

**WASHINGTON ADVENTIST UNIVERSITY
DEPARTMENT OF MEDICAL IMAGING
RADIOLOGIC TECHNOLOGY**

ASSOCIATE OF APPLIED SCIENCE

STUDENT POLICY MANUAL

Revised: August 2023

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INTRODUCTION

Welcome! We are pleased to have you as a student of the Washington Adventist University Department 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

2023-2024

(Please refer to the WAU Academic Calendar for additional information)

July 28	Summer Session Ends
August 28	Fall Quarter Begins
September 4	No School – Labor Day
October 4	Service Day
October 18	Fall Session I Ends
October 19-23	No School – Midterm Break (Th/F/M)
October 24	Fall Session II begins
November 22 - 24	No School Thanksgiving
December 11	Study Day
December 14	Fall Quarter Ends
December 15 – January 7	No School – Christmas/New Year’s Break
January 8 - 26	Spring Semester Begins - Clinical Only(Juniors)
January 15	No School - Martin Luther King Jr. Day
January 30	Classes Begin
February 20	No School – Presidents day
March 1-10	Spring Break (F-Sun)
March 29	No School – Good Friday
April 3	Service Day
April 22	Study day
April 25	Spring Academic Semester Ends
May 5	Commencement
May 13- June 7	Summer Session I – Clinical/Class
May 27	No School – Memorial Day
June 17- July 12	Summer Session II – Clinical
July 4	No School – Independence Day
July 22	Summer Session III – Clinical
Aug 9	Summer Session III Ends
August 12-August 23	No School - Summer Break

DESCRIPTION

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

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

WAU 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.

DEPARTMENT OF MEDICAL IMAGING MISSION

The mission of the Department of Medical Imaging is to educate professionals as radiologic technologists who are able to safely deliver clinical excellence and quality service to the community.

PROGRAM GOALS

1. To produce competent, entry level graduates.
2. The student will develop problem solving and critical thinking skills.
3. The student demonstrates appropriate skills in communication and ethics.
4. The student will demonstrate professionalism.

UNIVERSITY OFFICIALS

Dr. Weymouth Spence, RT(R)(ARRT)
Dr. Cheryl Kisunzu

President of Washington Adventist University
Provost of Washington Adventist University

DEPARTMENT of MEDICAL IMAGING OFFICIALS

Kristin Mitas, MS, RT(R)(ARRT)
Patricia Olwan, B.S., RT(R)(ARRT)
Matthew Oh, BS, RT(R)(ARRT)
Kailee Blakard BS, RT(R)(ARRT)

Chair/ Program Director
Clinical Coordinator
Adjunct Professor
Adjunct Professor

CLINICAL AFFILIATE OFFICIALS

Shady Grove Medical Center

Ron Leonard, RT(R)(ARRT)
Nancy Deen, RT(R)(ARRT)
Wilton Hackett, RT(R)(ARRT)

Day Shift Supervisor
Staff Technologist, CP
Staff Technologist, CP

Germantown Emergency Department

Candice Melott, RT(R)

Staff Technologist, CP

White Oak Medical Center

Kevin Brown, RT(R)(ARRT)
Richard Balthazar, RT(R)(ARRT)
Stephen Parsad, RT(R)(MR)(ARRT)
Frank Sines, RT(R)(CT)(ARRT)
Beulah Harris, RT(R)(ARRT)

Day Shift Supervisor
Evening Shift Supervisor
MRI Lead Technologist
CT Lead Technologist
Staff Technologist, CP

Patient First

Joice Zama RT(R)
Jennifer Dubon RT(R)

Staff Technologist
Staff Technologist

RADNET INC.

Adventist Outpatient Center

Nailia Mohammed RT(R)

Staff Technologist, CP

GENERAL INFORMATION

Entrance Requirements – listed in WAU Academic Bulletin

Technical Standards

Radiologic technology students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following:

1. Visually distinguish gray shades on a radiographic image.
2. Immediately comprehend and respond to auditory instructions or requests.
3. Push and operate portable imaging equipment.
4. Lift and carry 20 pounds
5. Standing and walking for 4 hours at a time while actively engaged in radiographic procedures.
6. Pushing and moving stretchers and wheelchairs with patients from patient areas to procedure rooms.
7. Pulling and moving patients to and from radiographic tables.
8. Lifting/carrying and attaching extra radiographic table components for specific procedures.
9. Utilize good body mechanics.

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.
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. <https://www.wau.edu/wp-content/uploads/2021/09/New-Student-Application-packet.pdf>

6. Along with the radiologic technology application it is a requirement that the department is supplied with three completed recommendation forms. 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.

TRANSFER STUDENTS

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

Facilities include:

- A. One large classroom with a seating capacity of twelve students.
- B. Three offices, one occupied by the Clinical Coordinator. One occupied by an adjunct Professor. One occupied by the Program Chair, all on the same floor as the classroom.
- C. Audiovisuals, two complete articulated skeletons, phantom skull, phantom foot, phantom knee, phantom 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 WOMC. Additional x-ray equipment is located in the Operating Room, and the Emergency Room. Heart

Catheterization Labs, Computed Tomography, Special Procedures, Mammography, Clinical Radiologists, and MRI provide additional clinical experiences.

F. Clinical rotations are completed at 4 Adventist Outpatient Centers in Rockville, Shady Grove Medical Center, in Rockville, MD and the Germantown Emergency Department,, RadNet, Inc in Rockville, MD and White Oak Medical Center located in White Oak, MD, Patient First in Beltsville, MD, Patient First in Silver Spring, MD and Patient First in Rockville, MD.

ENROLLMENT LIMITATIONS

The Joint Review Committee on Education in Radiologic Technology has established a student capacity at the Washington Adventist Hospital Department of Medical Imaging of 12 students per year. This means there are potentially a maximum of 24 students in the Radiology departments of SGMC and WOMC, per year (12 first year students and 12 second year students). The student to preceptor ratio will not exceed 15 students per preceptor for any didactic course.

