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INTRODUCTION

Welcome! We are pleased to have you as a student of the Washington Adventist University School of Medical Imaging. We are proud of our program and the success of its graduates.

Our goal is to assist you in becoming the best Radiographer you can be. At the end of this two-year period you will have acquired the knowledge and experience to be a qualified Radiographer. You are the key to your success in this program. With your determination and our guidance you are sure to succeed.

This handbook is provided to help you. In it are all the regulations by which the school is operated. You will want to keep it and refer to it when necessary.

Again, welcome to our school. We are looking forward to working with you.

Sincerely,

Kristin Mitas, M.S., R.T.(R)
Chair/ Program Director
CALENDAR OF EVENTS

2014-2015

July 7
First day of program, Orientation

August 1
Summer Session Ends

August 25
Fall Quarter Begins

October 10-13
No School – Midterm Break

October 27 – Nov 7
Fall Didactic Break - No class, clinical only

November 26 - 28
No School Thanksgiving

December 20
Fall Quarter Ends

December 19 – January 9
No School – Christmas/New Years Break

January 12 - 30
Spring Semester Begins - Clinical Only

January 19
No School - Martin Luther King Jr. day

February 2
Classes Begin

February 16
No School – Presidents day

March 9 - 13
No School - Spring Break

April 3
No School – Good Friday

May 1
Spring Academic Semester Ends

May 3 – June 5
Summer Session I – Clinic Only

May 25
No School – Memorial Day

June 8- July 2
Summer Session II - Class Begins

July 3
No School – Independence Day

July 6
Summer Session III – Class continues

July 31
Summer Session III Ends

Aug 3-28
No School - Summer Break
DESCRIPTION

Washington Adventist University School of Medical Imaging is a Associates of Applied Science degree granting program. It is accredited through the Joint Review Committee on Education in Radiologic Technology (JRCERT). Washington Adventist University School of Medical Imaging is also approved by the Maryland Higher Education Commission and licensed by the Montgomery County Government.

The School of Medical Imaging is wholly owned and operated by the Washington Adventist University.

HISTORY

Washington Adventist University is a private liberal arts institution located in scenic Takoma Park, Md. Founded in 1904, it is owned by the Seventh-day Adventist Church and offers a Christian education to nearly 1,500 students of all faiths, through eight graduate and 32 undergraduate programs. Its vision is to produce graduates who bring competence and moral leadership to their communities. The 2011 edition of U.S. News & World Report ranked the University among the best regional colleges in the northern region and as one of the most diverse.

UNIVERSITY MISSION

Washington Adventist University is a learning community committed to the Seventh-day Adventist Christian vision of excellence and service. This cosmopolitan institution challenges students to seize the opportunities for learning in the nation’s capital in order to become moral leaders in communities throughout the world.

SCHOOL OF RADIOGRAPHY MISSION

As part of Adventist Healthcare, our mission it to educate professionals as Radiologic Technologists, to deliver clinical excellence and quality service to the community.
SCHOOL OFFICIALS

Dr. Weymouth Spence                                    President of Washington Adventist University
Dr. Cheryl Kisunzu                                         Provost of Washington Adventist University
Dr. Karen Benn-Marshall                                Dean of School of Health Professions, Science and Wellness
Terry Forde                                           President and Chief Operating Officer
                                                     Adventist Healthcare
John Sachs                                            President, Shady Grove Adventist Hospital
Erik Wangness                                         President, Washington Adventist Hospital
Michael Calhoun, R.T.(R), LPN, CCT                 Radiology Director, Shady Grove Adventist
                                                     Hospital
Lorena Montecino, M.B.A., RT(R,M,MR)                  Radiology Director, Washington Adventist Hospital
Kristin Mitas, M.S., R.T. (R)                           Chair/ Program Director
Brent Clemmer B.S., R.T (R)                            Clinical Coordinator
Patricia Olwan  B.S., R.T. (R)                         Adjunct Professor
Jose Beltran, R.T. (R)                                  Clinical Instructor
Carmen Duran R.T. (R)                                   Clinical Instructor
Wilton Hackett, R.T. (R)                                Clinical Instructor
Beulah Harris  R.T. (R)                                 Clinical Instructor
Pamela Kramer, R.T. (R)                                 Clinical Instructor
Alicia Lentini, B.S., R.T.(R)(M)                       Clinical Instructor
Amar Sher, R.T. (R)                                     Clinical Instructor
Christy Clayton, B.S., RT (R)(M)                       Clinical Instructor
Joanne Awad, B.S., RT (R)                               Clinical Instructor
INSTRUCTIONAL STAFF

DIDACTIC

Kristin Mitas, M.S., R.T.(R)  Radiation Physics, Patient Care, Ethics, Radiation Exposure, Radiation Biology, Quality Assurance, Pathology/ Cross sectional anatomy, Equipment, Advanced Patient care, General Review


Patricia Olwan B.S., R.T. (R)

CLINICAL

Jordan Caplan, M.D.  Film Critique, Pathology
Johnathan Bowles, M.D.  Film Critique, Pathology
Alex Wurm, M.D.  Film Critique, Pathology
Velma Casanova, M.D.  Film Critique, Pathology
Richard Cooper, M.D.  Film Critique, Pathology
Zahide Erkmen, M.D.  Film Critique, Pathology
Sameer Samtani, M.D.  Film Critique, Pathology
Ira Tyler, M.D.  Film Critique, Pathology
David Rothfeld, M.D.  Film Critique, Pathology
Renu Berry, M.D.  Film Critique, Pathology
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent Clemmer B.S., R.T. (R)</td>
<td>Diagnostic Clinical Laboratory</td>
</tr>
<tr>
<td>Patricia Olwan, B.S, R.T. (R)</td>
<td>Diagnostic Clinical Laboratory</td>
</tr>
<tr>
<td>Frank Sines R.T. (R)</td>
<td>Computed Tomography Lead Technologist</td>
</tr>
<tr>
<td>Bobby Powers R.T.(R)</td>
<td>MRI Lead Technologist</td>
</tr>
<tr>
<td>Jeff Plummer R.T. (R)</td>
<td>Day shift supervisor, Washington Adventist</td>
</tr>
<tr>
<td>Lystra Ford R.T. (R)(M)</td>
<td>Mammography</td>
</tr>
<tr>
<td>Alicia Lentini B.S., R.T. (R)</td>
<td>Day shift supervisor, Shady Grove Adventist</td>
</tr>
<tr>
<td>Richard Balthazar R.T. (R)</td>
<td>Evening shift supervisor, Washington Adventist</td>
</tr>
<tr>
<td>Allyson Morris R.T. (R)</td>
<td>Evening shift supervisor, Shady Grove Adventist</td>
</tr>
<tr>
<td>Geoff Pisarra R.T. (R)(CV)</td>
<td>Heart Catheterization Lab</td>
</tr>
</tbody>
</table>
GENERAL INFORMATION

Entrance Requirements – check bulletin

Technical Standards

To be considered for admission into the program, each applicant must be able to:

A. Visually distinguish gray shades on a radiographic image.
B. Immediately comprehend and respond to auditory instructions or requests.
C. Push and operate portable imaging equipment.
D. Lift and carry 20 pounds (5 image receptors) for a minimum of 50 feet.

Application Process

1. Apply to the University through the Admissions Office. Applications may be obtained by calling (301) 891-4502 or online at www.wau.edu. Please note: Acceptance to the University does not guarantee acceptance into the Radiologic Technology Program. The Admissions Office will inform the student of what must be submitted along with the application to the University (see page 6).

2. After acceptance to Washington Adventist University and payment of the application fee has been made, previous college credits (if applicable) will be evaluated by the Registrar’s Office. (Note: Official transcripts must be submitted to the Registrar’s Office in order for the official evaluation to be completed). This process may take up to eight weeks and must be completed before applying to the radiologic technology program. International transfer students wishing to transfer credits must submit official international transcripts, as well as an official WES transcript.

3. Once the student has been accepted to Washington Adventist University and the official transcript evaluation has been completed, the student will contact the Department of Medical Imaging for an appointment with the department Chair.

4. The student will meet with the Chair of the Department of Medical Imaging, who will answer questions about the radiologic technology program and will set up an individualized degree plan. The student must be accepted to Washington Adventist University and have the official transcript evaluation completed before an individual degree plan can be created.

