

**INDIANA UNIVERSITY SOUTH BEND  
RADIOGRAPHY PROGRAM  
CLINICAL STUDENT  
HANDBOOK**



The IU South Bend Radiography Program is accredited by: Joint  
Review Committee on Education in Radiologic Technology

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# Chapter 1: Introduction

## Introduction

Welcome to the Associate in Radiography Program at Indiana University South Bend. The Radiography Program is part of the Vera Z. Dwyer College of Health Sciences, School of Applied Health Sciences. We are pleased you have chosen to pursue your degree in radiography with us! The faculty and staff look forward to working with you and wish you much success in the pursuit of your educational goals. In an effort to help you successfully achieve your goals we have put together this handbook of program policies and procedures.

These policies and procedures outline what is needed to successfully progress through the Radiography Program. Student radiographers are responsible for all information in this handbook and should become familiar with its contents. The handbook should serve as a reference during your time in the program.

This handbook has been constructed as a supplement to the Indiana University Code of Students Rights, Responsibilities and Conduct and serves to bridge the overriding policies of the university with the policies of the AS in Radiography program. The policies in this handbook are designed to support the success of the student and to serve as a guide and a reference for students enrolled in the AS in Radiography program. Please note that where the policy of a School/Program is more restrictive, students are held to the more restrictive policy.

A copy of Indiana University Code of Student Rights, Responsibilities, and Conduct is provided to each student upon acceptance to the university and can be located at the IU website at: <http://studentcode.iu.edu/>.

The IU South Bend AS in Radiography Program is fully accredited by  
the:

Joint Review Committee on Education in Radiologic Technology (JRCERT).  
20 North Wacker Drive, Suite 2850  
Chicago, Illinois 60606-3182 [www.jrcert.org](http://www.jrcert.org)

Accreditation by the JRCERT is a voluntary process and all programs in radiography and medical imaging can seek accreditation. The JRCERT promotes excellence in education and enhances the quality and safety of patient care through accreditation of educational programs in medical imaging. The JRCERT is currently the only agency recognized by the United States Department of Education for the accreditation of educational programs in radiography and medical imaging.

## Program Description

The Radiography Program is an educational program, sponsored by Indiana University South Bend. The program is designed to prepare students as competent, professional radiologic technologists within the regionally served area.

The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The American Medical Association (A.M.A.), the American Society of Radiologic Technologists (ASRT), the AEIRS (Association of Educators in Radiologic Technology), and the American College of Radiology (ACR) serve as collaborating agencies in the accreditation process.

Upon completion of the program, students receive an Associate of Science in Radiography Degree. Graduates are then eligible to take the national certifying examination given by the American Registry of Radiologic Technologists (A.R.R.T.).

The education of the student radiographer consists of didactic classes, clinical laboratories, and clinical field experience. Each student will be assigned to a clinical agency for the duration of the program. This will be considered the student's primary or home clinical site. During clinical experience, the student rotates through a variety of clinical areas in the hospital imaging departments and is required to complete the affiliate clinic rotations at all the clinical education sites during the twenty- two (22) month clinical/professional program. The student becomes part of the hospital health care team and performs clinically under the direction of the radiologists, with the assistance of a staff of registered radiologic technologists.



## IU SOUTH BEND RADIOGRAPHY PROGRAM CONTACTS

Program Director: Maryann Oake, MBA, R.T. (R)(MR)  
(574) 520-4372 [moake@iusb.edu](mailto:moake@iusb.edu)

ASR Coordinator: Amy Gretencord, BS, R.T. (R)  
(574) 520-5461 [abeehler@iusb.edu](mailto:abeehler@iusb.edu)

Adjunct Lecturers: Kelsey Bogard, AS, R.T. (R)  
Michelle Hunter, BS, R.T. (R)  
Sarah Reyes, BS, R.T. (R)  
Heidi Walker, BA, R.T. (R), RDMS, RVT

Administrative  
Assistant: Sharquida Markham  
(574) 520-4504 [smarkham@iusb.edu](mailto:smarkham@iusb.edu)

**Memorial Hospital**  
615 N. Michigan Street  
South Bend, IN (\*3 miles)  
Main Dept. (574) 647-7241, (574) 647-6570  
Jeanne Renken, R.T. (R)  
Paula Capozziello, R.T. (R)

**Goshen Hospital**  
200 High Park Avenue  
Goshen, IN 46526 (\*27 miles)  
Main Dept. (574) 364-2863, (574) 364-2141  
Stephanie Lueking R.T. (R)

**Community Hospital of Bremen**  
1020 High Road  
Bremen, IN 46506 (\*17 miles)  
Main Dept. (574) 546-8081  
Missy Cox, BS, R.T. (R) (MRI)

**Memorial Lighthouse Medical Imaging Ctr**  
6901 N Main St, Granger, IN 46530 (\*6 miles)  
Phone: (574) 647-2900  
Karen Shorter, R.T. (R)  
\*miles from campus

**Elkhart General Hospital**  
600 East Boulevard Elkhart, IN 46514 (\*13 miles)  
Office (574) 296-6420  
Main Dept. (574) 523-7836  
Mark Holcomb, R.T. (R)

**St. Joseph Regional Med. Ctr.-Mishawaka**  
5215 Holy Cross Parkway  
Mishawaka, IN 46545 (\*5 miles)  
Main Dept. (574) 335-1144  
Sue Lamb, R.T. (R)  
Sarah Howard, R.T. (R)

**St. Joseph Regional Med. Ctr. -Plymouth**  
1915 Lake Avenue  
Plymouth, IN 46563 (\*30 miles)  
Main Dept. (574) 948-4054  
Jamie Jardine, R.T. (R)

**Kosciusko Community Hospital**  
2101 Dubois Dr, Warsaw, IN 46580 (\*45 miles)  
Phone: (574) 267-3200  
Michael James, R.T. (R)

## Program Advisory Committee

### Indiana University South Bend

Maryann Oake, Director Radiography/Medical Imaging Technology Program

Amy Gretencord, ASR Clinical Coordinator

Kristyn Quimby, Ed.D, DH, Assistant Dean, School of Applied Health Sciences

Karen Clark, Ed.D., RN; Interim Dean, College of Health Sciences

Thomas F. Fisher, PhD, OTR, CCM, FAOTA; Dean, College of Health Sciences

### Goshen Hospital

Stephanie Lueking, Radiography Clinical Instructor

### Elkhart General Hospital

Mark Holcomb, Radiography Clinical Instructor

### Memorial Hospital

Jeanne Renken, Radiography Clinical Instructor

Paula Capozziello, Radiography Clinical Instructor

### Memorial Lighthouse Medical Imaging Center

Karen Shorter, Radiography Clinical Instructor

### Saint Joseph Regional Medical Center-Mishawaka

Sue Lamb, Radiography Clinical Instructor

Sarah Howard, Radiography Clinical Instructor

### Saint Joseph Regional Medical Center-Plymouth

Jamie Jardine, Radiography Clinical Instructor

### Community Hospital of Bremen

Missy Cox, Radiography Clinical Instructor

### Kosciusko Community Hospital

Michael James, Radiography Clinical Instructor

## Statement of JRCERT Compliance

The Indiana University South Bend Radiography program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The radiography program strives to make every possible attempt to comply with all Standards established by JRCERT. To review a copy of these Standards please go to <http://www.jrcert.org/programs-faculty/jrcert-standards/>. If at any time during their clinical professional education a student feels that the program is not in compliance with the established Standards, they should contact JRCERT by (1) mail: 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-3182; (2) phone: (312) 704-5304; (3) fax: (312) 704-5304 or (4) email: [mail@jrcert.org](mailto:mail@jrcert.org). Any complaint found to have merit by the JRCERT will be addressed and corrected to the satisfaction of the JRCERT.

## Philosophy of the Program in Radiologic Technology

The program is based on the belief that the student radiographer should experience as many forms of educational opportunity as possible in both the didactic and clinical setting as part of their student learning environment. In today's dynamic healthcare field, the student needs to be given the necessary skills to adapt to constant change. It is our belief that general education course work in English composition, mathematics, chemistry, human anatomy and physiology, public speaking, and medical terminology will enhance the abilities of the graduate technologist while the attainment of the associate degree will elevate their professional status.

The program functions in partnership with the University and the medical facilities within the regionally served community. One part of this partnership involves on-site clinical education sites for our students. The second part involves the responsibility of the Radiography Program to provide the community with clinically competent graduate radiographers who will model proper professional behaviors. The students, the community, and the University benefit in an environment of trust and cooperation between all involved parties.

## Mission and Goals of the Program in Radiologic Technology

Mission Statement:

The Radiography Program at Indiana University South Bend is committed to serving north-central Indiana and south-west Michigan through the operation of excellence in teaching and learning. The mission of the Radiography Program is to create professional and knowledgeable technologists through a comprehensive education in Radiography. The goals of the Radiography Program are to promote the effectiveness of radiographic skills needed for employment, sound patient care, effective communication, and strong ethical judgement. Through continuous improvement, we will serve our community by educating students with a strong work ethic and values.

## Program Goals

1. The student will graduate clinically competent.
2. The student will be able to effectively communicate.
3. The student will display critical thinking skills.
4. The student will exhibit professional behaviors.
5. The student will demonstrate service learning in the community.

## Student Learning Outcomes

### Student Learning Outcome 1:

The student will complete a variety of diagnostic exams.

The student will apply the principles of radiation safety.

### Student Learning Outcome 2:

The student will demonstrate good communication with diverse populations in the clinical setting.

The student will demonstrate good verbal and written communication skills.

### Student Learning Outcome 3:

The student will be able to accurately evaluate radiographic images for diagnostic quality.

The student will be able to perform trauma radiography.

### Student Learning Outcome 4:

The student will demonstrate effective patient care.

The student will be dependable in clinic.

### Student Learning Outcome 5:

The student will explain the importance of civic engagement within the community.

## AS in Radiography Program Statements

Upon completion of the program, the graduate will be able to demonstrate the ability to:

1. Function as a clinically competent diagnostic radiographer
2. Demonstrate professional behaviors in accordance with the American Registry of Radiologic Technologists (ARRT) Standards of Ethics during their practice of diagnostic radiography
3. Employ critical thinking and problem solving skills that will enhance their procedural capabilities during the performance of radiographic examinations
4. Demonstrate effective verbal and written communication skills in their interactions with patients, physicians, peers, and other members of the health care team
5. Successfully complete and pass the American Registry of Radiologic Technologists (ARRT) certification examination on their first attempt
6. Apply knowledge of the principles of radiation protection according to ALARA standards to the patient, oneself, and others
7. Apply knowledge of anatomy, positioning, and radiographic techniques to accurately demonstrate anatomical instructions on a radiograph
8. Select appropriate exposure factors to achieve optimum radiographic technique with a minimum radiation dosage to the patient
9. Examine radiographs to evaluate exposure factors, patient positioning, and overall diagnostic quality
10. Exercise discretion and sound judgment while providing compassionate patient care during the performance of diagnostic radiographic procedures
11. Recognize emergency patient conditions and initiate lifesaving first aid
12. Recognize the importance of continued education and active membership in professional organizations for personal development and professional growth

# **Division of Radiologic Sciences**

## **Program Organizations and Committees Relevant to Student Success**

### **Peer Mentors**

Peer mentors are available to help you and provide ongoing assistance and service to students in a variety of ways through orientation, registration process, freshmen contacts, U100 Threshold Seminars and through personal interaction. Peer mentors provide a personal resource for students when they have questions or problems that they prefer to discuss with another student. Peer mentors collaborate with fellow mentors, faculty, advisors, and staff within their respective schools and colleges to help incoming freshmen and continuing students learn about IU South Bend and about college life in general. They can also answer questions regarding clinical experience.

The Dwyer College of Health Sciences typically has two peer mentors for the academic year. The peer mentor office is in Northside Hall room 368.

### **IU South Bend Health and Wellness Center**

The IU South Bend Health and Wellness Center, located in the Student Activities Center (SAC), center level, offers free or reduced rate services to IU South Bend students, faculty and staff. Services for a nominal fee include physical exams, assessment of minor injuries and illness, routine health monitoring such as taking blood pressure, and answering health related questions. For a reasonable fee, lab services including Pap smears and cholesterol testing are offered. Hours vary by semester. Watch IU South Bend mass e-mail or the Bulletin Board for announcements of health and wellness activities offered by the Center or call the Health & Wellness Center at 574-520-5557.

### **Radiologic Sciences Assessment Committee**

The Assessment Committee in the Division of Radiologic Sciences is a standing committee of the Radiologic Sciences Faculty. The members are comprised of two to three faculty members and a student representative. The purpose of the committee is to oversee the evaluation of the radiography program with a goal of improving the program and student outcomes. To carry out these purposes, the committee plans, evaluates, and revises assessment activities and reports the results to the faculty, administration and other interested parties (such as the Office of Information Technologies and the Library).

Several of the activities included in the evaluation plan rely on student input. Examples of such activities include:

- Clinical evaluations
- Skill assessments
- Graduate Exit survey
- Random collection of selected student work
- Course evaluation data

## One Year Post-Graduate Survey

Each of these activities evaluates student data as an aggregate and not as individuals. Students are not asked to identify themselves on any survey. It is essential that students take these assessment activities very seriously. Student input is invaluable in our efforts to improve our program.

Since the assessment plan does undergo revision, the plan may change. However, the purpose of the activities remains the same, as does the committee interest in a “big” picture and not the evaluation of an individual student or faculty. Students who have concerns about the assessment process may bring them to the attention of the director of the program.

## Course Instructor Evaluations

Students are invited and encouraged to complete teacher and course evaluations using the online Explorance Blue survey for each course enrolled in. This information is confidentially compiled and reported and the feedback collected is used to improve course instruction. Your participation is highly valued and appreciated.

## Student Services, College of Applied Health Sciences

Student Services located on the fourth floor at Northside Hall is dedicated to assisting our growing body of Dwyer college students. The advisors and staff are knowledgeable and skilled in their abilities to counsel students throughout their journey at IU South Bend. Whether it is a question regarding course planning, scholarship and financial assistance, or graduation process, the staff and advisors are available, able and willing to assist you.

## Division of Radiologic Sciences Scholarships

The Division of Health Sciences is fortunate to have received monies from several generous donors to fund scholarships for our students. On the IU South Bend campus, the Vera Z. Dwyer Scholarship is available to students in all Dwyer College of Health Sciences programs. Additional scholarships include the Radiologist Scholarship and the Radiology, Incorporated Scholarship. Students must apply through the online application service. <https://www.iusb.edu/scholarships/>

Student advisors and faculty will attempt to e-mail students with announcements about scholarships. All students requesting scholarship monies must have a FAFSA on file at the Financial Aid office at IU South Bend.

## IU South Bend Medical Imaging Club

Students enrolled in the radiography program are invited to participate in the Medical Imaging Club. The Medical Imaging Club is a voluntary organization for students enrolled in either the Radiography Program or the BS in Medical Imaging Technology Program. The purpose of the Medical Imaging Club is to invite fellow medical imaging students to come together as a group. The medical imaging club is also utilized for fund-raising and community outreach activities.

Medical Imaging Club Officers for 2017-2018:

President: Courtney Holloman

Vice President: Chandra Krueger

Treasurer: Kaitlin Dougherty

## Campus Resources for Academic Success

Please go to [www.iusb.edu](http://www.iusb.edu) or the following links for more information on campus resources for students:

Student Counseling Center: <https://www.iusb.edu/student-counseling/>

Academic Center for Excellence: <https://www.iusb.edu/academics/index.html>

Titan Success Center: <https://www.iusb.edu/academics/index.html>

Library: <https://www.iusb.edu/library/>

University Tuition: [https://www.iusb.edu/bursar/tuition\\_and\\_fee\\_rates/](https://www.iusb.edu/bursar/tuition_and_fee_rates/)

Refund/Withdrawal Procedures: <https://www.iusb.edu/bursar/refunds.php>



## Chapter 2: Policies

### Radiography Program Academic Policies

All universities establish academic requirements that must be met before a degree is conferred. These regulations concern such things as curricula and courses, the requirements for majors and minors, and university procedures and policies. Each student is individually responsible for fulfilling them. Advisors and faculty are available to advise students on how to meet these requirements. If the requirements have not been satisfied, the degree will be withheld pending satisfactory fulfillment. For this reason, it is important for each student to be knowledgeable of all of the requirements described in the IUSB Undergraduate Bulletin, Vera Z. Dwyer College of Health Sciences (CHS) Policies, the Division of Radiological Sciences Policies and the Radiography Program Student Handbook.

Students are expected to comply with the:

Academic Regulations and Policies of Indiana University  
Policies of the Vera Z. Dwyer College of Health Sciences  
Policies of the Division of Radiological Sciences  
Professional ARRT Standard of Ethics  
Components of Professional Behavior of the IUSB Radiography Program  
Radiography Program Clinical Student Handbook

### University Policies

Please visit [www.iusb.edu](http://www.iusb.edu) and type in the search section for specific IUSB campus policies on Student Responsibilities, Family Education Rights and Privacy Act (FERPA), Academic Honesty, Academic Dishonesty (Cheating and Plagiarism), Title IX Sexual Violence Policy, Religious Accommodation Statement, Disabilities Statement, and other campus wide policies. Students are expected to adhere to these policies.

## College of Health Science Policies

In addition to Indiana University policies, students are to follow the Vera Z. Dwyer College of Health Science policies.

### APG Appeals Policy

#### **Purpose:**

The purpose of this policy is to outline the process for appeals to the APG Board.

#### **Policy:**

All appeals regarding reinstatements- see College of Health Sciences Reinstatement Process Policy.  
All appeals regarding grades- see campus Grade Appeal Policy.

Appeals regarding APG Board decisions including course substitutions, problem assessments, learning contracts, and dismissals should be directed to the Assistant Dean for Student Success. This should be directed as a formal written appeal and include the following: addressed to the APG Board, specific reason for appeal, specifics/plan for success with documentation and supporting evidence. The APG Board will carefully review all information submitted in order to make a determination on the appeal.

If the student still wishes to appeal following APG Board review, the same formal written appeal request with all supporting information should be directed to the Assistant Dean of the College in the student's area of program study.

All APG decisions are ultimately overseen by the Dean of the College of Health Sciences, who is the final step in the appeal process.

### Application for Graduation

#### **Purpose:**

The purpose of this policy is to provide the process and application for degree for the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) student.

#### **Policy:**

Students should submit the following form along with the application for degree to student services for processing.

Commencement ceremonies occur only in May. Attendance is optional although highly encouraged and requested. The student must complete the application form and submit to the advising center for processing by September 15 for December graduation and by January 15 for May, June, or August graduation.

## APPLICATION FOR A DEGREE

Application request for: \_\_\_\_\_  
Month Year

**Step 1: Print your legal name, (This name MUST match your identification for your license testing)**

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle (or initial) Last

Address: \_\_\_\_\_  
Street Apt.  
\_\_\_\_\_  
City State Zip

Preferred E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**For Nursing Students only Social Security Number\***: \_\_\_\_\_

*\*All other majors do not need to include this. This form cannot be submitted electronically if SSN is included.*

**Step 2: Check appropriate Degree:**

- Bachelor of Science in Nursing
- Master of Science in Nursing
- Bachelor of Science in Dental Hygiene
- Bachelor of Science in Health Sciences – Health Promotion
- Bachelor of Science in Health Sciences – Health Systems Leadership, Data
- Bachelor of Science in Health Sciences – Health Systems Leadership, Information
- Bachelor of Science in Health Sciences – Sport and Exercise Science
- Bachelor of Science in Medical Imaging Technology
- Associate of Science in Radiography

**Are you declaring a minor?**  Yes\*  No

**Step 3: Sign and date this form:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date

**\*\* If you are declaring a minor, you will have to submit an additional form for that approval.**

**EXAMPLE APPLICATION FOR A MINOR DEGREE**

**Step 1: Print your name as you want it to appear on the diploma and indicate the address to which you want your diploma mailed:**

Name: \_\_\_\_\_  
First Middle (or initial) Last

Address: \_\_\_\_\_  
City State Zip

Student ID #: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Step 2: Date and year you will complete all requirements:**

December  May  June  August Year: \_\_\_\_\_

**Step 3: Please list any minor(s) earned and secured appropriate department approval prior to submitting form to Student Services:**

#1 \_\_\_\_\_  
Name of Minor Department Approval

#2 \_\_\_\_\_  
Name of Minor Department Approval

**Step 4: Sign and date this form:**

\_\_\_\_\_  
Signature Today's date

\*Submit this form along with the application for degree to student services for processing.

## Attendance and Professional Behavior Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for appropriate attendance and classroom behavior.

### **Policy:**

#### COURSE ATTENDANCE

- Students are expected to attend all lectures and are held responsible for content presented. In case of absence, it is the student's responsibility to obtain the information presented from another classmate.
- Attendance is monitored at the discretion of the instructor and may be taken into consideration when final grades are calculated. (See course syllabus.)
- All classes canceled due to snow or other unforeseen events will be rescheduled, if possible, or material will be made available.
- When offered, students are responsible for attending scheduled examination hand-back sessions for review of their examinations. If unable to attend, arrangements must be made with faculty before the hand-back session.
- Further details specific to individual course attendance policies will be found in the course syllabus, ultimately at the discretion of the course faculty.

#### CLASSROOM ETIQUETTE

- In order to maintain a respectful environment, collegial behavior is required. Students who do not demonstrate professional, collegial behavior will be asked to leave the classroom and must meet with the instructor prior to the next class session. Any student who continues to demonstrate intimidating and/or disruptive behavior that interferes with a respectful environment conducive to learning may not be permitted to return to the classroom and will be referred to the Admission, Progression, and Graduation Board of the IUSB-CHS for action and or the Indiana University South Bend Office of Student Conduct.
- Following IU South Bend policy, children are not permitted in the classroom, lab or clinical setting at any time.
- Lecture content is presented beyond reading assignments and not all reading assignments are covered in the lecture—please plan accordingly when studying.
- As a courtesy, students are to request permission of the instructor conducting the class to tape/digitally record the class.
- All handouts and test questions are considered to be the intellectual property of Indiana University. Students are prohibited from posting and/or sharing handouts or test questions with other students. Sharing test questions with other students is considered as cheating and will be dealt with according to CHS policy.

