to obtain an AAS degree in Radiologic Technology. All students should be aware this agreement allows the x-ray program and NIACC to share records as necessary for the administration of the program. This includes transcripts from each of the institutions. By signing the handbook acknowledgement page, you are agreeing to our exchange of information.

If students have questions about the records policy, they may contact:

U.S. Department of Education

400 Maryland Ave. SW  
Washington, DC 20202

**Confidentiality of Records:** All records are confidential. Student records are kept in a secure place. The persons authorized to review records are School faculty, and others as identified above. A student or graduate may authorize the release of transcripts by signing the appropriate form.

JRCERT 1.4: records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner.

**Student Records / Family Education Rights and Privacy Act (FERPA):** School shall maintain all educational records and reports relating to Student's clinical training at Agency. School shall comply with the requirements of FERPA and shall have direct control over Student records for purposes of FERPA and since Agency is not an "educational agency or institution" nor does it receive funding from the Secretary of Education of the United States of America, the School is solely responsible for FERPA compliance. School is responsible for all record keeping related to any required documentation of Agency's access to student records and/or School's disclosure of personally identifiable information from student records to Agency or to other third parties without the eligible Student's written consent. School further acknowledges that it has adopted a FERPA policy and issues an annual notification to eligible students as required by FERPA. (Per U.S. Department of Education <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>)

**Communication:** Communication with the student is maintained through the following channels:

1. Advisory Committee meetings, a first and second-year student are included on this committee.
2. Faculty advises students of pertinent information from the Imaging Services Department meetings. Students may occasionally be requested to attend.
3. Information bulletins/Process Change Alerts posted in classroom and control room.
4. Information sent in emails via the hospital's system and/or Trajecsys announcements.
5. Daily classroom huddles; daily MercyOne Diagnostic Department clinical huddles
6. Triannual reviews with Program Director

In addition, the faculty maintains an open-door policy. Students are encouraged to talk with the faculty for advisement whenever they feel the need to discuss classes, clinical or personal issues that they feel impact their performance in the school. All confidences shared by the student will be kept confidential. The only exception would be if the faculty felt that the student was a threat to themselves or to others.

**Liability Insurance:** While acting within the scope of typical duties as students, students are eligible for available coverage in the event of a lawsuit, on Trinity Health's Hospital Professional Liability and General Liability program. (Verified by Lane Duckert, Risk Management, July 2021)

**Incident Reports – THEIR (Trinity Health Work-Related Incident Reporting) and VOICE (Voice Organization Incidents Concerns Events):** These reports are filed for any injury, unusual occurrence, or near miss that may have had a detrimental effect to the patient/family member that the student witnesses at MercyOne sites. If event occurs at other clinical sites, student checks with

the clinical supervisor as to acceptable reporting mechanism. VOICE reports are used to improve processes and eliminate errors, NOT to penalize. This can be an anonymous report.

VOICE reports are also to be filed when the student incurs any injury while performing their duties at any clinical site or in the classroom. This report is to be filed as soon as possible within 24 hours of the injury. If it is a blood or body fluid exposure, it is reported immediately, and the student should be seen in Students Health (or the ED if after-hours). The student will participate in an injury investigation ("swarm") to help identify process changes that improve safety measures for all. Students are not covered under Worker's Compensation Laws. It is in the student's best interest to ensure they have health insurance coverage to help offset necessary treatments/follow up care.

Trinity Health Students Incident Report (THEIR) is used for students' injuries. If the student is also an employee, a VOICE must also be entered.

**Graduation Requirements:** The following requirements must be met prior to the student receiving a signed certificate of completion from the School and the Program Director completing the final Program Verification with ARRT.

Successful completion of:

1. All academic and clinical courses
2. All clinical competency requirements, including terminal comps in the final term.
3. Minimum Associate Degree; including a Medical Terminology, A&P I & II courses.
4. All requirements of any disciplinary actions/probations/performance plans
5. Payment in full of tuition and fees

**Program Evaluation:** To ensure that the student receives the best education possible, faculty uses several methods throughout and after the program to gather ideas, suggestions, and remedy complaints. These methods include (but not limited to): learning experience evaluations, daily huddles, course/instructor evaluations, clinical site/liaison evaluations, Tri-annual student meetings, bi-annual advisory committee meetings, graduate, and employer surveys.

The school also uses an assessment plan to evaluate student learning. As data is collected, faculty reviews, monitors for trends, and identifies factors that may have impacted the scores; this is shared and discussed with Advisory Committee. The goals, outcomes, and benchmarks on the assessment plan itself are annually evaluated and updated. In addition to student learning, the assessment plan also monitors program effectiveness items: ARRT certification pass rate, job placement within 12 months of graduation, graduate and employer satisfaction, and program completion rate.

Annually, the School reviews policies and involves the Advisory Committee with significant changes to the program.

**Program Closure:** Should the Medical Center decide to close the school; every effort will be made to complete the program for the students that are currently enrolled. If completion is impossible, the student will be furnished with a list of all other programs available in the state of Iowa.

**Contingency plan/Loss of Faculty:** To ensure minimal disruption to the curriculum pending unique situations / challenges to staffing and resources:

For disasters or partial disasters (ex: epidemic/pandemic, natural disasters/weather) – Students may continue to participate in class activities via Microsoft Teams. Students will need a device with internet access.

Illness and/or Loss of Faculty – remaining faculty will assume the workload until further accommodations can be made (ex: working further ahead in certain courses and upon return of missing faculty, the focus will be on catching up in the other courses). Certain staff techs have participated in classroom units before and may step in if anticipate long-term faculty absence. There is a Class PowerPoint file on the faculty drive that allows easy access for remaining faculty to substitute teach on short notice. Faculty may teach remotely via Microsoft Teams platform if illness and/or internet connections allow. Staff onsite may have to create the Microsoft Teams meeting and open needed file since faculty access to network drive is limited from home. Staff can access work email from home via MercyOne Website.

Testing: Tests are online and additional materials prepared a day in advance so other faculty can give/open tests. If student is going to be off-site for longer term (quarantine) but feels able; student can request to keep up with Online Testing and it will be assessed on case-by-case basis. Students utilize Microsoft Teams which allows them to share their screen with faculty so faculty can tell no other applications open or being accessed. Student is required to use webcam and show the testing area prior to testing (including where book bag and cell phone are at in the room). In addition, faculty will monitor progression of the student's test on their screen and observe student's face/eyes/body position during the testing period for signs of possible cheating with items in their work area or phone.

Clinical rotations: Should sites need to reduce to minimum staffing or be unable to accept a student on short notice (pandemic), all efforts to place a student in an equitable rotation will be made. Unique arrangements may be necessary for clinical scheduling due to limited exam volumes; ex: up to 10-hour rotations, use of weekends or into the evenings. Should clinical rotation limitation become extreme, faculty will collaborate with Imaging Services Director, and Lead Technologist along with JRCERT to determine which portions of missed clinical hours must be made up prior to graduation. If clinical hours were from Term 5 and 6, must also work with NIACC Health division chair for required make-up as not to impact the total credit hours that are being awarded for the A.A.S degree.

**Computer Availability/Access:** Students are issued a MercyOne computer sign-on as well as a hospital email account. All computer (internet/email) activity can be monitored, and disciplinary action taken for unprofessional use; browsing of the Internet should be reserved for breaks. Students have access to computers/email/internet in all the clinical environments. Additionally, students can use computers in MercyOne Medical Library, and the X-ray classroom. Students are expected to check emails at least daily when at clinical/school. Time sensitive information will also be copied to your personal email. MercyOne has a Facebook page that students are welcome to join.

Radnet (Radiology Information System) and PACS (digital image system): Students need tech supervision when canceling an exam (Radnet). The cancel function is only found under the tech's log on (liability issue). Techs will verify exams in PACS, students may only do so if requested by the tech and need direct supervision. The verify function is only available under the tech's log on. Students should not leave open their Radnet/PACS screens. Students have limited access in Powerchart (patient's medical record) so can only assist with certain functions when tech observes it happening under tech log on.