5. The semester before the student plans on entering the core radiology program, a radiologic technology application must be submitted to the department by the appropriate deadline (see page 4).

6. Along with the radiologic technology application it is a requirement that the department is supplied with three completed recommendation forms (see pages 10-18). These forms should be completed by individuals who are able to assess your performance in an academic or work setting. (Please do not have peers or family members complete these forms).
7. An observation day must be scheduled by each prospective student before the application deadline. The observation day can be scheduled Monday through Thursday from 8:00 am to 12:00 pm. Please contact the program Chair to select a date.

ADVANCE PLACEMENT AND TRANSFER STUDENTS

Advance placement and transfer students are considered for this program on the basis of the following:

A. The student left their previous program in good standing and has a recommendation from the director

B. The student has all records from the previous program that are pertinent to his / her education in this program

C. The student attends a personal interview with the admissions committee.

D. The student meets all of the admission requirements of the program (see Entrance and Admission Requirements)

E. Students will only be considered if the school's enrollment is not at maximum.

F. Each student's eligibility will be reviewed and considered by the Admissions Committee. The decision of this committee is final.

FACILITIES

The School of Medical Imaging is located on the first floor of the Health & Science Building on the Washington Adventist Campus.

Facilities include:

A. One large classroom with a seating capacity of sixteen students and library (see list of Reference Material).

B. Two offices, one shared by the Clinical Coordinator and the Clinical Supervisor. One occupied by the Program Chair, both on the same floor as the classroom.

C. Audiovisuals, projectors, overhead projector with transparencies, VCR, two complete articulated skeletons, one complete disarticulated skeleton, one partial disarticulated skeleton, phantom skull, foot, knee, elbow, and hand, learning and text audiovisual equipment are available for the programs' use (see list of Educational Equipment).

Other Facilities include:
E. Three multipurpose X-ray rooms in the department of Radiology at WAH. Additional x-ray equipment is located in the Operating Room, and the Emergency Room. Radiation Oncology, Ultrasound, Heart Catheterization Labs, Computed Tomography, Nuclear Medicine, Special Procedures, Mammography, Clinical Radiologists, and MRI provide additional clinical experiences.

F. Washington Adventist Hospital is located in Takoma Park, Maryland and is easily accessible by major bus routes. The hospital is bounded by Carroll Avenue on the east, Flower Avenue on the north, Sligo Creek Parkway on the south, and Washington Adventist University on the west. The Washington Adventist Hospital is an acute care general hospital with a bed capacity of 310 patients.

G. Additional clinical rotations are completed at Shady Grove Adventist Hospital, which is located in Rockville, Md and the Germantown Emergency Department, a Shady Grove Adventist Hospital affiliate, located in Germantown, Md.

ENROLLMENT LIMITATIONS

The Joint Review Committee on Education in Radiologic Technology has established a student capacity at the Washington Adventist Hospital School of Medical Imaging of 15 students per year. This means there are potentially a maximum of 30 students in the Radiology departments of Shady Grove Hospital and WAH, per year (fifteen first year students and fifteen second year students). The student to instructor ratio will not exceed 15 students per instructor for any course.

PROGRAM EVALUATION

The School of Medical Imaging undergoes consistent and continuing program evaluation. Throughout the course of the program, students participate in evaluating the courses, instructors and the program in general. After graduation, the graduates will complete a survey for evaluation of the program's effectiveness. It is very important for the alumni to be a part of this follow-up process and they will be encouraged to participate in it. The employers of graduates in the area hospitals, offices, clinics, and other institutions will also be asked to complete a survey that measures the quality of performance of the entry-level radiographers graduated from this program.
TUITION AND FEES

Refer to Washington Adventist University Academic Handbook regarding:

- Tuition
- Special fees and charges
- Bookstore
- Collection Policy
- Family Discount
- Finance Charge
- Financial Clearance Agent
- Graduation
- Housing and Meal Plan
- Payment Plan
- Refund Policy
- Financial Aid

WITHDRAWAL

A student who wishes to withdraw from the Medical Imaging program is recommended to have an exit interview with the Program Chair and Clinical Coordinator. It is recommended that the student attempt to withdraw from the program on good terms; this may facilitate readmission at a later time at this program or at another School of Medical Imaging.

COUNSELING

Counseling is available to all students through the faculty of the school for school related items and through the Chaplain's Office for personal matters.

STUDENT CONDUCT

Employee Handbook, and will have a copy of the Radiology department's Policy and Procedure Manual made available to them. Students will be responsible for reading and complying with these various policies. Student behavior, which deviates from these policies, is not welcome and the student may subject himself/herself to disciplinary action up to and including discharge from the program. See the Disciplinary Procedure section in this handbook for the procedures governing poor conduct. Each student is encouraged and expected to act in a professional and mature fashion, and is asked to indicate their intention to do so by signing the student agreement form which is found on the last page of this handbook. The student agreement is then added to the student's permanent file.
GRADES

Grades are submitted to the Program Chair from the instructors at the completion of their course. The grades are given to and reviewed with each student at the end of each quarter. The grades are then placed into the student's permanent file, which is maintained indefinitely by the school.

Instructors are required to supply the student with a list of course objectives, outline, and grading procedure at the beginning of each course.

Students are evaluated and counseled at the end of each quarter in both the academic and clinical areas. All students are on probation until the end of the first quarter.

During this probationary period the students will be counseled and required to maintain an 86% average or above in both the didactic and clinical areas. Those above an 86.00% at the end of probationary period will be removed from probation. Those students below an 86.00% GPA will be counseled and given a one quarter extension of probation with assistance from the staff. If at the end of one quarter sufficient progress is seen probation will be removed. If insufficient progress is seen the student may be asked to leave to program. Additionally, any student who fails a course in the first quarter will be dismissed from the program.

If at any time a student drops below an 86.00% after having been removed from probation, they will be immediately placed back on probation with counseling. If sufficient time passes with no improvement the student will be asked to leave the program. Grade reports will be mailed home upon written request.

The grading system is as follows:

- 92 - 100  A  Excellent
- 86 - 92   B  Above average
- 80 - 86   C  Average
- 75 - 80   D  Below average
- 0 - 75    F  Failure

An "F" course must be retaken (with the exception of a first quarter course).

- At the end of each quarter, a permanent record will be issued to the student, as well as, kept on permanent file. This permanent record will contain the academic grades, as well as, the student’s daily attendance for each quarter.
GRADING POLICIES

The following are grading policies held by this school:

1. The student must maintain an academic and clinical average of 86% in order to continue in the program. If at any time the student does not achieve the above minimum standards, the academic disciplinary procedure will be put into effect.

2. A student failing two or more core courses is subject to probation or dismissal.

3. A student receiving a final course grade below 75% will be required to repeat the course.

4. A student receiving a grade of less than 75% on a final exam may be eligible for a single repeat. In order to be eligible, the student must have maintained an 86% or better throughout the course prior to taking the final exam. The student will be permitted only one retake per quarter and no more than one per subject. Exam repeats will be scored no higher than a 75%. Scheduling of any repeats will be done according to the course instructor. Makeup of a final exam due to absence will be granted at the instructor’s discretion. Students who do not score a 75% on a repeat will be required to retake the course.

5. The student may be reassigned to a lower class or academic education may be extended.

6. If clinical objectives are NOT met in the final six(6) months of the program, the student’s clinical experience will be extended and graduation will be delayed beyond original date.

7. Students may review their grades at any time by making an appointment with the Program Chair.

8. Students must maintain a passing clinical grade throughout the entire program. If, at any time, a student receives a failing clinical grade, which is considered anything below a 75%, they will be dismissed from the program.

ACADEMIC DISCIPLINARY PROCEDURE

This program of education in Medical Imaging, is designed to ensure that within reason, any student who satisfactorily completes this program of study will have acquired the knowledge and experience to pass the registry examination sponsored by the American Registry of Radiologic Technologists. And will be able to perform as a competent radiographer. In order to meet these high standards, and to insure fairness, the following Academic Disciplinary Procedure will be followed if a student does not meet the minimum academic standard as outlined above:

A. The student will be placed on academic probation and will be given a written warning which will state that he/she has twelve weeks (one academic quarter) to bring the class average up to a minimum of 86%.