PROGRAM EVALUATION

The Department of Medical Imaging undergoes consistent and continuing program evaluation. Throughout the course of the program, students participate in evaluating the courses, preceptors 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 Bulletin 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 Radiologic Technology 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 WAU's Radiologic Technology program or at another institution.

COUNSELING

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

STUDENT CONDUCT

The relationship between WAU and our clinical affiliates is very important. Clinical affiliate's Employee Handbook, and Radiology Policy and Procedure Manual will be made available to each student while onsite. Students will be responsible for reading and complying with these various policies. These important documents are also discussed during the orientation process upon entry in the Radiologic Technology program. 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 form is required to be signed before a WAU student is allowed to begin clinical rotations and is added to the student's permanent file.

GRADES

Grades are submitted to the Program Chair from the preceptors at the completion of their course. The grades are given to and reviewed with each student at the end of each session. The grades are then placed into the student's permanent file, which is maintained indefinitely by the Department of Medical Imaging faculty and WAU Records Department.

Course instructors are required to supply the student with a syllabus that includes 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 session in both the academic and clinical areas. All students are on probation until the end of the first session.

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 session extension of probation with assistance from faculty. If at the end of the subsequent session sufficient progress is seen, probation will be removed. If insufficient progress is seen at the end of the subsequent session, the student may be dismissed from the Radiologic Technology program. Additionally, any student who fails a course in the first session 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 dismissed from the Radiologic Technology Program.

The grading system is as follows:

92 - 100	A	Excellent
86 - 91	B	Above average
80 - 85	C	Average
75 - 79	D	Below average
0 - 74	F	Failure

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

- At the end of each session, a permanent record will be issued to the student, as well as, kept on permanent file.

GRADING POLICIES

The following are grading policies held by WAU's Department of Medical Imaging:

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 an 86% clinical average, 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 session and no more than one per subject. It is the student's responsibility to contact the instructor to request a retake. The student must request the retake within 24 hours after the initial final is complete. The retake must be completed by the end of finals week of the session the retake was requested. 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 the 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 Radiologic Technology, 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 the subsequent session 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 will be dismissed from the Radiologic Technology program at the end of the session.
- D. Students dismissed from the program for unsatisfactory progress may reapply to the Radiologic Technology 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 the Radiologic Technology program. 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 and dosimeter to WAU's Department of Medical Imaging.

Documentation of all the steps described above will be placed into the student's permanent file. Department of Medical Imaging faculty reserves the right to modify the disciplinary process to best fit each student's 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.

Refer to each course syllabus for all make-up work policies. 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 student's 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 Department of Medical Imaging. 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. 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.

If at any time a veteran student does not abide by the Radiologic Technology program attendance 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 in the Radiologic Technology program 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 WAU, Radiologic Technology program 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 didactic 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 Radiologic Technology program, 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. Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure;

10. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality;
11. Practice radiation protection for the patient, self and others;
12. Recognize emergency patient conditions and initiate first aid and basic life-support procedures;
13. Evaluate radiographic images for appropriate positioning and image quality;
14. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority;
15. Demonstrate knowledge and skills relating to quality assurance;
16. Exercise independent judgment and discretion in the technical performance of medical imaging procedures;
17. Demonstrate general knowledge of body section anatomy and radiography methods;
18. Demonstrate general knowledge of basic computer operation and capabilities;
19. Demonstrate expected ethical and professional behavior;
20. Recognize the need for further professional education.

PROGRAM STRUCTURE

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

First Year

Fall Session:	Didactic and clinical training	(8 weeks)
Fall Session:	Didactic and clinical training	(8 weeks)
Spring Session:	Didactic and clinical training	(16 weeks)
Summer Session:	Didactic and clinical training	(12 weeks)

Second Year

Fall Session:	Didactic and clinical training	(8 weeks)
Fall Session:	Didactic and clinical training	(8 weeks)
Spring Session:	Didactic and clinical training	(8 weeks)
Spring Session:	Didactic and clinical training	(8 weeks)

The 22-month training program begins a new class every fall session. At the completion of the two-year program the student is eligible to take the ARRT National Registry Exam.

Program Curriculum: (tentative breakdown of the courses in each session.)

FIRST YEAR COURSES

FALL SESSION I

RADT 211 Positioning & Procedures I

RADT 203 Patient Care

RADT 222 Physics I

RADC 210 Clinical Experience I

FALL SESSION II

RADT 232 Physics II I

RADT 221 Positioning & Procedures I

RADC 220 Clinical Experience II

SPRING SESSION III

RADT 230 Exposure

RADT 231 Positioning & Procedures III

RADT 202 Medical Terminology

RADC 230 Clinical Experience III

SUMMER SESSION

RADT 241 Positioning & Procedures IV

RADC 240 Clinical Experience IV

SECOND YEAR COURSES

FALL SESSION V

RADT 302 BioMedical Ethics
RADT 307 Imaging Equipment & QA
RADC 301 Clinical Experience V

FALL SESSION VI

RADT 326 Advance Procedures
RADC 311 Clinical Experience VI

SPRING SESSION VII

RADT 305 Radiation Protection & Biology
RADT 329 Digital Equipment
RADC 321 Clinical Experience VII

SPRING SESSION VIII

RADT 309 General Review
RADC 331 Clinical Experience VIII

Course Descriptions for each course can be located in the Course Information section of the current edition of the Academic Bulletin.

PROGRAM TIME COMMITMENT

It is the policy of WAU's Radiologic Technology program to assure each student that the program 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 WAU's Radiologic Technology program is under the direct supervision of the Clinical Coordinator, Clinical preceptors and/or qualified staff technologists. 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 is 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 ensuring 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 in WAU's Radiologic Technology program. 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 radiologic technology 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 the clinical application of radiologic technology.