**Library:** The MercyOne library is located on 3<sup>rd</sup> floor of the Cancer Center and is available to students for study purposes, computer/printing access, or for reference material. Typically unlocked 8-4:30 on weekdays. For afterhours or weekends contact Security and show your MercyOne ID badge for entrance.

If students are doing research, there are resources on MercyOne Sharepoint as well as postings within the library on how to contact support staff by phone or email.

The offices of School faculty also have textbooks that the student may use with permission.

**Tobacco Use:** The use of tobacco products on MercyOne properties is prohibited. The use of tobacco products is not allowed from the beginning to end of the shift regardless of the location (ex: being out or home for lunch). Students must not have the smell of tobacco on clothing, body, or breath during school hours.

Electronic cigarettes and vaporizers (vapes) **are not** allowed in hospitals or on the hospital campus because they are considered a cigarette/tobacco and a fire hazard (EC.02.03.01, EP 2).

**Gum Use:** Chewing gum is permitted if done discretely but is not recommended in the presence of a patient.

**Community Service:** Students will participate in the schools elected community project. This will be scheduled by the school and will occur once per year.

**Parking:** Students will follow MercyOne parking regulations. The hospital issues citations for failure to follow this policy, including potential towing at the owner's expense. See maps below.





WEST Campus



**Counseling Services:** Students may utilize the Colleague Care Resources by scanning the QR code shown below. This provides students with access to resources to help promote and improve your mental well-being.

## Colleague Care Resources



### Trinity Health: Spring Health

**Scan the QR code to access your mental well-being benefit!**

**Genesis Colleagues:** contact The Standard by calling 888-293-6948, available 24 hours a day

**Suicide and Crisis hotline:** dial 988 to connect with someone right away

**Immunizations/Physical/Background Check:** Pre-enrollment physical including drug screening, TB test, and CRT strength evaluation is provided at a MercyOne approved facility at no cost to the student. The background check is provided at a small fee, paid to MercyOne North Iowa Medical Center, 30 days prior to the start of the program (see expense page of the school website). Immunizations, physicals, drug screening, TB test and CRT strength evaluation must be completed and approved prior to the students start in the MercyOne North Iowa Radiology Program.

Employee Health will review immunizations; according to the MercyOne Colleague Health Program policy listed in PolicyStat. <https://mercynorthiowa.policystat.com/policy/9294537/latest/> To be accepted/remain in the program students must comply with all mandated vaccines unless an exemption is granted.

Yearly influenza vaccine will be offered at no charge during the colleague vaccination clinics held in the fall.

**Last Add Date for Alternate** In the event a spot comes available, the Friday prior to hospital orientation (currently held each Monday) would be the latest alternates would be contacted. The decision to add an alternate includes the following factors:

- 1) Alternate's available date
- 2) If already a MercyOne students with completed drug screen, background check, CRT, and hospital orientation

**Student Advisement:** Formative feedback on clinical progress will be given via technologist's comments on the student weekly evaluations and through periodic audits done by faculty. Student self-assessment and faculty summative feedback (clinical & academics) will be discussed during triannual reviews with the program director and as needed throughout the term by faculty.

**Tuition:** Tuition is subject to change; please refer to program web site for current costs: [www.mercyone.org/northiowa/xrayschool](http://www.mercyone.org/northiowa/xrayschool). A non-refundable deposit is due upon acceptance into the

program; this will be deducted from the first tuition payment. If the student does not enroll in August, the deposit is forfeited.

Tuition is due three times per year – Day 1 School orientation and at the beginning of each subsequent term. Activity fee is due twice per year, at the beginning of fall and spring terms. Activity fund covers costs of Trajecsys clinical records, printing of handouts, lunch on 1<sup>st</sup> day, off-site Student Seminar conference & hotel fees, Rad Tech Bootcamp and/or possible Hessi Review tests; any remaining activity funds are applied to general expenses of the school.

If a student needs other payment options – arrangements can be requested with the Program Director. Non-payment of tuition/fees may be grounds for dismissal.

Other miscellaneous costs during the program include replacement name badge (paid to HR) – approximately \$20-25, cost of lead marker replacement (\$10-25, purchased online by student via vendor of choice -- must include all 3 initials)

Additional fees nearing graduation are approximate & subject to change:

National Registry exam \$225 – fee paid directly to ARRT.

Iowa Permit to Practice \$100 – initial application fee (\$75 annual renewal) – paid directly to Iowa Department of Public Health (IDPH)

**Tuition Refund:** Students must provide a written/email withdrawal for tuition refund to be issued. Date on the email or postmark on envelope is used as refund request date. If the student does not provide a written/email withdrawal, no tuition refund will be issued.

A refund (minus the non-refundable \$200 deposit) will be mailed to students who have paid their tuition in full by the due date and are dismissed or voluntarily withdraw within:

1<sup>st</sup> three days of School/term - 100%

4-28 days after the listed tuition due dates - 50%

No refunds will be given after 28 days.

If students on a payment plan have not paid enough to cover the amount that would be refunded per the information above; no refund is made.

No refunds are given on Activity Fund payments.

**Financial Aid:** The School does NOT participate in the federally funded financial aid program. We do NOT offer financial aid of any kind but can accept scholarships. For the NIACC general education courses – check with NIACC financial aid office for information.

**Loans:** CENT Credit Union in Mason City has offered low-interest rate loans to students in the past. Students must inquire with the credit union (641-424-2368; ask for Jacob or email [jacob@centcu.org](mailto:jacob@centcu.org)) for current availability and terms. CENT will send tuition payments directly to the school.

**Scholarships:** There are two scholarships given out to first year students during the graduation ceremony. One is from the Radiologists of North Iowa and is based on clinical achievement. The second is given by MercyOne and is based on scholastic achievement. Both scholarships currently are remission of \$1,050 of the total tuition and/or expenses (both subject to change).

There may be other scholarships available through the MercyOne Foundation, check their website <https://www.mercyone.org/>

The ISRT (Iowa Society of Radiologic Technologists) also offers a scholarship to student members – awarded during their spring meeting. Information will be provided by the Program Director when it comes available in early December.

**Housing:** Students are responsible for their own housing. The school does not have dormitories or any special housing available. NIACC may have dorm space available, please check with the school for information.

**Student Services at NIACC:** X-ray students pursuing the AAS Radiologic Technology degree through our partnership with NIACC have a unique opportunity for additional services provided on the NIACC campus. Students dually enrolled are provided information via NIACC.

**Clinical Rotations:** Sites approved by the JRCERT include Imaging Departments of MercyOne East Campus including Forest Park Imaging Clinic, MercyOne West Campus, Mitchell County Regional Health Center in Osage, MercyOne Clear Lake Family Medicine, MercyOne Regency Family Medicine, Franklin General Hospital in Hampton, Hancock County Health System in Britt and Mason City Clinic. School faculty provides the rotation schedules approximately four weeks in advance. Schedules are made in accordance with the JRCERT standard, maintaining a tech to student ratio of 1:1. Only in unforeseen situations (e.g., a room is down, or a tech calls in sick), the student may be reassigned or paired with another team. For exams that are rare in nature, it is permissible to the JRCERT standards for more than one student to participate/observe.

Students are responsible for their own transportation to the sites.

These various rotations allow students to experience/participate in how other departments operate, different persons interact, and the different technologies/equipment used. Students must follow all policies of each clinical site and are provided a site summary by faculty in preparation of the rotation to that site.

Some sites have overnight accommodations available. If student is interested due to weather or distance from home, please check with faculty or the site prior to the rotation.

In first weeks of program, before students rotate to a site with MRI, they will receive information on magnet safety and be screened for safety concerns including foreign body in the eyes, pacemakers, and other contra-indicated devices. Students with past eye injuries that may have resulted in remaining metallic fragments will have foreign body orbit images cleared by a Radiologist at no charge to the student. After initial screening, if a student incurs metal injury to the eye or has devices implanted, they will need to contact faculty to be reevaluated prior to entering a magnet room. MRI is available at MercyOne (Emergency Department and Forest Park), Britt, Osage, and Hampton hospitals.