- Often PowerPoint handouts are provided for each lecture on Canvas. It is not mandatory for students to print out the handouts, which are provided as a courtesy to students. Students should be prepared to take detailed notes. These handouts are intended as a tool for students and should not be distributed for uses beyond the class note-taking.

**For clinical course attendance and etiquette policies, please see department specific policies.**

## Bio Safety Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS)\* Biosafety principles and practices for Health Care Workers (HCW).

### **Policy:**

Health care workers (HCW) have both a professional and legal obligation to render treatment utilizing the highest standards of infection control available. Strict adherence to the principles and practices of infection control will ensure the standard of care and practice expected by both practitioner and patient.

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions and are in compliance with the current recommendations of the United States Public Health Service and Occupational Safety and Health Administration. Standard Precautions refers to an approach to infection control that assumes all human blood and other potentially infectious materials (OPIM's) of all patients are potentially infectious with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent healthcare workers from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens while carrying out the tasks associated with their occupation.

#### *SECTION I: Objectives for the Delivery of Care*

Infectious Diseases: The IUSB- CHS has the obligation to maintain standards of healthcare and professionalism that are consistent with the public's expectations of the health professions. The following principles should be reflected in the education, research, and patient care divisions for all healthcare workers, students, faculty and staff:

1. All healthcare workers are ethically obligated to provide competent patient care with compassion and respect for human dignity.
2. No healthcare workers may ethically refuse to treat a patient whose condition is within their realm of competence solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), hepatitis B infection, or other similar diseases. These patients must not be subjected to discrimination.
3. All healthcare workers are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

Healthcare workers who pose a risk of transmitting an infectious agent should consult with appropriate healthcare professionals to determine whether continuing to provide professional services represents any material risk to the patient, and if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.

## *SECTION II: Guidelines for the Admission and Progression of Students Who are HIV or HBV Positive*

Policy: Qualified individuals will not be denied admission into courses in the College of Health Sciences on the basis of HIV or HBV status.

### Guidelines

1. Upon voluntary report of HIV or HBV infection by a student to any faculty member, administrator, or dean, efforts will be made to:
  - Maintain confidentiality of the infection information.
  - Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
  - Reinforce the consistent use of Standard Precautions in clinical practice.
  - Assign responsibilities to the infected student that do not require the performance of exposure-prone invasive procedures (as outlined by the affiliated agency or office).
2. Any modifications in clinical activity will be determined by a Bloodborne Pathogen (BBP) Expert Review Panel who will take into account the nature of the clinical activity, the technical expertise of the infected student, the risks imposed by HIV or HBV carriage, functional disabilities, and the transmissibility of simultaneously carried infectious agents.
3. Refusal for admission to a clinical course will occur only after attempts to make reasonable accommodations result in undue hardship to the College of Health Sciences.

## *SECTION III: Guidelines for the Bloodborne Pathogen-Infected Healthcare Worker*

Currently available data provide no basis for recommendations to restrict the practice of healthcare workers infected with HIV or HBV who perform invasive procedures not identified as exposure-prone, provided that Standard Precautions are adhered to in practice.

In order to reduce, to the greatest extent currently possible, the potential for transmission of bloodborne pathogens from the BBP-infected HCW to a patient, and to support the HCW's efforts to practice safely, the College of Health Sciences has adopted the following guidelines.

1. All activities related to patient care by students of Indiana University South Bend will be carried out in accordance with the College's Bio-safety Policies. The policies and procedures in this document are based upon Standard Precautions currently practiced by the faculty, staff and students in the IUSB-CHS and are consistent with United States Public Health Service, Indiana State Department of Health and the Indiana Occupational Health and Safety regulations.

2. All HCWs who provide direct patient care (including faculty, staff and students) are encouraged to undergo voluntary HIV testing and to know their hepatitis B virus (HBV) immune status. HIV testing is not mandatory.
3. Any HCW involved in clinical practice that believes that he/she may be at risk of HIV or HBV infection should be voluntarily tested for confirmation.
4. Upon voluntary report of HIV or HBV infection by students, faculty or staff to their unit director or Dean of the College of Health Sciences, efforts will be made to:
  - a. Maintain infection information confidential.
  - b. Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
  - c. Reinforce the consistent use of Standard Precautions in clinical practice.
  - d. Assign responsibilities to the infected student that do not require the performance of exposure-prone invasive procedures.
5. When a HCW who provides direct patient care is infected with a BBP and informs the administration, the Dean of the College of Health Sciences may refer the case to the BBP Expert Review Panel for review and recommendation.

The BBP Expert Panel has the responsibility to:

- Review each case of a BBP-infected HCW and determine if he/she may represent an increased risk for transmission of BBP infection to a patient.
- Make a recommendation to the Dean regarding the suitability of any BBP-infected HWC to continue to fulfill his/her clinical responsibilities or requirements in a complete modified fashion or to have his/her clinical privileges suspended.
- Develop guidelines for use in determining the needs for both temporary and permanent administrative acts including guidelines on patient notification.

The review panel should include experts who represent a balanced perspective. Such experts might include all of the following: a) the HCW's personal physician(s), b) an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission, c) a health professional with expertise in the procedures performed by the HCW, and d) state or local public health officials(s). If the HCW's practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist.

6. The Dean of the College of Health Sciences will, within a reasonable period of time, consider the above-mentioned recommendation and take appropriate action. This may include continuation of clinical responsibilities at the current level, modification of those responsibilities or suspension of clinical privileges.
7. Prior to receiving the Panel's individual recommendations, the Dean may temporarily suspend or modify privileges based on guidelines developed by the Panel.



8. This protocol is subject to annual review and modification as new knowledge and recommendations from appropriate agencies become available.

#### *SECTION IV: HBV Vaccination Policy*

##### Policy:

Prior to registration in any clinical course and at the student's expense, every full-time or part-time, graduate or undergraduate student of the IUSB-CHS must undergo HBV vaccination and vaccine response evaluation unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed.

##### Procedures:

Evidence of receipt of the HBV vaccination and vaccine response, immunity to HBV, or declination will be filed with the student's program director/dean prior to registration in a clinical course. When the vaccine is contraindicated for medical reasons, a declination form must be signed.

Evidence of the receipt of the HBV vaccination series including vaccine response should be in the form of the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider.

Students who have completed the HBV series prior to entry into any clinical course are governed by the CDC guideline on vaccine response evaluation.

#### CDC Guidelines for Nonresponders

HCW should be tested for antibody to HBsAg (anti-HB's) 1 to 2 months after completion of the 3-dose vaccination series (CDC Immunization 1997).

Persons who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. People who prove to be HBsAg-positive should be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Nonresponders to vaccination who are HBsAg negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probably parenteral exposure to HBsAg positive blood.

Declination Form should be stated as follows (source: FR Doc. 91-28886, December 6, 1991):

*I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.*

### *SECTION V: Post-exposure Evaluation and Follow-up*

**Policy:** Any student occupationally exposed to blood or other potentially infectious material while performing in the healthcare program, will be counseled by a HCP as soon as possible after exposure and provided preventive treatment and counseling, as appropriate, at the student's expense.

#### **Procedures:**

1. Immediate Procedures
  - a. Cleanse the wound with soap and water, and apply protective covering.
  - b. Flush mucous membranes with water.
  - c. Report incident to supervisor.
2. When there is an occupational exposure to blood or other potentially infectious material while performing as a healthcare program student, the student should be counseled to be evaluated by a HCP as soon as possible after exposure and no later than within the first 24 hours after exposure.

*HCP should be provided an incident report, past information on student's hepatitis B vaccination and any past exposure incidents.*

3. The HCP will determine whether treatment is indicated and develop plans for post-exposure follow-up, if indicated.
  - a. Evaluation and treatment information will be discussed by the HCP with the exposed student.
  - b. A record of this evaluation and treatment information will be retained by the HCP and is confidential unless written permission is granted by the exposed student for release of the information.
  - c. Expenses for post-exposure evaluation and follow-up for the exposed student will be the responsibility of the student.

### *SECTION VI: Latex Allergies Policy*

#### **Policy:**

Students with latex allergies must have documentation from a primary care provider in order to be provided accommodations. Those who experience symptoms that may indicate a latex allergy should complete an accident/exposure report form of the affiliated agency/program.

#### **Procedures:**

- Students with latex sensitivity will have documentation of the sensitivity placed on file with the student's program director/dean prior to registration in a clinical course. Documentation of the sensitivity should be in the form of a signed statement from the student's healthcare professional (HCP).
- Students should notify each clinical faculty for accommodations. Students will be asked to follow the specific guidelines/procedures of the clinical agency where they are assigned.  
Information: Latex allergies involve any physical reaction from the exposure to latex products (including rubber products). The symptoms may range from localized skin reactions to non-localized reactions. Symptoms may include any of the follow:
- Contact dermatitis (skin reactions) including dry, crusting, thickening, or peeling skin, scabbing sores, swelling and raised areas of skin that may be pink or blanched (white).

- Non-localized reactions such as the development of hives over parts of the body that did not come into contact with the latex, tearing, itchy eyes, swelling of the eyelids, lips or face, runny nose, cough, or wheezing.
- Increased symptoms of a non-localized reaction may include nausea, abdominal cramps, difficulty breathing, rapid heart rate, sudden decrease in blood pressure, and shock.
- Anyone has the potential to be latex sensitive. However, the following seem to have an increased risk of being latex sensitive:
  - Anyone who is frequently exposed to latex products, such as healthcare workers or persons with a history of several surgical or urological procedures.
  - Persons with chronic conditions requiring continuous or intermittent catheterization.
  - Persons with Myelomeningocele or Meningocele.
  - Persons with a history of allergies, asthma or allergies to avocados, bananas, chestnuts, kiwi, and other tropical fruits are at particularly high risk for a latex allergy.
  - Persons with a history of reactions to latex products (balloons, condoms, gloves).
  - Those who are female gender--75% with allergy are female.

Many people believe that they are allergic to powder because they have experienced problems (coughing, wheezing, skin reactions) when they are around powdered latex gloves. It is actually the latex proteins carried by the powder through the air that cause reactions in most people. Once a person has developed a latex sensitivity of any form, it is impossible to predict if the allergy will continue to produce only localized symptoms or if a more serious reaction may occur at a later date. Students who hold a prescription for an Epi-Pen will be permitted to carry it with them. It must also be documented on the Health Documentation Form.

\*This policy applies to Health Science majors at the point of internship or community course specific.

## Bloodborne Pathogen Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS)\* guidelines for Bloodborne Pathogen Annual In-service Training and Education on Bloodborne Pathogens.

### **Policy:**

Almost any transmittable infection may occur in the community at large or within healthcare organizations and can affect both healthcare personnel and patients. The Centers for Disease Control and Prevention (CDC) has periodically issued and updated recommendations for the prevention of transmission of bloodborne pathogens in healthcare settings which provide detailed information and guidance. In 1991, Occupational Safety and Health Administration published a bloodborne pathogen standard that was based on the concept of standard precautions to prevent occupation exposure to bloodborne pathogens (U.S. Department of Labor, 1991).

The use of standard precautions (which incorporates universal precautions), including appropriate hand washing and barrier precautions, will reduce contact with blood and body fluids. Currently the CDC (198) recommends that all healthcare personnel, including but not limited to physicians, nurses, technicians, therapists, pharmacists, nursing assistants, laboratory personnel, dental personnel, and students in all of these disciplines, complete an annual in-service training and education on infection control appropriate and specific for their work assignments, so that personnel can maintain accurate and up-to-date knowledge about the essential elements of infection control.

The following topics should be included:

1. Hand washing.
2. Modes of transmission of infection and importance of complying with standard and transmission- based precautions.
3. Importance of reporting certain illnesses or conditions (whether work-related or acquired outside the healthcare facility), such as generalized rash or skin lesions that are vesicular, pustular, or weeping; jaundice; illnesses that do not resolve within a designated period (e.g., cough which persists for 2 weeks, gastrointestinal illness, or febrile illness with fever of 103 F lasting 2 days), and hospitalizations resulting from febrile or other contagious diseases.
4. Tuberculosis control.
5. Importance of complying with standard precautions and reporting exposure to blood and body fluids to prevent transmission of bloodborne pathogens.
6. Importance of cooperating with infection control personnel during outbreak investigations.
7. Importance of personnel screening and immunization programs.

To remain in compliance with the CDC recommendations, the CHS will conduct annual in-service training and education sessions for all students who enroll in courses requiring a clinical experience.

Centers for Disease Control and Prevention. (1998). Guideline for infection control in healthcare personnel, 1998. *American Journal of Infection Control*, 26, 289-354.

U.S. Department of Labor, Occupational Safety and Health Administration. (1991). Occupational exposure to bloodborne pathogens: final rule. *Federal Register*, 56, 64004-182.  
[http://www.cdc.gov/ncidod/dhqp/wrkrProtect\\_bp.html](http://www.cdc.gov/ncidod/dhqp/wrkrProtect_bp.html)

\*This policy applies to Health Science majors at the point of internship or community course specific.

## Clinical Malpractice Insurance Policy

### **Purpose:**

The purpose of this policy is to inform the IUSB Vera Z. Dwyer College of Health Science (IUSB-CHS) students of the limited coverage of clinical malpractice insurance.

### **Policy:**

Indiana University South Bend carries limited malpractice insurance for all students enrolled in the IUSB-CHS programs. The policy is in effect only during the time the student is engaged in scheduled clinical field experience and does not cover part-time employment or time spent in the clinical setting which is unrelated to IUSB student activities.

## Clinical Site Health Requirement Policy

### **Policy:**

**REGULATORY REQUIREMENTS:** Clinical Site Health and Education Requirement (Policy) Rationale for the Policy OSHA regulations and clinical agencies affiliated with IU South Bend require that students engaged in clinical contact with clients must provide evidence of:

- Current professional-level CPR certification (Healthcare Provider CPR through the American Heart Association, or CPR/AED for the Professional Rescuer through the American Red Cross). The professional level includes: one- and two-man CPR; adult, child and infant CPR; adult, child and infant choking; and use of the AED (automatic external defibrillator). Heart saver certification is inadequate.
- Annual TB screening, up-to-date immunization status and a health evaluation (history and physical examination) are also required.

This policy is necessary so that we are in compliance with hospital and community health agency policies. The IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) must provide the clinical agencies with proof that each student assigned to their agency for clinical experience has completed all immunizations, (including Hepatitis B series, Tdap booster, MMR, and Varicella), CPR certification, and annual TB screening. It is the student's responsibility to update their health records and have all documentation submitted to the COHS, as outlined below.

**Documentation is due no later than October 15<sup>th</sup> prior to enrolling in clinical courses for the spring semester, and no later than July 15<sup>th</sup> prior to enrolling in clinical courses for the fall semester.** Failure to submit all required health documentation by the appropriate deadline will result in administrative withdrawal from all nursing courses and the student will be considered out-of progression in the degree program.

### **Procedure**

When a student is first admitted to the clinical courses, the student receives information regarding the need for proper immunization verification (including Hepatitis B series, Tdap booster, MMR, and Varicella), a health evaluation (history and physical examination) completed by a primary care provider, current professional-level CPR certification and TB (PPD or X-ray) screening. Every student

must provide written verification of a history of chicken pox, or a Varicella Zoster Titer before entering clinicals. Newly admitted clinical students must provide written documentation of the above stated items in advance of beginning their clinicals.

For students who are enrolled in clinical courses in the fall semester, the above materials must be filed with the IUSB-CHS Student Services office by July 15. For students who will begin their clinical courses in the spring semester, the above materials must be filed by October 15. Zachary checks (type of background checks) are also performed on all new clinical students. Failure to submit all required health documentation by the appropriate deadline will result in administrative withdrawal from all courses and the student will be considered out-of-progression in the nursing degree program.

Students who are admitted late to the will be handled on a case-by-case basis. However, those applicants who are on a “waiting list” or “alternate list” are encouraged to begin gathering the necessary documentation so as to avoid delays. Even students who are admitted late must have all documentation on file with the IUSB-CHS prior to beginning the clinical courses. Failure to do so will result in the student being automatically withdrawn from all clinical courses for which they are registered.

Continuing students are responsible for making sure they receive annual TB screening (PPD or X-ray) and current professional-level CPR re-certification. In addition, immunization status must be updated as necessary. It is the student’s responsibility to monitor the status of these and to submit proper documentation to the College of Health Science in a timely manner. Documentation of annual TB screening and current professional-level CPR re-certification needs to be submitted to the School of Nursing, Student Services office no later than one week prior to the date they expire each year. Heart saver certification is inadequate. Students will be notified of upcoming expiration, but it is the student’s sole responsibility to provide documentation of updates prior to expiration. Clinical instructors will be notified, and students will be prohibited from attending clinicals if these vital documents are not submitted. These unexcused absences could lead to course failure in clinical courses. Some community agencies require more recent verification of TB screening before they will allow our students to see clients. Therefore, students may be required to submit this documentation just prior to beginning a semester even if it is not yet expired. Students will be informed if this is required.

## Clinical Track Repeat Policy

### **Purpose:**

The purpose of this policy is to outline the course repeat process for students in the clinical programs of the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

### **Policy:**

The IUSB-CHS policy requires students to achieve a grade of C (2.0) in each required course. Students who earn a grade of less than C in a required course must earn a grade of C by the second completed attempt. Students who earn a grade of less than C in a required course are strongly urged to successfully complete the course in the next semester of enrollment, provided the course is offered.

Both pre-IUSB-CHS and current IUSB-CHS students who do not successfully complete all required general-education courses with a minimum grade of C by the second completed attempt are ineligible for admission to the IUSB-CHS program of interest or are dismissed from the IUSB-CHS program of study.

Students may repeat only three courses, or a maximum of 11 credit hours, of the required general-education courses in an effort to achieve a C or higher in each course (two science or three general-education electives). The IUSB-CHS follows the IU South Bend grade replacement policy.

## Communication Policy

### **Purpose:**

The purpose of this policy is to discuss proper protocol of communication between student and faculty of the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

### **Policy:**

If a faculty member provides a cell phone number and permits students to call or text message, this communication should only pertain to clinical or course issues and be within the standard working day, Monday through Friday, 8am to 5pm. Course or clinical emergency calls or text messages outside of these hours are restricted to emergency use only. Students should not contact faculty members via their cell phone number for any other reason. Exceptions to this policy may apply at the discretion of individual faculty members.

The IU South Bend e-mail system is the official method of communicating electronically with faculty members. Faculty members make every effort to answer e-mails within 48 hours. E-mails that occur after 5pm during the week or on the weekend may not be answered until the next standard working day, Monday through Friday, 8am to 5pm.

## Confidentiality Policy

### **Purpose:**

The purpose of this policy is to outline strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality followed by both IUSB-Dwyer College of Health Sciences (IUSB-CHS) as well as in all settings.\*

### **Policy:**

Students may be asked to sign a confidentiality statement of understanding by specific settings. Violation of these guidelines can result in disciplinary action by the setting, the assignment of a failing grade for a course, and/or dismissal from the specific program. The following guidelines generally reflect expectations of students in all agencies.

1. All records, including originals and copies, should not be removed from their location.

2. Students granted record accesses are accountable for the protection of the record and its contents while in their possession.
3. Students accessing information from medical records shall follow the strict guidelines set forth by the setting (including providing written requests for review, keeping the materials in the setting and reviewing the records in the area specified for this purpose).
4. It is prohibited to share the medical record with family, friends, and staff not directly involved in the patient's care.
5. Students are expected to keep the medical records accessible at all times for medical care purposes.
6. Photocopying, photographing or printing off any part of the medical record for a student's purpose is strictly prohibited. Students cannot photocopy parts of the record for their learning purposes. Data cannot be saved to portable devices and laptops cannot be brought to the settings.
7. When referring to patients in written work for schoolwork purposes, only initials are to be used. When possible all identifying information should be kept to a minimum.
8. HIPAA guidelines are to be followed at all times as outlined by each setting and federal regulations.
9. Professional standards expect that students withhold discussing any patient situations and confidences outside the professional setting. Situations may only be discussed in private, for the purpose of learning, as instructed by the instructor. **When discussing patients in the learning situation, anonymity is to be maintained.** Information is not being shared in public settings including personal e-mails, for purposes other than learning, or with family and friends.

\*This policy applies to Health Science majors at the point of internship or community course specific.

## CPR Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS)\* guidelines for professional-level CPR requirements.

### **Policy:**

All students must have professional-level CPR certification (**Healthcare Provider CPR** through the American Heart Association, or **CPR/AED for the Professional Rescuer** through the American Red Cross) before they will be allowed to participate in clinical experiences. The professional level includes: one- and two-man CPR; adult, child and infant CPR; adult, child and infant choking; and use of the AED (automatic external defibrillator). ***Heart saver certification is inadequate.***

Re-certification is required prior to expiration. The American Heart Association certification is valid for a two-year period. However, failure to re-certify prior to the expiration requires that the student complete the entire certification course. A re-certification course will only be accepted if completed prior to the expiration date.



The IUSB-CHS strongly encourages students to obtain their CPR certification or re-certification through the American Heart Association. It is possible for individuals previously certified through the American Red Cross to be re-certified through the American Heart Association. The American Heart Association CPR certification is valid for a two-year period.

### **BLS Healthcare Provider Online Renewal Course**

The online BLS Renewal Course provides a review for healthcare professionals who have prior CPR training. This program recognizes that healthcare professionals have knowledge and skills acquired from prior CPR training and years of patient care. ***Be careful, there are online programs which appear to be American Heart but are not—they do not require skills validation. Skills validation by an AHA instructor is required.***

Once you have completed the online portion of the course, go to an authorized American Heart Association Training Center for the skills validation portion. After you have completed both sections of the course, you will be issued an American Heart Association BLS - Healthcare Provider card.

The cost for the online portion, plus the cost of the skills check varies by site. See the Advising Center for further information.

**It is your responsibility to locate local programs for CPR Courses/Skills Validation.**

**Documentation and Verification should be kept on file in the department.**

\*This policy applies to Health Science majors at the point of internship or community course specific.