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 a preceptor 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 clinical preceptors and qualified radiographers on patients to obtain proficiency and acquire all required competency examinations. First, students will assist CI's and qualified radiographers performing procedures. Students receive signatures during this step. After the minimum number of signatures has been met for a procedure, the student may request to perform a non-energized lab on the particular procedure. Non-energized labs shall be graded by CI's or program faculty. Once a student successfully completes a non-energized lab on a procedure they may attempt a procedure competency under direct supervision of a qualified radiographer. 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. **Program faculty 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.

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

Students must complete rotations in the following areas:

Computed Tomography (CT)

1:00 – 9:00 pm shift

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

Heart Catheterization Lab

MRI

Mammography

Radiation Oncology

Nuclear Medicine

Ultrasound

The radiography program sponsored by Washington Adventist University Department of Medical Imaging has revised its policy, effective January 1, 2022, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging.

Under the revised policy students may request the opportunity to participate in clinical mammography rotations. The program will make every effort to place students in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to students. Students are advised that placement in a mammography rotation is not guaranteed and is at the discretion of a clinical setting.

*The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 and October 2021 meetings. The JRCERT position statement is included as **Addendum A** to the program's policy and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.*

EXPOSURE MONITORING AND SAFETY PRACTICES

WAU's Radiologic Technology program Clinical Affiliates provide exposure monitoring dosimeters for all Radiologic Technology students. The purpose of this policy is to ensure personnel external exposure monitoring program as published in COMAR 26.12.01.01. The students are required to wear their dosimeter while in clinical areas. It is to be worn at the collar level at all times. No student will be allowed to be in clinical areas without their dosimeter. If a student loses their dosimeter, he/she must request a replacement and provide a written explanation immediately.

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

Dosimeters are changed around the 5th of every month, and it is the responsibility of each student to see that their dosimeter 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 dosimeter 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 lead body apron during performance of duties in direct exposure areas. Thyroid shields are also available to all Radiology Technology students.

External and internal exposure will be monitored for personnel likely to receive, in 1 year; the threshold dose is a radiation dose in excess of 10% of the following limits:

- Adult = 5 rem
- Minors = 0.5 rem
- Embryo/Fetus of Declared Pregnant Women = 0.5 rem

The RSO will review Form NRC-5, "Current Occupational External Radiation Exposures," or an equivalent form (e.g., dosimeter processor's report,) results of personnel monitoring at least quarterly.

Employees will be instructed as to the location of the personal dosimetry monitoring program reports, and will have access to these reports.

Deliberate exposure of monitoring devices to deceptively indicate a dose delivered to an individual is prohibited.

Monitoring devices shall be maintained in designated areas when not in use.

Administrative assignments will be made as necessary based on an individual's exposure history.

The Maryland Department of Environment's memorandum entitled "Weighting Factor Policy Requirements for the Use of the Alternative Effective Dose Methodologies" will be followed at this institution when deemed necessary by the RSO and approved by the RSC.

ALARA Investigations:

We hereby establish investigational levels for occupational external radiation doses, which, when exceeded, will initiate review or investigation by the RSO. The investigational levels that we have adopted are listed below. These levels apply to the exposure of individual workers.

INVESTIGATIONAL LEVELS			Annual Limit
Participants External Dose	LEVEL I	LEVEL II	
	mrem/quarter		mrem/yr
Deep dose equivalent (DDE)	125	375	5,000
Eye dose equivalent (LDE)	375	1,125	15,000
Shallow dose equivalent to skin (SDE)	1,250	3,750	50,000
Shallow dose equivalent to extremity (SDE)	1,250	3,750	50,000

INVESTIGATIONAL LEVELS	Annual Limit
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Interventional Radiology Participants External Dose	LEVEL I	LEVEL II	
	mrem/quarter		mrem/yr
Deep dose equivalent (DDE) collar badge	125	940	5,000
Eye dose equivalent (LDE) collar badge	375	1,125	15,000
Shallow dose equivalent to skin (SDE)	1,250	6,250	50,000
Shallow dose equivalent to extremity (SDE)	1,250	6,250	50,000

The following actions will be taken when investigational levels are exceeded:

- Participant dose less than Investigational Level I.

Except when deemed appropriate by the RSO or the RSO's designee, no further action will be taken in those cases where an individual's dose is less than the Investigational Level 1 values.

- Participant dose equal to or greater than Investigational Level I but less than Investigational Level II

The RSO or the RSO's designee will review the dose of each individual whose quarterly dose equals or exceeds Investigational Level I and will report the results of the reviews to the radiation safety committee following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level II, no action related specifically to the exposure is required unless deemed appropriate by the RSO.

- Participant dose equal to or greater than Investigational Level II.

The RSO will investigate in a timely manner the causes of all personnel doses equaling or exceeding Investigational Level II and, if warranted, will take action. A consideration of actions should be taken by the RSO to reduce the probability of occurrence, and a report of the actions should be reviewed by the Radiation Safety Committee at its first meeting following completion of the investigation.

- Re-establishment of investigational levels.

The above guidelines have been provided by the Radiation Safety Officer at AdventistHealthCare.

The dose limits that an individual may receive in a year shall be reduced by the occupational dose received by that individual while employed by any other institution.

MRI SAFETY

MRI orientation will be completed during the first session of program orientation before entering the clinical area. This will be presented by the radiation safety officer. The MRI screening form can be found in Addendum B.

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

WAU's Radiologic Technology program policy on personal appearance is built upon the principles set forth by our clinical affiliates Personnel Policy Manual and Radiology Department dress codes.

The personal appearance and demeanor of WAU Radiologic Technology students reflect the standards of the profession, the radiology department, the clinical affiliate and WAU. Each student shall reflect interest and pride in themselves and the medical imaging 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.** WAU's Radiologic Technology faculty and/or CI's will have the final decision when judging the personal appearance of the student.