B. If the student brings his/her grades to 86% or above they will be taken off probation.
C. If the student does not improve, he/she can be asked to leave the program at the end of the quarter.

D. Students dismissed from the program for unsatisfactory progress may reapply to the program as a new applicant.

**DISCIPLINARY POOR CONDUCT PROCEDURE**

Any disciplinary action taken is recorded and kept in the student's permanent file. There are four disciplinary actions, which may be taken. They are:

1) verbal counseling  
2) written warning with counseling  
3) written warning with three-day suspension  
4) dismissal.

If a student receives a total of three (3) written warnings, regardless of the nature of the infractions, the student will be dismissed from the program for poor conduct.

1) A **verbal** counseling is a verbal admonition to the student to correct a deficiency. An immediate change is expected.

2) A **written warning** with counseling is given to a student if the verbal counseling has been unsuccessful in reminding the student to make a correction.
   - The student will be asked to indicate his/her knowledge of this action and the warning will be placed in the student’s permanent file.

3) If no progress is seen, the student will be given a **written warning with three-day suspension**. During this absence, the student will be responsible for obtaining any class materials or notes and will be required to make up any missed quiz or test the first day of his/her return. The time away will be deducted from his/her leave bank.

4) **Dismissal** is complete removal from this School of Medical Imaging. This response will be necessary when the above steps have not corrected the situation. If a student is dismissed he/she is required to return their hospital I.D. card, film badge, and parking sticker.

Documentation of all the steps described above will be placed into the student’s permanent file. The school faculty reserves the right to modify the disciplinary process to best fit the circumstances.

If the student feels that he/she was treated unfairly, they may put the student complaint procedure into effect. (see the Due Process portion of this handbook)

**REMEDIAL POLICY**

Any student not passing a given course will be required to retake that course the next time it is offered. This may lead to a delay in the student's original graduation and/or National Registry exam date.

Any quiz or test not taken because of an excused absence must be taken within one day of returning to class. If a student misses a quiz or test because of an unexcused absence from class, it will not be
administered at any other date and the student will have a score of 00 % entered into the grade book. As outlined in the syllabus, some classes will not have quiz retakes; instead the lowest quiz grade will be dropped. This will be at the discretion of the instructor.

RECORD CONFIDENTIALITY

In accordance with the Family Educational Rights and Privacy Act of 1974 the school maintains the confidentiality of the students educational records.

With the exception of faculty who have a legitimate educational interest in the academic progress of students and need to use the records, (certain other exceptions are permitted under the "Act") no information will be given to a third-party without the written consent of the student.

Records of student performance including grade reports will be released to parents/guardians of dependent students only with prior written consent of the students as prescribed by the FERPA of 1974.

Students have the right to inspect and review information contained in their records kept by the school. Students wishing to review their education records must make written requests to the Program Chair responsible for the record. Records covered by the Act will be made available within 45 days of the request.

VA BENEFITS

This program is approved for Veterans Administration benefits through the Maryland Higher Education Commission.

Credit for previous training or experience will be granted in accordance with the Advance Placement and Transfer Student policy as found on page 10 of this handbook. The school will obtain written records on a VA beneficiary's previous education and experience, complete an evaluation, grant credit where appropriate, and advise the VA claimant and the Department of Veterans Affairs accordingly.

The attendance policy of this program can be found on page 36 of this manual. If at any time the veteran student does not abide by this policy and is placed on probation, suspended, or terminated, the Veterans Administration will be immediately notified. If a veteran student is reinstated following termination, the VA will also be notified.

AFFECTIVE DOMAIN OBJECTIVES

After the two years of instruction at the Washington Adventist Hospital School of Medical Imaging the student should be both competent and compassionate. The following are objectives, which should be attained through the student’s course of study to demonstrate professional values and behavior.

After successful completion of the program the student will be able to:

1) Follow and respect all school and hospital policies.

2) Consistently use good judgment in the clinical area.
3) Accept challenges and not avoid difficult or unusual situations.

4) Use clinical time appropriately.

5) Show initiative within his or her assigned area.

6) Demonstrate caring, compassion and respect for all patients.

7) Respect the rights of the patient and maintain patient confidentiality.

8) Be punctual and stay within his or her assigned area.

9) Be attentive to the needs of the patient, physicians, staff and fellow students.

10) Act professionally at all times.

11) Be self-motivated and demonstrate the desire to learn new skills.

12) Serve as a role model for patients and fellow students.

13) Make appropriate progress in the clinical area.

14) Respond positively to faculty or staff suggestions and/or criticism.

15) Demonstrate maturity.

16) Demonstrate leadership abilities.

17) Demonstrate the desire to pursue knowledge outside the classroom including involvement with professional societies.

18) Demonstrate critical thinking skills

GRADUATION REQUIREMENTS

Before attending graduating and receiving a degree, the student must meet the following requirements:

1. The student must have passed all of the academic courses with a minimum grade of 75%.

2. The student must have achieved a minimum academic GPA of 86%.

3. The student must have completed all of the required clinical competencies including final competencies and an exit interview.

4. The student must have achieved a minimum clinical GPA of 86%.
5. The student must have met attendance standards as outlined in the Attendance portion of this handbook.

6. The student must have paid in full all of the applicable tuition and fees.

7. The student must have met or exceeded all of the academic and clinical standards as outlined in the Student Handbook and the Clinical Handbook.

- Failure to meet the above graduation requirements may result in delay of graduation date and omission from commencement ceremonies.

TERMINAL COMPETENCIES

The following are a list of terminal competencies felt to be necessary to graduate from the school of radiologic technology, and become a qualified radiographer.

1. Effectively use oral and written medical language;

2. Demonstrate knowledge of human structure, function and pathology;

3. Anticipate and provide basic patient care and comfort;

4. Apply principles of body mechanics;

5. Perform basic mathematical functions;

6. Operate radiographic imaging equipment and accessory devices;

7. Position the patient and imaging system to perform radiographic examination and procedures;

8. Modify standard procedures to accommodate for patient condition and other variables;

9. Process radiographs;

10. Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure;

11. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality;

12. Practice radiation protection for the patient, self and others;

13. Recognize emergency patient conditions and initiate first aid and basic life-support procedures;

14. Evaluate radiographic images for appropriate positioning and image quality;
15. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority;

16. Demonstrate knowledge and skills relating to quality assurance;

17. Exercise independent judgment and discretion in the technical performance of medical imaging procedures;

18. Demonstrate general knowledge of body section anatomy and radiography methods;

19. Demonstrate general knowledge of basic computer operation and capabilities;

20. Demonstrate expected ethical and professional behavior;

21. Recognize the need for further professional education.

**PROGRAM STRUCTURE**

The program is 23 months long consisting of a sophomore year (first year students) and a junior year (second year students). Each year is subdivided into four quarters according to didactic and clinical training so that the breakdown is:

**First Year**
- **Summer Quarter:** Didactic and clinical training (4 weeks)
- **Fall Quarter:** Didactic and clinical training (9 weeks)
- **Winter Quarter:** Didactic and clinical training (8 weeks)
- **Spring Quarter:** Didactic and clinical training (15 weeks)

**Second Year**
- **Summer Quarter:** Didactic and clinical training (13 weeks)
- **Fall Quarter:** Didactic and clinical training (9 weeks)
- **Winter Quarter:** Didactic and clinical training (8 weeks)
- **Spring Quarter:** Didactic and clinical training (15 weeks)

Approximately 4 weeks of the Summer Quarter of the first year is given to clinical training. A Didactic Assessment Exam will be given immediately following the summer qtr. Students are expected to score a minimum (passing) grade of 75% on this examination. Students failing to achieve a passing grade on this test are subject to disciplinary action not excluding dismissal from the program. Students may be given the option to repeat the first year courses thereby extending their program time commitment or to withdraw from the program.

The 23-month training program begins a new class the Third Summer Session annually. At the completion of the two-year program the student is eligible to take the National Registry Exam.