The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not able to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a

mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students (JRCERT statement 2016).

**Clinical Dress Code:** All students are required to wear solid Caribbean Blue scrubs top (no additional coloring in the top is permissible) and black scrub pants. Exception: Every Friday students may wear a MercyOne designated shirt or department specific shirt with a MercyOne logo on it. In addition to designated 'game day' themes, 'MercyOne NI Spirit Days' are held on Fridays. Examples of appropriate items for MercyOne NI Spirit Days includes departmental specific shirts or other imprinted MercyOne clothing. During these designated days, students are allowed to wear a scrub pant color that is different than the standard to coordinate with the top color. MercyOne Spirit Days are not recognized at our outside clinicals sites. During these rotations students must wear their Caribbean blue Scrub tops with black pants.

If a student chooses to purchase a lab coat, it must be Caribbean Blue. Per infection control: fleece, sweatshirts, or vests (including hooded or zippered) will not be allowed.

Uniforms must be professional in appearance, including clean and wrinkle free. Garments must cover cleavage and chest hair and skin at waist level during normal working activities. This may require the student to wear an undershirt. Undershirts may be either solid white, Caribbean blue or black. Undershirts may be long-sleeved, but if the student is in a rotation where surgery scrubs are worn, a surgery lab coat will be worn to cover the long sleeves, when working around a sterile field. Pants will not drag on the floor or reveal any undergarments.

A pregnant student may purchase maternity scrub tops or wear Caribbean blue scrub jacket over a t-shirt consistent with the undershirt colors listed above.

Shoe types may be athletic, nursing or clog (cros – no holes). Shoes must cover front, sides and at least half of the top of the foot. Open heels must have heel straps for safety. Inappropriate footwear includes open toed shoes, shoes with holes on top, sides, or around the front of the foot. To minimize risk of exposure to hazards and the occurrence of injury, shoes must be resistant to absorption of blood borne pathogen fluids (minimal mesh) and durable to protect from falling sharp objects. Socks are always to be worn in the clinical area; bare legs are not allowed. Shoes are to be kept clean and in good condition, therefore should be used for hospital wear only.

Hospital provided surgical scrubs are to be worn ONLY when scheduled for surgery or IR rotations. These uniforms are to remain within the hospital premises (clean and soiled) and are not taken out of the building or worn to/from home (the only exception is when a personal uniform has been contaminated by blood or body fluid during clinical). The contaminated uniform should be placed in a bag labeled with student name and phone number and sent to Textile Services for laundering.

MercyOne NI students must wear an ID badge with the MercyOne NI logo/photo side of the badge visible on the outer layer of clothing, above the waist, while on duty and while on MercyOne NI property or its affiliate or contract sites. Each student will also be provided a badge identifying them as a student that must be worn on the underside of their MercyOne NI ID badge, at all times. If there is a reason for not wearing the name badge, you will be informed, i.e., MRI. Students without their name badge are not allowed to participate in clinical. Students not wearing their name badges, will

be provided a temporary badge, but will be charged an hour of PTO for each occurrence. Temporary badges may be obtained from Department Director or one of the Radiology Managers. Nametags must be clear of any stickers, pins or other accessories attached to them. Lanyards are not permissible in direct patient care rotations. If badge is lost, replacement badges are purchased by the student.

Students must be professional in their use of jewelry/accessories, including amount, size, and styles. Visible body piercings must be small and minimal during the work shift. Wearing of jewelry may be limited for safety reasons dependent on the work area and functions performed. As a safety precaution, Students providing direct patient care may not wear long necklaces, dangling earrings, scarves, or ties.

Due to the possibility of infection, MercyOne North Iowa has adopted a 'naked nails' policy for students whose job duties include direct patient care, as well as students whose jobs, in full or in part, include cleaning of patient care areas, handling sterile equipment or food handling or preparation. Students in these roles shall not wear artificial fingernails or extenders or any nail polish of any kind. Keep nails short, recommended less than ¼ inch long.

All cosmetic products, including make-up and lotions must be fragrance free. Make-up must be applied conservatively and in a manner that does not detract from the professionalism of the students' appearance. Perfume, cologne, or aftershave may not be used by direct care providers, or if such use causes adverse physiological symptoms for others in the work environment. Out of respect for our patients and co-workers, personal hygiene should never be neglected. This would include body odor, foot odor, bad breath, or odor from tobacco.

Hair must be kept groomed, clean, and dry. If hair is long enough that it falls into the student's face, it is recommended that it be kept pulled back for both patient and student hygiene reasons. Extreme hair colors are discouraged (i.e., pink, blue, green), and students may be asked to alter the color. Facial hair must be groomed and clean.

Any tattoos that may be offensive to others must always be covered, including but not limited to those that contain pictures/symbols/words of a sexual nature, gang affiliations, violence, profanity, or derogatory words/images.

If a student's dress or appearance is not appropriate as outlined in this Policy, appropriate corrective action may be taken, including requiring the student to leave the work area and make necessary changes to comply with this Policy. Students may be sent home due to inappropriate dress or appearance and will be charged Personal Time for their time away from clinical.

If any clinical site deems your appearance in any way to be offensive or potentially offensive to their patient populations, they have the right to refuse your participation at their clinical site. If this occurs and cannot be remedied, you will not be able to fulfill the objectives for that site and our program and therefore unable to continue in the program.

**Radiation Protection:** During fluoroscopy students must wear lead aprons; full wraps (front and back side covered) are encouraged. If wearing two-piece aprons, both top and bottom must be worn.

If half wraps (front-covered only) are worn, the student is reminded that if their back is turned towards the radiation they are not protected. Thyroid collars are available and optional, but encouraged, for student use. During mobile examinations, in addition to using distance, students must be protected by lead aprons.

Students practicing exams in energized rooms (at any of the clinical sites) must have indirect supervision of a qualified radiographer who is readily available. The school x-ray lab room at west campus is not energized, so students may practice without supervision. Check with faculty, as room is normally locked. Students have access to energized labs to complete activities/experiments on phantoms. These are assigned as part of the clinical objectives to be completed with designated clinical staff at our sponsoring site during downtimes.

The school follows MercyOne policies regarding Radiation Monitoring of Personnel and Radiation Safety. Anywhere "students/associates" are referenced in the policies also pertains to students. Students may access these policies at any time via the MercyOne Sharepoint PolicyStat tab [Viewing Radiation Safety, 903-4 :: PolicyStat](#) . Key items from these policies:

Activating the Rotor - only when staff are out of room or behind a barrier, unless explicit and clear instruction to do so. May refuse to perform an exam until proper shielding is worn.

Per IDPH code 41.1(3)"a"(5)"2" only staff required for the medical procedure shall be in the room during the radiographic exposure. The x-ray operator, other staff, ancillary personnel, and other persons required for the medical procedure shall be protected from the scattered primary radiation by protective aprons or whole body protective barriers of not less than 0.25 mm Pb equivalent.(#903-4) In larger areas (ex: PACU) provide notice to the surrounding personnel of an impending exposure and provide time for them to leave the area, step behind staff wearing Pb or use a distance of greater than 12 feet.

During O-arm cases, tech will stand directly in line with the O-arm (behind the control panel). If you can see light spinning on the O-arm, the risk of receiving scatter radiation is increased. If you must remain in the room, 13 feet or greater from the O-arm is recommended.

Radiation dosimeters (badges) are provided by MercyOne Imaging Department to be worn while in any clinical setting where ionizing radiation is present. The badge labeled 'collar' is to be worn at the neck area outside the apron. The second badge labeled 'whole body (chest)' will be worn at the waist level under the apron. Never switch the location of the badges. Students not wearing their radiation dosimeters will be sent home to get them and will be charged for time used in hour increments. Badges will be replaced quarterly.

Badge reports (do not contain SS# (JRCERT 1.4) or birth dates) are reviewed by the Imaging Director (co-chair Radiation Safety Officer (RSO)). Students will be notified by the RSO if their readings exceed the stated level in MercyOne Radiation Monitoring of Personnel policy [Viewing Radiation Monitoring of Personnel :: PolicyStat](#) (copied below); additional paperwork may be required for further investigation of Level II. Students will also receive an electronic copy of their report within 30 days of receipt (Standard 5.1) from the Program Director.