UNIFORMS

Females: Ceil 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: Ceil 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: Mustache, 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 PHONE CALLS

Personal phone 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 the clinical setting. 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, not on their person. 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 per qualified technologist will be assigned to a clinical rotation. Under no circumstances will a student be allowed to hold a patient.

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 WAU Radiologic Technology program faculty and/or CI's 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 qualified radiographer assigned to the students rotation.

UNSATISFACTORY RADIOGRAPHS (Repeats)

The policy of the WAU's Radiologic Technology program 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.

RADIOLOGIC TECHNOLOGY PROGRAM 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.
2. Never leave a patient unattended.
3. Be punctual and honest in their use of time.
4. Respect all patient information and keep it confidential.
5. Show respect for faculty, patients, hospital staff and visitors.
6. Handle all machinery with care, reporting damaged or improperly functioning machines to a CI.
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.
11. Obey all hospital regulations as outlined in each clinical affiliate's Employee Handbook.

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. Other infractions of the rules of conduct as noted in the WAU's Academic Bulletin, WAU's Student Handbook, WAU's Radiologic Technology Student Policy Manual, WAU's Radiologic Technology program Clinical Policy Manual and all clinical affiliate's Employee Handbook.

ATTENDANCE

All students will have accounts in WAU's Radiologic Technology program automated clinical attendance google form. It is the student's responsibility to clock in and out at the beginning and end of the day. The rules for attendance are as follows:

1. School hours are **7:30 am to 4:00 pm Monday-Friday**. Outpatient facilities are **8/8:30am-4pm**. Students are also required to fulfill 1-9 rotations, some evening rotations are 2-9pm. Each student must clock in and out under the above time constraints.
2. Time deducted from the leave bank will be rounded up to the nearest quarter of an hour (15mins). Poor attendance affects the student's grades as well as the leave bank. Refer to the course syllabus for detailed deductions.
3. **If a student's time bank drops below 0, the student will not have met the minimum required clinicals hours for the course credit and will fail the course. Failing a clinical course would result in dismissal from the program.** Make-up hours are allowed under extenuating circumstances.
4. Failure to clock in or out will result in an automatic **two (2) hour deduction** from the student's leave bank

5. Students must take responsibility for their own attendance. If there is a dispute of the deduction of time bank hours tracked, it must occur within 3 days.
6. No other student may clock in or out for another student. *A violation of this would be cause for immediate dismissal.*
7. Anytime a student leaves the clinical affiliates, for any reason, they must clock in and out, including traveling to and from campus.

ATTENDANCE GUIDELINES

The student should become familiar with the following guidelines:

1. Attendance is critical in any educational program, therefore unexcused absences are unacceptable. It is expected that each student will be prompt and professional.
2. Certain situations will be recognized as ***excused absences***(no deduction in time bank or reduction of grade). 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 communicate before 7:30 am to notify the Clinical Coordinator or Program Chair, as well as their immediate supervisor in their assigned 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 voicemail. 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. Leave bank hours are granted per session and should be conserved and used wisely. This time is added to the student's bank of hours at the beginning of each session. Only 10 hours may rollover from the previous session to maximize clinical experience.
5. Attendance is monitored and documented by program faculty and updated records of an individual's usage is accessible by the student via automated clinical attendance shared google document.
6. Repeated or habitual absences (3 tardies and 2 absences per 8 week session) will result in a reduction in the final grade for the clinical course. After the third tardy per 8 week session , 3 points will be deducted from the clinical attendance grade. After the second absence per 8 weeks session , 6 points will be deducted from the clinical attendance grade.
7. Students must take a half-hour lunch each day between 11:30am-1pm. Every student is allowed one 15 min. break depending on patient volume (15 min. break is not guaranteed and may not be added to the required lunch break). Students shall ask their

technologist before leaving rotation for any break. Break times shall be dictated by technologists/ CI's or program faculty.

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. Absence of more than 3 days may be made up if a doctor's note for the duration of the illness.

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. This time is intended to be used only when necessary, ie. fever, nausea, doctors appointments, car issues, issues with childcare.

Session	Leave Bank
Junior Fall Session II	24 hrs
Junior Spring Session III	40 hrs
Junior Summer Session IV	24 hrs
Senior Fall Session V	24 hrs
Senior Fall Session VI	24 hrs
Senior Spring VII	24 hrs
Senior Spring VIII	16 hrs

This time should be used when necessary, it should not be used when:

- 1) Class or classes are in session
- 2) The time off would cause time bank hours to drop below 0.

MAKE UP TIME

Students may make up clinical hours in only extenuating circumstances (ie, illness w/ documentation) Policies regarding make-up time are as follows.

- a) Time must be made up the week after finals. 7:30am -4pm, Monday thru Friday of that week.
- b) Make-up time will not be approved if reasons for absence are not properly communicated when it occurred.
- c) Location of make-up will be selected by faculty upon approval.

ILLNESS/INJURY WHILE IN CLINICAL ROTATION

If a student becomes ill while in assigned clinical rotation, access to the facilities at WOMC and SGAH are available, at the cost customarily charged to the general public.

If a student is injured while in assigned clinical rotation, an incident report must be completed immediately with the clinical affiliate. A detailed written report of the incident must be submitted to WAU's Radiologic Technology program faculty no later than 24 hours after the event. A maximum of 16 hours off may be granted. A physician's note stating specific time off due to injury must be provided for time off without deduction from the 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.

LEAVE OF ABSENCE

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 from 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 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 Radiologic Technology program, and protection of the fetus/expectant mother who becomes pregnant while a student in the Radiologic Technology program at WAU.