The following pages are a tentative breakdown of the courses in each quarter, and the number of contact hours accumulated for each year of the program.
## FIRST YEAR COURSES

### CONTACT HOURS

#### SUMMER SESSION
- Radiographic Positioning & Procedures I: 12
- Clinical hours: 98
- **TOTAL CONTACT HOURS**: 110

#### FALL SESSION
- Positioning & Procedures II: 24
- Physics I: 24
- Clinical hours: 246
- **TOTAL CONTACT HOURS**: 294

#### WINTER SESSION
- Clinical Experience II: 216
- Patient Care: 24
- Physics II: 24
- **TOTAL CONTACT HOURS**: 264

#### SPRING SESSION
- Clinical Experience III: 418
- Radiographic Positioning & Procedures III: 36
- Exposure: 36
- Medical Terminology: 24
- **TOTAL CONTACT HOURS**: 514

## SECOND YEAR COURSES

### CONTACT HOURS

#### SUMMER SESSION
- Clinical Experience IV: 404
- Radiographic Positioning & Procedures IV: 24
- **TOTAL CONTACT HOURS**: 428
FALL SESSION
Clinical Experience V  234
BioMedical Ethics  36
Imaging and Equipment  24

TOTAL CONTACT HOURS  294

WINTER SESSION
Clinical Experience VI  240
Image Production  24

TOTAL CONTACT HOURS  264

SPRING SESSION I
Clinical Experience VII  328
Radiation Protection & Bio  24
Digital Equipment  24

TOTAL CONTACT HOURS  376

SPRING SESSION II
General Review  12
Clinical Experience VIII  120

TOTAL CONTACT HOURS  132

TOTAL CONTACT HOURS FOR PROGRAM  2,676

Periodically students will be scheduled on a 1:00 – 9:00 pm rotation.

Students must complete rotations in the following areas:

Computerized Tomography (CT)
Special Procedures
1:00 – 9:00 pm shift

Students may choose to complete rotations in two of the following:
FIRST YEAR COURSES

RADT 101 Radiographic Positioning and Procedures I An introduction to the terminology, positioning, radiation protection and procedures of chest.

Length 24 hrs
Instructor Olwan

RADT 111 Radiographic Positioning and Procedures II A continuation of R 101, including the positioning for the, abdomen, upper extremity, shoulder girdle and lower extremity.

Length 24 hrs
Prerequisites RADT 101
Instructor Olwan

RADT 121 Radiographic Positioning and Procedures III A continuation of R 111, to include the positioning for examinations of the upper and lower alimentary, neurological and urological system, and an introduction to CT.

Length 36 hrs
Prerequisites RADT 111
Instructor Clemmer

RADT 131 Radiographic Positioning and Procedures IV A continuation of R 121, to include the positioning and procedures for the bony thorax and spine, skull, facial bones, mandible and sinuses.

Length 24 hrs
Prerequisites RADT 121
Instructor Clemmer

RADT 102 Physics I This course deals with the mathematics used in physics, basic concepts of energy, the structure of matter, and magnetism.

Length 24 hrs
Prerequisites None
Instructor Mitas

RADT 112 Physics II Subjects covered in this course are electromagnetism, electric motors and generators, transformers, current control, and rectification.

Length 24 hrs
Prerequisites RADT 102
Instructor Mitas

RADT 203 Radiographic Exposure This course is devoted to instruction in the areas of contrast, recorded detail density and distortion. The student in conjunction with classes does experiments.
Length 36 hrs  
Prerequisites RADT 101  
Instructor Clemmer

RADT 202  **Medical Terminology** This course introduces the student to the terminology used by medical personnel. This enables them to communicate efficiently with other health care professionals.

Length 24 hrs  
Prerequisites  
Instructor Olwan

RADT 203  **Patient Care** The student will learn the essentials of caring for a patient, vital signs, aseptic technique, isolation procedures, and the handling of various pieces of frequently used medical equipment.

Length 24 hrs  
Prerequisites  
Instructor Clemmer

RADC 110  **Clinical Experience II** This clinical competency based program provides the practical application of anatomical and positioning information in Positioning & Procedures courses. This section begins building a base of knowledge and confidence in the activities of the department. Clinical assignments in the diagnostic and fluoroscopic rooms of the department, provide students with practice of positioning skills and competency in the performance of chest, abdomen, portable, upper and lower extremities and pediatric exams.

Length Fall Session II  
Prerequisites RADT 101  
Instructor Staff

RADC 120  **Clinical Experience III** A continuation of RADC 110, with additional practice and competency in radiography of the upper femora, fluoroscopic studies involving the upper and lower digestive systems, and Computed Tomography.

Length Spring Session  
Prerequisites RADT 111, RADT 203  
Instructor Staff

RADC 130  **Clinical Experience IV** A continuation of RADC 120, with additional practice and competency in semi-special radiographic procedures.

Length Summer Session  
Prerequisites RADT 121  
Instructor Staff
**SECOND YEAR COURSES**

**RADT 204  Biomedical Ethics**  Although some ethical topics are discussed in Introduction to Radiologic Technology, this class is devoted to the moral, legal and ethical issues facing modern medicine.

<table>
<thead>
<tr>
<th>Length</th>
<th>36 hrs</th>
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</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>R 100</td>
</tr>
<tr>
<td>Instructor</td>
<td>Mitas</td>
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**RADT 305  Radiation Biology & Protection**  General survey of radiation hazards and the potential consequences to both technologist and patient. The rules and regulation governing radiation protection of personnel and the public are also included.

<table>
<thead>
<tr>
<th>Length</th>
<th>24 hrs</th>
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<tbody>
<tr>
<td>Prerequisites</td>
<td>Mitas</td>
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</table>

**RADT 307  Imaging and Equipment**  Covered in this course are manual processing, automatic processing, radiographic film, intensifying screens, and radiographic cassettes. Various equipment is encountered in radiography including the image intensifier tube, mobile units and Automatic Exposure Control.

<table>
<thead>
<tr>
<th>Length</th>
<th>24 hrs</th>
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</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>Clemmer</td>
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</table>

**RADT 329  Digital Radiography**  This course details the inner working of both CR and DR systems. It describes how the image is captured and interpreted by the computer to become the electrical signal into a digital image.

<table>
<thead>
<tr>
<th>Length</th>
<th>24 hours</th>
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</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>Olwan</td>
</tr>
</tbody>
</table>

**R 209  General Review**  This course is given at the end of the senior year and is designed to review the entire two-year program in preparation for the National Registry. Mock registries are given periodically throughout this course. In addition to this course it will be required that three (3) hours of computer based testing be completed each quarter.

<table>
<thead>
<tr>
<th>Length</th>
<th>12 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>Completion of all course work</td>
</tr>
<tr>
<td>Instructor</td>
<td>Mitas, Clemmer</td>
</tr>
</tbody>
</table>

**RADC 300  Clinical Experience V**  A continuation of the RADC 130, providing the practical application of anatomical and positioning information from the Positioning and Procedures courses. Senior clinical assignments continue in routine and fluoroscopic rooms in the department, but have additional rotations through the following specialized areas: 1 pm to 9 pm, CT Scan, Heart Cath Lab, MRI and Mammography.

<table>
<thead>
<tr>
<th>Length</th>
<th>Fall Session I</th>
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</thead>
<tbody>
<tr>
<td>Prerequisite</td>
<td>RADC 130</td>
</tr>
</tbody>
</table>
RADC 310 Clinical Experience VI A continuation of RADC 300, with completion of all competency examinations.

Length Fall Session II
Prerequisites RADC 300
Instructor Staff

RADC 320 Clinical Experience VII A continuation of RADC 310, with completion of all competency examinations.

Length Spring Session I
Prerequisites RADC 310
Instructor Staff

RADC 330 Clinical Experience VIII A continuation of RADC 320, with completion of all competency examinations.

Length Spring Session II
Prerequisites RADC 320
Instructor Staff
PROGRAM TIME COMMITMENT

It is the policy of this educational program to assure each student that his or her time commitment will not exceed 40 hours per week. This includes clinical and academic. There are no exceptions.

CLINICAL EDUCATION

The clinical education portion of your experience at Washington Adventist University School of Medical Imaging is under the direct supervision of the Clinical Coordinator and/or Clinical Supervisor. All questions or problems regarding the clinical area must first be brought to the attention of the Clinical Coordinator.

Your clinical education will start after orientation. Clinical education is very different from traditional classroom instruction because it involves the care of real patients and the use of ionizing radiation, which could be dangerous to humans if used improperly. Together these factors constitute a very different situation than found in a classroom and mandate a structured setting with rules and regulations in order to ensure a smooth and effective clinical experience.