**TABLE 1 -From MercyOne Radiation Monitoring of Personnel policy  
Investigational Levels per Quarter**

		<b>Level 1</b>	<b>Level II</b>
1. Total Dose Equivalent: whole body; head & trunk; active blood forming organs; or gonads	TEDE (assigned by Landauer using Webster Calc.) from whole body (chest) badge worn at waist & collar badge	200mR	400mR
2. Lens of eye	LDE -collar badge	600mR	1200mR

The MercyOne RSO or Associate RSO directs the following:

- Below Level I – no further action.
- Doses between Level I and II – review each dose in comparison with those of others performing similar tasks and record the review in the Radiation Safety Committee minutes.
- Doses above Level II – RSO investigates the causes of all personnel doses equaling or exceeding Level II and, if warranted, removes student from the clinical setting for a period of time. A report of investigation is completed and presented at the next RSC committee meeting.

Dosimeter reports are kept indefinitely in the Imaging Services Director's office. A copy of the student reports are kept in the program director's office.

**Holding Patients:** Students are not allowed to remain in the radiographic room or hold a patient/image receptor during a radiographic procedure (JRCERT 5.3). Exception: fluoroscopic examinations when the student is present in the room, wearing a lead apron, and helping hold/turn patients who need assistance.

**Identification of Patients:** Patient identification is a critical function of the healthcare professional. MercyOne Imaging Services follows Joint Commission regulations, using two patient identifiers prior to performing any exam (patient room number cannot be used as an identification source). Staff and students will ask the patient to state their full name and birth date and view the patient ID band (Imaging Services policy [Viewing Identification and Transportation of Patients :: PolicyStat](#)). This should coincide with the Hospital face sheet or Radnet Label of the exam being performed. If a name band is found to have incorrect information, refer to the technologist in charge or the hospital policy for further guidance. For further information is MercyOne policy: [Viewing Patient Identification :: PolicyStat](#)

**Confidentiality of Patient Information:** Patient privacy is not only critical - it is mandated by law (HIPAA – Health Insurance Portability and Accountability Act). As part of the learning environment, you are privileged to view certain PHI (Protected Health Information) which must always be held in the strictest confidence.



Information about the patient may only be shared with those who need to know to properly care for the patient and not discussed indiscriminately with other students, staff or with the public. You must assess and determine whether the person with whom you are interacting has a professional “need to know.”

When sharing examples in clinical or the classroom to foster classmates’ learning, one is cautioned that it should never include names or specifics that would identify the patient.

Our patients must feel confident that information regarding their treatment will be handled professionally. Your association with the patient outside of here and the knowledge you gain regarding their presence in our facility should not be used as a reason to stop in to visit the patient. There are times you will not realize you know the patient until you are in their presence; please use discretion based on the patient’s reaction to you as to whether you stay or gracefully exit the room.

Students should refrain from reading PHI unless you have a professional “need to know” (ex: ED worklist names).

Students may view medical images as part of the learning experience (e.g., analyzing radiographic images). Performing a general search of exams on PACS is permissible, but to search based on family, friends, situations in the news, etc. is not acceptable and violates that patient’s privacy.

No photos may ever be taken of a patient (even if it does not include their face), their medical images, or other protected health information.

It is MercyOne/Trinity Health’s policy that staff/students are not to access their own records, including Radiology images, without authorization. Proper channels must be followed to access your records, please see Imaging Records Department and/or Hospital Health Information Management Department for the proper release forms to obtain a CD/view images on PACS.

HIPAA will be covered in Hospital Orientation/HealthStream. Information relating to HIPAA can be referenced on the hospital Sharepoint. For further clarification, the MercyOne Integrity Officer is a resource. Disciplinary actions will be commensurate with the degree of seriousness and/or circumstances surrounding any student violation and may include but are not limited to probation or dismissal from the school.

**Communicable Diseases:** The School will follow MercyOne General Infection Prevention Policies: Exposure Control Plan [Viewing Exposure Control Plan :: PolicyStat](#), Standard Precautions [Viewing Standard Precautions :: PolicyStat](#), Hand Hygiene [Viewing Hand Hygiene :: PolicyStat](#) , and Isolation Precautions [Viewing Isolation Precautions :: PolicyStat](#). Information included via Hospital HealthStream online learning system and Hospital General Orientation as well as Patient Care class. Other various Infection Prevention policies may be referenced via the hospital Sharepoint. The Infection Prevention nurse is a resource for questions.

**Standard Precautions:** Must be consistently used for all patients regardless of their diagnosis or presumed infection status. All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other potentially infectious materials of any patient is anticipated. Standard precautions apply to blood, all body fluids, secretions, and excretions except sweat, whether they contain visible blood fluids or not.

Current MercyOne COVID requirements for PPE will be followed; As of February 2022, students are allowed to care for COVID or COVID PUI patients after they have completed Donning & Doffing Training and been N95 Fit Tested. COVID precautions may supersede any general PPE situations listed below.

Hand washing/foam (alcohol-based hand antiseptic) must be done:

- after gloves are removed
- before and after patient contacts (foam in/foam out)

Wash hands if visibly soiled.

Gloves should be worn anytime there is a possibility of contact with any body fluids, contaminated items including clothing or shoes, non-intact skin, and mucous membranes. Inpatient and ED patients – minimum of gloves should be considered before touching patient or any patient belongings. It is important to be prepared for the unexpected with these patients who are sicker than outpatients AND for IV sites that may leak.

Masks, eye protection, face shield: use to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Flush accidental exposures thoroughly with water.

Masks should also be given to patients with cough and/or healthcare provider should wear. Additional use of eyewear/face shield is needed by staff/student in certain situations.

Long-sleeve fluid repellent gowns or Other Protective Body Clothing shall be worn in potential exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. (Ex: trauma alerts/morgue cases)

Surgical caps and/or shoe covers shall be worn in instances when gross contamination can reasonably be anticipated (ex: autopsies, surgery).

Sharps: Dispose of in proper puncture-resistant container. Do not recap needles. If recapping is necessary, use 1 handed method or use a mechanical device.

Air-way masks & bag masks: Use in place of mouth-to-mouth.

The clinical sites have Personal Protective Equipment (PPE) available to students at no charge.

**Safe Lifting and Handling:** In accordance with MercyOne policy [Viewing Safe Patient Movement and Handling :: PolicyStat](#) , students will use appropriate lifting/handling devices with all patients or objects exceeding 35 pounds. (National Institute for Occupational Safety and Health (NIOSH) recommended limit and Trinity directive). If at any clinical site where lifting devices are either not available or not being used, students are not allowed to participate in the lift/transfer. Students may assist in other roles that would not violate the 35 lb. limit (ex: moving the wheelchair). Students are not covered by Workers Compensation, therefore any costs related to injury would be solely the responsibility of the student. Failure to abide by this policy may result in disciplinary action. When encountering situations where safe lifting is not possible, students need to make faculty aware of the situation and/or barriers.

A falling patient is to be assisted to the floor. Do not attempt to physically lift them. If the patient can raise himself/herself with the assistance of a chair, student may offer minimal assistance. If a patient cannot do this, assistive lifting devices will be used (ex: hoverjack, mechanical lift or ceiling lift). While waiting for equipment to arrive, remain with the patient, assisting them into a comfortable position (if appropriate).

In addition to the above, at MercyOne, ancillary staff communicates with the patient's nurse (Temporary SBAR) about the mobility skills and level of assistance/type lifting device needed and reviews the safety page in PowerChart prior to transporting. At other clinical sites, students will follow staff directives on prior communication.

**Clinical Downtime:** Besides practicing exam simulations with classmates or techs, students should also help with department downtime activities (linen, cleaning, annual surgical Pb inventory, etc.) and/or involved in School activities (triannual reviews or information session or NIACC presentations). When students will be gone for extended periods of time, especially during the 2<sup>nd</sup> year, students should leave a contact # in case of rare exam or low-volume comp. Student should also consider leaving a list of comps to facilitate what they get calls on.