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, Department 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, Department of Medical Imaging to inform female Radiologic Technology 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 an employee and the 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 Radiologic Technology student may elect to voluntarily declare the pregnancy to the Program Chair. The declaration must be in writing(see Addendum C). This voluntary declaration should be given at the earliest possible time to minimize the possibility of fetal exposure. The declared pregnant Radiologic Technology student has the option to withdraw the declaration of pregnancy at any time. Withdrawal of the declaration must be in writing(see Addendum D). 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 Radiologic Technology 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 a 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 Radiologic Technology 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 Radiologic Technology 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 fetal monitoring dosimeter 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 ensure 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 WAU's Radiologic Technology program and assumes normal duties. These duties are subject to the above conditions.
2. Student may request to have their 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 ARRT National Registry.

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

INCLEMENT WEATHER

WAU's Department of Medical Imaging will use the university closing system due to hazardous road conditions as a guide during severe weather conditions.

HOLIDAYS

WAU's Department 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 Luther King Jr. Day	

DUE PROCESS

STUDENT APPEAL PROCESS

WAU's Department of Medical Imaging policies are designed for the benefit of the student. These policies set forth the obligations of the university to the student and the responsibilities of the student to the university. It is the intent of WAU's Department of Medical Imaging to apply these policies consistently and fairly to all students.

In order to ensure that the intent of the Radiologic Technology program 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 program policy has been incorrectly applied, the complaint procedure provides a method for them to seek corrective action. Students are encouraged to use this procedure. WAU's Radiologic Technology program 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 in the WAU Student Handbook. Some students may be concurrently employed by a clinical affiliate during the duration of the program. Complaints regarding clinical affiliate employment should be addressed through their employee complaint procedures.

If at any time, any person(s) feels that the WAU Radiologic Technology program 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 in 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 Radiologic Technology program 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 the matter with the program staff (within five school days from its occurrence). The program staff may be any person who is a clinical preceptor, guest lecturer or program faculty. The program staff is obligated to answer the informal complaint within five school days.

Step two: If the informal discussion with the program staff does not resolve the problem to the mutual satisfaction of the student and the program staff, or if the program staff 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 program staff 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 receives 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 qualified technologist from a clinical affiliate 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 meeting 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.

A student may contact the JRCERT at any time if they are concerned about non-compliance with the program.

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
Email: mail@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 WAU's Academic Bulletin & Student Handbook.

PROFESSIONAL ACTIVITIES and ORGANIZATIONS

The Department of Medical Imaging faculty 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

EDUCATIONAL RESOURCES

Betty Howard Center is a resource available to all WAU students for successful academic advancement and progress. It is located on the first floor of Wilkinson Hall.

DRUG PREVENTION POLICIES

POLICY

In harmony with the Hospital's policy on Substance Abuse, WAU and its Department 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 WAU's Academic Bulletin and Student Handbook.

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

NOTIFICATION OF CONVICTION

A student enrolled in a WAU Department of Medical Imaging program must notify the program chair, in writing, of his/her conviction for a workplace violation of a criminal drug statute within five calendar days of such conviction. The program chair 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 WAU Department of Medical Imaging program will either take disciplinary action up to and including discharge against the student or require him/her to participate satisfactorily in a substance abuse program, within thirty days after learning of the conviction. A clinical affiliate may deny a convicted student to perform clinical rotations. This would lead to a student being dismissed from a WAU Department of Medical Imaging program.

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. If a student has a substance abuse problem, please notify the campus counselor, VP for Student Life, VP for Ministry or a residence hall dean.

ANNUAL REVIEW

There is an annual review of the drug prevention policy at Washington Adventist University Department 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. Students will receive a hardcopy of any changes to this policy.

JRCERT 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. For more information please view www.jrcert.org.

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020



JOINT REVIEW COMMITTEE
ON EDUCATION IN
RADIOLOGIC TECHNOLOGY

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 is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT Standards incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the Standards as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes 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 in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
 - Identify opportunities for improvement related to each standard
 - Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
 - Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

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Standard One: Accountability, Fair Practices, and Public Information

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

Objectives:

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.**
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.**
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.**
- 1.4 The program assures the confidentiality of student educational records.**
- 1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.**
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.**
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.**
- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.**

Explanation:

Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

- admission and transfer of credit policies;**
- tuition, fees, and refunds;**
- graduation requirements;discrim**
- grading system;**
- program mission statement, goals, and student learning outcomes;**
- accreditation status; ◦ articulation agreement(s); ◦ academic calendar; ◦ clinical obligations;**
- grievance policy and/or procedures.**

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

Required Program Response:

- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
 - Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
 - Provide a copy of the resolution of any formal grievance(s).

Possible Site Visitor Evaluation Methods:

- Review of institutional and program website
- Review of institutional and program materials
 - Review of student handbook
 - Review of student records
- Review of formal grievance(s) record(s), if applicable
 - Interviews with institutional administration
 - Interviews with faculty
 - Interviews with staff
 - Interviews with students

- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Explanation:

Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

Required Program Response:

- Describe how nondiscriminatory recruitment and employment practices are assured.
- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

Possible Site Visitor Evaluation Methods:

- Review of employee/faculty handbook
- Review of employee/faculty application form
 - Review of institutional catalog

- Interviews with faculty

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Explanation:

Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission.

Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

Required Program Response:

- Describe how institutional and program admission policies are implemented.
 - Describe how admission practices are nondiscriminatory.
 - Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of student records
 - Interviews with faculty
- Interviews with admissions personnel, as appropriate
 - Interviews with students

1.4 The program assures the confidentiality of student educational records.

Explanation:

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA).

If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

Required Program Response:

Describe how the program maintains the confidentiality of students' educational records.

Possible Site Visitor Evaluation Methods:

- Review of institution's/program's published policies/procedures

- Review of student academic and clinical records, including radiation monitoring reports
 - Tour of program offices
 - Tour of clinical setting(s)
 - Interviews with faculty
- Interviews with clerical staff, if applicable
 - Interviews with clinical preceptor(s)
 - Interviews with clinical staff
 - Interviews with students

1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.