### **Criminal Background Checks Policy**

#### **Purpose:**

The purpose of this policy is to inform students that Criminal Background Checks are required for the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

**Criminal Background Checks Policy for Undergraduate Students:** Objective Criminal history background checks are required of all clinical students in compliance with state and federal (House Bill 1633) regulations for individuals in clinical settings and working with patients and individuals who are vulnerable or minors. Licensure is also contingent upon the absence of most felony and some misdemeanor charges (see graduation section on licensure).

**Rationale:** A past criminal history may become a significant barrier to clinical practicum rotation placements or have a negative impact on a graduate's ability to obtain a license to practice. In addition, current Indiana law states that individuals who have been convicted of certain crimes may not be employed by or operate a home health facility or work in the Indiana public school system. While a conviction of a crime does not automatically disqualify a student from participation in community-based clinical, a criminal history may be grounds for denying progression depending on the facts and circumstances surrounding each individual case. An updated check for an enrolled student might have a bearing on the clinical site in which the student will be placed.

**Policy:**

1. Individuals must register and submit a criminal background history check with Backgroundchecks.com upon application to any BSN clinical program and again prior to progression into community-based clinical experiences (typically the 7th semester~\$20) on the South Bend campus. You must submit checks for any county you have lived in for the last 7 years and additional charges may apply for extra counties.
2. Students will be asked to complete a Statement of Adherence of Clinical Facility Policy and Procedures and Reporting of Illegal Activities form each year in the fall. \*
3. Any criminal arrest or situation (including OWI's) must be reported to the Assistant Dean for Student Success before the next clinical day or within one week if occurs during breaks. This is in compliance with contracts held by the College of Health Sciences with the clinical agencies and consistent with state and federal regulations. The Assistant Dean will consult with licensing agencies.
4. Individuals requesting transfer from any campus other than IUPUI, IUB, or IUPUC must submit a completed criminal history check prior to transfer.
5. The DCHS Advising Center on the South Bend campus is responsible for maintaining updated documentation of criminal background histories for IU South Bend students enrolled in the undergraduate program on the South Bend campus. The student recorder will notify the Assistant Dean for Student Success when a criminal conviction is noted on a student's criminal background check.
6. Students may be asked to provide a more current check at any point in the program, based on a clinical agency's request or if they have been out of progression. \*\*
7. RN's or other professional licensed individuals entering a clinical program or a clinical course must provide a current criminal background check. Students may provide documentation from their employer's background check service if it is less than one year old and a criminal disclosure form is completed.

\* It is the student's responsibility to report any subsequent changes in criminal history that occur after the initial criminal background check has been completed. Failure to do so may result in immediate dismissal from the program. In addition, if a student is found to be ineligible for clinical placement at any time during the program, the student will not be able to meet clinical objectives and will be withdrawn from the program pending resolution of the issue.

\*\*Students should also be advised that clinical affiliates can establish more stringent standards if they choose, to meet the regulatory requirements of their facility. Therefore, clinical agencies may elect to conduct additional background checks at their discretions.

## Critical Behaviors Policy

### **Purpose:**

The purpose of this policy is to delineate behaviors that can lead to course failure or academic and disciplinary actions.

### **Policy:**

Breach of the following critical behaviors can lead to course failure and/or appropriate academic and disciplinary actions.

1. Breach of client confidentiality.
2. Untruthfulness or misrepresentation of facts.
3. Cheating, including plagiarism.
4. Lack of professional attire and demeanor at any time in the clinical area.
5. Lack of prompt notification of appropriate persons when errors occur in the clinical area.
6. Consistent tardiness without notification of appropriate faculty and the clinical area.
7. Repeated lack of knowledge or inability to transfer knowledge from pre-requisite courses to current clinical situations.
8. Consistent demonstration of lack of respect for human dignity and the uniqueness of the client unrestricted by consideration of social or economic status, personal attributes or the nature of the health problem.

## Dismissal Policy

### **Purpose:**

The purpose of this policy is to outline the dismissal process for students in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

### **Policy:**

1. A pre-IUSB-CHS student is dismissed based upon the dismissal policies of IU South Bend, found in the IUSB Bulletin.
2. An IUSB-CHS student is dismissed from the program when, in the judgment of the APG Board, there is a lack of progress toward the degree. Lack of progress includes, but is not limited to the following:
  - Failure to achieve a 2.0 semester GPA in any two consecutive semesters
  - Failure to achieve a CGPA of 2.0 in any two semesters
  - Failure to achieve a minimum grade of C (2.0) or S (Satisfactory) in any one required course (didactic or practicum/clinical) by the second attempt, or any two required courses (didactic or practicum/clinical) on the first attempt

- Failure to meet IUSB-CHS essential abilities expectations (refer to the Statement of Essential Abilities listed under General Policies)
3. Dismissal may occur without prior probation.
  4. Any student who is academically dismissed at one Indiana University campus is also in dismissal status at all other Indiana University campuses.
  5. Falsification of records and reports, plagiarism, or cheating on an examination, quiz, or any other assignment is cause for dismissal (see Indiana University Code of Student Rights, Responsibilities, and Conduct).
  6. The APG Board reserves the right to dismiss any IUSB-CHS student whose personal integrity, health (ADA Policy compliant), or conduct demonstrates unfitness to continue preparation for the profession of study. Integrity and conduct is judged according to the standards of the most recent Code of Ethics for the profession of study and the IUSB-CHS Statement of Essential Abilities.
  7. The dismissal of any student is contingent upon review by the APG Board on the campus of enrollment. IUSB-CHS student dismissal is subject to the appeal process on the campus of enrollment.

### Graduating with Distinction Policy

#### **Purpose:**

The purpose of this policy is to identify students graduating with distinction in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

#### **Policy:**

Distinction Categories by GPA:

(GPA will be rounded up.)

Highest: 3.9

High: 3.8

Distinction: 3.65

## Health Insurance Policy

### Purpose:

The purpose of this policy is to inform the student about the requirement of maintaining health insurance coverage.

### Policy:

All students are required to maintain personal health insurance coverage while enrolled in any of the IUSB Vera Z. Dwyer College of Health Science (IUSB-CHS) programs. Students are responsible for providing proof of their insurance card to their individual \*department. Should it be necessary for the student to obtain medical treatment during clinical hours, it would be the responsibility of the student to cover the costs of this treatment. IUSB-CHS has no provisions to cover such expenses.

If there are any changes to a student's coverage they are responsible for submitting updated information to the appropriate office.

\*Pre-students, Nursing and Health Science students, send copies to the College Advising Center for student file

\*Current clinical students, copies are sent to department secretaries

## Immunizations Policy

### Purpose:

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Science (IUSB-CHS)\* immunization requirements for students prior to entering the clinical portion of their programs.

### Policy:

It is imperative that students have required immunizations prior to entering the clinical portion of the program (or internship experience for Health Science Students) because of direct patient contact. IUSB-CHS adheres to the CDC recommended adult immunizations for all healthcare workers. Due to epidemiological changes, requirements may change abruptly and those involved in clinical will need to meet the requirements. The student's primary care provider on the immunization record form must properly record the appropriate information. Students will not be allowed in the clinical areas or allowed to participate in the internship experience unless all information is up-to-date and on file with the IUSB-CHS. **Due dates for all immunization and criminal check information are October 15, for students admitted to the Fall semester (will begin clinical in Spring); and July 15, for students admitted Spring semester (and will begin clinical in Fall).** Students are requested to make a copy of all submitted documentation for their personal files.

THE COLLEGE OF HEALTH SCIENCES WILL NOT PROVIDE COPIES FOR PERSONAL OR EMPLOYER REQUESTS.

**The following immunizations/tests are required:**

**Tetanus Diphtheria (Tetanus/Diphtheria/Accelular Pertussis Tdap)**

All students must be immunized. Immunizations must be current within the past 10 years. If it is more than 10 years, it is recommended that you receive Tdap for adults. In fall of 2005, FDA approved Tdap for adults due recent increases in pertussis outbreak among adults. The updated Tetanus/Pertussis policy states the following:

- The Advisory Committee on Immunization Practices (ACIP) has issued guidelines for tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine (Adacel) for adults. ACIP voted to recommend routine use of Tdap among adults aged 19-64 years.
- Healthcare personnel who have direct patient contact working in hospitals or ambulatory care settings should receive a single dose of Tdap as soon as possible if they have not previously received Tdap. The guidelines recommend an interval as short as 2 years from the last dose of Tdap, but shorter intervals may be used.

DCHS students shall receive this new booster vaccine prior to entering clinical / internships experiences if they have been immunized in the last two years. These students may receive this booster even if they had a tetanus booster less than two years ago. It is recommended that all CHS students have their tetanus updated with this booster as soon as possible. All students shall have the Tdap vaccine as the required tetanus vaccine.

### **Measles Mumps Rubella**

CDC for healthcare workers is 2 doses of MMR for all healthcare workers unless born prior to 1957 (June 1, 2006).

#### **Rubella (3 days)**

2 doses of MMR or 2 doses of ProQuad or Rubella titer of 1.10 is required.

#### **Rubeloa (Measles 10 days)**

2 doses of MMR after their first birthday or 2 doses of ProQuad or Rubeola titer of 1.11 is required.

#### **Mumps**

2 doses of MMR or 2 doses of ProQuad or Mumps titer of 1.10 is required.

#### **Varicella (Chicken Pox)**

Those who have had the disease may submit a written statement detailing approximate date of exposure. (May be provided by the student or primary care provider.) If a student has not had the disease but requires vaccines will need 2 doses of varicella or 2 doses of ProQuad or Varicella titer of 1.10.

#### **Tuberculosis**

*All students must have a tuberculin skin test (TST) upon admission (a PPD tuberculin skin test; a Tine or Heaf test are not acceptable) to determine if they have been infected with *M. tuberculosis*.*

Testing will also be required upon exposure or travel to high risk areas. Some community health placements and area agencies may require more frequent PPD documentation – you will be notified if you are affected. After the initial test, students will be required to complete the TB Questionnaire.

If you have a newly positive reaction to the skin test (called a conversion), a chest x-ray is required and results recorded on the immunization care. Your patient care provider should indicate what treatment, if any, has been prescribed for you as a result of a positive skin test or chest x-ray.

Students with a history of conversion or a positive skin test and a recent negative for TB chest x-ray should be evaluated and may be able to complete the TB Questionnaire instead of a PPD Documentation of evaluation and a copy of their chest x-ray within five years from their health care provider.

During the fall semester, each student in a clinical program is required to complete the TB Questionnaire. The questionnaire will be recorded and placed in the student folder.

Any **international student or student** whose country of origin where TB is considered endemic must be tested at the IU South Bend Health and Wellness Center. Those testing positive will be required to have a blood test confirming their TB status.

Anyone testing positive for tuberculosis will require treatment.

IUSB Dwyer College of Health Sciences generally follows ACHA guidelines:

ACHA is pleased to announce and release its most recent updated ACHA Guidelines, "Tuberculosis Screening and Targeted Testing of College and University Students." The Guidelines Statement can be found at <http://www.acha.org/topics/tb.cfm>

These updated Guidelines include TB Screening and Risk Assessment Appendices. Accordingly, those changes have been incorporated into another of our ACHA Guidelines, "Recommendations for Institutional Pre-Matriculation Immunizations" (RIPI) under Part II. K, of the Sample Immunization Record. The updated RIPI can be found at the above link.

ACHA provides several other position statements and recommendations. All are available to download in pdf format at [http://www.acha.org/Publications/Guidelines\\_WhitePapers.cfm](http://www.acha.org/Publications/Guidelines_WhitePapers.cfm)

### **Influenza Immunization**

The CDC has identified Healthcare Workers in the high risk category in prioritizing who should receive the vaccine; therefore, the CHS requires all students receive their annual immunization against the flu. Many clinical agencies require this of their employees to reduce the spread of this illness. If an unvaccinated student is exposed to a patient/client with the flu, the student may be removed from clinicals and required to begin treatment against the flu. The absence must be made up according to the make-up policy. The student is responsible for the costs related to the treatment against the flu. The influenza immunization documentation is due by December 1, unless it is required sooner by the clinical site.

### **Hepatitis B Immunization**

All healthcare providers with regular exposure to blood products are required by the Occupational Safety and Health Administration, Department of Labor to have the Hepatitis B vaccinations. Consistent with this requirement, the Hepatitis B vaccination is required for students in the CHS. The series must be initiated by the immunization deadline. Evidence of the first vaccination must be in your record by that time. The second vaccination is due 1-2 months after the first vaccination. The third vaccination is due 4-6 months after the first vaccination.

Students who currently work in a health care setting may want to contact their employer regarding arrangements to receive their vaccination. You may also contact the St. Joseph County Health Department for vaccination information. The IUSB Health & Wellness Center also offers the vaccines at a reasonable cost.

**Policy:** Prior to registration in any clinical course and at the student's expense, every full-time or part-time, graduate or undergraduate student of the College of Health Sciences must undergo HBV vaccination and vaccine response evaluation unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed.

**Procedures:** Evidence of receipt of the HBV vaccination and vaccine response, immunity to HBV, or declination will be filed with the student's program director/dean prior to registration in a clinical course. When the vaccine is contraindicated for medical reasons, a declination form must be signed. Evidence of the receipt of the HBV vaccination series including vaccine response should be in the form of a signed statement from the student's healthcare professional (HCP) and evidence of declination can be submitted on the CHS form. Evidence of immunity to HBV, medical risk from the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider.

Students who have completed the HBV series prior to entry into any clinical course are governed by the CDC guideline on vaccine response evaluation

#### **CDC Guidelines for Nonresponders**

HCW should be tested for antibody to HBsAg (anti-HB's) 1 to 2 months after completion of the 3-dose vaccination series (CDC Immunization 1997).

Persons who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. People who prove to be HBsAg-positive should be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Nonresponders to vaccination who are HBsAg negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probably parenteral exposure to HBsAg positive blood.

Declination Form should be stated as follows (source: FR Doc. 91-28886, December 6, 1991):

***I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.***



**Additions**

Due to frequent changes in the national standards and recommendations for adult immunizations, it may be necessary for the IUSB-CHS to request additional documentation beyond what is listed here prior to clinical admission. Students will be notified if they are affected, and it is the responsibility of the student to provide this information prior to the deadline.

\*This policy applies to Health Science majors at the point of internship or community course specific.

## Impaired Student Policy

**Purpose:**

The purpose of this policy is to outline the guidelines for IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) students regarding impairment in all settings.

**Policy:**

IUSB-CHS as well as all agency policies and practices enforce a zero tolerance for alcohol and/or drug use.

The Statement of Adherence of Clinical Facility Policies and Procedures form will be signed by the student upon admission and will remain in effect while the student is matriculating in the IUSB-CHS. A completed and signed form is required prior to any clinical placement. This is completed upon admission and annually.

The faculty or staff member who suspects impairment will request that the student immediately leave the setting while ensuring the student's safety.

The faculty member will determine the most appropriate testing location. The student is responsible for receiving immediate testing and bears the costs involved in the testing. If the testing location is not on site, the student will bear the cost of public transportation to the site. The student will be suspended from all activities until the investigation into the situation is complete. Results must be submitted to the Director of the Program by the testing facility.

## Licensed Students Policy

### **Purpose:**

The purpose of this policy is to identify the reporting process(es) for students who hold a healthcare-related license or certification registered with a state public licensing agency (ipla.gov).

### **Policy:**

Students who hold a healthcare-related license or certification registered with a state public licensing agency (e.g.: ipla.gov) are required to provide documentation of this licensure upon admission to the College of Health Sciences\*.

The IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) will abide by all obligations outlined by the Professional Licensing Agency of the state, including the duty to report. Should the occasion arise in which the IUSB-CHS has the duty to report a licensed student to the state, an official report will be filed by the Dean in conjunction with the Executive Chairperson of the APG Board.

\*This policy applies to Health Science majors at the point of internship or community course specific.

## Medical Documentation Policy

### **Purpose:**

The purpose of this policy is inform the student returning to clinical and didactic courses of the documentation required during a medical leave of absence which includes vaginal delivery\*, surgical procedure or a medical condition requiring care by a primary healthcare provider.

### **Policy:**

Students returning to courses following a medical condition as described above must be able to complete the essential skills necessary to provide patient care for the required amount of hours in a clinical shift. The shift hours are determined by the clinical section in which the student is registered. To meet the clinical course competencies, students must be able to safely engage in the clinical environment which includes physical capabilities of performing all necessary psychomotor skills.

If a student has missed clinical and didactic courses due to a medical condition described as above, prior to returning, the student must submit the completed release form to their program director. This document must be reviewed and signed by the student's primary healthcare provider. Please see the following page for release form.

\*It is highly suggested to consult the Student Services Advisors prior to program admission in the event of a pregnancy. Pregnancy is not considered a medical illness.

**Release for Student to Return to Clinical Courses for IUSB Vera Z. Dwyer College of Health Sciences**

Indiana University South Bend Vera Z. Dwyer College of Health Sciences students returning to clinical and didactic courses following a surgical procedure, or medical condition requiring care by a healthcare provider, must be able to perform the essential skills required to provide patient care for the required amount of hours in a clinical shift. The shift hours are determined by the clinical section in which the student is registered. Prior to returning to clinical and didactic courses, this completed form from the primary healthcare provider must be presented by the student to the clinical faculty.

\_\_\_\_\_ is able to resume classroom and clinical courses and perform the essential skills required to provide patient care for her/his clinical shift **with no restrictions.**

List of current medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

-----  
Upon returning to classroom and clinical courses, I understand that I am responsible for meeting the IUSB Vera Z. Dwyer College of Health Sciences Essential Abilities.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Plagiarism Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) education and reporting practices regarding plagiarism.

### **Policy:**

Every student shall complete the plagiarism tutorial, and the certificate shall be filed in the student record. Refer to the IU Code of Student Rights, Responsibilities and Conduct Part 2: Student Responsibilities. Plagiarism is a reportable offense in all instances, which will be recorded with the Office of Student Conduct.

## Problem Assessments and Learning Contracts Policy

### **Purpose:**

The purpose of this policy is to identify the strategies and tools used by the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) to help students succeed.

### **Policy:**

#### **Problem Area Assessment Form:**

Faculty members use the Problem Area Assessment Form to identify specific problem(s) a student may be facing in their course(s). The faculty member initiating the form will discuss the issue with the student, and together mutually form/discuss a plan for success. The Problem Assessment Form will be directed to the Executive Chair of the APG Board, who will make notation of receipt with the Assistant Dean and Director of the program, and the Assistant Dean for Student Success. The Problem Assessment Form will be filed in the student's file. Please see the Appendix for this form.

#### **Learning Contract for Student Success:**

Learning Contracts are designed to help students succeed in a course when the student has been experiencing difficulties. It is not intended to be punitive but it is a serious effort to identify ways to avoid failure in a didactic or clinical course. A learning contract will include a description of the problem, course competencies or objectives not being achieved, goals to achieve in order to be successful in the course, and a mutually developed plan. The plan will include deadlines by which these goals must be achieved. The student is expected to fully participate in developing and implementing the plan for improvement, and to communicate the plan to all relevant faculty members as long as the contract is in effect. If a student is unable to meet the terms of their learning contract, it may become grounds for failure of the course or dismissal from the program.

Learning Contracts will be directed to the Executive Chair of the APG Board, who will make notation of receipt with the Assistant Dean and Director of the program, and the Assistant Dean for Student Success. The Learning Contract will be filed in the student's file.

Learning Contracts will be re-evaluated by the initiating faculty member at the end of the semester to determine if the contract has been completely resolved, or should be continued in the next semester.

If the contract is to be continued, it will be forwarded to upcoming faculty for review to assist the student's future success.

#### **APG Board Learning Contract for Student Success:**

The APG Board reserves the right to initiate an APG-driven Learning Contract at any time, however, it is usually initiated in the case of more than one previous Problem Area Assessment Forms and/or Learning Contracts. The APG Contract follows a similar procedure as outlined above, facilitated by the Executive Chair of the APG Board and/or and APG Board member. If a student is unable to meet the terms of their APG Learning Contract, it may become grounds for failure of the course or dismissal from the program.

Due to the serious nature of issues involved, APG Board-initiated Learning Contracts remain active until the student successfully graduates, is dismissed from the program, or voluntarily exits the program.

Note: The decision to initiate a Problem Assessment or Learning Contract is a faculty decision, based on the individual situation in consultation with the Assistant Dean and/or the Executive Chairperson of the APG Board. It is also influenced by the APG Decision Tree.

### **Reinstatement Process Policy**

#### **Purpose:**

The purpose of this policy is to identify the process for students seeking reinstatement to the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) majors.

#### **Policy:**

Students who have been dismissed and desire reinstatement must submit a written request for reinstatement to the APG Board. The written request must be submitted by July 1 for fall reinstatement, October 1 for spring reinstatement, and February 1 for summer session reinstatement. This request requires a list of the specific courses in which the student wishes to enroll and, as appropriate, an explanation of any extenuating circumstances that may have hindered academic performance, and a Plan for Success specifically addressing areas of deficiency.

Reinstatement requests are evaluated individually by the APG Board on the basis of academic standing, potential for progress toward the degree, availability of resources, and satisfactory completion of any conditions and/or faculty recommendations existing at the time of dismissal. Reinstatement to the IUSB-CHS majors is not automatic and is limited to one review. Reinstatement to resume progression is also dependent on space availability.

Appeals for immediate reinstatement are not considered except as warranted by extraordinary circumstances. In such cases, students reinstated by the APG Board have prescribed standards of performance for the semester for which they are reinstated. Failure to meet these standards results in an irrevocable dismissal.

Students who are reinstated must adhere to the policies in effect at the time of reinstatement.

An IUSB-CHS student is reinstated only one time. A reinstated student is dismissed from the IUSB-CHS upon failure of one additional program course, breach of the Code of Ethics for the program of their major, breach of the Critical Behaviors policy or the Essential Abilities policy, or the Indiana University Code of student rights, Responsibilities, and Conduct (see dismissal policy).

## Religious Accommodations Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for seeking a religious accommodation for a religious observance.

### **Policy:**

If any student will require academic accommodations for a religious observance, please provide the professor with a written request to consider a reasonable modification for that observance by the end of the second week of the course. Contact the professor after class, during office hours, or by individual appointment with the professor to discuss the issue. If after discussion no consensus is reached, either party or both should seek the advice of the Dean, and again if no consensus is reached, then the advice of the Executive Vice Chancellor of Academic Affairs (EVCAA). Either the instructor or the student may appeal the EVCAA's decision to the Office of Affirmative Action within ten business days of the determination.