The student's part in insuring the effectiveness of the clinical portion of the program is to acquire a thorough understanding of the educational philosophy and rules of the clinical training, and to energetically pursue and support this clinical learning experience.

The following sections of the handbook represent the regulations and policies for the clinical education of students at Washington Adventist University School of Medical Imaging. The regulations and policies will apply to all students in this program.

CLINICAL EDUCATION STRUCTURE

The clinical education is structured to take an individual with no previous knowledge in the area of radiography and train them in a systematic way, to be able to produce quality radiographs and minimize the discomfort and anxiety of the patient. The steps outlined below must be followed in order to become competent in radiographing patients in the clinical setting.

1. Listen to a lecture and pass a written test on the anatomy and terminology related to the specific body part being positioned.

2. Listen to a lecture including demonstrations and visual aids on the proper positioning of routine and non-routine positions for the specific anatomical part to be radiographed.

3. Utilize the non-energized lab in a small group with an instructor present to demonstrate and practice the positions that were taught in the previous steps.

4. Pass a simulated competency to insure understanding before performing a radiographic procedure on a patient.

5. Train with a qualified radiographer and the Clinical Coordinator on patients to obtain proficiency and acquire competency in a specific examination. The student will receive signatures during this step, and after the minimum has been met, the student may request to be checked off on this particular exam. If the student passes the competency checkoff, he/she is considered competent to do the exam under indirect supervision. However, if the student fails the exam, he/she must return to a previous step. The instructors may require a student to perform and pass an exam that has been checked off as a
completed clinical competency at any time. This is a system to insure continued competency. If a passing grade is not obtained, the student will be required to repeat the exam for a passing grade.

6. Final Junior and Senior Competencies will be conducted at the end of each year. If a student fails a final competency exam he/she will be required to go through the process of acquiring a clinical competency again on that exam. All senior students must complete their final competencies before graduation.

7. Further information concerning the clinical education portion of this program is available in the Clinical Handbook.

EXPOSURE MONITORING AND SAFETY PRACTICES

Washington Adventist University School of Medical Imaging provides exposure monitoring badges for all Medical Imaging students. The students are required to wear this exposure monitoring badge while in the clinical areas. It is to be worn at the collar level at all times. No student will be allowed to be in the clinical areas without their badge. If a student loses their badge he/she must request a replacement and provide a written explanation immediately.

Exposure monitoring badges must be left on the board provided in the radiology department. This assures the most accurate reading possible.

Badges are changed around the 5th of every month, and it is the responsibility of each student to see that the badge is changed every month. Failure to adhere to this policy will result in an inaccurate radiation exposure reading. A printout from the vendor who provides the monitoring badges will be posted each month. Each student must initial beside their name to show that they have identified their exposure reading for that month. A copy of the initialed read out will be placed along with the individual Exposure Monitoring and Safety yearly report in the student's permanent file.

The student shall wear a 0.5-mm wrap-type lead apron during performance of duties in direct exposure areas. Thyroid shields are also available in the radiology department.

STUDENT IDENTIFICATION

Each student is given a photo I.D. badge by the hospital. This identification must be worn at all times with the picture side out while in the hospital.

MARKERS

Students will use their own initialed right and left lead markers to properly identify patient anatomy. Under no circumstances will a student lend their markers to anyone or borrow anyone else's marker. If a student should lose these markers, he or she must notify the Clinical Coordinator and order a new set immediately.

PERSONAL APPEARANCE

The Washington Adventist University School of Medical Imaging policy on personal appearance is built upon the principles set forth in the Hospital's Personnel Policy Manual and the Radiology Department dress codes.
The personal appearance and demeanor of Medical Imaging students at Washington Adventist University reflect the standards of the profession, the Radiology Department, and the hospital. Each student reflects interest and pride in their chosen profession.

Uniforms will be clean and pressed. Shoes will be clean and appropriate at all times.

Any student reporting to school in improper uniform or attire or in a soiled or untidy uniform will be sent home. This time will be deducted from the student's leave bank. The school instructional staff will have the final decision when judging the personal appearance of the student.

**UNIFORMS**

**Females:** Blue scrubs with program embroidering. White or black professional shoes with hose or calf length socks. It is unacceptable to have bare leg showing.

**Males:** Blue scrubs with program embroidering. White or black professional shoes with calf length socks. It is unacceptable to have bare leg showing.

Any shirts worn under the scrubs top must be dark blue, black or white and must be tucked in.

**HAIR**

**Females:** Hair must be clean and neatly combed.

**Males:** Moustache, beard, and hair must be neatly trimmed, clean, and manageable.

Hair must be worn so that it does not fall onto the patient, into sterile areas or in the wearer’s face so that it obstructs vision. If long, it must be worn up or pulled back at all times.

**ACCESSORIES**

Use of cosmetics should be discreet and kept to a minimum. Perfume and cologne should be avoided. Fingernails should be kept at a reasonable length, neat and clean. Jewelry should be kept to a minimum. Jewelry that may be worn with a uniform include: Watches, wedding bands, engagement rings, school rings, school pins and small earrings that are in good taste. Items that are unacceptable include but are not limited to: pendulous accessories, colored fingernail polish, large gaudy jewelry, and political accessories. Any visible tattoos must be covered up at all times in the clinical setting.

**PERSONAL TELEPHONE CALLS**

Personal telephone calls are not allowed. Students can receive only emergency calls. Messages will be taken for other calls.
PERSONAL PROPERTY

Students are asked not to bring personal property of excessive value to school. The student is responsible for any missing personal items.

CELL PHONE / MOBILE DEVICES USE

During clinical rotations, students are to keep their cell phones with their personal belongings. Their phone is to not be on their person, in any patient care areas. Use in the clinical area will result in disciplinary action.

During class, students must keep their phones away and should not be audible nor visible during class instruction. Use in the classroom will result in disciplinary action.

CLINICAL SUPERVISION OF STUDENTS

A student's clinical rotation will not be substituted for, or take the place of full time staff. Students will perform exams under direct supervision until completing the competency for each exam. After demonstrating competency, the student will be allowed to perform procedures with indirect supervision. No more than one student without a clinical competency on that exam may assist a registered technologist.

Direct supervision is conducted by a qualified practitioner 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 present during the procedure, and reviews and approves the procedure.

Indirect supervision is provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed.

CLINICAL STANDARDS

1. Students must maintain the clinical standard as established by the instructional staff based on the level of the student's clinical education.

2. Students may be placed on probation for poor clinical performance. This progress is established after each rotation through evaluation by the clinical coordinator and the assigned staff technologist.

UNSATISFACTORY RADIOGRAPHS (Repeats)

The policy of the Washington Adventist University School of Medical Imaging states that any unsatisfactory radiograph must be repeated in the presence of a qualified radiographer. There are no exceptions. Repeats must be documented on the daily log sheet and initialed by the radiographer that performed the direct supervision of the repeat.
SCHOOL POLICIES

CODE OF CONDUCT

Rules and regulations concerning conduct are to be observed by all students. Students are expected to behave in a professional and ethical manner at all times.

ALL STUDENTS SHALL:

1. Treat all patients with kindness and respect.
3. Be punctual and honest in their use of time.
4. Respect all patient information and keep it confidential.
5. Show respect for faculty and staff in the hospital.
6. Handle all machinery with care, reporting damaged or improperly functioning machines to the Clinical Coordinator and/or Biomedical Engineer.
7. Leave the clinical area only for classes and occasions approved by the Clinical Coordinator and/or Program Chair.
8. Report all accidents or injury involving students, patients, other hospital employees, or visitors to the appropriate supervisor.
9. Eat or drink ONLY in designated areas. Eating is not allowed in the classroom unless authorized by the faculty.
10. Immediately report any inappropriate behavior e.g. sexual harassment or improper language to the Program Chair or Clinical Coordinator.

DISMISSAL

The following are some of the infractions, which could result in or lead to an immediate suspension or permanent dismissal:

1. Insubordination
2. Falsification of any records or exams
3. Unlawful possession, use of distribution of illicit drugs or alcohol.
4. Theft
5. Malicious gossip
6. Felony Conviction
7. Repeated display of poor attitude.
8. Clinical grade below 75%
9. Receipt of 16 clinical demerits
10. Other infractions of the rules of conduct as noted in the Washington Adventist Hospital Employee Handbook.