Explanation:

The program must assure students and faculty are cognizant of the Standards and must provide contact information for the JRCERT.

Any individual associated with the program has the right to submit allegations against a JRCERT accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

Required Program Response:

- Describe how students and faculty are made aware of the Standards.
- Provide documentation that the Standards and JRCERT contact information are made known to students and faculty.

Possible Site Visitor Evaluation Methods:

- Review of program publications
- Review of program website
 - Interviews with faculty
 - Interviews with students

- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.**

Explanation:

Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).

Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

Required Program Response:

- Provide the hyperlink for the program's effectiveness data webpage.
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

Possible Site Visitor Evaluation Methods:

- Review of program website
- Review of program publications
 - Interviews with faculty
 - Interviews with students

- 1.7 The sponsoring institution and program comply with requirements to achieve and maintain JRCERT accreditation.**

Explanation:

Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at www.jrcert.org. In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

No Required Program Response

Possible Site Visitor Evaluation Method:

Review of a representative sample of program official qualifications

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

Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.
- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

Explanation:

The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

Required Program Response:

- Describe the sponsoring institution's level of commitment to the program.
- Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
 - Describe the adequacy of financial resources.
- Describe the availability and functions of administrative/clerical services, if applicable.
 - Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
 - Review of published program materials
 - Review of meeting minutes
 - Interviews with institutional administration
 - Interviews with faculty
 - Interviews with clerical staff, if applicable

- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.**

Explanation:

Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a fully energized laboratory. An energized laboratory on campus is recommended. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner. A mobile unit and/or simulation software cannot take the place of a stationary/fixed energized laboratory.

The JRCERT does not endorse any specific physical resources.

Required Program Response:

Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:

- Tour of the classroom, laboratories, and faculty offices
 - Review of learning resources
 - Interviews with faculty
 - Interviews with students
- 2.3 The sponsoring institution provides student resources.

Explanation:

Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

Required Program Response:

- Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
- Describe how the program utilizes other student resources to promote student success.

Possible Site Visitor Evaluation Methods:

- Tour of facilities
 - Review of published program materials
 - Review of surveys
 - Interviews with faculty
 - Interviews with students
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Explanation:

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:

- maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
 - have a monitoring process for student loan default rates;
- have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
- inform students of responsibility for timely repayment of Title IV financial aid.

The program must comply with all USDE requirements to participate in Title IV financial aid.

Required Program Response:

- Describe how the program informs students of their responsibility for timely repayment of financial aid.

- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
 - recent student loan default data and
 - results of financial or compliance audits.

Possible Site Visitor Evaluation Methods:

- Review of records
- Interviews with administrative personnel
 - Interviews with faculty
 - Interviews with students

Standard Three: Faculty and Staff

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

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.
- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

Explanation:

An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator.

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program (e.g., the total number of students simultaneously enrolled in all clinical courses during a term). The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

Required Program Response:

- Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
- Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
 - Provide institutional policies for faculty workload and release time.

Possible Site Visitor Evaluation Methods:

- Review institutional policies for faculty workload and release time
 - Review of faculty position descriptions, if applicable
 - Review of clinical settings
 - Interviews with faculty
 - Interviews with clinical preceptor(s)
 - Interviews with students

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

Position	Qualifications
Program Director	Holds, at a minimum, a master's degree; For master's degree programs, a doctoral degree is preferred;
	Proficient in curriculum design, evaluation, instruction, program administration, and academic advising;

	Documents three years' clinical experience in the professional discipline;
	Documents two years' experience as an instructor in a JRCERTaccredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent^[1], in radiography.
Clinical Coordinator	Holds, at a minimum, a bachelor's degree; For master's degree programs, holds, at a minimum, a master's degree;
	Proficient in curriculum development, supervision, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Documents one year's experience as an instructor in a JRCERTaccredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent¹, in radiography.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor's degree;
	Is qualified to teach the subject;
	Proficient in course development, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent¹, in radiography.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught;
	Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation;
	Documents two years' clinical experience in the professional discipline;

	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ^[2] , in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ² , in radiography.

Explanation:

Faculty and clinical staff must possess academic and professional qualifications appropriate for their assignment. Clinical preceptors and clinical staff supervising students' performance in the clinical component of the program must document American Registry of Radiologic Technologists (ARRT) certification and registration (or equivalent) or other appropriate credentials. Health care professionals with credentials other than ARRT certification and registration (or equivalent) may supervise students in specialty areas (e.g., Registered Nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

No Required Program Response.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;

	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.
Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;

	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

Explanation: Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

Required Program Response:

- Describe how faculty and clinical staff responsibilities are delineated.
- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
 - Provide assurance that faculty responsibilities are fulfilled throughout the year.

Possible Site Visitor Evaluation Methods:

- Review of position descriptions
 - Review of handbooks
- Interviews with institutional administration
 - Interviews with faculty
- Interviews with clinical preceptors
 - Interviews with clinical staff
 - Interviews with students

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

Explanation:

Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.

Required Program Response:

- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty.
- Describe how evaluation results are shared with clinical preceptors, if applicable.
 - Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical preceptors, if applicable.

Possible Site Visitor Evaluation Methods:

- Review of program evaluation materials
 - Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
 - Interviews with institutional administration
 - Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
 - Interviews with students

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Explanation:

Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

Required Program Response:

- Describe how professional development opportunities are made available to faculty.

- Describe how professional development opportunities have enhanced teaching methodologies.

Possible Site Visitor Evaluation Methods:

- Review of institutional and/or program policies for professional development
 - Interviews with institutional administration
 - Interviews with faculty

Standard Four: Curriculum and Academic Practices

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

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

4.1 The program has a mission statement that defines its purpose.

Explanation: The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

Required Program Response:

- Describe how the program's mission supports the mission of the sponsoring institution.
 - Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of meeting minutes
- Interviews with institutional administration
 - Interviews with faculty

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Explanation:

A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the most recent American Society of Radiologic Technologists (ASRT) Radiography curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
 - Describe any innovative approaches to curriculum delivery methods.
 - Provide the Table of Contents from the master plan of education.
 - Provide current curriculum analysis grid.
 - Provide samples of course syllabi.