## Science Course Age Requirement Policy

### **Purpose:**

The purpose of this policy is to outline the science course age requirement for the undergraduate students in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS). \*

### **Policy:**

Seven-year limit courses are life span development, required sciences, and statistics. These courses must have been completed within seven (7) years prior to the semester in which a student begins the program.

## Social Networking Policy

### **Purpose:**

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for appropriate use of Internet social networking sites by students engaging in online discourse and identifying themselves with IUSB-CHS.

### **Policy:**

Use of electronic media, i.e. internet sites or social networking sites, blogs, etc. offer an opportunity for students to engage in professional and personal conversations and form networks. However,

improper postings on these sites can have legal ramifications if state and federal laws established to protect patient privacy and confidentiality are violated. Violations may include, but are not limited to, improper postings about the care of a patient or comments/images that portray the individual or a colleague in an unprofessional manner or social networking sites that can be used in court or other disciplinary proceedings (e.g. State Nursing Licensing Boards).

Consequently, IUSB-CHS students must adhere to the IUSB Code of Student Ethics and Responsibilities, the American Nurses Association Social Policy Statement, the ethical code of conduct for the program of study, IUSB-CHS policies and procedures and HIPPA obligations related to patient privacy, confidentiality and code of conduct at all times when using the internet and social networking sites.

It is the individual's responsibility to: 1) closely monitor the privacy settings of their social network accounts to optimize their privacy and security and 2) ensure that posts or photos are appropriate and not embarrassing or professionally compromising. Avoid sharing identification numbers on your personal profile. This would include address, telephone numbers, social security numbers, passport numbers, driver's license numbers, birth date, and place of employment or any other data that could be used to obtain your personal records.

In reference to the National Council of State Boards of Nursing's "A Nurse's Guide to the Use of Social Media" the following guidelines are set forth to address instances of inappropriate use of the Internet and social media networking sites.

### **IUSB-CHS Guidelines for Online Social Networking:**

- Students have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. Statements made within online networks will be treated as if the statement was made verbally in a public place.
- Sharing of any patient-related data or images by electronic media is strictly prohibited. Students must not identify patients by name or post information that may lead to the identification of a patient. Limited access to postings through privacy policy setting is not sufficient to ensure privacy.
- When using electronic media, professional boundaries must be maintained at all times. Faculty, staff and students have an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. One must use caution when having online social contact with patients or former patients. The fact that a patient may initiate contact does not permit the student to engage in a personal relationship.
- Do not violate copyrighted or trademarked materials. If you post content, photos or other media, you are acknowledging that you own or have the rights to use these items. IU and IU-CHS logos may not be used on any social media site without the approval of IU-CHS Director of Marketing and Recruitment.

- Disclosure of information regarding course assignments or exams on social networks is a form of academic misconduct and students will be disciplined according to the procedures outlined in the Indiana University Code of Student Ethics.
- Students are encouraged to immediately contact an appropriate IUSB-CHS administrator or staff about unprofessional or potentially offensive comments or images on social networking sites. Students have a responsibility to promptly report any identified breach of confidentiality or privacy.
- Students must be aware of and comply with IU and clinical sites policies regarding the use of computers, cameras, and other electronic devices in the clinical setting.

In the event that a violation of the social networking policy has occurred, the student's case will be handled according to the IUSB-CHS process for dealing with academic misconduct as outlined in the IUSB Student Bulletin, IUSB-CHS Handbook and IU Code of Student, Ethics Rights Responsibilities. This includes reporting of the event to the Office of Student Conduct.

Students who violate the policy may be dismissed from the program.

## Student Drug Screening Policy

### **Purpose:**

To provide a safe working environment, area hospitals and other institutions are requiring individuals who provide care to patients to undergo drug testing. For this reason, students in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) will undergo similar testing to meet the criteria of clinical agencies. All students in the pre-licensure, AS RAD, BSN, RN-BSN, MSN and HSC (upon internship) programs will undergo drug testing as a condition of admission into the program/internship.

### **Policy:**

The IUSB-CHS enforces a zero tolerance for impairment due to alcohol and/or drug use while on campus or in clinical affiliation experiences. Infringement of this policy will cancel the offer of admission, and for those admitted to the programs, be subject to disciplinary action up to and including academic dismissal.

1. Student admission to the clinical programs is contingent upon a drug screening test result indicating no evidence of drug use. A drug screening result indicating dilution of the sample will require a repeat drug test.
2. The student is responsible for the cost of the drug screening which is part of the background check conducted for admission and the screening must be completed at least three weeks prior to starting the semester.
3. In the event of a drug screening result indicating use of an illegal drug or controlled substance without a legal prescription, student admission to the clinical programs will be denied. Health Science majors will be denied internships. Results will be submitted to the program director or



designee. **Duty to Report:** if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).

4. Students may be permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty. However, when such prescribed or over-the-counter medications affect clinical/ internship judgment, the student's safety or the safety of others, the student will be removed from clinical/ internship. The program Director will be consulted to determine if the student is capable of continuing to participate in academic and clinical/internship programs. (Nursing students, The Admission, Progression, and Graduation (APG) Board may be consulted)
5. After admission to the clinical programs/HSC Internship, at any time faculty, clinical agency representative and/ or an administrator suspect a student is impaired due to drug or alcohol use while in the clinical/internship, classroom, or campus areas, the student will be removed from the area and required to undergo immediate testing for drug and alcohol use at the student's expense. Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical/internship activities until the investigation into the situation is complete.
6. In the event of medication administration/handling discrepancy (i.e., in the case of the improper documentation of narcotics) or in the event of a medical error, accident or injury, testing will be conducted according to the policy of the clinical agency.
7. Referrals for evaluation and counseling for drug and/or alcohol use will be a part of a plan for a student with a positive screening or incident related to drug or alcohol use.
8. In the event of a positive drug screening of a student currently enrolled the clinical programs; the student will be suspended from the program pending review by the Admission, Progression, and Graduation (APG) Board. **Duty to Report:** if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).
9. More frequent drug testing can be implemented at any time and without further notice.
10. If a student is reinstated after a positive result, that student is required to undergo random screening each semester and will be dismissed if any further positive results are found.

## Student Meeting Policy

### **Purpose:**

The purpose of this policy is to outline provisions for students in the IUSB Vera Z. Dwyer College of Health Sciences (CHS) when meeting with Administration and Faculty.

### **Policy:**

1. Students required to meet with administration and/or faculty will meet at a location on campus to be determined by the administrator/faculty involved.

2. The student may bring one support person with them to the meeting.
3. The student will be required to sign a release of information and liability waiver prior to any support person being allowed into the meeting.
4. A support person or advisor is limited to the role of advising the student; an advisor may not participate in the informal conference or make any statements during the conference. A support person or advisor may advise a student on matters, and help guide them, but the student is the one responding to the concern or allegation.

## Technology Policy

### **Purpose:**

The purpose of this policy is to review technological resources that are utilized by the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) and IUSB and the appropriate use of these resources by the students of the IUSB-CHS.

### **Policy:**

#### **Computer Competency**

Computer competency is required in the study and practice of health science. Students in the IUSB-CHS are required to demonstrate computer competence in the following areas:

1. Word Processing: Students must be proficient in the use of a word processing program compatible with the IU South Bend computer system, such as Microsoft Word.
2. Internet Resources: Students must be proficient in utilizing the Internet to locate healthcare resources.
3. Electronic Database Searching: Students must be proficient in utilizing library and other database web sites to search for scholarly resources.
4. E-mail: Students must be proficient in sending and receiving e-mail messages.
5. Power Point Presentations: Students must be proficient in the use of power point.
6. Computer based testing is used in health sciences.

The Office of Information Technologies at IU South Bend offers frequent classes/resources for students in all of the areas listed above. Students are strongly encouraged to utilize these resources.

**All students are required to have a laptop meeting these requirements.**

The following information is from UITS (core campuses): To use all the technology services available at IU, UITS suggests the following minimum hardware components for a new purchase. IU students, faculty, and staff can take advantage of special computer deals.

Hardware discounts and free software is available to students. Please seek assistance at the IUSB Help Desk for any technology or computer issues.

## Canvas and E-mail



**\*\*Canvas Resources can be accessed at:** <https://iu.instructure.com/courses/1316186> or <http://guides.instructure.com/>. It is the professional responsibility of the student to check email and Canvas on a regular (daily) basis. Canvas is used for course communication and content and should be checked often for announcements and changes.

E-mail is considered official communication by the University. The student is responsible to monitoring and responding as appropriate.

Students are expected to have and maintain Canvas and general word processing and computer skills. Please seek training and assistance from Information Technology if you have problems with the program or its use. Insufficient skills in using Canvas or computers are not an excuse for getting assignments in. IU South Bend provides resources and training.

### **Smartphones, Smart Watches, and Tablets**

Local agencies prohibit the use of Smartphones, Smart Watches or laptops at their facility. These should not be brought to clinical, including using cell phones with such technology on the clinical unit. Most agencies have resources you can access that meet their security requirements. Also, flash drives, thumb drives and other portable data drives are prohibited on the clinical units. These are considered breaches of patient record security.

Applications specific for coursework for smartphones can be an invaluable resource for students. Numerous options are available. Currently, we do not endorse any specific product and encourage students to select a tool which they find to be most useful and cost effective. Applications software for smartphones are considered a RESOURCE and do not replace required textbooks or library resources recommended by faculty or coursework. Faculty has the right to limit reliance on these tools especially in testing situations.

In the past, we have attempted to provide students with useful internet sites and electronic purchase recommendations. The options are immense and we will no longer be able to supply such a list.

### **Cell Phones and Text Messaging/Image Taking**

Students may use cell phones during class (or clinical) for academic purposes only per the discretion of the instructor. Cell phones must be turned to silent mode or off (in clinical). In the event of an emergency (i.e., sick child call, etc.) the instructor reserves the right to make exceptions. During exams, cell phones must be shut off and zipped inside the student's purse or book bag.

At no time are students permitted to text message during lectures. Students found using cell phones inappropriately will be asked to leave the class and return during the next class period.

## Volunteering as a Representative in the IU South Bend CHS Policy

### **Purpose:**

The purpose of this policy is to explain the IUSB-Dwyer College of Health Sciences (IUSB-CHS) guidelines for acting as a representative of the College.

### **Policy:**

The College of Health Sciences students are often asked to help at health fairs and other health related activities. Students should not volunteer as a CHS student unless the activity is a part of approved volunteer work for the college, an approved experience for a course, or an event endorsed by the IUSB-CHS. Activities sponsored through a student organization or club, which are approved by the faculty representative are exempt. Otherwise, please check with faculty if you are asked to participate before committing to help.

## Withdrawal and Late Withdrawal Appeal Policy

### **Purpose:**

The purpose of this policy is to clearly establish the process for withdrawal and late withdrawal appeal.

### **Policy:**

Students may withdraw from courses online through the 10<sup>th</sup> week of the semester per the Registrar's policy. Please follow the IU South Bend **Academic Calendar** for refund dates.

Beginning week 11, Dwyer College of Health Sciences students who wish to withdraw from a class must complete a Schedule Adjustment Form (from Registrar's Office or DCHS Advising Center) along with our Dwyer College of Health Sciences **Late Withdrawal Appeal Form**. Both forms must be signed by the student and faculty of the course, indicating a grade of W or F. In addition, students must submit documentation in support of their late appeal (see form for examples). Completed forms must be submitted to Dwyer College of Health Sciences Advising Center, NS416, and will be reviewed by the Assistant Dean and Dean for approval.

**All appeal requests must be processed no later than three days prior to the last day of the semester.** Once reviewed, the student will be contacted for further processing.

## Writing Expectations Policy

### **Purpose:**

Writing competency is an expected outcome of the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) and the University. In an effort to prepare students to meet this vital competency, faculty have developed the following criteria to be used in assessing student writing:

### **Policy:**

#### **WRITING EXPECTATIONS (IUSB-CHS STANDARD)**

- The writing has a focus.
- The writing is organized with an introduction, purpose, sense of audience, thesis and conclusion.
- The writing shows development, organization and detail; the writing reveals the student's ability to develop ideas with balanced and specific arguments.
- The writing is clear.
- There is coherence within and between paragraphs.
- The writing reflects critical thinking and linking the specific to the general.
- The writing contains appropriate sentence structure, variety, punctuation and spelling; it is free from errors in grammar and punctuation.
- The writing follows APA style and format unless otherwise specified for a specific purpose.
- The writing demonstrates original work, and where ideas or materials of others are used, appropriate credit is given to original sources.

## Radiology/Medical Imaging Policies

### Appearance Policy

#### **Purpose:**

The purpose of this policy is to outline the Radiography Program Dress Code and Appearance guidelines for the radiography student.

#### **Policy:**

##### **Dress Code**

Appropriate attire, which meets the program's dress and grooming standards, is required to provide the student a professional appearance during any in-hospital student activity. All student radiographers must wear their radiation monitoring device and name tag as part of the uniform at all times in the clinical site. Radiation monitoring devices are to be left in a secure area at the clinical site at the end of the clinical day. Students are required to pick up their radiation monitoring device at the start of each clinical day.

The clinical instructor shall determine the appropriateness of the student's appearance and dress. Exceptions to the dress code include prescribed attire while in surgery and other activities and must be approved by the clinical instructor.

Inappropriate attire can result in a Problem Assessment Form. Students may be sent home to change, if the clinical instructor determines it to be necessary.

1. Hair and beards must be clean and neatly-groomed. If hair falls below shoulder length it must be pulled back.
2. Perfumes, colognes, and cosmetics should be used moderately.
3. Fingernails should be kept short, neat, and clean. Light nail polish (light pink, clear, etc.) should be used in a conservative manner. No red, bright/dark colors, or chipped finger nail polish is allowed.
4. On clinical days, the only acceptable jewelry is small plain earrings, wristwatches, wedding bands, and a simple chain necklace. No other jewelry is acceptable. In surgical areas, all jewelry must be removed. Any other form of body piercing beyond the ears is unacceptable in the clinical setting. Ear piercing is limited to two sets of earrings.
5. Clothing should be clean and free of wrinkles. Stains, holes, or repairs should not be present on clothing. Tight fitting clothing is not acceptable. Scrub pants should be hemmed to the appropriate length to avoid tripping.
6. Underclothing is required and should not be visible through or outside uniforms.
7. White/or black uniform or leather tennis shoes are required and must be kept clean and polished. Canvas sneakers, sandals, and flip-flops are not permitted on clinical days. White professional clogs with closed toe and back strap are permissible upon approval by the clinical instructor. "Croc" shoes with the open front are not compliant with the dress code.
8. Denim clothing is not appropriate and may not be worn in offices, or patient care areas.
9. Bodily cleanliness is necessary to prevent offensive personal odor. Oral hygiene is also important.
10. Facility Scrub Attire: All affiliated clinical agencies provide scrub attire for use in designated areas within the hospital. Students are expected to wear facility scrub attire when completing specific clinical rotations. Scrub attire is the property of the agency and should not be removed or worn outside that agency.

While participating in Clinical Experience, all tattoos are to be effectively covered by the student so interacting parties cannot observe them.

Clinical attire shall consist of a choice of a navy blue scrub top and navy blue scrub pants. A white long or short sleeve shirt (free of embellishments) may be worn underneath the scrub top if desired. White uniform shoes or white or black leather tennis shoes, kept clean and polished, are acceptable. A navy blue lab coat may be required for your specific clinical site.

To be properly identified at the clinical sites as a student in the Radiography Program, designated name tags should be worn on clinical and lab days. A program patch, "Indiana University Radiologic Technology", is to be sewn on the left shoulder on scrub tops and lab coats. These can be purchased at the book store on campus.

The determination of when the lab coat is to be worn will be made by the clinical coordinator in conjunction with the respective clinical instructor(s). The dress code may be modified by management at selected clinical sites to meet departmental needs with the approval of the program director.

### Smoking

Smoking in the clinical sites is prohibited. If excessive odor from smoking is noticeable and considered offensive, clinical faculty has the right to request that a student be sent home to change scrubs. Any missed clinical time must be made up prior to the end of the semester.

### Gum Chewing

Gum chewing is not permitted in the clinical setting. Students observed chewing gum in the clinical setting will be asked to remove it.

## Attendance and Tardy Policy

### **Purpose:**

The purpose of this policy is to outline the Radiography Program's policy on attendance, tardiness, personal and sick hours, and clinical and didactic requirement hours.

### **Policy:**

Consistent clinical attendance is a vital component to successful completion of the Radiography Program. Program faculty subscribe to the philosophy that while it is possible for a student to achieve minimal technical competence early in a given rotation, clinical competency is best achieved through multiple repetitions of imaging exams on various patients and hands-on clinical field work. In addition, the presence of a student in clinic adds to the professional preparation of the student. Each student is encouraged to maintain good attendance while in the program.

Students are generally in attendance from 7:30 a.m. - 4:00 p.m.; evening rotations begin from 1:00 p.m.- 9:30 p.m. Exceptions require prior approval from the clinical instructor. Students are not to remain in the clinic past their 8 hours (including lunch) or scheduled time.

### Personal/Sick Hours

Students are allotted 32 hours of personal/sick time for the academic year (Junior Fall until end of Summer II semesters) and 32 hours of personal/sick time for the Senior Fall/Spring semesters. Personal time must be submitted to the clinical instructor in writing or email at least 24 hours prior to the requested day off. In the event the student is behind in competencies, the personal day may not be approved. Personal time should not be used during the last week of the clinical/professional

program. During the last week of clinic for second year-students only, personal and sick hours may only be used for cases of documented illness. Any time taken off from assigned clinical experience during this period that does not meet the stated requirement must be made up prior to the end of semester to avoid a grade of "I" incomplete.

Students are expected to manage their personal/sick hours to meet their needs. Students who exceed these stated limits for the academic year will be given a Problem Assessment Form.

### Use of Personal Time for Weekend Rotations

Each student is required to complete a total of 6 weekend rotation shifts during the clinical program. There will be 2 weekend days scheduled for each semester, Saturday day and Saturday evening beginning in the summer session I of the students' first-year. A weekend rotation consists of 8 hours of off-shift clinical experience. Off-shift clinical experience provides the student with the opportunity to experience the clinical setting outside regular (Monday-Friday 7:30 a.m. – 4:00 p.m.) clinical hours. In order to satisfy this clinical objective, students must complete the entire 8-hour weekend shift. Students are not permitted to use personal time to satisfy this requirement. Weekend rotations are scheduled in advance to give the student the opportunity to plan around any scheduling conflicts.

The clinical coordinator is available via cell phone (574) 286-3032 or office phone (574) 520-5461 during regular clinical hours (Monday-Friday, 7:30 a.m.-4:00 p.m.). Students who wish to contact the clinical coordinator outside these hours are encouraged to use the numbers provided. The clinical coordinator has access to voicemail from their personal cell phone and will reply in the event of an emergency.

### Absence/Calling Off Clinic

Reporting clinical absences is a two-step process; the student must call the clinical coordinator at 574-520-5461 and their assigned clinical agency to report their absence. Absences should be reported 1 hour prior to the students' scheduled start time. Main department telephone numbers are listed in Chapter 1 of this handbook. If the clinical instructor is not available, a message should be left with the department to be forwarded to the clinical instructor. Failure to communicate this absence could result in a Problem Assessment Form or Learning Contract depending on the severity or if it is a repeated incident.

If the student is scheduled for an evening rotation, they must call the assigned clinical site in the department at least 2 hours prior to their scheduled time and inform them of any absence. Missed weekend rotations will be made up on the student's next weekend off or at the discretion of the student's clinical instructor.

All times missed beyond the allotted personal/sick hours must be made up prior to the end of the semester to avoid a grade of incomplete which could prevent progression to the next semester. The student should submit a written description listing the dates/times to make-up missed clinical hours; the clinical instructor must approve the written description by providing his/her signature. Students cannot participate in didactic and clinical hours of more than 40 hours per week according to JRCERT Standard 1.4.



### Adhering to Scheduled Clinical Rotation Times

While students are encouraged to complete radiographic procedures prior to leaving clinic, students are not obligated to stay past the end of their assigned rotation and are strongly encouraged to leave on time. Exceptions would be when a student is participating in an exam or a case that could be completed within 10-15 minutes. Students are highly discouraged from staying beyond 15 minutes after their assigned clinical rotation has ended. Students are not credited this extra time and cannot bank extra minutes. According to JRCERT Standard 1.4, students are prohibited from participating in more than 40 hours combined class/clinic week.

### Unexcused Absences

Program faculty acknowledges that emergencies may arise. However, failure to call the clinical instructor or department personnel to inform them of an absence from clinic or class will result in a Problem Assessment Form. Students are required to make up the clinical time prior to the end of the semester to avoid a course grade of Incomplete which could delay progression to the next semester.

### Absence from Clinical Laboratories

Attendance in scheduled clinical demonstration labs is considered mandatory. Students are expected to be punctual and prepared to participate in demonstration labs. Arriving late and/or unprepared to participate can impede clinical progression and lead to course failure. The student shall be held responsible for missed class work and must contact the instructor when they return. The clinical coordinator will determine whether an absence is considered excused or un-excused.

### Tardiness

Program faculty acknowledges that emergencies will arise, however students are expected to arrive on time and be punctual for class and clinical experience. A student will be considered tardy if they have not arrived for Clinical Experience in the assigned clinical area within one (1) minute of their scheduled start time. If you anticipate arriving late to clinic, please contact the clinical coordinator and clinical instructor to inform them of your late arrival. It is recommended not to clock in more than 10 minutes before the assigned clinical hours.

All documented hours will be recorded through the E\*Value system. The system will have an accurate recording of all student's time at clinic. The E\*Value system will maintain records of the student's arrival/departure time and record any late arrivals to clinic.

Students are allowed two (2) tardies for each fall/spring semester and one (1) for each summer session. Any tardies beyond the total will result in a Problem Assessment Form.

All time missed due to tardies, must be made up within five (5) clinical days of the occurrence. Failure to make-up missed time within the specified time period could result in a grade of Incomplete and prevent progression into the next semester.