ATTENDANCE

All students will have accounts in the Kronos attendance system. It is the student’s responsibility to clock in and out at the beginning and end of the day. The rules for the attendance are as follows:

1. School hours are **7:30 am to 4:00 pm Monday-Friday** regardless of rotation (except 1:00 –9:00 pm rotations). Each student must clock in and out under the above time constraints.

2. Time taken from the leave bank will be rounded up to the nearest hour. Poor attendance affects the student’s grades as well as the leave bank.

3. Failure to clock in or out will result in an automatic **two (2) hour deduction** from the student’s leave bank.

4. Students must take responsibility for their own attendance.

5. No other student may clock in or out for another student. *A violation of this would be cause for immediate dismissal.*

6. All students must clock in and out when traveling to or from Washington Adventist and Shady Grove Adventist Hospitals. Anytime a student leaves the hospital, for any reason, they must clock in and out.

ATTENDANCE GUIDELINES

The student should become familiar with the following guidelines:

1. Attendance is critical in an educational program, therefore unexcused and/or unapproved absences are unacceptable.

2. Certain situations will be recognized as excused absences. These *may* include required court appearances (with proper documentation and prior notice), death in the immediate family (parents, grandparents, spouses, children, or siblings) or military obligations. Justification of the excused absence in the form of legitimate documentation must be submitted when appropriate. [Also see the section entitled "remedial policy" regarding missed quizzes or tests because of an unexcused absence(s)].
3. The student must call before 7:30 am to notify the Clinical Coordinator or Program Chair, as well as their immediate supervisor in their clinical rotation, if for any reason the student will be absent or late. If the above mentioned faculty are unavailable, a message should be left on their voice mail. If the student does not call in by 7:30 am time will be deducted from their leave bank at double the total time absent.

4. Approved absences (vacations) are permitted as long as there is time in the student's leave bank. The leave bank consists of a total of 8% of hours spent in program for the session. This time is added to the student's bank of hours at the beginning of each session. Time off requests will not be granted if there is insufficient time in the student’s leave bank.

5. Attendance is monitored and documented as previously mentioned through time cards. Each in and out punch must be initialed by the lead technologist, or a staff technologist when lead is not available. If at any time the student's time falls below 0 hours, the student will immediately be dismissed from the program.

   It is expected that each student will be prompt and professional. This is a very important practice and a good quality to develop in becoming a professional.

   Repeated or habitual absences and/or tardiness (8 occurrences per quarter) will necessitate disciplinary procedures, as outlined under “Disciplinary Poor Conduct Procedure” p. 15.

6. Tardiness, absenteeism, and unpreparedness will result in a reduction in the final grade for the clinical course.

7. Students are not permitted to take vacation time except during the academic breaks given between quarters. Vacation must be planned at this time. At no time during the academic quarter will vacations be approved.

8. Students are allowed a half-hour lunch each day. Two (2) ten-minute breaks each day are permitted as time allows. Any exceptions to this will be left up to the discretion of the school staff.

**SICK TIME**

Time that is taken off because of illness will be deducted from the student's leave bank.

Any time missed due to illness should be accompanied by a doctor's certificate.

Excessive and/or abusive use of sick time will result in the student being placed on probation or dismissal of the student from the program.

Students are held responsible for all time lost from class.
LEAVE BANK TIME

The student receives a designated amount of leave time at the beginning of each session of their junior and senior year. Leave bank is 8% of the total hours that the session consists.

<table>
<thead>
<tr>
<th>Session</th>
<th>Leave Bank</th>
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<tbody>
<tr>
<td>Junior Summer</td>
<td>10 hrs</td>
</tr>
<tr>
<td>Junior Fall Session I</td>
<td>26 hrs</td>
</tr>
<tr>
<td>Junior Fall Session II</td>
<td>24 hrs</td>
</tr>
<tr>
<td>Junior Spring</td>
<td>46 hrs</td>
</tr>
<tr>
<td>Junior Summer</td>
<td>28 hrs</td>
</tr>
<tr>
<td>Senior Fall Session I</td>
<td>26 hrs</td>
</tr>
<tr>
<td>Senior Fall Session II</td>
<td>24 hrs</td>
</tr>
<tr>
<td>Senior Spring Session I</td>
<td>34 hrs</td>
</tr>
<tr>
<td>Senior Spring Session II</td>
<td>12 hrs</td>
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</tbody>
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This time is to be used with the approval of the school staff. Time off will **not** be approved if any of the following conditions exist:

1) Class or classes are in session

2) Resulting loss of hours would result in a deficit of time available in the student's leave bank

3) Requested time off is no less than three hours per day. Any request for time off must be submitted on an Student Leave Slip (located in the Radiology Department and School Office) noting the following:

   1. request date
   2. specific time/date
   3. clinical rotation assigned for that date
   4. amount of time in leave bank before and after time off
   5. reason for leave/absence
   6. signature of the appropriate faculty according to the following guidelines:

Time off in the amount of:

One week or more - 5 school days advance notice
Two to four days - 3 days advance notice
One day or less - 24 hours advance notice

ILLNESS WHILE AT SCHOOL

If a student becomes ill while at school, access to the facilities at Washington Adventist, and Shady Grove Adventist Hospitals are available, at the cost customarily charged to the general public. This includes Employee Health, Emergency care, Psychiatric care, and a Counseling System should any student need them.
INJURY AT SCHOOL

If a student is injured while in clinicals, an incident report must be filed with the program with a detailed explanation. The report must be filed no later than 1 school day after the event. A maximum of 16 hours off may be granted. A physicians note stating specific time off due to injury must be provided for time off without deduction from leave bank. Any additional hours/days missed will be deducted from the students leave bank.

If an incident report is not filled out within the allotted time frame points and hours will be deducted from the students leave bank per the Program’s absentee policy on pages 36-38 in the Student Handbook.

LEAVE OF ABSENCE

Any leave of absence policy not covered by vacation or sick leave may be granted for such purposes as military duty, maternity leave, or other substantiated purposes.

Students must submit requests in writing. The request must include: reason for leave, last date of attendance, and specified date of return. Failure of the student to return on or before the specified date of return may be dismissed form the program. Upon return to the program, the student will be responsible for making up work and may be required to remain in the program after graduation to complete clinical time missed.

Eligibility to take the National Registry may be delayed until program requirements are met.

Leave of absence may be approved for a maximum of 45 days and a minimum of 10 consecutive school days.

All students on leave will be held responsible for the material covered in class.

The student must make up time missed under the approved leave of absence if the student wishes to meet the original graduation date. Otherwise, the student must stay after the graduation date as long as is needed to complete the program. If the student opts for this decision, the registry will be delayed until the time is made up.

PREGNANCY POLICY

PURPOSE

To provide for the continued education, notification to the school, and protection of the fetus/expectant mother who becomes pregnant while a student at Washington Adventist University School of Medical Imaging

POLICY

The program has established the following policy directed toward the protection of the declared pregnant student and the unborn fetus from the harmful effects of ionizing radiation.

It is the policy of Washington Adventist University School of Medical Imaging to take all practicable measures to ensure that the permissible dose of 500 mrem from ionizing radiation to the embryo/fetus is not exceeded during the entire period of gestation. Further, it is the policy of Washington Adventist University School of Medical Imaging to inform female Medical Imaging
students of the risks associated with exposure to ionizing radiation involved during pregnancy and of their options for continuing their educational program.

PROCEDURE

Background:

It is well established that the most critical period for potential biological detriment is the first trimester of pregnancy (i.e. the first three (3) months).

Proposed changes to 10 CFR part 20 of the Nuclear Regulatory Commission, recent EPA draft guidance on radiation protection standards, and recommendations of the National Council on Radiation Protection all suggest the following standard. "The dose equivalent to an embryo/fetus as a result of occupational exposure of a woman declared to be pregnant should not exceed 500 mrem for the entire gestation period of a declared pregnancy."

In addition, the National Council on Radiation Protection recommends that once a pregnancy become known exposure to an embryo/fetus shall not be greater than 50 mrem in any one month (excluding medical exposures).

These policy guidelines are directed primarily toward the protection and preservation of the health and welfare of the employee and unborn fetus. Specifically, the policy promotes disclosure of a pregnancy at the earliest possible moment. In addition, the policy should assist the employee by preventing unnecessary conflict or pressure.