Possible Site Visitor Evaluation Methods:

- Review of the master plan of education
- Review of didactic and clinical curriculum sequence
- Review of input from communities of interest
- Review of part-time, evening and/or weekend curricular track(s), if applicable
 - Review of course syllabi
- Observation of a portion of any course offered via distance delivery
 - Interviews with faculty
 - Interviews with students

4.3 All clinical settings must be recognized by the JRCERT.

Explanation:

All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

Required Program Response:

- **Assure all clinical settings are recognized by the JRCERT.**
- **Provide a listing of ancillary facilities under one clinical setting recognition.**
- **Describe how observation sites, if used, enhance student clinical education.**

Possible Site Visitor Evaluation Methods:

- **Review of JRCERT database**
 - **Review of clinical records**
 - **Interviews with faculty**
- **Interviews with clinical preceptors**
 - **Interviews with clinical staff**
 - **Interviews with students**

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

Explanation:

Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments.

Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement including, but not limited to:
 - assuring equitable learning opportunities,
 - assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
 - orienting students to clinical settings.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of clinical placement process
 - Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
 - Review of student records
 - Interviews with faculty
- Interviews with clinical preceptors
 - Interviews with clinical staff
 - Interviews with students

- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

Explanation:

The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.

Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved

clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

Required Program Response:

Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:

- Review of clinical rotation schedules, if applicable
 - Interviews with faculty
 - Interviews with students

- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:

Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:

Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:

- Review of course catalog
- Review of published program materials
 - Review of class schedules
 - Interviews with faculty
 - Interviews with students

- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

Explanation:

Defining the length of didactic, laboratory, and clinical courses facilitates the transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic, laboratory, and clinical courses, respectively.

Required Program Response:

- Describe the method used to award credit hours for didactic, laboratory, and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.
- Provide a list of all didactic, laboratory, and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of class schedules
- Interviews with institutional administration
 - Interviews with faculty
 - Interviews with students

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

Explanation:

Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:

- Describe procedures for student advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:

- Review of students' records
 - Interviews with faculty
- Interviews with clinical preceptor(s)
 - Interviews with students

4.9 The program has procedures for maintaining the integrity of distance education courses.

Explanation:

Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

Required Program Response:

- Describe the process for assuring the integrity of distance education courses.
- Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

Possible Site Visitor Evaluation Methods:

- Review of published institutional/program materials
 - Review the process of student identification
 - Review of student records
 - Interviews with institutional administration
 - Interviews with faculty
 - Interviews with students

Standard Five: Health and Safety

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

Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.**
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.**
- 5.3 The program assures that students employ proper safety practices.**
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.**
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.**

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing.

Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations.

The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

Required Program Response:

- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
 - Provide copies of appropriate policies.
 - Provide copies of radiation exposure reports.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of student records
- Review of student radiation exposure reports
 - Interviews with faculty
 - Interviews with clinical preceptor(s)
 - Interviews with students

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

Explanation:

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

Required Program Response:

Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of compliance records
 - Interviews with faculty

5.3 The program assures that students employ proper safety practices.

Explanation:

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

- Students must not hold image receptors during any radiographic procedure.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

Required Program Response:

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how the program prepares students for magnetic resonance safe practices.
 - Provide the curriculum sequence.
 - Provide policies/procedures regarding radiation safety.
- Provide the MRI safety screening protocol and screening tool.

Possible Site Visitor Evaluation Methods:

- Review of program curriculum
 - Review of radiation safety policies/procedures
 - Review of magnetic resonance safe practice and/or screening protocol
 - Review of student handbook
 - Review of student records
 - Interviews with faculty
 - Interviews with clinical preceptor(s)
 - Interviews with clinical staff
 - Interviews with students
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

Explanation:

Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

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

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Required Program Response:

- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
 - Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of student records
 - Review of meeting minutes
 - Interviews with faculty
- Interviews with clinical preceptor(s)
 - Interviews with clinical staff
 - Interviews with students

- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.**

Explanation:

Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

Required Program Response:

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
 - Review of student records
 - Interviews with faculty
 - Interviews with students

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

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

Objectives:

- 6.1 The program maintains the following program effectiveness data:**
 - **five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,**
 - **five-year average job placement rate of not less than 75 percent within twelve months of graduation, and**
 - **annual program completion rate.**
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.**
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.**
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.**
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.**
- 6.1 The program maintains the following program effectiveness data:**
 - **five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,**

- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

Explanation:

Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

Job placement rate: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

No Required Program Response.

Possible Site Visitor Evaluation Methods:

- Review of program effectiveness data
 - Interviews with faculty
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Explanation:

Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- program effectiveness data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
 - If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.
 - Provide actual program effectiveness data since the last accreditation award.
 - Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that program effectiveness data is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
 - Review of representative samples of measurement tools used for data collection
 - Interviews with faculty
 - Interview with institutional assessment coordinator, if applicable

- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

Explanation:

A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:

- goals in relation to clinical competency, communication, and critical thinking;

- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogatives of the program.

Required Program Response:

- Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
 - Describe the program's cycle of assessment.
- Describe how the program uses feedback from communities of interest in the development of its assessment plan.
 - Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:

- Review of assessment plan
- Review of assessment methods
 - Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

Explanation:

Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- student learning outcome data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
 - If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.
 - If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes.
- Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.
- Provide actual student learning outcome data and analysis since the last accreditation award.
 - Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that student learning outcome data and analysis is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated/disaggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
 - Review of representative samples of measurement tools used for data collection
 - Interviews with faculty

- Interview with institutional assessment coordinator, if applicable

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Explanation:

Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.