## Clinical Etiquette Policy

### **Purpose:**

The purpose of the clinical etiquette policy is to inform the student of the policies on the use of cellphones, telephones, pagers and computers at the clinical facility.

### **Policy:**

- Faculty needs to have current information on how to reach each student during or following each clinical day. The clinical coordinator or clinic faculty member needs to be able to contact the student.
- It is unprofessional and unacceptable to use the clinical telephones or computers for personal calls/contacts. Using a unit/agency telephone should be reserved for emergencies only.
- Most clinical agencies prohibit the use of personal cell phones. Breaching these policies will be considered unprofessional and may jeopardize completion of your clinicals.

### **Cellphone Etiquette**

Personal telephone calls and texting on cell phones is not permitted in the clinical setting. The use of cell phones in the clinical setting is considered disruptive and is strictly prohibited. Students' cell phones should be set to vibrate/silent mode and stored in the designated area during clinical hours. Students who are observed with their cell phones on their person in the clinical setting will be asked to leave their rotation and store their phone in the designated area.

The use of cell phones in the classroom is also prohibited, unless required for an interactive teaching platforms. Cell phones should be set to silent/vibrate mode and students should not engage in texting or Internet searches during scheduled class time. Students who fail to adhere to this policy will be asked to leave the classroom and receive a grade of zero for any missed work for that day.

### **Clinical Agency Phones/Pagers/Computers**

Students should not answer telephones or pagers at clinical agencies. Students should not access agency radiology information systems (RIS or HIS) to engage in altering, scheduling or completing patient exams.

### **Student Computer Access to Clinical Site Computer System**

Students are discouraged from accessing the clinical site's computer system and should adhere to agency policy regarding the use of computers and protected health information.

## Student Radiographer Essential Abilities Policy

### **Purpose:**

The AS in Radiography Program has established a set of clinical requirements called Essential Abilities. Demonstration of essential abilities is required to assure clinical competency and student progress in the clinical setting. All students enrolled in the program must be able to meet these minimum requirements to participate fully in all aspects of clinical education.

### **Policy:**

#### **Essential Abilities and Clinical Competency Exams**

All students enrolled in the AS in Radiography Program must complete a specific number of radiographic exams which are referred to as Clinical Competency Exams. These exams are performed on patients in the clinical setting. To successfully complete a Clinical Competency Exam, the student must demonstrate the following essential abilities.

To successfully complete a Clinical Competency Exam the student must be able to:

1. Perform hand hygiene prior to and after the imaging procedure.
2. Properly identify the patient utilizing 2 identifiers in accordance with departmental policies.
3. Evaluate patient requisition or medical record for patient name, date-of-birth, imaging procedure, ordering physician and appropriateness of exam in regard to patient history.
4. Obtain patient history and document previous exposure to contrast, history of allergies and document patient responses (when applicable).
5. Demonstrate the use of universal precautions as appropriate (isolation patients, gloves, goggles, etc.).
6. Complete patient education by explaining the procedure and answering the patient's questions in a manner that is appropriate for the patient's level of communication
7. Successfully prepare the exam room by selecting the appropriate equipment to include the image receptor, SID and tube set-up prior to making the x-ray exposure.
8. Successfully position the patient for the selected radiographic exam.
9. Utilize the correct lead marker and the proper lead marker placement.
10. Demonstrate an ability to adapt to special considerations or changes in patient's condition in accordance with the student's level of training.
11. Demonstrate appropriate patient care and professional behavior throughout the procedure.
12. Select the correct radiographic technique for the anatomic part prior to making the x-ray exposure.
13. Select the appropriate lead shielding when necessary and demonstrate compliance with ALARA principles.
14. Perform the radiographic imaging procedure in a timely and efficient manner consistent with departmental protocols.
15. Identify relevant anatomy, image display, archiving, PACS and image retrieval.
16. Properly identify images with patient date and other relevant data.
17. Recognize image quality in accordance with acceptance levels for given department.
18. Confer with radiographer, radiologist or physician as needed prior to discharging patient.

## Radiation Safety Policy

### **Purpose:**

The purpose of this policy is to inform the student of the radiation policies of the Radiography Program.

### **Policy:**

#### **Education – Radiation Safety:**

Students must protect themselves, their patients, visitors and members of the health care team from ionizing radiation by practicing radiation safety and complying with ALARA principles. Students are provided instruction on radiation safety and introduced to ALARA principles at the onset of the program in orientation course, AHLT-R103. Radiation safety and ALARA principles are reviewed at the beginning of each semester and throughout the duration of the program.

In keeping with JRCERT Standard Four: Radiation Safety, students are required to employ proper radiation safety practices. Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must practice radiation safety by adhering to the following:

1. Students must never repeat any radiograph without the direct supervision of a registered radiographer. There are no exceptions to this policy and failure to comply with the Repeat Policy will result in disciplinary action that could delay progression into the program.
2. Students must not hold image receptors or patients during any radiographic procedure. A student should not restrain/hold a patient during a radiographic procedure when an immobilization method is the appropriate standard of care. When immobilization techniques fail, students are encouraged to solicit assistance from family members and non-radiology members of the health care team; lead shielding must be provided.
3. As students' progress in the program, they must become increasingly proficient in the application of radiation safety practices.
4. Students are required to wear lead aprons during any mobile radiographic procedure; lead aprons and thyroid shields during any fluoroscopic/surgical procedure.
5. Students must successfully complete radiation safety training prior to entering the clinical setting and will be required to review material covering radiation safety and ALARA principles at the beginning of each semester.
6. Program faculty will review the material including but not limited to ALARA concepts, dose limitations, basic limitation and reduction methods and regulatory agencies at the start of each semester.
7. Students must demonstrate and apply basic knowledge of radiation safety and ALARA principles through written and practical application assessments throughout the program.

#### **Radiation Monitoring Policy:**

All monthly radiation badge dosimetry readings for students will be monitored by the Radiography program's designated radiation safety officer. Student radiographers should adhere to ALARA standards as outlined by the federal regulations of the United States Nuclear Regulatory Commission (NRC) Guide.

**Radiation Monitoring Devices:**

Students are provided with radiation exposure monitoring badges at the start of the radiography program. When participating in clinical experience, the student must wear their assigned radiation monitoring badge. Radiation badges should not be switched or exchanged between students. Absence of the radiation monitoring badge will constitute a violation of program policy and the student will be asked to leave clinic until the radiation monitoring badge is available. The student will be required to make-up any missed time.

Radiation badges should be worn at the collar and placed outside the lead apron during fluoroscopic/portable/surgical procedures. Radiation monitoring badges should be stored in a secure area when not worn; badges should be handled with care as they are sensitive to heat and microwaves. Lost or damaged badges must be reported to either the Clinical Coordinator or the Program Director for replacement and students will incur the cost of replacement.

Radiation badges will be returned on a monthly basis to the Clinical Coordinator. Once the report is available, the Clinical Coordinator will review and verify the amount of exposure with the student. The Clinical Coordinator will print off a summary of the badge report for the students to initial and date verifying that the report has been reviewed in compliance with ALARA standards. Monthly badge readings will be printed and stored on-campus in a secure file. Students must return their radiation monitoring badges at the conclusion of the radiography program and each student will be provided with a copy of their final badge reading approximately one month after graduation.

Students that exceed a monthly dose of 20 mrem must have a counseling session with the program director and/or clinical coordinator.

Any questions or concerns will be handled by the Program Director or Clinical Coordinator.

**Radiation Safety Policy:**

The Nuclear Regulatory Commission (NRC) has established guidelines for annual radiation exposure.

1. Radiation badge readings that equal or exceed NCR dose limitations (Level I -125 mr / q or Level II — 375 mr / q) per year will require the student to have a counseling session with the program director and/or radiation safety officer (medical advisory).
2. Radiation exposure doses recorded at or above Level II - 30% of Federal Limits or higher – 1500 mr/ month) will be investigated according to NRC regulations.
3. Radiation badge readings that exceed Level I, but do not exceed Level II must participate in a discussion about radiation dose reduction and radiation protection and safety.
4. Radiation badge readings that exceed Level II, are required to submit a written history of their clinical activities to help the faculty and the student determine the cause of the excess exposure dose. Students will also be required to attend a remediation session covering radiation safety, radiation protection and ALARA principles.

Students will be expected to wear required radiation protective devices (i.e. aprons, gloves, etc.) when participating in applicable radiographic exams. Failure to adhere to expected standards as stated in the American Registry of Radiologic Technologists “Standard of Ethics,” will result in issuance of a problem assessment form or learning contract dependent on the severity of the event.

The same standards apply to limiting radiation exposure to the patient through effective shielding techniques and proper selection of exposure factors. All patients, regardless of age, are to be shielded when appropriate.

## Clinical Supervision Policy

### **Purpose:**

The purpose of this policy is to inform the student radiographer of the clinical supervision requirements during an examination. This includes direct and indirect supervision of the student.

### **Policy:**

During all radiographic room assignments, regardless of the level of competency achievement, the student must be under the supervision of a registered radiographer. Unless clinical competency has been demonstrated, the student must be under the direct supervision of a registered radiographer.

The following conditions constitute direct supervision:

1. The registered radiographer must review the request for the radiographic examination to determine:
  - a. The capability of the student to perform this examination with reasonable success; and
  - b. If the patient's condition contraindicates performance of the examination by the student.

**Please Note:** The student must be evaluated in the laboratory and successfully demonstrate laboratory competency prior to performing *any* examination in the clinical setting.

2. The registered radiographer must be present in the radiographic room while the student is performing the examination.
3. Students who have demonstrated competency on the exam shall be under the indirect supervision of a registered radiographer. The radiographer must be on the premises in the vicinity of the radiographic room and available for immediate assistance to the student.
4. Compliance with the IU South Bend Radiography Program policies regarding direct and indirect supervision will be evaluated by the supervising radiographer and student radiographer at the end of each clinical rotation.
5. Validation of the Clinical Experience Supervision Policy will take place through formal documentation of completion by both the supervising radiographer and the student radiographer on the Clinical Supervision and Repeat Policy Evaluation of Compliance form. This form is part of the clinical objectives for each clinical rotation.

The respective clinical instructor will monitor compliance with these policies. Repeated instances of non-compliance with these policies will be conveyed to the program clinical coordinator.

### Radiograph Repeat Policy

**Purpose:**

This policy is to inform the student radiographer must be directly supervised when a repeat radiograph is needed.

**Policy:**

The IU South Bend Radiography Program requires that any radiographic image that is repeated by a student must be done in the presence of a registered radiographer. At no time are students (first or second year) to repeat radiographs alone, regardless of their level of competency. There are no exceptions to this policy. Students who fail to adhere to this policy will be issued a Problem Assessment form.

Compliance with the Radiography Program Radiograph Repeat Policy will be substantiated by completion of the Clinical Supervision and Repeat Policy Evaluation of Compliance Form by the student and the supervising imaging technologist. This form is part of the clinical objectives for each clinical rotation.

### Medical Image Evaluation Policy

**Purpose:**

The purpose of this policy is to outline the procedure for image evaluation for the radiography student.

**Policy:**

All radiographic images produced by student radiographers during the performance of medical imaging studies must be evaluated by a registered radiographer. The evaluation process must take place prior to the release of the patient. Students are not allowed to discharge patients without approval of the supervising technologist. Failure to follow this policy could result in the issuance of a Problem Assessment form.

## Pregnancy Policy

### **Purpose:**

The purpose of this policy is to outline the radiation protection pregnancy policy and the pregnant radiography student options for declaration of pregnancy.

### **Policy:**

The National Council of Radiation Protection and Measurement Regulatory Guide 8.13, reports that during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant mother, should not exceed 0.5 rem (500 millirems during the nine months of pregnancy).

If a radiographer uses the proper radiation protection measures, which include remaining in shielded areas, refraining from holding patients or image receptors during x-ray exposures she should not receive more than 30 millirems/ month. (This converts to approximately 360 millirems, or 0.36 rems per year, which is considerably below the limits of the cited NCRP report.) In keeping with the United States Nuclear Regulatory Commission Regulatory Guide 8.13, if a student becomes pregnant it is her choice whether to notify the Radiography Program and the clinical education site of her pregnancy.

If the student decides to notify the radiography program, she must do so in writing to the program director. The program director will in turn notify the clinical education site and schedule an appointment for the student with the radiation safety officer at the clinical education site. The radiation safety officer will advise the student of potential radiation risks to herself and her unborn fetus and explain the necessary radiation protection measures. The program director and radiation safety officer shall collaborate in a review of the previous occupational radiation exposure of the pregnant student.

Upon confirmation of pregnancy, the student will submit a statement from her physician, verifying the pregnancy and the expected due date. Following written declaration and formal verification of pregnancy, the student will review the following options regarding their continuance in the program with the program director:

- A. Immediate withdrawal from the radiography program
- B. Leave of absence from the program
- C. Continued full-time status with limited rotation in fluoroscopy, portable/surgery procedures, special procedures, CT scanning, including appropriate radiation safety precautions.
- D. Continued participation in the program without modification

The decision regarding the preceding options will ultimately be the student's decision; tempered by the gestation period and the student's level of progress in the program. The student will be required to sign a statement acknowledging explanation of options and her elected option.

If the pregnant student elects to continue, program faculty will make every attempt to schedule the student, at least for the first trimester of gestation, in areas which do not involve fluoroscopy, mobile/operating procedures, specialized procedures, or CT scanning. When it is necessary for the



student to be scheduled in the aforementioned procedures, she must wear a lead apron of at least 0.25 mm lead equivalency, when performing radiologic procedures that do not permit protection by structural shielding (i.e. control booth). In addition, the student will be monitored with a radiation monitoring device worn outside the lead apron, at the collar region, and another radiation monitoring device at the waist level, under the apron. These monitoring devices shall be worn during the entire gestation period, and the maximum permissible dose, equivalent to the expectant mother from occupational exposure, shall not exceed 0.5 rem (500 mrem). While not required, radiologic procedures and activities may be restricted when possible.

The program director will monitor the student's radiation dosage to ensure that compliance with stated radiation standards is being met. A student, who has previously notified the program director of her pregnancy in writing, may rescind her declaration of pregnancy at any time. The student, however, must notify the program director in writing of her decision to revoke her declaration of pregnancy. Following the student's official retraction of her declaration of pregnancy, the lower dose limit for the embryo/fetus will no longer apply.

The physician's statement shall be attached to this copy of the policy. The student must sign this copy as proof that she has read and understands the procedure. If the student withdraws from the program due to a pregnancy, she shall be given the option to reapply for reinstatement within a two-year period. A readmitted student, with a past good-standing status, shall be required to repeat that semester during which she left.

Pregnant students who elect to participate in all education phases with or without modifications are required to review the U.S. Nuclear Regulatory Commission "Regulatory Guide 8.13" which can be located at <http://www.nrc.gov/docs/ML0037/ML003739505.pdf>.

### **Student Acknowledgement of Pregnancy Policy**

**I have been advised of potential radiation risks to me and my unborn fetus through a discussion with the radiation safety officer.**

**Student Signature/Date:** \_\_\_\_\_

**Radiation Safety Officer/Date:** \_\_\_\_\_

**Medical Advisor Date:** \_\_\_\_\_

**Program Director/Date:** \_\_\_\_\_

## MRI Safety Policy

### **Purpose:**

The purpose of this policy is to inform the student on MRI Safety information.

### **Policy:**

Magnetic Resonance Imaging (MRI) is a diagnostic tool that utilizes a powerful magnet and radio waves to generate images of the body. All students enrolled in AS in Radiography Program have the opportunity to complete a clinical rotation in MRI. The magnet used in MRI imaging is always turned on and certain implanted devices are considered incompatible with this technology.

Implanted devices like pacemakers, neurostimulators and some infusion pumps should not be exposed to the magnetic field. All students considering a career in medical imaging should be aware of the potential hazards of exposure to the MRI scanner and the need for careful metal screening prior to entering the AS in Radiography Program. For safety reasons, all students must be screened for metal, complete a metal screening history form and basic MRI safety training prior to entering clinical practicum. Additional information can be found at [www.mrisafety.com](http://www.mrisafety.com). Please refer to the MRI Screening Form in the Appendix (\*Students sign this form with application).

### **MRI Metal Screening Form**

Students with a positive metal history, as indicated by answering “yes” to questions on the Metal Screening Form will need to undergo additional screening by program faculty prior to beginning their MRI clinical rotation. Students should never enter the MRI scan area prior to completing the full screening process. Students may be asked to provide documentation of positive metal history prior to the start of their assigned MRI rotation. Certain implanted devices are contraindicated and should not be exposed to the magnetic field. Examples of these devices include:

- Pacemakers
- Neuro stimulators/Biostimulators
- Implanted Infusion Pumps/Pain pumps
- Aneurysm Clips
- Certain Stents, Coils and Filters
- Metallic Foreign Bodies
- Intraorbital Metallic Foreign Bodies

### **MRI Screening Policy**

1. All students enrolled in the medical imaging programs must complete an MRI Screening Form (found in the Appendix) prior to beginning their scheduled MRI clinical rotation.
2. Students who answer “yes” to any of the questions on the MRI Screening Form may be required to undergo additional screening to insure their safety.
3. Additional screening may consist of further questions, documentation of metal and/or orbit x-rays for students with a history of intra-orbital metallic foreign bodies.
4. Students must complete a screening orbit x-ray exam (at their own expense) and provide written documentation to clinical faculty prior to the start of their MRI rotation.
5. In the event the orbit x-rays are positive for metal, the student will need to complete an observation-only MRI rotation.

6. Students who refuse to complete orbit x-rays or provide written documentation will need to sign a refusal form which will be kept in the student's file at IU South Bend. Their MRI rotation will be considered observation only. The student must agree not to enter the scan room under any circumstances.
7. Faculty will notify the MRI Department of the student's positive metal history and the need to complete an observation only clinical rotation in MRI.

**Please check the circle next to each statement you agree with:**

- I have read the MRI Safety Policy, understand the policy and have been given the opportunity to ask questions.
- I understand and agree to undergo additional screening if I have answered "yes" to specific questions on the MRI Metal Screening Form.
- I have been counseled by program faculty about the dangers associated with the magnetic field used in MRI and understand the importance of metal screening.
- I am refusing to undergo orbit x-rays and understand that my MRI rotation will be observation only. I understand that I cannot enter the MRI scan room under any circumstances.

Student Printed Name: \_\_\_\_\_  
Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Faculty Signature: \_\_\_\_\_

## Equal Learning Opportunities Policy

### **Purpose:**

The purpose of this policy is to inform the student radiographer of the equal learning opportunities of the radiography program on gender specific exams.

### **Policy:**

The AS in Radiography Program strives to provide equal learning opportunities in all areas of program curriculum. Exclusion of student participation based on gender is considered discriminatory. Areas of concern for equal learning opportunities are associated with the following patient procedures:

1. Cystourethrography (voiding and static)
2. Hysterosalpingography
3. Mammography

With the exception of mammography, which is not provided as part of the curriculum in the AS in Radiography Program, all students must be given an equal opportunity to participate in cystourethrograms and hysterosalpingograms. All affiliated clinical sites must allow students, regardless of gender, the opportunity to observe and participate in these exams to an equal degree. If one or the other gender is restricted from participation, then all students must be restricted from participation equally. In the event that students are restricted from participation at a particular clinical site, the student does have the right to request a 1-week rotation at an affiliated clinical site to observe these procedures when possible. \*The student and the supervising technologist may be required to secure and document patient consent to observe/participate prior to the start of the exam. The program coordinator and program director will be responsible for insuring that students are provided an equal learning opportunity.

## Course Exam Policy

### **Purpose:**

The purpose of the course exam policy is to outline the procedure for course exams.

### **Policy:**

The only acceptable excuses for missing an exam are serious illness or death of a close family member. The student must contact the faculty member directly, no later than one hour before the exam is to be given. The student must leave their name and phone number. Failure to notify the secretary or faculty member will result in a "0" for that exam. Faculty will decide on the type of examination to be given to the student who is unable to take the original examination. The Radiography Program does not accept late work without penalty. For every day an assignment, quiz, or exam is turned in or taken late 10% will be deducted from the final score.

1. Examinations will be scheduled, and all students are required to take all examinations.
2. The course instructor of the exam will:
  - Distribute the exam and answer sheet

- Give any instructions and corrections verbally prior to the start of the exam.
  - Write any corrections on the chalkboard.
  - Refrain from answering questions regarding the exam or define any terms on the exam during scheduled exam time.
3. The student(s) taking the examinations will:
    - Arrive at the designated room on time.
    - Be the only persons allowed in the classroom.
    - Leave all books, coats, purses, etc., under the desk or area designated by proctor.
    - This policy also applies to exam hand-back sessions.
    - Note taking is not permitted during exam hand-back sessions.
    - Turn cell phones off and place securely in backpack or purse.
    - Remove hats, hoodies, and jackets with large pockets.
    - If calculators are permitted, only freestanding pocket calculators are allowed and Cell phones cannot be used as a calculator.
    - Refrain from suspicious behaviors such as talking, looking around the room, looking at another student, raising your paper for others to view or glancing at other computer screens.
    - Place yourself in a position or space in the test room to avoid the appearance of cheating.
    - Often seating assignments will be made for exams.
    - Keep answer sheets covered and refrain from looking at other's computer screens.
    - Your exam will be removed and you will receive a zero "0" if suspected of cheating.
    - Report any misconduct or annoying behavior to the proctor during the exam so appropriate action may be taken.
    - Credit will not be given for any answer erroneously transposed.
  4. The student will refrain from discussing exam content with class members. Most faculty will provide an opportunity to review exams when all students have taken the exam.
  5. Those students coming late will:
    - Wait until all initial directions are given and questions answered.
    - Be given the exam and answer sheet or passwords by the proctor.
    - Be given no additional verbal directions.
    - Be given no extension beyond the time allotted for the exam.
  6. Questions about test content will not be answered during an exam. If you have some other difficulty, raise your hand and a proctor will come to your seat.
  7. Accommodations for testing are only provided with written documentation from the Office of Disabled Students:
    - Test anxiety should be addressed with assistance from the Student Counseling Center.
    - The only acceptable method to avoid distractions, are ear plugs.