Student shouldn't leave current exam or pending exam unless:

- reason to leave is emergent in nature.
- the other exam is a lower volume exam.
- current exam is so common the student's learning is not compromised (CXR's vs. clinical quiz, labs, triannual reviews, participate in committee meetings)

Due to the nature of certain School activities (ex. graded critiques/labs) students will not be called back to clinical until that activity is complete.

At our main clinical site, it is typically NOT permissible to be completing homework in the control room. You MAY have note cards or review sheets in your pockets BUT need to also be aware when a patient arrives so you can put the notes away and participate. Closer to graduation, you will have access to online review questions, and it is permissible to work on those as long you participate once a patient arrives.

**Supervision of Students:** When performing an exam, students must be directly supervised by a qualified radiographer until competency is achieved. Once students have achieved competency, they may work under indirect supervision.

*Direct supervision* assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

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

A qualified radiographer is defined as possessing ARRT certification and active registration in the pertinent discipline. Per JRCERT 2021 Standard 5.4 students must be directly supervised during surgical and all mobile, including mobile fluoroscopy procedures regardless of the level of competency.

**Indirect supervision** is allowed once a student has achieved competency (passed a comp). The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed (within shouting distance, excluding the use of electronic devices). This availability applies to all areas where ionizing radiation equipment is in use on patients. Additionally, a technologist will approve the final images prior to the patient being released.

Venipuncture and/or Lab draws will always require direct supervision, even after successful demonstration on a patient. Venipuncture is part of the ARRT General Patient Care requirements in the clinical competency requirement document.

Staff and students are annually provided refresher information on supervision definitions and sign off in Trajecsyst. If any student or radiographer becomes aware of a violation of this policy, they will immediately inform School faculty.

If a student fails to abide by the JRCERT policy listed above regarding the appropriate supervision, their clinical grade will be reduced by 3% for each offense. This will be recorded in the "miscellaneous deductions" category on the clinical grade worksheet.

**Repeats:** Students may NOT perform a repeat without direct supervision. It does not matter what the reason for the repeat is (i.e., motion, artifacts, etc.). A 'spot' image to capture anatomy that was unintentionally missed on the original image is considered a repeat. A qualified practitioner must be present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure. Disciplinary action will be taken on students who repeat exams without direct supervision. The student's final clinical grade will be reduced by 3% for each offense. This will be recorded in the "miscellaneous deductions" category on the clinical grade worksheet.

**Staffing Plan:** The School of Radiologic Technology of MercyOne is staffed as follows:

Program Director	MercyOne North Iowa	Amy Edwards	641-428-6079
Clinical Coordinator	MercyOne North Iowa	Megan Birkhofer	641-428-6289
Clinical Liaison	MercyOne - Hospital Diagnostic X-ray	Hannah Freie	641-428-7595
Clinical Liaison	MercyOne – West Campus	Hannah Freie	641-428-5697
Clinical Liaison	MercyOne Forest Park Clinic*	Paige Scott	641-428-7782
	*FP Voicemail for calling in sick		641-428-6877
Clinical Liaison	Mitchell Co. Regional Health Center	Gina Solberg	641-732-6036
Clinical Liaison	Hancock County Health System	Allison Juhl	641-843-5190
Clinical Liaison	MercyOne Family Clinic – Clear Lake	Briana Thimmesch	641-428-4833 (lab)
Clinical Liaison	MercyOne Family Clinic – Regency	Mary Porter	641-428-6900
Clinical Liaison	Franklin General Hospital – Hampton	Robert Dean	641-456-5709

**Clinical Grade:** Calculated as follows –

Term 1:

55% - Completion of required # of practices on Mandatory/Elective Exams

20% - Oral critique of images with CI

15% - Clinical quiz scores

10% - Clinical evaluations

Rotation objective completion – dockage to final grade for each objective not completed.

Terms 2-5:

55% - Clinical competency scores

20% - Oral critique of images with CI

15% - Clinical quizzes

10% - Clinical evaluations

Rotation objective completion – dockage to final grade for each objective not completed.

Term 6:

50% - Terminal competency scores

20% - Clinical competency scores

20% - Oral critique of images with CI

10% - Clinical evaluations

Rotation objective completion – final grade will be incomplete until all turned in.

During each term students must pass each individual category of the weekly eval with an average score of 75%. Failure to pass each category with a minimum of 75% will result in the student being placed on a performance plan, which could result in dismissal from the program.

Since students have until the last day of each term to finish turning in assigned clinical comps and documents, the school may not be able to give advanced warning to a student who ends up with a failing clinical grade. Students are responsible for ensuring they have completed the assignments successfully and turned them in on time.

See Disciplinary Action section for possible grade reductions for excessive reminders on policies and appropriate behaviors.

**Customer Service:** Customer experiences are a top priority at MercyOne. A portion of the first and second terms will be spent acclimating students to the level of expectations. Each of our clinical sites may have a slightly different customer service focus, initiatives, and programs – students will need to remain open minded and flexible in each environment. At MercyOne the focus is on Legendary Impressions, Customer Experience guides and customer experience checkoffs and audits. Final clinical grade will be docked 3% for each customer experience form that is not completed by the due date. The clinical grade will continue to be reduced by an additional 3% for each one still not completed every 5 clinical days until it is turned in.

**Practice Exams:** During Term 1 a portion of the grade is based upon amount of practice exams successfully documented (Practice Exams in the Forms folder):

8 = 100%    7 = 90%    6 = 80%    5 = 75%

During the last week of the term, students not meeting the minimum may volunteer for extra clinical time until the minimum is reached, but not to increase beyond the minimum.

If only 4 are completed, the student will have 5 school days to successfully turn in the required 5<sup>th</sup> practice. Upon completion, the Practice Exams section of the final grade is 70%. If not completed, their total clinical grade will be reduced to 74% (failing), which results in dismissal from the program from failing a clinical course. If 3 or less are complete by end of term, this lack of achievement will constitute a failing clinical grade and the student will no longer meet the criteria to remain in the program.

Term 1 practices must include 2-view chest and 2-view abdomen (flat & upright or flat & decub).

**Competencies (Comps):** The ARRT requires specific clinical competencies to be demonstrated to be eligible for the ARRT registry examination. The school follows latest (2022) ARRT mandatory and elective competencies as the basis of our minimum requirements – a master list is in Trajecsyst. The student must prove competency in all procedures on the school's master list. Exception – fluoroscopy studies – comp on only two of the five listed.

Mandatory comps should be performed on patients whenever possible as only certain number of exams can be simulated near the end of the program. Electives are typically lower volume, but students are encouraged to also perform on patients when possible. Simulations may occur according to information below under 'Comps - Simulated'.

Students will each complete the following minimum number of passing competencies - Term 6 may be less than the stated amount if the student has worked ahead in previous terms:

Mandatory/Elective Comps – 60 Total	Term 2	Term 3	Term 4	Term 5	Term 6
Minimum per Term	10	11	12	13	14
Cumulative	10	21	33	46	60
Recheck	0	6	6	6	0

In Terms 2-5 students that meet the required minimum number of comps at least one week prior to the end of the term will receive an extra hour of PTO. For Term 6 there is no additional PTO granted; also see Comps – Simulated section below.

Those students not completing the required number per term will receive a zero for each competency not successfully completed. The zero score will be recorded in that term. Once the student completes the late comp the score will go into the current term. If this reduces the overall clinical grade to failing status, the student will be dismissed from the program due to failing a clinical course. Otherwise, the student has an additional 5 school days to turn in the required missing competencies. After 5 days, if the comp(s) have not been completed successfully, the overall clinical grade will be reduced to 74% (failing) which results in dismissal from the program from failing a clinical course.

Prior to attempting a comp in clinical, the student must first have classroom instruction, pass a lab on that exam, and have completed the necessary customer experience objectives/comps.