STUDENT'S RESPONSIBILITIES:

The Medical Imaging student may elect to voluntarily declare the pregnancy to the Program Chair. The declaration must be in writing. This voluntary declaration should be given at the earliest possible time to minimize the possibility of fetal exposure. The declared pregnant Medical Imaging student has the option to withdraw the declaration of pregnancy at any time. Withdrawal of the declaration must be in writing. In the absence of this voluntary written disclosure, a student cannot be considered pregnant and will continue her educational program without modification.

SCHOOL RESPONSIBILITIES:

1. The female Medical Imaging student will, when she is accepted as a student, be made aware of the risk of radiation exposure to the embryo/fetus through an in-service program and/or through the departmental procedure manual. This shall be mandatory and shall be documented.

2. If the Program Chair receives declaration of the student's pregnancy, a pregnancy file will be started. The Radiation Safety Office, along with the individual, will review the historical radiation records of the pregnant Medical Imaging student. If the student has been in school less than 24 months, records of a cohort with similar duties will be reviewed. Unless that review is extraordinary the student will be expected to maintain normal duties. However, the student may be removed from any "direct exposure" areas
until the conclusion of the pregnancy unless the student requests to remain in such area
with a written statement of her intentions and acknowledgment of the risks.

All pregnant Medical Imaging students who inform the Program Chair and are assigned to
perform routine radiographs will be subject to the following:

a. The student shall wear a 0.5-mm Pb wrap-type lead apron during performance of
duties in direct exposure areas.

b. In addition to her regular exposure monitoring badge, the student will be issued a
personnel monitoring badge to be worn at all times, at waist level, underneath the
lead apron, during duties performed in direct exposure areas.

3. The Radiation Safety Officer and the Program Chair will closely monitor the monthly
radiation exposure records for the pregnant student radiographer to insure that they are
minimal and that the cumulative exposure stays below 125 mrem during the gestation
period.

STUDENT OPTIONS

With consideration to the above, the pregnant student will be responsible for making the
decision of one of the following options:

1. Student remains in the school and assumes normal duties. These duties are
subject to the above conditions.

2. Student may request to have her rotations altered.

3. Student may apply for a Leave of Absence. Maternity leave will be treated like
any other medical leave and re-entry into the program will be allowed with credit
for past experience applied at the discretion of the instructional staff. All time
missed in the clinical and didactic areas must be made up prior to graduation and
the taking of the National Registry.

The Program Chair must be notified immediately, in writing, of the students decision from
the options above.

INCLEMENT WEATHER

Washington Adventist University School of Medical Imaging will use the university closing due to
hazardous road conditions as a guide during severe weather conditions.

HOLIDAYS

The hospital and School of Medical Imaging will observe the following holidays:

Thanksgiving Day        Good Friday
Christmas Day            Memorial Day
New Year's Day           Independence Day
President's Day          Labor Day
Martin Luthur King Jr. Day
DUE PROCESS

STUDENT APPEAL PROCESS

Washington Adventist University Department of Medical Imaging policies are designed for the benefit of the student. These policies set forth the obligations of the school to the student and the responsibilities of the student to the school. It is the intent of the school to apply these policies consistently and fairly to all students.

In order to ensure that the intent of the school policies is carried out in practice, the following complaint procedure has been established. When students believe that they have received unfair treatment, or that a school policy has been incorrectly applied, the complaint procedure provides a method for them to seek corrective action. Students are encouraged to use this procedure. The school assures that no student will be discriminated against for filing a complaint or making an appeal in accordance with the complaint procedures herein established.

This procedure parallels the one academic grievance procedure on the University Student Handbook and Planner. Some students may be concurrently employed by the hospital during the duration of the program. Complaints regarding hospital employment should be addressed through the hospital employee complaint procedures.

If at any time, any person(s) feels that the Department of Medical Imaging is not in compliance with the standards set forth by the JRCERT, they may address their concerns by following the steps of the Due Process as outlined on page 44 of this handbook.

DEFINITIONS

1) Complaint: A "complaint" shall mean an allegation by a student that there has been a violation, misinterpretation, or inequitable application of any provisions of the school policies.

2) Timeliness: In order to ensure the effective functioning of the complaint procedure, a student desiring to file a complaint must follow time limits set forth within each step of the complaint procedure. Complaints must be filed within five school days after the event occurred which is alleged to have given rise to the problem. Complaints must be filed and appealed within the time limit established in each step of the procedure or they will be considered settled on the basis of the last answer given.

REVIEW PROCEDURES

Step one: Before filing a formal complaint, a student shall first discuss with the teacher involved (within five school days from its occurrence) to discuss the matter. The teacher may be any person who is acting as a clinical coordinator or instructor or any person fulfilling the role of instructor of didactic material. The teacher is obligated to answer the informal complaint within five school days.
**Step two:** If the informal discussion with the teacher does not resolve the problem to the mutual satisfaction of the student and the teacher, or if the teacher does not answer, the student shall prepare a written complaint and file it with the program chair. If the complaint is against the program chair, the chair must appoint another faculty member in the department of medical imaging. The written complaint must be filed within five school days from the date the teacher gave the student, or should have given the student, his or her decision. The student must state the problem, giving complete details, and what corrective action the student would like taken. Then, upon receipt of the complaint, the program chair shall schedule a meeting with the complainant to be held within five school days to discuss the complaint. Within five school days after the discussion, the program chair shall issue the decision to the complainant both in writing and orally.

**Step three:** If the complainant is dissatisfied with the decision of the program chair, he or she may, within five school days from the time he or she received the written and/or oral decision, appeal this decision in writing to the Dean (of School of Health Professions, Science and Wellness). The Dean shall investigate the complaint. The Dean then has five days from receipt of the appeal to conduct a thorough investigation. Within this time, he or she may call a meeting of the grievance committee. This committee shall consist of the Program Chair, the Clinical Coordinator, the Dean, and one person to be selected by the complainant. The committee will hear pertinent testimony regarding the complaint from the complainant and any other individuals whose testimony is deemed necessary.

The committee is chaired by the Program Chair who is a non-voting member of the grievance committee.

**Step four:** The complaint will be thoroughly discussed by the grievance committee and a decision will be made at the time of the meeting. The complainant will be informed of this decision within 24 hours following the meetings adjournment. If the complainant is dissatisfied with the decision, the Provost will review the grievance. This review will be conducted and completed within no more than five days upon receipt of appeal. The Provost decision will be final.

If the student is dissatisfied with this final decision, they may refer any further complaints to the JRCERT.

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182
Telephone: (312) 704-5300 Fax: (312) 704-5304
www.jrcert.org

The student has the right to obtain information regarding program performance from the Secretary of Higher Education at the Maryland Higher Education Commission concerning school violations of Maryland regulations.

Maryland Higher Education Commission
839 Bestgate Rd
Suite 400
Annapolis, MD 21401-3013
410-260-4500

www.mhec.state.md.us
MISCELLANEOUS INFORMATION

STUDENT SERVICES

Refer to Washington Adventist University Handbook

PROFESSIONAL ACTIVITIES and ORGANIZATIONS

The faculty at Washington Adventist University School of Medical Imaging encourages student participation in professional activities and organizations. These experiences enhance the learning process and provide the student with valuable knowledge regarding the future of their chosen profession. In view of this, it is recommended that each student support their professional societies during their two years in the program by becoming members.

Professional organizations in Radiologic Technology promote student participation by offering special membership fees. The following organizations are recommended to the student for consideration:

- American Society of Radiologic Technologists
- Maryland Society of Radiologic Technologists
- Applications for membership is available to the students from the faculty members

EDUCATIONAL RESOURCES

Betty Howard Center is resource available to all WAU students for successful academic advancement and progress.