8. Final exams:
  - The published exam schedule as provided by the Registrar's Office for the IU South Bend campus is followed and adhered to by the Radiography Program unless otherwise noted. A final examination schedule will be emailed to students well in advance of finals week.
9. Reporting of Exam Results:
  - Faculty requires a minimum of 24-hours to review exam results including item analysis.
  - It is inappropriate and unprofessional to argue with faculty regarding exam questions.
  - Course faculty is the expert on their course content and will provide guidelines for students who identify questions they believe need additional review.
  - How faculty handle this is up to the individual faculty or course and will be announced.
  - Examination scores will be posted to Canvas within a week of the exam. Please do not call or e-mail faculty regarding exam grades. Results will not be called or e-mailed.
  - Students will refrain from coming to faculty offices or congregating in hallways awaiting results following the exam. Faculty will release results of exam via Canvas grade book or in manner deemed appropriate by course faculty.
  - Exam hand-back sessions are scheduled at the discretion of the faculty. Note-taking is not permitted during these review sessions unless directed by faculty.
  - Final exams are not subject to exam review unless deemed appropriate by faculty.

## Course Make-up Test Policy

### **Purpose:**

The purpose of this policy is to outline the stipulations for course exam make-up.

### **Policy:**

Policy for make-up tests is as follows:

- Make-up exams are possible, but are the exception.
- They may be given for such circumstances as personal illness/injury, hospitalization of student's own child, or death in the family.
- The prerequisite to this is that the student must call the instructor in advance of the test to explain the absence (illness, for example, unless the student is involved in a traffic accident on the way to the test). Documentation may be required.
- Make-up tests may be the same test or essentially the same test given to the entire class. It should be given on the next work day following the original test date unless extenuating circumstances (such as a continuing illness, death of an immediate family member or funeral out of town) prevent the student from taking the test within 24 hours or the next day. Documentation may be required. For each day the examination is made up late, 10% will be taken from final exam score.

## Statement of Adherence of Internship Facility Policy

### **Purpose:**

The purpose of this policy is to ensure students adhere to the policies and procedures of the clinical facilities where the clinical experience takes place.

### **Policy:**

The following form is completed upon admission. While the impaired practitioner is highlighted here, students are expected to conform to all agency policies and practices.

## Indiana University Division of Radiologic Sciences

### Indiana University South Bend Statement of Adherence of Internship Facility Policy and Procedures

As a student at IU South Bend's Division of Radiologic Sciences, I understand that I must adhere to all policies and procedures of the clinical facilities where I have clinical practicum experience.

I also understand that I may be required to undergo drug and/or alcohol testing at my expense if the facility or the Division of Radiologic Sciences requests it.

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

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

Name Printed: \_\_\_\_\_

Witnessed by (IU Faculty signature): \_\_\_\_\_

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

## Violation of Policy Examples

Students may be given a problem assessment or learning contract depending on the severity of the following violations:

- The use of intoxicating beverages and/or illegal drugs during a Radiography Program educational function; attending a Radiography Program educational function appearing as if still under the effects of an intoxicating beverage and/or illegal drugs.
- Breach of rules and regulations of the clinical education site, or Radiology Department.
- Breach of rules and regulations of the Clinical Student Handbook.
- Lack of cooperative ability, having an antagonistic disposition, or lacking empathy for patients.
- Conduct unbecoming of a professional person, which includes: Insubordination; dishonesty, cheating; theft; fighting on the premises; leaving the premises during on-duty hours; abuse or mishandling of a patient; falsification of facts; falsification of time cards; incompetence; poor attitude toward patients, authority, or cohorts; disruption of the educational environment during didactic classes, clinical laboratories, and clinical experience; and presence in unauthorized areas of the hospital.
- Misuse of radiation monitoring devices.
- Falsification of Program Evaluation or Clinical Experience Attendance forms.
- Cheating during any didactic or clinical evaluation process.
- Failure to disengage the audio mode of a cell phone and/or texting during didactic classes, clinical labs, and clinical experience.

Depending on the severity of the violation, students may first receive a verbal warning. If the issue continues, a Problem Assessment form will then be issued. In the event a student receives a second Problem Assessment form (regardless of consecutive issues), the student will be placed on a Learning Contract to promote student success. If the Learning Contract is not met, the student will be placed on an APG Board Learning Contract for student success. Please see the specific CHS policies on terms for Problem Assessments and Learning Contracts for student success.



## Program Grading Scale

All courses in the Radiography Program utilize the following grading scale. An **attainment of at least a C, or 75%, is required to successfully pass a clinical & didactic course**. Grades will not be rounded in courses and extra credit is not allowed. For example, a grade of 74.9% is not rounded to 75% and results in a course failure. Likewise, a score of 89.9% is a B+ and not rounded to 90%. Failure to receive a final grade of "C" will require the student to retake the course.

The Radiography Grading Scale for didactic and clinical course work is:

100-97 = A+	89-87 = B+	79-77 = C+	69-67 = D+	59 & below = F
96-93 = A	86-83 = B	76-75 = C	66-63 = D	
92-90 = A-	82-80 = B-	74-70 = C-	62-60 = D-	

The following grades are used in determining grade point averages throughout the program using the corresponding four (4) point system:

A+ = 4.0	B+ = 3.3	C+ = 2.3	D+ = 1.3	F = 0
A = 4.0	B = 3.0	C = 2.0	D = 1.0	I = Incomplete
A = 3.7	B- = 2.7	C- = 1.7	D- = 0.7	

## Program Grading

If a student is unsuccessful in a course, refer to the IU South Bend Bulletin for progression guidelines. It is recommended that the student meet with the faculty member first. Advisors are available to assist students with the procedures. Before repeating a course, it is recommended that the student carefully examine and correct study/class habits that may have led to difficulties in the course; this may include counseling for text anxiety and time management. Students will be asked to submit a plan for success before repeating a course.

## Calculating GPA

Your SIS transcript shows your semester and cumulative GPA. You can also use the GPA calculator found at: [www.iusb.edu/registrar/gpacalculation.php](http://www.iusb.edu/registrar/gpacalculation.php)

## Grade Grievances

If a student disputes their final course grade, the student must discuss the matter with the faculty member assigning the grade. Further information regarding grade grievances can be found in the current IU South Bend Bulletin and Code of Student Rights, Responsibilities, and Conduct. Assistance may also be obtained from a Student Services Advisor.

## Good Standing in the Radiography Program

To remain in good standing, a student must:

- Maintain a grade of C (2.0) or better in each required course.
- Maintain an overall GPA of 2.0 or above.
- Demonstrate ethical and professional behavior.
- Follow the required course sequence

## Clinical Promotion

In addition to the general academic policies, students must meet the following requirements to be promoted through the clinical course sequences:

1. Students will be promoted to the R181 Clinical Experience in Radiography upon successful completion of:

R103 Introduction to Clinical Radiography

2. Students will be promoted to R182 Clinical Experience in Radiography upon successful completion of:

R100 Orientation to Radiologic Technology

R101 Radiographic Procedures I

R102 Principles of Radiography I

R181 Clinical Experience in Radiography

3. Students will be promoted to R281 Clinical Experience in Radiography upon successful completion of:

R182 Clinical Experience in Radiography

R201 Radiographic Procedures II

R208 Computer Applications in Radiography

R250 Physics Applied to Radiography

4. Students will be promoted to R282 Clinical Experience in Radiography upon successful completion of:

R281 Clinical Experience in Radiography

5. Students will be promoted to R283 Clinical Experience in Radiography upon successful completion of:

R282 Clinical Experience in Radiography

6. Students will be promoted to R290 Comprehensive Experience in Radiography upon successful completion of:

R202 Principles of Radiography II

R205 Radiographic Procedures III

R200 Pathology

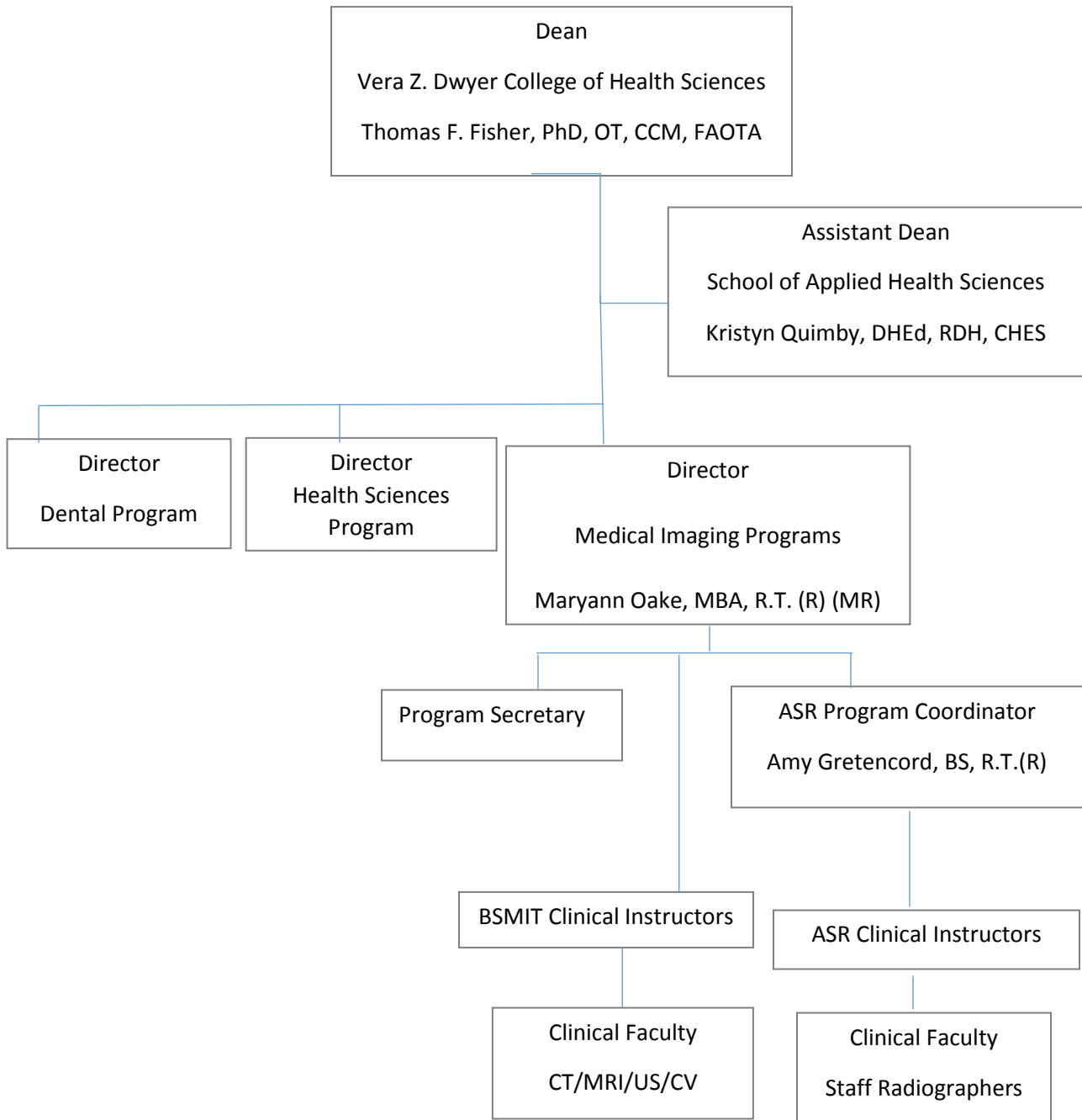
R283 Clinical Experience in Radiography

## Chapter 3: Clinical Information

Vera Z. Dwyer College of Health Sciences

College of Applied Health Sciences

### Chain of Command



# Radiography Program Roles

## Program Director

The program director is a full-time member of the faculty of the Division of Radiologic Sciences. The Division of Radiologic Sciences is housed in the College of Applied Health Sciences in the Vera Z. Dwyer College of Health Sciences at IU South Bend. The program director must hold the appropriate credentials with the American Registry of Radiologic Technology, the Indiana State Board of Health and must have earned a Master's Degree.

Duties include:

- Teach didactic courses in the AS in Radiography and the BS in Medical Imaging Technology Programs
- Maintain current knowledge of the professional discipline and education methodologies through professional development
- Organize, administer and review program effectiveness
- Evaluate and review clinical education effectiveness
- Develop, organize, review and revise program curriculum in accordance with current ARRT Content Specifications
- Develop ongoing program evaluation through outcomes assessment
- Develop and revise course descriptions and course objectives
- Complete regular clinical site visits to review effectiveness and compliance with program policies
- Provide oversight and guidance for program faculty and staff
- Provide guidance and advising for prospective students and students enrolled in the medical imaging programs
- Engage in recruitment efforts for prospective students
- Demonstrate a positive attitude toward students, faculty and staff and promote an atmosphere of collaboration and mutual beneficence
- Organize and conduct faculty meetings with program faculty
- Oversee the program budget and contribute to the formulation of the budget
- Serve on department, college and university committees
- Engage in community service, service to the profession and service to the university
- Oversee fair and just enforcement of all program policies
- Maintain open lines of communication for faculty and student concerns

## Clinical Coordinator

The clinical coordinator is a full-time member of the faculty of the Division of Radiologic Sciences at IU South Bend. The clinical coordinator teaches didactic classes, teaches labs, provides oversight for all affiliated clinical sites and serves as a liaison between the university and the clinical agencies. The clinical coordinator must hold the appropriate credentials with the American Registry of Radiologic Technology, the Indiana State Board of Health and have earned a Bachelor's Degree.

Duties include:

- Teach didactic courses in the AS in Radiography Program
- Teach on-site clinical labs and conduct clinical skills validations
- Provide guidance and advising for student radiographers
- Maintain current knowledge of the professional discipline and education methodologies through professional development.
- Evaluate the effectiveness of clinical education
- Serve as a liaison between the university and affiliated clinical agencies
- Coordinate clinical and didactic education
- Contribute to the development, implementation and evaluation of program goals and objectives
- Evaluate, revise and maintain program policies
- Evaluate and assure effectiveness of clinical education via regular clinical site visits
- Establish methods of evaluation to ensure student progress in the program
- Conduct regular meetings with clinical and program faculty to document students' clinical progress
- Act as a student advocate and representative of Indiana University South Bend to ensure compliance with program and university policies
- Coordinate and maintain student records in a confidential manner
- Serve on department, college and university committees
- Engage in community service, service to the profession and service to the university
- Facilitate the assignment of clinical course grades
- Evaluate, revise and assure adherence to the clinical lab schedule
- Maintains a positive attitude toward students, faculty and staff and supports the mission of the program
- Maintain open lines of communication for clinical faculty and student concerns
- Monitors student radiation badge exposure reports on a monthly basis

## Clinical Instructor

The clinical instructor is a full-time employee of the affiliated clinical agency and functions as a liaison between the students assigned to that agency and the faculty at IU South Bend. The clinical instructor provides oversight for student radiographers at the assigned clinical site with assistance from the clinical coordinator and assigns clinical course grades. The clinical instructor must hold the appropriate credentials with the American Registry of Radiologic Technology and the Indiana State Board of Health.

Duties include:

- Maintain current knowledge of the professional discipline and education methodologies through professional development
- Understand and adhere to program policies and procedures
- Assign clinical course grades and report course grades to the clinical coordinator
- Provide oversight and guidance for assigned student radiographers
- Evaluates students for clinical competency and assurance of clinical progress
- Conducts student conferences to discuss student progress at mid-term and at the end of each semester
- Routinely shares formative feedback to assure clinical progression
- Maintain open lines of communication for on-site clinical faculty and student concerns
- Utilize the E\*Value electronic record-keeping system
- Participate in program faculty meetings
- Supports the program and promotes its ideals and mission

## Clinical Faculty/Staff

Clinical faculty consists of staff members employed by the affiliated clinical agency. Clinical faculty/staff provide oversight for student radiographers in assigned clinical rotations and perform student clinical competency evaluations which are reported via the E\*Value electronic record-keeping system to ensure clinical progress. Clinical faculty/staff must hold the appropriate credentials with the American Registry of Radiologic Technology and the Indiana State Board of Health.

Duties include:

- Maintain current knowledge of the professional discipline
- Understand and adhere to program policies and procedures
- Support the program and promote its ideals and mission
- Participate in the evaluation of students in clinical rotations
- Evaluate students' clinical competency and reports graded Clinical Competency Exams via the E\*Value electronic record-keeping system
- Maintain direct and open communication with the clinical instructor to assure students' clinical progress

## Adjunct Instructor

Adjunct faculty consists of appropriately qualified members of the medical imaging community who are contracted by the university to teach a specific clinical or didactic course for a designated period of time. Adjunct faculty must hold the credentials equal to one-degree higher than the level at which they are teaching.

Duties include:

- Teach didactic/clinical courses in the AS in Radiography Program
- Provide guidance and advising for student radiographers assigned to the course
- Understand and adhere to program policies and procedures
- Support the program and promote its ideals and mission
- Understand and adhere to program policies and procedures
- Maintain current knowledge of the professional discipline and education methodologies through professional development
- Establish methods of evaluation to ensure student progress in the course
- Assign course grades and communicate grades to the program director
- Maintains a positive attitude toward students, faculty and staff and supports the mission of the program

## Professional Conduct

As a student enrolled in the AS in Radiography program, you are choosing a career in a health profession that requires of its members high standards of integrity and ethical conduct. It is expected that each medical imaging student will make a personal commitment to a standard of behavior that will establish a solid foundation for future professional conduct and respect for both the clinical/professional setting and the academic setting at Indiana University South Bend. This includes demonstration of respect for the rights and well-being of fellow students, faculty, staff, patients and other members of the health care community.

The American Registry of Radiologic Technologists (ARRT) Standards of Ethics

Professionalism: ARRT Standards of Ethics

Medical imaging professionals are guided by a standard of ethics as published by the American Registry of Radiologic Technologists (ARRT). These standards provide for the safety, protection and comfort of the patients and serves as a guide for ethical conduct to which imaging professionals should adhere.

The rules of Ethics are mandatory and enforceable policies of the profession, which establish minimally, accepted standards for the medical imaging profession. Students enrolled in the medical imaging programs should familiarize themselves with these Standards as they are a part of the evaluation process for the clinical experience course grade. Students are expected to adhere to the ARRT Code of Ethics.

## ARRT Standards of Ethics

Last Revised: September 1, 2016 Published: September 1, 2016

### PREAMBLE

The Standards of Ethics of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate

Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular interventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

### STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the Standards of Ethics is evidence of the possible lack of appropriate professional values.

The Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

### A. CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.



4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

### Professional Organizations

Students are invited and encouraged to join their local, and state professional organizations.

Indiana Society of Radiologic Technologists (I.S.R.T.): [www.isort.org](http://www.isort.org)

- Indiana Journal of Radiologic Technologists (ISRT publication)
- Fall convention and Quiz Bowl
- Membership (students \$10.00 annual dues)

Students are required to purchase a yearly student membership with the American Society of Radiologic Technologists (ASRT).

- American Society of Radiologic Technologist (A.S.R.T.): [www.asrt.org](http://www.asrt.org)
- National Society, membership (students/\$35.00 year) includes subscription to: Radiologic Technology and A.S.R.T. Scanner

Students are required to purchase and maintain membership in the ASRT while enrolled in the program. Student membership provides access to educational resources that are utilized to enhance student learning.

## National Credentialing Exam

American Registry of Radiologic Technologists (A.R.R.T): [www.arrt.org](http://www.arrt.org)

The national certification examination given to graduates of approved programs. All graduates are eligible to take the examination and upon passing, will be certified registered technologists in radiography and may use the initials – R.T.(R). Application Fee: \$200.00

## Program Costs

A list of anticipated expenses outside of tuition, textbooks, and dorm or rent fees has been compiled for students to assist with financial planning. This list should not be viewed as all-inclusive, rather a guide to help in planning student-related expenses associated with the clinical professional program.

### AS in Radiography Estimated Program Costs

First Year		Second Year	
Laptop or Tablet Computer	\$1,200	Uniforms (2 sets of scrubs)	\$100
Health Physical with Immunizations	\$250	Clinic Shoes	\$75
ASRT Student Membership	\$35	ASRT (optional)	\$35
Drug Screen	\$35	Drug Screen	\$35
CPR - BLS	\$65		
Criminal Background Check	\$40	Immunization	\$100
Lead Initial Markers	\$22	Corectec Software	\$80
Uniforms (3 sets of scrubs)	\$150	ARRT Application Fee	\$200
Blue Lab Jacket	\$40		
Clinic Shoes (1 pair)	\$75	Total Cost Second Year: \$625	
Top Hat	\$30		
Total Cost First Year: \$1,942			

This list does not include tuition. Information about tuition is listed on the Office of the Bursar website at: [https://www.iusb.edu/bursar/tuition\\_and\\_fee\\_rates/index.php](https://www.iusb.edu/bursar/tuition_and_fee_rates/index.php)

\*Tuition and fees are assessed on credit hours enrolled per semester and may include parking, activity, and computer/laboratory fees.

\* This list does not include travel expenses or fuel costs associated with traveling to/from campus to affiliated clinical agencies.

\*This could be subject to change without notice.

\*IUSB Banded Tuition at: <https://www.iusb.edu/succeed/banded-tuition.html>

## Lead Markers

Each student radiographer is responsible for purchasing one set of lead initial markers. Lead initial markers are used in clinic and must contain three letters (for example, ASG). Students should take care not to lose their lead markers and should always have both lead positional markers with them when in the clinical setting. The average cost for one set of markers is \$22.00. These can be purchased at [Techno-Aide.com](http://Techno-Aide.com), (Elite Style Marker Set W/Initials SKU#: 1E).

It is the student's responsibility to replace lost markers. The new set of markers must be identical to the originals and must be ordered from the same company. Please refer to the Radiography Program Clinical Coordinator with any questions.

## Student Records

Official transcripts can be obtained from the Office of the Registrar. For more information visit <https://www.iusb.edu/registrar/contact.php>

Additionally, the program will maintain records of the following while a student is enrolled in the program:

- Clinical Position Acceptance Form
- Clinical Student Handbook Signature
- Radiography Repeat Policy
- Pregnancy Policy Record
- Health/Immunization Records
- Buckley Release of Information Form
- Final Radiation Monitoring Record

Each student's clinical information documents are returned to the IU South Bend Radiography Office after their graduation from the program to be archived (on file) for one-year post graduation. Students may request an opportunity to inspect their records in accordance to the "Federal Family Educational Rights and Privacy Act of 1974." (FERPA).