The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

Required Program Response:

- Describe how assessment process reevaluation has occurred.
- Discuss changes to the assessment process that have occurred since the last accreditation award.
- Provide documentation that the assessment process is evaluated at least once every three years.

Possible Site Visitor Evaluation Methods:

- Review of documentation related to the assessment process reevaluation
 - Review of curriculum mapping documentation, if applicable
 - Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

Glossary of Terms

Academic calendar: the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT

Policies [10.000](#) and [10.700](#), accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must

also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

Administrator: individual(s) that oversee student activities, academic personnel, and programs.

Articulation agreement: a formal partnership between two (2) or more institutions of higher education. Typically, this type of agreement is formed between a hospital-based program and a community college or a community college and a four (4) year academic institution with the goal of creating a seamless transfer process for students.

Campus: the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

Clinical capacity: the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

Clinical obligations: relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

Communities of interest: the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

Comparable health sciences programs: health science programs established in the same sponsoring institution that are similar to the radiography program in curricular structure as well as in the number of faculty, students, and clinical settings.

Consortium: two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Curriculum map (-ping): process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

Distance education: refer to the Higher Education Opportunity Act of 2008, [Pub. L. No. 110-315, §103\(a\)\(19\)](#) and JRCERT [Policy 10.800](#) - Alternative Learning Options.

Asynchronous distance learning: learning and instruction that do not occur in the same place or at the same time.

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive

interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

Distance (Delivery) technology: instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

Hybrid radiography course: a professional level radiography course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiography course: a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place.

[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Faculty workload: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Grievance policy and/or procedure: a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, administrator). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education

provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

Job placement rate: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. 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. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

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) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

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 director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).
- d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
- e. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in 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 Radiography.

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 settings.

2. Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT [Policy 10.200](#).

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:

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

Curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500 www.asrt.org

Certification:

American Registry of Radiologic Technologists

**1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048 www.arrt.org**

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**JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax) mail@jrcert.org
(e-mail) www.jrcert.org**

[1] Equivalent: an unrestricted state license for the state in which the program is located.

[2] Equivalent: an unrestricted state license for the state in which the clinical setting is located.

Washington Adventist University
Department of Medical Imaging
Radiologic Technology

STUDENT HANDBOOK ACKNOWLEDGEMENT

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 _____

Addendum A

Position Statement on Breast Imaging Clinical Rotations Adopted by the JRCERT Board of Directors (October 2021)

The JRCERT Board of Directors has received numerous inquiries to update and generalize the language in the Position Statement on Breast Imaging Clinical Rotations. With regard to breast imaging, the JRCERT has determined programs must make every effort to place students in a breast imaging clinical rotation/procedure if requested and available. However, programs will not be expected to attempt to supersede clinical site policies that restrict breast imaging rotations/procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed. The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program's inability to place students in a breast imaging rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.

Addendum B

Washington Adventist University Department of Medical Imaging

MRI Safety Training: Orientation Checklist

I, _____, have attended WAU's MRI Safety Training for student interns. I understand the risks associated with powerful external magnets. During clinical rotations in MRI, I will abide by each clinical affiliate's safety policies and procedures. I have also been screened by a Level 2 technologist, and I am permitted to enter into safety zone 4.

Task	Yes	No	Comments
Safety orientation from Level 2 technologist			
Student completes safety questionnaire			
Student screened for external magnet contraindications			
Student watched safety video			
Review of safety procedures/policies			
Operational overview			
Rotation expectations discussed with students			
Student given opportunity to ask questions			

Student Signature

Date

Washington Adventist University
Department of Medical Imaging

MRI Screening Form

Students are sometimes asked to assist in moving patients in the MRI room or may be asked to transport patients to the MRI suite. Students need to be aware of the MRI zones when transporting. Information on MRI safety and MRI zones will be discussed during MRI safety training. Before entering the MR environment or MR system room, students may be advised to remove the following metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please address the following

Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? No Yes

If yes, please describe: _____

Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No Yes

If yes, please describe: _____

Please indicate if you have any of the following:

• Aneurysm clip(s)	Yes No
• Spinal fixation or fusion devices	Yes No
• Cardiac pacemaker	Yes No
• Implanted cardioverter defibrillator (ICD)	Yes No
• Electronic implant or device	Yes No
• Magnetically-activated implant or device	Yes No
• Neurostimulation system	Yes No
• Spinal cord stimulator	Yes No
• Internal electrodes or wires	Yes No
• Bone growth/bone fusion stimulator	Yes No
• Cochlear, otologic, or other ear implant	Yes No
• Insulin or other infusion pump	Yes No
• Implanted drug infusion device	Yes No
• Any type of prosthesis (eye, penile, etc.)	Yes No
• Heart valve prosthesis	Yes No
• Eyelid spring or wire	Yes No
• Artificial or prosthetic limb	Yes No
• Metallic stent, filter, or coil	Yes No
• Shunt (spinal or intraventricular)	Yes No
• Vascular access port and/or catheter	Yes No
• Radiation seeds or implants	Yes No
• Swan-Ganz or thermodilution catheter	Yes No
• Medication patch (Nicotine, Nitroglycerine)	Yes No
• Any metallic fragment or foreign body	Yes No

Addendum C

**Washington Adventist University
Department of Medical Imaging**

Pregnancy Election Form

I, _____, am declaring pregnancy status and elect the following option:

____ Remains in WAU's Radiologic Technology program and assumes normal duties

____ Request to have my clinical rotations altered

____ Request 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 ARRT National Registry.)

Student Signature

Date

Program Director

Date

Addendum D

**Washington Adventist University
Department of Medical Imaging**

Pregnancy Election Form

I, _____, am undeclaring pregnancy status and have attached a physician's note with my return date.

Student Signature

Date

Program Director

Date