There are no labs for the following competency categories: Trauma, Fluoro, Mobiles, Geriatrics and Pediatrics. Students may attempt Geriatric comps after completing Patient Care course (Term 1) and

after learning that specific exam/lab in Procedure's course. There is no specific Procedures chapter on Geriatric. Geriatric/pediatric modifications are covered with general Procedures chapters. Students do not need to wait to attempt Pediatric comps until the Pediatric Procedures chapter but must first complete Pediatric Fuji Control Panel objectives in Term 2. The C-arm comps may be attempted once Surgical objectives are completed in Terms 1 & 2. Trauma comps require a modification – students may opt (but are not required) to wait until after the Trauma Chapter in Term 4 if they have not had sufficient clinical exposure to modifications.

Competencies may be completed with one of the named staff technologists or School Faculty. The student must ask for a comp prior to starting the exam. For Trauma or Geriatric comps only, student may ask for the comp during or immediately after the exam, providing the student did the entire exam. Notes of any kind are NOT to be accessed after or immediately prior to asking for a comp; exam information needs to be in your Long-term memory. If using notes/resources (including other students) as a short-term refresher, the comp will be a failure/removed with penalty. For the comp to count, the technologist must score the comp in Trajecsyst within 48 hours unless there are extenuating circumstances. If there are any marked 'unacceptable' on the form, the comp is considered not approved. It is at the sole discretion of school faculty if a comp passes or not. Students will "add" their comp exam to their own PACs folder (caution – don't "move" in PACS). The CC reviews images with the student, then validates in Trajecsyst. Faculty reserves the right to adjust scores as appropriate. The school reserves the right to retest if the grade seems unduly inflated or deflated.

Once a passing score has been recorded in Trajecsyst, students can perform under indirect supervision on those exams (except portables and c-arms).

The school may also remove a competency if the student does not retain their skills on an exam. In this scenario, the score on the re-comp will be recorded in the term that it occurs as stated below.

#### Comp Scoring –

Passing Initial, Recheck and Terminal Competencies, and Clinical Quizzes:

Average of all items scored: Excellent = 100% Above Ave = 90% Acceptable = 75%

Below Average = 0% Any Unacceptable = Automatic Fail

Failing Initial, Recheck and Terminal Comps, and Clinical Quizzes – for both exam-specific and global radiography issues:

- 1 Unacceptable mark = Maximum 74%
- 2 Unacceptable marks = Maximum 50%
- 3 Unacceptable marks = Maximum 25%

Initial Comps will be removed for lack of retention of exam-specific information (ex: correct angle/direction). For items that globally impact radiography (ex: name band, markers, wrong side/body part, etc.), initial comps will not be removed, instead a remediation process will be used.

**Remediation:** Consists of direct observation of the next 10 exams the student performs. Tech will need to initial that the student was observed correctly performing the item in question. For each subsequent issues of the same manner, Remediation amount will increase by 10 exams. Beginning after mid-term of Term 1, Remediation should happen at any time an issue is observed, not just during comps.

The Remediation will be kept in students mail slot, in the control room until complete. At the 4<sup>th</sup> occurrence of same issue (no markers and miss-markings are 2 separate issues), dockages of the overall clinical grade will start and escalate according to the chart below. Depending on the frequency of occurrences, these could have a significant impact to the student being able to remain in the program. An exception to penalties will be "no markers" when tech and student are working together and each thought the other had placed the marker but if the student places an incorrect marker while working with a tech, penalties apply. Once dockages begin, the student may be placed on probation at any point due to their projected clinical grade but **will** occur at the 6<sup>th</sup> occurrence due to status in the program being in jeopardy for just about any projected clinical grade.

4<sup>th</sup> = -2%                      5<sup>th</sup> = -4%                      6<sup>th</sup> = -8%                      7<sup>th</sup> = -14%  
 8<sup>th</sup> = -22%, possible failure of clinical resulting in dismissal  
 9<sup>th</sup> = -32%, automatic failure of clinical resulting in dismissal

Penalties are intended to be stiffer when the issue arises more frequently. When these occur in the same term, the penalties are added together (ex: 4<sup>th</sup> and 5<sup>th</sup> occur in same term = -6% deduction, if 6<sup>th</sup> occurs in that same term = -14% for the term but if the 6<sup>th</sup> occurs in the next term, it will only be an -8% deduction).

**Comps – Removal of:** If a comp is removed, the overall final clinical grade for that term will be reduced by 5% for each comp removed, and the comp must be successfully redone (does not have to be within the same term). If removed during the same term as initially performed, comp does not count toward minimums for that term. For comps removed in terms after the initial comp, prior finalized clinical grades will not be adjusted.

**Comps – Failed:** In addition to the scoring (74, 50, 25), the student must wait at least one week before retrying that comp to allow time for practice. For subsequent failed attempts on mandatory/elective exams: 2<sup>nd</sup> attempt the score is recorded and 5% will be deducted from the overall Clinical Grade. 3<sup>rd</sup> attempt the score is recorded, 5% will be deducted from the overall Clinical Grade and the student will be placed on probation/performance plan including:

1. Meeting with instructor to review didactic.
2. Label basic anatomy & provide written critique for instructor-printed images.
3. Simulate exam (with CC and/or designee)
4. Attempt comp with faculty or designee

The student is still accountable for completing the comp successfully according to the performance plan or it may be grounds for dismissal from the program.

A pattern of failed/removed comps (mandatory, elective and/or rechecks) is considered unsatisfactory performance and/or retention of skills. Once a student has failed or had their 4<sup>th</sup> competency removed (not including the 2 free passes allowed for electives on a patient), a verbal warning will be issued; upon the fifth failed/removed comp, a written warning will be issued. Additional failures will result in dockages of the overall clinical grade. These start and escalate according to the chart below. Depending on the frequency of occurrences, these could have a significant impact to the student being able to remain in the program. Penalties are intended to be stiffer when the issue arises more frequently; therefore, when these occur in the same term, the penalties are added together. Once dockages begin, the student may be placed on probation at any



point due to their projected clinical grade but **will** occur at the 7<sup>th</sup> or 8<sup>th</sup> occurrence due to status in the program being in jeopardy.

6<sup>th</sup> = -2%                      7<sup>th</sup> = -4%                      8<sup>th</sup> = -8%                      9<sup>th</sup> = -14%  
 10<sup>th</sup> = -22%, possible failure of clinical resulting in dismissal

**Comps – Elective:** Many of these examinations are not done routinely. To encourage students to attempt these exams, students will be given two free passes to reject elective scores done on a patient. Students who have not used these passes when their electives are complete (due 1 week prior to graduation) will receive an extra hour of PTO for each one.

**Comps – Simulated:** Per ARRT only certain comps can be simulated, up to a maximum of 10. Up to 2 Electives may be simulated in Term 5 if necessary to achieve the minimum number of comps for the term – the scores of these Term 5 simulations will not count in the clinical grade. Students that have a simulation can re-comp on a patient to regain a simulation, even if the sim was done in Term 5 and the patient comp in Term 6 – since the score of the Term 5 simulation was not counted toward the clinical grade. Simulations completed in Term 6 will count toward the clinical grade unless a re-comp on a patient is performed. Simulations of exams that contain any of the same projections may not be performed on the same day (e.g., orbits/facial bones). PACs images will be used to complete the image evaluation portion.

To allow time for grading, validations etc., the **deadline for completing simulations is one week before graduation**. If this deadline is not met, the PTO reward for unused free passes for failed Electives will not be granted.

**Comps – Recheck:** During terms 3-5 each student must perform 6 Recheck Comps on exams that they already have a comp on. These are done to ensure retention of proper skills. No simulations are accepted. Students may not work ahead on recheck comps – 6 per term only whether passed or failed. None of the Rechecks can be duplicated (even if failed). Must wait at least one week between comp and recheck. The form and rules are the same as initial Competencies. Recheck comp scores will be averaged with the Mandatory and Elective competencies in determining clinical grades. Note to faculty - for fails, not extra recheck is required for that term; will only dilute the lowered grade. May lose original comp if exam-related reason for failure (not global issues like markers) & comp removal rules apply.