## Student Conferencing

Instructor feedback is an important component to successfully completing the Radiography Program. Students are encouraged to conference with clinical and program faculty when necessary and appropriate. Clinical and program faculty will schedule periodic evaluation sessions with the students to discuss program progress.

## Program Graduation Requirements

In order to graduate, the student must:

- Receive a passing grade of C or above in all didactic and clinical courses
- Pay all fees
- Have all Clinical Experience time completed
- Not be on academic probation
- Complete all required clinical rotations (including affiliate rotations at all available sites)
- Complete all required clinical objectives for each clinical rotation

- Fulfill all clinical competency requirements of the Radiography Program in accordance with established professional standards
- Complete a required community service project (see Appendix for requirements)
- Complete an application for graduation
- Turn in radiation badge.

### Employment Placement

The program will assist graduates in securing employment, but does not guarantee placement upon graduation. Recommendations shall be provided based upon overall student performance. Job openings and available educational programs will be posted on the appropriate bulletin boards.

## Chapter 4: Clinical Evaluations, Competencies and Schedules

### Description of Clinical Experience

The Clinical Experience portion of the curriculum is arranged into six (6) clinical education courses, one course per semester. The clinical education courses are structured to complement didactic coursework. Fall and spring semesters consist of 15 weeks; summer sessions consist of 6 weeks per semester. The program concludes at the end of the spring semester in the second year of the program. The student is involved no more than forty (40) hours per week. These hours are divided between didactic course work, clinical laboratory instruction, and clinical experience. A student must successfully pass Clinical Experience with a grade of “C” or better to progress to the next semester.

### Number of Clinical Placements

Each clinical site has a designated number of available spots called clinical placements. The number of clinical site placements is negotiated with each affiliated clinical agency for a specific period of time. Students enrolled in the clinical professional program are assigned to a primary clinical site for the 22- month duration of the clinical program. All students are provided access to each clinical site through scheduled clinical rotations.

<b>Clinical Agency</b>	<b>Current Number of Clinical Placements/Year</b>
Elkhart General Hospital	3
Goshen Hospital	2
Memorial Hospital	8
St. Joseph Regional Medical Center: Mishawaka Campus	2
St. Joseph Regional Medical Center: Plymouth Campus	2
Community Hospital of Bremen	1
Kosciusko Community Hospital	2
<b>Total Number of Clinical Placements</b>	<b>20</b>

Each student radiographer will be assigned to a specific clinical site for the duration of the program. This is considered the student’s primary clinical site. All students will have the opportunity to rotate through most of the affiliated clinical sites during the program. The program director may

reassign a student radiographer to another primary clinical education site under the following conditions:

1. If, after a thorough assessment by program faculty, it is decided that a reassignment would be beneficial and in the best interest of the student.
2. A direct request for reassignment from the director of the affiliated clinical agency.

## Clinical Experience Courses

Semester	Course	Days/Times of Attendance
First Year Fall Semester	AHLT-R181: Clinical Experience in Radiography	Tuesday and Thursday 7:30-4:00
First Year Spring Semester	AHLT-R182: Clinical Experience in Radiography	Monday and Wednesday 7:30-4:00
First Year Summer I Semester	AHLT-R281: Clinical Experience in Radiography	Monday through Friday 7:30-4:00
First Year Summer II Semester	AHLT-R282: Clinical Experience in Radiography	Monday through Friday 7:30-4:00
Second Year Fall Semester	AHLT- R283: Clinical Experience in Radiography	Monday, Wednesday, Friday 7:30- 4:00
Second Year Spring Semester	AHLT-R290: Clinical Experience in Radiography	Tuesday, Thursday, Friday 7:30-4:00

\*Days and hours may change due to schedule changes

### First Year Clinical Experience

First year student radiographers attend clinic at their assigned clinical site 2 days per week in the fall and spring semesters. Students are in the clinical setting observing, assisting and performing radiographic procedures. Clinical labs are conducted by the Clinical Coordinator at a designated location each week. In the summer, students attend clinic 5 days per week. Students will be required to travel to affiliated clinical sites to complete required affiliate clinical rotations during the summer sessions. Affiliate rotations are scheduled by the Clinical Coordinator.

The AS in Radiography Program follows the academic calendar established by IU South Bend which can be located on the campus website at: <https://www.iusb.edu/registrar/calendars/>.

### Second Year Clinical Experience

Second year student radiographers attend clinic at their assigned clinical site 3 days per week in the fall and spring semesters. Students will be required to travel to affiliated clinical sites to complete required affiliate clinical rotations during the fall and spring semesters. Affiliate clinical rotations will be scheduled by the program Clinical Coordinator.

## Explanation of Credit Hours

In the Division of Radiography and Medical Imaging, one didactic credit hour is equal to 50 minutes of classroom instruction and a minimum of two hours of out of class work in a 15 week semester. A 3 credit hour course has 2.5 hours of classroom time and a minimum of 6 hours out of class work.

One credit hour in a clinical practicum in the Division of Radiography and Medical Imaging is equal to 6 hours per week. If a student is in clinic for 24 hours per week, the clinical practicum is considered a 4 credit hour course. If the student is in clinic for 18 hours per week, the clinical practicum is considered a 3 credit hour course.

The following are the credit hour calculations for each fall/spring clinical practicum:

R181 = 18.5 hours per week = 3 credit hours

R182 = 18.5 hours per week = 3 credit hours

R283 = 24 hours per week = 4 credit hours

R290 = 24 hours per week = 4 credit hours

For R281 and R282 each semester is only 6 weeks long and the students spend less time in clinic.

A student is in clinic an average of 228 hours during a 6 week clinical practicum. In the fall or spring semesters, a student is in clinic an average of 306.75 during a 15 week semester. A student is in clinic 25% less compared to a fall or spring semester.

The following are the credit hour calculations for each summer clinical practicum:

R281 = 40 hours per week = 6 credit hours - 25% less time in clinic = 4 credit hours

R282 = 40 hours per week = 6 credit hours - 25% less time in clinic = 4 credit hours

More information about a credit hour definition can be found at

<https://www.iusb.edu/registrar/timeguidelines.php>

## Determination of Clinical Grades

During the clinical experience, students are graded on their clinical competency and performance. Below is a summary of each category in which the student's grade is determined. Please see the Appendix for a break-down of each clinical course grade in relation to the Class of 2018 and Class of 2019.

### ASR Student Clinical Performance Evaluations

Students are evaluated at the completion of each clinical rotation assignment by clinical faculty utilizing the ASR Student Clinical Performance Evaluation form located in E\*Value. Clinical faculty will assess the student's performance in 13 different categories. Please see the Appendix for categories and the complete form. The ASR Student Performance Evaluation is worth a possible 100 points; completed evaluations are averaged and account for the student's clinical grade for each semester.

In addition to the evaluation is a list of Objectives and Performance Checklist specific to the rotational assignment. Objectives and Performance Checklists are to be completed and turned in to

the Clinical Instructor by the end of each assigned clinical rotation. Objectives and Performance Checklists are found in the Canvas course site within the student's clinical course files.

Included within the Objectives and Performance Checklist is the Clinical Supervision & Repeat Policy Evaluation of Compliance. Students are to be directly supervised within the radiographic room in the event of a repeat exposure. The repeat policy and evaluation of compliance is verifying that the technologist and student were in compliance of this policy. The Clinical Supervision & Repeat Policy Evaluation of Compliance is located in the Canvas course site within the student's clinical course files.

### **ASR Student Clinical Performance Evaluation – Clinical Instructor Evaluation**

Each student is evaluated by his or her clinical instructor utilizing the ASR Student Performance Evaluation; twice during the spring and fall semesters at mid-term and at the conclusion of the semester, and once at the conclusion of each summer semester. The mid-term and final evaluations are each worth a possible 100 points and averaged for a portion of the student's clinical grade. In the Summer Sessions, the Clinical Instructor will evaluate the student at the conclusion of each semester. The summer evaluation carries a possible 100 points of the student's clinical grade.

The ASR Student Performance Evaluation is located on E\*Value. It is the responsibility of the Clinical Instructor to send this evaluation to clinical faculty at the completion of the assigned rotation.

## **Student Clinical Laboratory Evaluations**

### **Simulated Lab Exams**

Clinical labs are conducted during the fall and spring semesters during the student's first year in the program. Labs may run into the first summer session, but generally are completed in the spring (See Appendix for Lab Schedules). The labs are conducted at a designated clinical site and taught by the clinical coordinator. Clinical labs are structured to complement didactic course work and are taught in a specific sequence and increase in difficulty as the semester progresses. Students must demonstrate competency in the lab setting before attempting to perform any radiographic procedure on a patient in the clinical setting. The ARRT didactic and clinical competency requirements are followed within the program curriculum which include general patient care and imaging procedure requirements. For a list of the required general patient care and imaging procedure requirements, please see the Appendix.

During the initial fall and spring semesters, the student will be evaluated by their clinical coordinator utilizing the Student Clinical Laboratory Evaluation form. The student will demonstrate competency to the clinical coordinator on exams taught in lab through simulation of the assigned radiographic exam. The student will be evaluated on fifteen different areas to demonstrate competency on the exam. Lab points are approximately 30 points for the Junior Fall and Spring semesters. Please see the Appendix for the Student Clinical Laboratory Evaluation Form and grading rubric.

The Student Clinical Laboratory Evaluations are a paper copy, located at the clinical site in each student's binder. It is the responsibility of the Clinical Coordinator to keep records of this evaluation in the student's binder throughout the Fall and Spring semesters.



## Clinical Competency Performance Evaluations

### Patient Exams

Once competency on a radiographic procedure has been established and documented in the lab setting, Clinical Competency Performance Evaluations give the student the opportunity to demonstrate mastery of a radiographic exam on a patient in the clinical setting. These evaluations assess the student's performance regarding completion of the program's clinical competency system (see below). The student is evaluated in 19 areas when demonstrating competency. Please see the Appendix for complete Clinical Competency Performance Evaluation form.

Each semester the student is required to complete a specific number of competencies for their clinical course grade. Students may select an exam to perform from the list of Mandatory and/or Elective Procedures within this chapter. The Clinical Competency Performance Evaluation carries 21 possible points. Each semester the student must meet the required competencies as part of their course grade. Please see the next section for a detailed explanation of the Clinical Competency Evaluation System.

\*\* Due to changes in the ARRT requirements, the Radiography Class of 2018 and 2019 requirements may differ.

The Clinical Competency Performance Evaluations are located on E\*Value. It is the responsibility of the student to send this evaluation to the grading technologist upon completion of the exam.

## Clinical Competency Evaluation System

### Introduction

A Clinical Competency Evaluation System is a standardized method of evaluating the performance of students. The major portion of the system is structured for two types of evaluations (Initial Clinical Competency and Recheck Continued Clinical Competency).

### ARRT Statement on Didactic Competency Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competency. Candidates must successfully complete coursework addressing the topics listed in the ARRT Content Specifications for the Radiography Examination. These topics would typically be covered in a nationally-recognized curriculum such as the ASRT Radiography Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified here. [www.arrt.org](http://www.arrt.org)

### ARRT Statement on Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has

performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

## Clinical Evaluation System Structure

The following are the areas of the Clinical Competency System (refer to Clinical Competency Flow Chart Summary):

### 1. Cognitive and Psychomotor (classroom and laboratory)

The student will learn examinations in the Radiographic Procedures classes. The clinical laboratory setting is for demonstration and practice of the examination learned in Radiographic Procedures. The student will be evaluated in the laboratory on each examination and must obtain a mastery of minimum 90%. Laboratory competencies do not count towards the student's total clinical competency exams.

2. Clinical participation (clinical proficiency) consists of the observation, assistance, and performance phase of Clinical Experience. This area is where the student will perfect and expand his/her Clinical Experience. In clinical participation, the student will be evaluated at the end of each clinical rotation by the registered radiographer to whom he/she is assigned.

### 3. Category Competencies

Once the student has successfully completed the laboratory and clinical participation, the student is eligible to request a Clinical Performance Evaluation in which he/she will demonstrate his/her skill and competency in that particular category of radiographic examinations. The categories are listed within this chapter in the Imaging Procedures List.

Each clinical competency exam will be documented using the *Clinical Competency Performance Evaluation* form on E\*Value. Per position for each procedure performed, the student must obtain a minimum mastery level of at least 90% (19 out of 21 points). If unable to master each position, the student must review the positioning and laboratory aspect, as well as clinical participation of the entire category before challenging the exam another time. If a student fails a Clinical Performance Evaluation twice, the score which they receive for the Clinical Performance Evaluation is a zero. Any Clinical Performance Evaluation that is failed should be repeated if possible during the same semester in which it occurs unless circumstances dictate otherwise as determined by the Clinical Instructor. This evaluation is considered a 'retest'. If the student fails to repeat the Clinical Performance Evaluation retest, they will receive a score of zero. The points that the student receives on the failed Clinical Performance Evaluation holds firm. The repeat examination is done to demonstrate competency only. The passing score is not part of the grade. The student will be evaluated by the following point system:

21 points = Consistently performs above average achievement

20 points = Above average achievement

19 points = Average achievement

Below 19 points = Failure to meet standard requirement of achievement

Prior to initiating a clinical competency examination, the student must notify the clinical faculty/clinical field instructor evaluation the exam of his/her intention to perform the clinical competency. Failure to state the intent prior to the start of the exam will invalidate the clinical competency exam. It is the responsibility of the student to send the Clinical Competency Evaluation form to the grading technologist from E\*Value upon the completion of the exam.

#### 4. Continued Competency Recheck Evaluations

All students should be aware that they will be evaluated (rechecks) by their clinical instructor several times during each semester, to determine whether the student continues to perform competently in any of the Clinical Competency Categories which the student has previously tested out in. This competency check will be unannounced and unscheduled, and all students are required to participate in this recheck. This competency check will be figured into the student's Clinical Experience grade. The student will be evaluated by the following point system:

21.0 - 19.0 pts. = passing score

18.9 - 15.8 pts. = student will receive half the total point value

15.7 - 00.0 pts. = student will receive 0 points

The student will be required to repeat the exam until competency is demonstrated. The same assessment format that is used to assess clinical competency will be used for recheck evaluations. It is the responsibility of the student to send the recheck evaluation from E\*Value to the Clinical Instructor or grading technologist upon completion of the exam.

#### **Criteria for Clinical Competency Performance Evaluation**

Below is a description of each criteria in which the student is graded within the Clinical Competency Performance Evaluation.

##### 1. Room Preparation and Appearance

- a. Have all necessary diagnostic equipment in room prior to exam (i.e. image receptors, grid, lead, markers, control panel, etc.)
- b. Room is presentable and clean prior to patient entering the room

##### 2. Patient Gowning and Artifact Removal

All possible artifacts are removed which could compromise the diagnostic quality of the study. (i.e. glasses, hair pins, snaps on gowns, etc.)

##### 3. Verification of Patient I.D., Patient History and Requisition Evaluation

- a. Insures proper patient and exam through verbal or physical means
- b. Regards physician's order/requisition for proper exam

##### 4. Demonstration of Effective Patient Care Skills

- a. Conducts study in a professional, caring, and compassionate manner
- b. Gives proper instructions to patient
- c. Explains the study procedure to the patient

5. Displays Knowledge of Procedure Routines

Performs the required projections (as per department) per procedure

6. Selection of appropriate field of view, image receptor size or collimation

- a. Selects the proper field of view size for desired study
- b. Selects proper image receptor size for desired study
- c. Collimates to anatomical part of interest
- d. Evidence of collimation is displayed on all studies when it does not interfere with diagnostic quality of study
- e. Lead dividers are used whenever applicable

7. Proper Usage of Markers, ID Stamper

- a. Places side markers on the image so that they are visible while not interfering with required anatomy
- b. Identifies image with proper patient's name

8. Patient Positioning

Places patient in correct anatomical position for each required view. (NOTE: Clinical evaluators may deduct only .5 points for minor infractions as long as study is diagnostic.)

9. Central Ray Placement to Proper Anatomical Centering Point and Image Receptor Alignment (Center of Image Receptor)

- a. Central ray enters and exits desired anatomical part of interest at correct points
- b. Central ray placement is directed to center of image receptor
- c. Part of interest is placed in the approximate center of the image receptor. (NOTE: Clinical Evaluators may deduct only .5 points for minor infractions as long as study is diagnostic.)

10. Proper Image Receptor Placement

Properly position image receptor, either transversely or longitudinally, for procedure of projection being performed according to departmental procedure or patient needs

11. Proper Equipment Operation/Correct Tube Angulation

- a. Shows knowledge of equipment operation and functions
- b. When required, proper direction and degree of angulation (as per departmental requirements)

12. Completes Exam in a Timely Manner

Exam is completed in an appropriate length of time

13. Practices Proper Radiation Safety Measures

- a. Uses lead aprons, gonadal shielding, and other types of protective devices whenever possible for patient's safety
- b. Practice proper radiation protection on him/herself and other staff members as required

- d. Door to radiographic room is kept closed during exposures
- e. Questions the patient about the possibility of pregnancy

14. Uses Proper Source-Image Distance

Insures that proper SID is utilized for the study

15. Selects Proper Exposure Factors

- a. Selects proper exposure factors after considering all possible variables: mA, time, kV, focal spot, and back-up time (automatic exposure control)
- b. Utilizes a technique that produces the highest quality radiograph while using the lowest possible dose. (NOTE: Exposure defects due to equipment malfunction does not deduct from the student's score.)

16. Display of Processed Radiographs

Displays images on the viewing device/monitor in an anatomically correct manner

17. Demonstration of Knowledge of Related Anatomy

Is able to identify required anatomical points on processed radiograph as requested by clinical instructor

18. Displays Awareness of How to Improve Overall Diagnostic Quality of Study

Student is able to evaluate the images and articulate methods of improving the overall quality of study (when applicable). i.e. Positioning/Exposure Factors

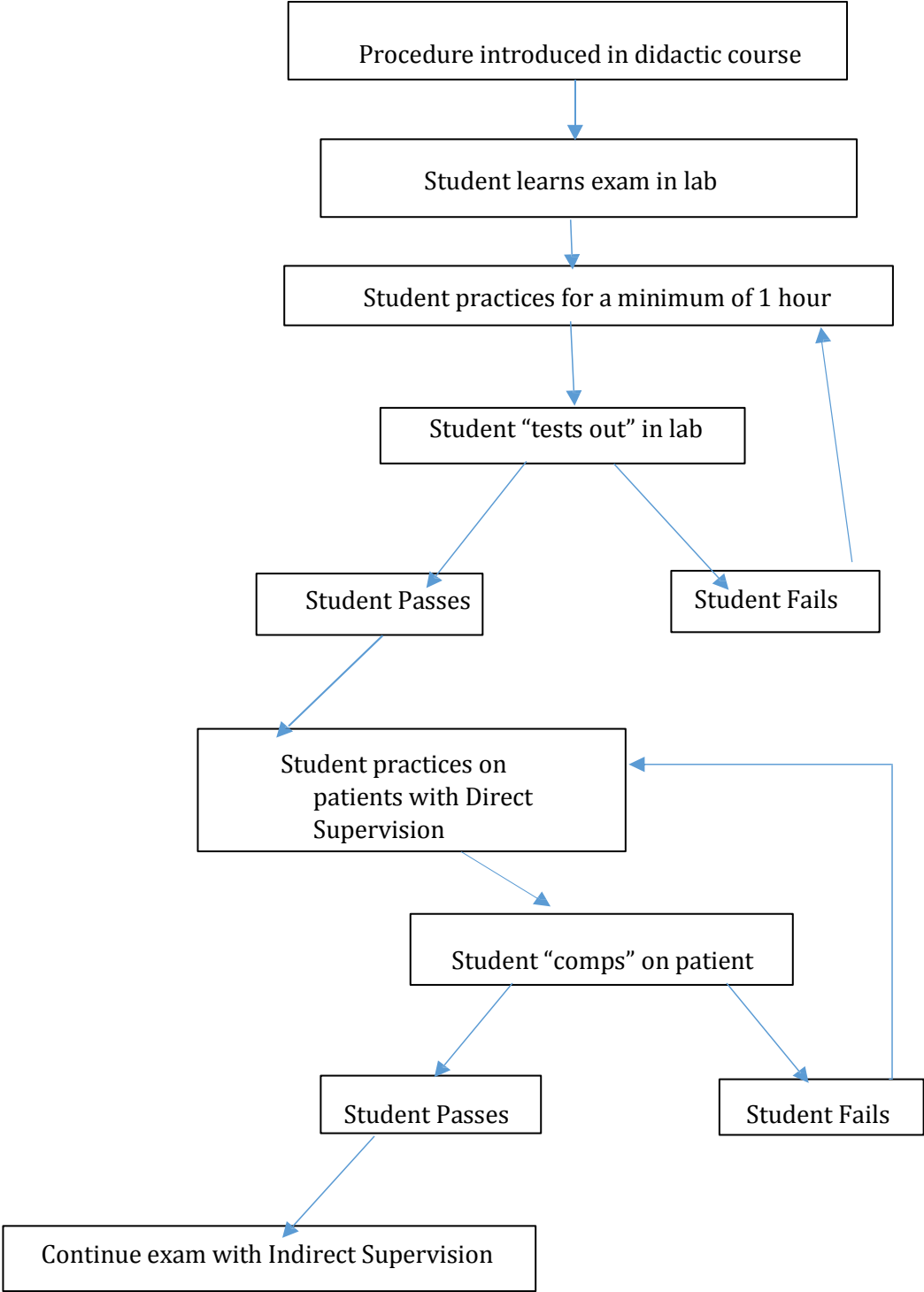
19. Radiographic Study of Diagnostic Quality

Overall quality meets the expected standards (per department) to be considered a diagnostic radiographic study. (NOTE: This requirement can only be deducted from student's score when view/projection must be repeated and not be processed for diagnostic interpretation.)