EDUCATIONAL EQUIPMENT

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Foot phantom | 1 |
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Halsey portable view boxes | 3 |
Typewriters | 2 | IBM Selectric/027198/0217199 |
Computers | 6 | IBM 486 |
Computers | 2 | Dell GX150 |
Computer monitors | 8 |
Computer printers | 5 |
X-ray tubes | 8 |
Panoramic Geiger counter | 1 | 470A 2287 |
Kidney model (plastic) | 1 |
Positioning sponges | 1 set |
Television | 2 | Toshiba CF2027B/30496718 JVC/AV-27750/11131514m |
Laser Disc Player | 1 | AG-LD30/db4340074 |
VCR | 1 | Toshiba M-228/10743382 |
Kodak x-ray cassettes | 8 |
Stationary grid | 1 |
Cardboard cassettes | 7 |
Breast Vest | 1 |

**DRUG PREVENTION PROGRAM**

**POLICY**

In harmony with the Hospital's policy on Substance Abuse, The School of Medical Imaging prohibits the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance or alcohol by students or employees on the property or as part of any of its activities. (For more detailed information, see the substance abuse policy in the hospital policy manual #2411)

Disciplinary actions are covered under the dismissal policy of the school found in this handbook.

**NOTIFICATION OF CONVICTION**

A student or employee of the School of Medical Imaging must notify the school, in writing, of his/her conviction for a work place violation of a criminal drug statute within five calendar days of such conviction. The school will, in turn, notify the United States Department of Education within ten calendar days after learning of the conviction. Upon learning of the conviction, the school will either take disciplinary action up to and including discharge against the student or employee or require him/her to participate satisfactorily in a substance abuse program, within thirty days after learning of the conviction.
COUNSELING AND REHABILITATION

It is recommended that individuals that find the need for drug or alcohol counseling, treatment, or rehabilitation seek assistance from their personal physician. The staff of the school is willing to assist anyone needing a referral.

ANNUAL REVIEW

There is an annual review of the drug prevention policy at Washington Adventist University School of Medical Imaging. This is to determine the effectiveness of the policy, to make changes if necessary, and to ensure that the disciplinary procedures are consistently enforced.

STANDARDS

The following pages contain the Joint Review Committee on Education in Radiologic Technology’s STANDARDS AND GUIDELINES that are set up for the operation of a radiography program. These guidelines govern the school’s accreditation.

Standards
for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2011

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - April 2010
The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.

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Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

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Standard One

Integrity

Standard One: The program demonstrates integrity in the following:

• Representations to communities of interest and the public,
• Pursuit of fair and equitable academic practices, and
• Treatment of, and respect for, students, faculty, and staff.

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARD.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
1.15 Has procedures for maintaining the integrity of distance education courses.

Standard Two: Resources

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical education settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
Standard Three
Curriculum and Academic Practices

Standard Three: The program’s curriculum and academic practices prepare students for professional practice.

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed.
Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.
Standard Five

Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:
   • Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
   • Five-year average job placement rate of not less than 75 percent within six months of graduation,
   • Annual program completion rate,
   • Graduate satisfaction, and
   • Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
Standard Six

_Institutional/Programmatic Data_

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

_Sponsoring Institution_

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

_Personnel_

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

_Clinical Education Settings_

6.4 Establishes and maintains affiliation agreements with clinical education settings.

6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

_Program Sponsorship, Substantive Changes, and Notification of Program Officials_

6.6 Complies with requirements to achieve and maintain JRCERT accreditation
**Glossary**

**Affiliation Agreement** - A formal written understanding between an institution sponsoring the program and an independent clinical education setting.

**American Registry of Radiologic Technologists Certification or Equivalent** - Certification by the American Registry of Radiologic Technologists or unrestricted state license to operate radiation producing equipment.

**Assessment** - The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.

**Assessment Plan** - Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.

**Clinical Coordinator** - Required if the program has 6 or more clinical education settings or more than 30 students enrolled in the clinical component. The clinical coordinator may not serve as Program Chair. The clinical coordinator position may be considered equal to a full-time equivalent but may be shared by no more than four appointees.

**Clinical Instructor(s)** - In radiography one full-time equivalent clinical instructor for every 10 students involved in the competency achievement process.

**Clinical Supervisor(s)** - In radiation therapy, one clinical supervisor for each clinical education setting.

**Clinical Education Setting** - A facility recognized by the JRCERT as meeting appropriate qualifications for delivering clinical education and evaluation of clinical competency. A minimum of one clinical instructor/supervisor is designated at each site.

**Clinical Observation Site** - An observation site is used for student observation of the operation of equipment and/or procedures.

**Clinical Staff** - For radiography, the ratio of students to staff prior to student competency achievement in a given examination or procedure shall not exceed 1:1. For radiation therapy, the ratio of students to staff shall always be 1:1.

**Communities of Interest** - Institutions, organizations, groups and/or individuals interested in educational activities in radiologic sciences.

**Competency Based** - Student attainment of a specified level of proficiency.

**Credentialing Examination Pass Rate** - The number of graduates who pass the American Registry of Radiologic Technologists Credentialing examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.
Direct Supervision - Student supervision by a qualified practitioner 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 present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

Due Process - The formal procedure for resolution of a grievance or complaint that identifies timeframes for completion of each step and provides for a final appeal to a source external to the program.

Gatekeeper - An agency with responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Goals - Ends or results the program wants to achieve.

Indirect Supervision - For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Job Placement Rate - The number of students employed in the radiologic sciences compared to the number of students actively seeking employment in the radiologic sciences.

Learning Environment - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.

Learning Resources - Media and reference materials utilized to support and enhance the educational program and scholarly activity.

Master Plan of Education - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

Mission Statement - A means to communicate an educational vision and purpose.

Mixed Accreditor - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

Outcomes - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

Program Completion Rate - The number of students who complete the program compared to the number of students initially enrolled in the program.

Program Length - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.
**Qualified Practitioner** - A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

**Recognized and Accepted Curriculum** - 1) The latest American Society of Radiologic Technologists professional curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

**Sponsoring Institution** - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Title IV Financial Aid** - Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 900  
Chicago, IL 60606-2901

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, Program Chair, clinical coordinator, and clinical supervisor(s) or clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available from the JRCERT.

Program failure to meet administrative requirements for maintaining accreditation may lead to being placed on Administrative Probationary Accreditation and ultimately to Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiologic Sciences.

The accreditation process includes a site visit. Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.
The JRCERT is responsible for recognition of clinical education settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure.

All other JRCERT accreditation actions are final.

Procedures for reconsideration and appeal are published in the JRCERT Accreditation Handbook and are available upon request.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

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<th>Joint Review Committee on Education in Radiologic Technology</th>
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<tbody>
<tr>
<td></td>
<td>20 North Wacker Drive, Suite 900</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL  60606-2901</td>
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<tr>
<td></td>
<td>(312) 704-5300</td>
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<td>15000 Central Avenue, N.E.</td>
</tr>
<tr>
<td></td>
<td>Albuquerque, NM  87123-3917</td>
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<tr>
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<td>(505) 298-4500</td>
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<td></td>
<td>1255 Northland Drive</td>
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<td>St. Paul, MN  55120-1155</td>
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<tr>
<td></td>
<td>(651) 687-0048</td>
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JRCERT

20 North Wacker Drive
Suite 900
Chicago, IL  60606-2901
(312) 704-5300
SIGNATURES

The aforementioned statements are

“Certified true and correct as to content and policy by the Advisory Committee, Admissions Committee, and/or faculty.”

Kristin Mitas, M.S., R.T. (R)
Program Chair

Brent Clemmer, B.S., R.T. (R)
Clinical Coordinator
I have received my copy of the student handbook, which discusses my privileges and obligations as a student in this program. I have read, understand and agree to abide by all of the policies and procedures outlined in this handbook. The policies contained in the handbook may be modified or eliminated by the Program Chair or Administration of this University. I understand that I will be governed by these changes.

DATE___________________________

NAME___________________________
(Please Print)

SIGNATURE _______________________
INTRODUCTION: The School of Radiography has developed goals and measurable objectives that are reflective of the mission and goals of Washington Adventist University and Adventist Healthcare.

PROGRAM MISSION: As part of Adventist Healthcare, our mission is to educate professionals as Radiologic Technologists, to deliver clinical excellence and quality service to the community, and to prepare these technologists for successful completion of the American Registry of Radiologic Technologists national registry.

GOALS: 1. To produce competent, qualified entry-level graduates.

2. Maintain or improve the quality of instruction.

3. To meet the employment needs of graduates and employers.

4. Promote a flexible and adaptive curriculum.

5. Provide an environment that responds to the need for continuing education of faculty, clinical staff, graduates and registered technologists.