*Recheck exam exclusions:* Chest – routine and wheelchair/cart, Trauma upper/lower extremity, Panorex, C-spine A&A, Fluoro studies, C-arm studies, Mobile Upper/Lower Extremities, Pediatric studies, Geriatric studies, Abdomen 1vw and x-table lateral spine. Pelvis and x-table lateral hip may not be done separately but may be combined for 1 Recheck. Pelvis and AP/frog hip are combined for Recheck comps.

**Comps – Terminal:** In the sixth term, Terminal competencies are done with faculty or their designee to recheck the students' ability to perform selected exams that were completed earlier in the program. Students may not graduate until all these competencies have been satisfactorily completed. All students might not all have the same exams, but the goal is to have each student perform: pelvis/AP & frog hip, 2-vw knee, 4-vw shoulder, 4-vw L-spine, 4-vw C-spine, and one exam of instructor choice, for a total of 6.

Failure of a terminal comp will result in the initial grade staying in the gradebook. The student will be required to complete an additional terminal comp, of the same exam, with a minimum passing grade of 75%. This grade will not go in the gradebook. If the 2nd terminal comp is failed, the student will receive a 5% deduction from their final Terminal Comps clinical grade and be required to complete the terminal comp a 3rd time. If the terminal comp is failed a 3rd time, the student will be on a performance plan for the remainder of the program, as well as receive a 10% deduction from their final Terminal Comps clinical grade.

**Comps – Transportation:** These satisfy a portion of the ARRT General Patient Care procedures. Proper methods of patient transporting are covered in Term 1 Patient Care class. Students must then demonstrate competency on a patient in clinical using the appropriate Trajecsys Transport competency. Students will not transport patients without direct supervision until the appropriate transport comps have been completed and turned in to school faculty. Students may not work together to transport a patient unless the clinical leader or the faculty has made an exception. Each student will complete the following minimum number of transport competencies:

Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Total
5	1	1	1	1	0	9

Students are encouraged to work ahead of the minimums when the situation arises because certain transportation scenarios seldom occur (ex: chest tubes, isolation).

Failure to turn in the minimum requirements will result in a 3% clinical grade reduction for each one not completed. The clinical grade will again be reduced at the end of the next term by 6% for each one still not completed.

**Image Critique with the CC:** Students will be graded using a rubric form, handed out in advance.

During Terms 1-5 the CC will use two compilations of various exams/projections:

Term 1: Chest, Abdomen

Term 2: Upper Extremities, Shoulder

Term 3: Lower Extremities, Hip/Pelvis

Term 4: Spines

Term 5 & 6: Various compilations of prior exams

Terms 1 & 2 will be an oral assessment in which the student can reference the grading form (no notes). During the oral assessment in the remaining terms the student will not be able to use any prompts as real-time image analysis happens at the workstation without notes or guides.

If a student fails an oral assessment, the grade is recorded, and the student is required to successfully pass a second attempt (at least one week later). Failure of the 2<sup>nd</sup> attempt results in probation/performance plan which would include the student successfully completing the third attempt or it will be grounds for dismissal.

Term 4 & 5 will also include a graded oral presentation in the classroom.

**Clinical Quizzes:** Clinical quizzes (unannounced) will be done during Terms 1-5, typically 2 per term. Faculty members or their designee can give a clinical quiz on any exam that has been previously covered in the classroom. This is done to encourage students to be continually practicing and reviewing low-volume exams. The student will be graded using the Clinical Quiz Form in Trajecsys. For clinical quizzes with a failing score, the grade is recorded and if the student has a comp on that exam, it may be taken away depending on the reason for failure. If the student must prove competency again, the score will be recorded as stated above in 'comp removal' section. Students will also be asked and graded on questions pertaining to the exam in the knowledge & cohesiveness section (ex: air/BA mix or petrous ridge's location during headwork).

**Clinical Objectives:** Each student must complete objectives for each clinical rotation with any technologist. The student will be docked for the objective sheets not completed/not turned in to faculty each term (-1% for each). Incomplete objective sheets will be further penalized (-3% for each) and the student placed on probation if not completed by the end of the following term. These documents are available in soft-copy format on the school computer drive. These forms will be handed out at the beginning of each new clinical rotation. When completed, students will turn in forms by taking to Faculty office and handing directly to Faculty, or place in control room lock box.

**Student Clinical Evaluation:** Students will be given written feedback, containing both strengths and areas of improvement/practice, from techs/sites throughout the program via Trajecsys. Students refer to standard work process document to request evaluations from staff each week, 1 for each x-ray rotation (including off-site x-ray rotations). Students are responsible for effective communication with staff, reminding them if the evaluation has not been filled out. The overall clinical grade will be docked 3% for each missing evaluation. For an observation rotation, or a modality, no evaluation is required. If students are scheduled for an x-ray/modality combination, an evaluation is required for the x-ray portion.

Techs rate students' clinical abilities including those that relate to our accreditation benchmarks (ex: communication, protection, exposure factors and critical thinking).

MercyOne techs strive for a culture of continuous feedback and faculty expect students are open to these ideas for improvement. All comments are from the perspective of developing students to their fullest potential and providing patients with an excellent experience.

In Term 2, if student has pattern of Average/Needs Improvement scores, school will meet with student to discuss the evaluations and identify ways to improve. If the pattern continues the student may be placed on probation/performance plan. The evaluations will be averaged at the end of the term and used as 10% of the student's clinical grade. This is small portion of the total clinical grade; to show more differentiation the grading scale for this form will be as follows:

Excellent = 100%, Above Average = 80%, Average = 60%, Needs Improvement = 0%

**Evaluation of the Clinical Educational Experience:** During the first term, each student is required to fill out a monthly evaluation via Trajecsys identifying an experience that helped them to learn or progress in their education and one that hindered or prevented them. Reminders will be sent out near the end of each month. Failure to complete by the end of the month will result in a reduction of the clinical grade by 1% for each one not completed. Huddles provide time to bring up issues and celebrations.

**Exam Diversity and Quantity:** School faculty can track diversity and quantity of student exams via Radnet. Currently, students may be asked to track C-arm and non-video swallow fluoro exams via Trajecsys Daily Logs.

**Substance Abuse/Drug & Alcohol-Free Workplace:** Per Iowa Code – use and /or possession, sale, purchase, manufacture, transfer other than over the counter or lawfully prescribed drugs in their original containers are prohibited. Students will complete pre-enrollment testing and may be subject to further testing. People on the premise are expected to be free of mood-altering chemicals. Leaders receive annual training on Substance Abuse (provided by MercyOne).

MercyOne Substance Abuse policy can be viewed [Viewing Substance Abuse :: PolicyStat](#) (hospital Sharepoint ). This HR policy applies to MercyOne X-ray students. The HR department is a resource for questions. Effective 12/1/2023: All positive tests result in termination of employment, alcohol suspicion is treated as unfit for duty (no testing) and positive test or unfit for duty with suspicion of alcohol, results in termination unless have a bona fide medical issue causing the impairment/issue.

## National Resources for Substance Abuse

Alcoholics Anonymous

<http://www.aa.org/>

National Institute on Alcohol Abuse and Alcoholism  
Alcohol & Your Health

<http://www.niaaa.nih.gov/alcohol-health>

Public education materials

<https://niaaa.nih.gov/publications/brochures-and-fact-sheets>

Federal Substance Abuse and Mental Health Services Administration  
Behavioral Health Treatment Services Locator

<https://findtreatment.samhsa.gov/locator/home>

[DEA –United States Drug Enforcement Administration](#)

<https://www.dea.gov/druginfo/factsheets.shtml>

**Workplace Hazards/Emergency Preparedness:** The School will follow the Safety/Security policies as set forth by MercyOne. The hospital’s Emergency Management Plan may be accessed via the hospital Sharepoint /PolicyStat [Viewing Emergency Management Plan :: PolicyStat](#), which outlines the Emergency Codes, ongoing evaluation and education. Students will also receive a general overview during School and Hospital General Orientation. Students can also review Emergency Code posters throughout the facility (and classroom) for general instructions.

If student needs to place a call for a code or an emergency: 8-7911. Hospital operator will patch call through to Mason City police department if needed.

**Mandatory Reporter Training:** All students will complete training prior to being allowed to start clinicals. Students not completing it on time will be sent to computer lab to complete and charged PTO for hours missed. New laws went into effect July 1, 2019, regarding education, the changes are as follows:

- ONLY ACCEPTED curriculum will be provided through the Department of Human Services (DHS) at <https://training.hs.iastate.edu/login/index.php>.
- Child and Dependent Adult training are separate courses-each 2 hours in length. (Both courses are required for MercyOne North Iowa Medical Center.)
- Renewal required every three (3) years.
- If you have any difficulty creating an account, logging in, accessing the training page or experience any problems during either of the mandatory reporter trainings, please contact the Iowa State University Child Welfare Research and Training Project at: [servicetraining@iastate.edu](mailto:servicetraining@iastate.edu).
- **Scan and send both certificates to your Program Director.**

**Mandatory Reporting of Suspected Child or Dependent Adult Abuse:** If abuse is suspected of a patient being treated in the facility, follow the MercyOne policy on Mandatory Reporting -Child Abuse or Mandatory reporting – Dependent Adult Abuse. Full policies found in PolicyStat on MercyOne Sharepoint [Viewing Dependent Adult Abuse - Mandatory Reporting :: PolicyStat](#) and [Viewing Child Abuse and Neglect - Mandatory Reporting :: PolicyStat](#).

1. Healthcare mandatory reporter calls: The DHS (Department of Human Services) for child / dependent adult abuse that occurred prior to admission to inpatient unit within 24 hours and reports the circumstances according to the Code of Iowa, [Chapter 235A](#). The central reporting number is 1-800-362-2178, available 24 hours a day; 7 days a week.
2. Health care mandatory reporter who identified the possible abuse completes the following form within 48 hours: Reports to DHS – The [Report of Suspected Child Abuse Form \(MH2066v2\)](#) available on Sharepoint
3. Nurse or Unit Clerk sends a copy of the completed form to the Social Services at MercyOne, to be kept in a confidential file.
4. Mandatory reporter sends the original form to the county DHS to an address or fax # provided by DHS at the time of the oral report.

It is not the reporter's role to validate the abuse. The law does not require you to have proof that the abuse occurred before reporting. The law clearly specifies that reports of child abuse must be made when the person reporting "reasonably believes a child has suffered abuse."

**Reporting suspected child physical or sexual abuse:** In reference to any child using our facility including student, applicant, or job shadow under the age of 18 who is being abused or neglected:

Pursuant to Iowa Code Section 261.9(1)(h), any MercyOne North Iowa Radiologic Technology students or current student, located in Iowa who in the scope of the person's employment responsibilities examines, attends, counsels, or treats a child must report suspected physical or sexual abuse to the institution's administration and to law enforcement. Any report of suspected child physical or sexual abuse should be made as soon as possible, but within 48 hours, to:

1. Program Director and/or Imaging Services Department Director
2. Students shall immediately make a report to local law enforcement.

If the alleged sexual abuser is MercyOne faculty, another MercyOne student or MercyOne or School-related clinical site students:

1. Report immediately to the Leader of the involved area
2. Immediate investigation and steps will be taken to prevent further potential abuse while the investigation is in process
3. Report given to Risk Management and Human Resources
4. Director reports to applicable State and Federal agencies
5. If allegation is founded, corrective actions shall be taken up to and including dismissal/termination.

This includes individuals the school compensates to conduct activities on the school's behalf at an Iowa location.

**Sexual Abuse:** Anyone is a potential victim. Sexual abuse involves violence meant to degrade the victim sexually, emotionally, and psychologically. Some assailants gain control with verbal deceit to obtain sex under false pretense and some with direct physical attack. Even includes Domestic Violence, Dating Violence and Stalking.

Trust your instincts if a situation feels uncomfortable; get out of it.

#### Prevention guidelines:

##### While walking:

- Whenever possible, avoid walking alone in the dark
- Walk on well lit, busy streets.
- Keep alert when alone; carry a whistle or repellent spray.
- Don't take shortcuts through alleys, parks or parking lots.
- Be prepared to run toward nearest lights and/or people.

##### While in parking lots:

- Keep vehicle locked.
- Have your keys in hand ready to unlock or press panic button if need.
- Park in well-lit area
- Look at vehicles (and people in them) near yours before entering or exiting.
- Look inside before entering.
- Lock doors once inside
- If followed, do not drive home but to busy area or police station.
- If car breaks down, keep doors locked and use flashers, if someone pulls up for assistance crack window slightly.

If physically attacked, your goal is to escape and run. Observe all you can about the attacker to report age, height, scars, what was said, clothing, vehicle. Take immediate action calling 911 and alerting MercyOne Security if occurred on MercyOne campus.

If sexually assaulted – do not bathe or change clothing. Leave everything as is, physical evidence is needed in court. Take change of clothing with you to the Emergency Department, if possible.

## Sexual Abuse Resources –

Students may access free EAP counseling as stated in the Counseling section above.

Additional Community Resources Directory:

[https://www.niacc.edu/wp-content/uploads/PDFFiles/Learning\\_Support/Community\\_Resource\\_Directory.pdf](https://www.niacc.edu/wp-content/uploads/PDFFiles/Learning_Support/Community_Resource_Directory.pdf)

Chains Interrupted, Cedar Rapids, IA: Preventing, Rescuing and Restoration from Human Trafficking

<https://www.chainsinterrupted.com/> 319-369-4415

### Iowa

Iowa Department of Public Health Your Life Iowa <https://www.yourlifeiowa.org/>

(855) 581-8111

Iowa Coalition Against Sexual Assault <http://www.iowacasa.org/>

Sexual Abuse Hotline: (800) 284-7821

Sexual Violence Prevention <https://www.iowacasa.org/resources>

### National

Rape, Abuse & Incest National Network (RAINN)

(800) 656 HOPE (4673)

Safety and Prevention

<https://www.rainn.org/safety-prevention>

Center for Changing our Campus Culture Victim Services/Advocates

<http://changingourcampus.org/category/victim-services/>

**Campus security:** MercyOne security can be accessed at any time by calling the operator "0" from any MercyOne phone and requesting security is paged to call or respond to your current location. Security can be requested to escort students to their car or be on stand-by alert in the parking lot if the student requests it for their security.

As a security prevention measure, MercyOne performs background checks on all staff and students prior to hire/enrollment.

**Harassment and Violence-Free Workplace:** The School will follow MercyOne Harassment/Offensive Behavior [Viewing Harassment/Offensive Behavior :: PolicyStat](#) and the Violence-Free Work Place [Viewing Violence-Free Work Place :: PolicyStat](#) policies. These can be reviewed on the hospital Sharepoint and will be covered at Hospital General Orientation. Students are assigned Sexual Harassment HealthStream learning. The HR or Security department is a resource for questions.

**Military Duty:** (per Iowa Code 261.9) a student who is a member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty have two options:

- (a) Make arrangements with the student's instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student's registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full.

(b) Withdraw from the program and receive a full refund of tuition and mandatory fees for the term in which they left.



MercyOne North Iowa Medical Center  
 School of Radiologic Technology  
 Acknowledgement of Policies Received

I, \_\_\_\_\_, have received a copy of the School policies and know these are accessible at [www.mercyone.org/northiowa/xrayschool](http://www.mercyone.org/northiowa/xrayschool). I have been made aware of how to access the full handbook: Classroom copy or Faculty copy.

School policies have been discussed by either School Faculty or Hospital General orientation; including those listed below:

Emergency Preparedness/Workplace Hazardous  
 Waste Handling Disposal, hospital policy  
 Emergency Codes

Communicable diseases, hospital policies:  
 Standard Blood and Body Fluid Precautions  
 Hand Hygiene  
 Isolation Precautions

Substance Abuse, hospital policy

Harassment, hospital policies:  
 Harassment/ Offensive Behavior  
 Violence Free Workplace

Patient Identification policy

Radiation Monitoring of Personnel policy

I also acknowledge that the program and NIACC will be exchanging information, including transcripts for the administration of the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kept in Student's file.