20. Appropriate exam duration

Exam is completed within an appropriate time frame

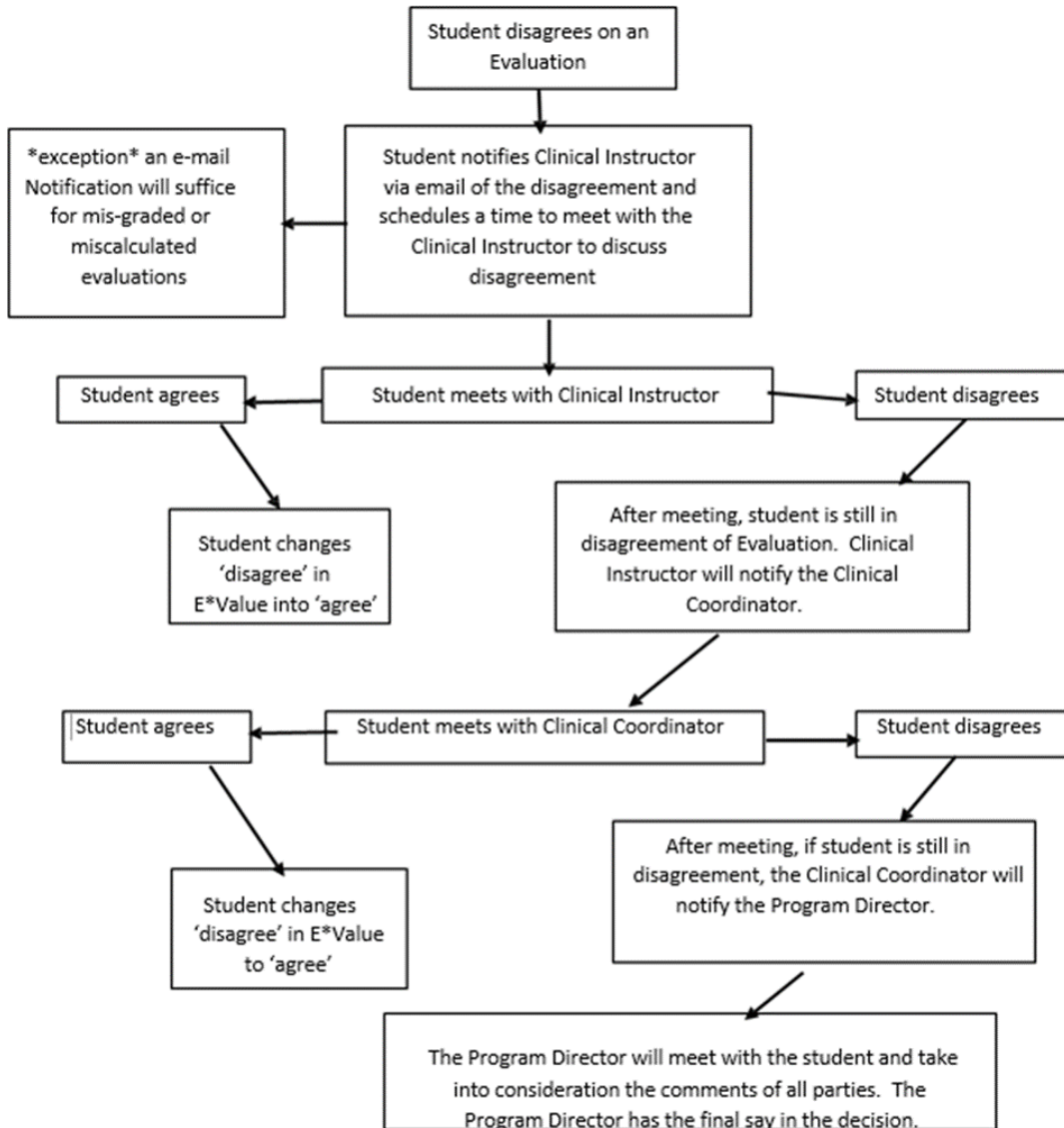
Achieving Clinical Competency on Radiographic Procedures Flowchart Summary



## Signing Off on Evaluations on E\*value

When a Competency or Rotation Evaluation is completed in E\*Value, the student has the option to either agree or disagree with the evaluation. It is strongly suggested that the student view the evaluation in a timely manner and choose either agree or disagree. This should be completed within one week of the graded evaluation so that if there is a disagreement, it can be handled in a reasonable amount of time.

**Below is a Flowchart of the process of when a student disagrees on an evaluation:**



## E\*Value

### Time Tracking

Students must use the E\*Value system for documenting arrival/departures times on a designated computer at their clinical site. The E\*Value system is a cloud-based program that is managed through the Internet where students will use the system to record clinic time on an electronic timesheet. All records are kept online and can only be seen by the student and faculty (this includes Clinical Instructors).

All efforts should be made to use the E\*Value at the student's affiliated site. If an error occurs (a student forgets to submit a departure time), the student can submit the time with their own personal device. If a time error does occur, the Clinical Coordinator or the Director must be notified immediately; designated computers have an assigned IP address which differs from personal devices. In the event E\*Value is experiencing difficulty, the student will document their time on a piece of paper and have the technologist initial the paper. If a student fails to report a documentation error on their time sheet to faculty, the student may receive a problem assessment dependent on the severity of the issue.

### Case Logs

Students will use the Case Log area in E\*Value to assign their competencies to the technologist who directly supervised the competency. This is to be logged in a timely fashion so that competency feedback and grading will be accurate. In the event there are mistakes made when assigning a competency, students can edit the competency if it has not been completed. If the competency needs changed and it has been graded, please contact the Clinical Coordinator so that it can be fixed in a timely manner.

### Personal Records

Students can upload any updated health forms, TB Questionnaires, State and ARRT license, and CPR verification information in this section. The clinical facility may ask for hard copies of these documents as well.

## Weekly Clinical Progress Evaluation

Frequent constructive feedback is an important part of successful clinical course completion and progression in the program. Constructive feedback that is provided in timely manner helps students master the skills needed to become a clinically competent radiographer. Site visits are scheduled each month to allow the AS in Radiography Program Coordinator and the Program Director to evaluate students' clinical progress. Progress is documented on a Weekly Clinical Progress Evaluation form (with the E\*Value system) that is available for the student to view at any time. The number of forms received by the student will depend on the Clinical Coordinator or Program Director site visits, student rotations and availability of patient exams during visitations. Please see the Appendix for the Weekly Clinical Progress Evaluation form.

## Attendance

Please see program specific policies on attendance for labs, clinicals and didactic education. These policies can be found in Chapter 2.



## Miscellaneous Attendance Information

### Funerals

Students are permitted three (3) days of bereavement leave for immediate family. Immediate family includes: great/grandmother & grandfather, grandmother, grandfather, mother, father, in-laws, legal guardians, brothers, sisters, sons, daughters and one (1) day bereavement for friends, aunts, uncles, nieces, and nephews. If additional time is needed, please seek approval from the program director. Students are asked to verify their absence by providing the clinical instructor with documentation.

### Educational Leave

Students are encouraged to participate in educational meetings and seminars when possible. A student may request time-off from clinic to attend the RSNA, ISRT, and ARRT annual meetings. Time off will be considered excused and will not require the student to make-up lost time.

### Snow Days/Inclement Weather/Campus Closure

When inclement weather forces the closure of the campus of Indiana University South Bend, all students are released from clinic. When a campus closure occurs during a Saturday, students are not required to attend their scheduled Saturday rotation. If a student is in clinic and IU South Bend announces that it will close, they will be dismissed from clinic at that time. All students must leave clinic at that time. Students who decide to stay in clinic are doing so on a voluntary basis and will not be compensated for that time. Students are not required to make-up lost clinical time due to school closures. School closures are generally announced via the local media (television and radio) and can be verified by accessing the IU South Bend website at [www.iusb.edu](http://www.iusb.edu).

### Jury Duty

Students called for jury duty will be excused from clinical and/or didactic classes. In the event that it lasts longer than 3 days, students may be required to make-up missed course work and clinical time at the discretion of the program director. In the event that the student misses an abundance of clinical and didactic work, progression to the next semester may be effected.

### Semester Breaks

Students will receive all IU South Bend time-off (breaks, holidays, etc.). For 1st year students, Clinical Experience will be held throughout Summer Sessions I and II.

### Clinical Experience during Semester Breaks

Due to medical liability coverage issues, students are not permitted to attend Clinical Experience when the university is not formally in session (spring break, Martin Luther King Day, etc.).

### Clinical Experience Assignment

Students are scheduled and rotated through various clinical areas as scheduled by the clinical field instructors. Students are required to attend all clinical assignments as scheduled and are not permitted to alter any posted schedule. Students should not leave their assigned clinical area without the approval of the clinical instructor or supervising clinical faculty, the exception is for breaks or lunch.

## Breaks in Clinic

Students may go on a fifteen (15) minute break in the morning and afternoon; students should get approval from supervising clinical faculty prior to leaving their assigned area. Students should not leave the clinical site campus for breaks; students are not required to punch out for breaks.

## Lunch Break

The student is allowed a thirty (30) minute lunch break. The time of the lunch break should be coordinated with the assigned technologist and the scheduled course work. Students are not required to punch out for lunch unless they are leaving hospital grounds, in that case you will need to punch out/in.

## Slow Periods

When the assigned clinical education area is not busy and patient flow is slow, the student should remain in the vicinity of their assigned area. During slow periods, the student may study in that area, practice radiographic positioning, attend to linens, etc. Students may also contact the clinical instructor who may grant them permission to leave their assigned clinical area.

## Miscellaneous Clinical Information

### Transporting Patients

Students should not transport house patients to the patient floors. Students may transport patients to/from the Emergency Department and/or other modalities provided it is on the same floor.

### Storage of Student Personal Equipment at Clinical Education Site

Storage areas are provided at each student's assigned clinical site for storing personal belongings (lunches, textbooks, book bags, cellphones, etc.). Items should be stored in designated areas during clinical hours and should not be kept in common areas where they might be considered in the way of hospital workflow. Please be considerate and store items in the designated area away from direct patient care areas.

### Student Bulletin Board

All clinical sites maintain a student communication area or bulletin board. Students are asked to check the bulletin board regularly. Notices will inform students of classroom and clinical schedules and administrative announcements. Student bulletin boards are located in designated areas in the imaging department.

### Clinical Performance Incident Notes and Records

A clinical performance incident is any occurrence involving a student, which the clinical evaluator/radiographer believes may affect the educational experience of the student. The incident may be positive or negative. Anyone may fill out a Clinical Performance Incident Note. The signature of the evaluator must be included on the incident note. A clinical instructor will obtain verification of the incident. Blank notes will be kept in the Radiology Department. After the incident note is completed, it is to be returned to the clinical instructor. A master record will be kept in each student's file. Please see the Appendix for the complete form.

## Clinical Course Descriptions

### **Clinical Experience I, AHLT-R181, Semester 1: Fall, 3 Credit Hours**

The student is oriented to clinicals by spending two (2) weeks of one-day clinical rotations in each of the diagnostic imaging areas. Following the orientation period, rotations in General Radiography I, Fluoroscopy I, Emergency Room, Imaging Processing, and Portables/Surgery I are required. Clinical competency laboratories will be scheduled weekly to allow simulation of radiographic procedures and clinical competency testing of upper and lower extremity, chest, and K.U.B. In a given week, there will be a combination of approximately 18 hours of clinicals and lab.

### **Clinical Experience II, AHLT-R182, Semester II: Spring, 3 Credit Hours**

Rotations include Emergency Room II, General Radiography, Fluoroscopy II, Portables and Surgery II, and evenings are required. Weekly clinical competency laboratories allow simulation of radiographic procedures and competency testing of the spine, contrast studies; all cranial and facial bone related studies and special views of the thorax and abdomen. In a given week, there will be a combination of approximately 18 hours of clinicals and lab.

### **Clinical Experience III and IV, AHLT-R281 and AHLT-R282, Semesters III & IV: Summer I & II, 4 Cr. Hrs.**

Clinical rotations include General Radiography III/IV, Fluoroscopy III/IV, Portable Surgery III/IV, Emergency Radiography III/IV, evening and affiliate site clinical rotations. Two (2) one-day weekend clinical rotations are required (Saturday 1<sup>st</sup> and evening shift). The student will complete approximately 40 hours of clinical experience each week during Summer Session I and Summer Session II. Clinical labs may take place during Summer 1 in the event labs are not completed in the spring. A separate clinical education grade will be given for each summer session.

### **Clinical Experience V, AHLT- R283, Semester V: Fall, 4 Credit Hours**

Clinical rotation includes General Radiography V, Emergency Radiography V, Portable/Surgery V, Evenings, modality rotations, weekend and affiliate clinical site rotations. Clinical laboratories will include specialized studies including Trauma Radiography and rechecks of previous studies from the first four semesters. The student will complete approximately 24 hours of clinical experience each week.

### **Clinical Experience VI, AHLT-R290 Comprehensive Experience, Semester VI: Spring, 4 Cr.**

Clinical rotations include General Radiography VI, Emergency Radiography VI, Fluoroscopy VI, Portables/Surgery VI, Evenings IV, modality rotations and weekend and affiliate clinical site rotations. Clinical laboratories will focus on specialty studies; recheck evaluations of previously attained clinical laboratory competencies and curriculum retention functions. The student will complete approximately 24 hours of clinical experience each week.

## Clinical Assignments

Clinical rotation objectives must be turned in for each practical assignment. These objectives are due at the end of specific clinical rotations. It is the student's responsibility to submit completed clinical rotations to their Clinical Instructor at the end of each rotation. Failure to submit clinical rotation objectives can adversely impact a student's clinical grade and could result in a grade of "I" incomplete in the course which could delay progression to the next semester. Clinical rotation objectives can be found in Canvas.

Clinical Assignments	Class of 2019			Class of 2018		Total Weeks
	Junior Fall R181	Junior Spring R182	Summer 1&2 R281/282	Senior Fall R283	Senior Spring R290	
Orientation	1					1
PACS/Office/Transport (pass/fail rotation)	1					1
Emergency/Generals Radiography	6	6	2	4	4	22
Fluoroscopy	3	3	2	2	2	12
Mobile/Surgical Radiography	4	4	2	2	2	14
Evenings: 1:00pm-9:30pm		2	2	2	2	8
**Affiliate			4	2	2	8
CT (pass/fail rotation)				1		1
*Modality of Choice (pass/fail rotation)				1	1	2
***Rotation of Choice				1	2	3
Total Weeks in Assignments	15	15	12	15	15	72
Weekend Experience: Saturday 7:30am-4:00pm Saturday 1:00pm-9:30pm * Indicates a Pass/Fail rotation			2	2	2	6

\*\*Affiliate Rotations: Class of 2018 students will rotate in Fall/Spring the remaining sites in which they have not rotated. Class of 2019 rotations will be determined in the Spring 2018 semester.

\*Modality of Choice: Each student will have the opportunity to choose the modality of choice to rotate during their senior year. Rotations can be broken up by days or weeks with approval of the Clinical Instructor. These must be scheduled at least 6 weeks in advance and can only be switched

with the permission of the Clinical Instructor. Rotations include: CT, MRI, Ultrasound, Nuc. Med., Interventional Radiology, Cardiac Catheterization, and Radiation Therapy. These are pass/fail rotations.

\*\*\*Rotation of Choice: Students are allotted to choose weekly rotations where they feel they may need increased experience. These rotations can be at affiliate sites, evenings, emergency, generals, surgery and fluoroscopy. Affiliate site rotations must be approved by the Clinical Coordinator and Clinical Instructors. The rotation will also depend on the number of students already assigned in that area. These must be scheduled at least 6 weeks in advance and can only be switched with the permission of the Clinical Instructor. These rotations will be graded per week with an ASR Performance Evaluation from E\*Value.

## IUSB Radiography Clinic Schedule: Fall 2017

\*The following schedules are tentative and subject to change

Junior Clinical days: AHLT-R181 Tuesday, Thursday (7:30am-4:00pm) Senior Clinical days: AHLT-R283 Monday, Wednesday, Friday (7:30am-4:00pm)			
Week	Date	Junior hours T/TH (7:30a-4:00p)	Senior hours M/W/FR (7:30a-4:00p)
Week 1	August 21-26	16	24
Week 2	August 28-September 2	16	24
Week 3	September 5-8 (Labor day (4 <sup>th</sup> ) off)	16	16
Week 4	September 11-16	16	24
Week 5	September 18-23	16	24
Week 6	September 25- September 30	16	24
Week 7	October 2-7	16	24
Week 8	October 9-13	16	24
<b>Fall Break October 14<sup>th</sup>-22<sup>nd</sup></b>			
Week 9	October 23-28	16	24
Week 10	October 30- November 4	16	24
Week 11	November 6-11	16	24
Week 12	November 13-18	16	24
Week 13	November 20-21	8	8
<b>Thanksgiving Break November 22<sup>nd</sup>-26<sup>th</sup></b>			
Week 14	November 27-December 2	16	24
Week 15	December 4-8 Last day of clinic, Dec. 8 <sup>th</sup>	16	24
Semester totals		232 hours*	336 hours
Finals December 11-16 <sup>th</sup>			
Winter Break December 17 <sup>th</sup> -January 8 <sup>th</sup>			
*Does not include lab hours			

## IUSB Radiography Clinic Schedule: Spring 2018

Junior Clinical days: AHLT-R182 Monday, Wednesday (7:30 am – 4:00 pm)			
Senior Clinical days: AHLT-R290 Tuesday, Thursday, Friday (7:30 am – 4:00 pm)			
Week	Date	Junior hours M/W (7:30a-4p)	Senior hours T/TH/FR (7:30a-4p)
Week 1	January 8-13	16	24
Week 2	January 16-20 Martin Luther King Jr. Holiday off 15 <sup>th</sup>	8	24
Week 3	January 22-27	16	24
Week 4	January 29-February 3	16	24
Week 5	February 5-10	16	24
Week 6	February 12-18	16	24
Week 7	February 19-24	16	24
Week 8	February 26-March 3	16	24
Week 9	March 5-9	16	24
<b>Spring Break, no class/clinic March 10<sup>th</sup>-18<sup>th</sup></b>			
Week 10	March 19-24	16	24
Week 11	March 26-March 31	16	24
Week 12	April 2-April 7	16	24
Week 13	April 9-14	16	24
Week 14	April 16-21	16	24
Week 15	April 23-26 Last day of clinic, Thursday 26 <sup>th</sup>	16	16
Semester totals		232 hours*	352 hours
Finals April 27 <sup>th</sup> – May 3 <sup>rd</sup> Commencement May 8 <sup>th</sup> * Does not include lab hours			

## IUSB Radiography Clinic Schedule: Summer 1&2, 2018

<b>Summer 1</b>			
Junior Clinical days: Monday-Friday (7:30 am– 4:00 pm)			
Week	Date	Junior hours M-F (7:30a-4:00p)	
Week 1	May 15-19	32	
Week 2	May 21-26	40	
Week 3	May 29-June 2 Memorial day off, May 28	32	
Week 4	June 4-9	40	
Week 5	June 11-16	40	
Week 6	June 18-22	40	
Semester Totals		224	
Summer Break June 2-July 1			
<b>Summer 2</b>			
Junior Clinical days: TBD, Minimal hours			
Senior Clinical days: M-F (7:30am-4:00pm)			
Summer 2		Junior hours TBD	Senior hours M-F (7:30a-4:00p)
Week 1	July 2-July 7 Independence Day off		32
Week 2	July 9-14		40
Week 3	July 16-21		40
Week 4	July 23-28		40
Week 5	July 30-August 4	Minimal Clinical Hours	40
Week 6	August 6-11	Minimal Clinical Hours	40
Semester Totals		TBD	232



Appendix



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Radiography

AS in Radiography Program

## Weekly Clinical Progress Evaluation

**Objective:** Evaluate the student's clinical progression by assessing the student's patient care skills, critical thinking and mastery of radiographic procedures at the level that coincides with the student's level of training in the radiography program. Provide any relevant comments related to the student's clinical performance in the areas of professionalism, communication, clinical skills and critical thinking.

<b>Student:</b>	<b>Course:</b>		<b>Site:</b>
<b>Category</b>	<b>Met</b>	<b>Unmet</b>	<b>Comments/Suggestions</b>
<b>Professionalism</b>			
Demonstrates initiative and willingly participates in the workflow of the department.			
Accepts the role of the learner and demonstrates a willingness to be guided by faculty.			
<b>Effective Communication</b>			
Demonstrates good patient care skills, is attentive to patient's needs during the exam.			
Demonstrates effective, age-appropriate patient communication.			
Demonstrates effective communication with staff, clinical faculty and other members of the health care team.			
<b>Clinical Proficiency</b>			
Practices radiation safety and utilizes lead shielding on all patients of CBA.			
Demonstrates knowledge of radiographic technique selection appropriate to the exam.			
Accurately applies lead markers and labels radiographic images.			
Demonstrates mastery of exams taught thus far by achieving competency with 80% accuracy.			
<b>Critical Thinking</b>			
Identifies errors related to positioning, technique and image artifacts			
Demonstrates knowledge of how to correct the error prior to the repeat exposure.			
<b>Evaluator:</b>	<b>Role:</b>		<b>Date:</b>
<b>Comments:</b>			

This form is on E\*Value

## Service Learning- Community Service Project for Student Radiographers

Research suggests that there are a number of benefits associated with students who participate in community based learning opportunities. Students who participate in community based volunteer opportunities tend to do better in school, have better physical and mental health, build skills that are desirable to employers and become more engaged in their communities (www.OnlineCollege.org 2014).

It is with the belief that learning should be a transformative experience that the community service component is incorporated into the program curriculum. The community service requirement strives to provide the experience, skills, knowledge, and values necessary to raise awareness of community problems and encourage civic engagement while helping the students to achieve academic and personal excellence.

1. Objectives of Service-Learning
2. Create and build partnerships within the regional community
3. Promote civic engagement.
4. Promote experiential learning opportunities for students and help prepare them for a career in the health profession.
5. Excite students about their field of study within the health profession.
6. Heighten cultural awareness and encourage tolerance of diversity
7. Present opportunities for students and faculty to work together and foster effective relationships
8. Enhance campus campaigns and community outreach
9. Raise awareness of community-based problems.

### Directions/ Assignment Models

The following assignment models define the different ways of completing the service-learning requirement. Each student enrolled in the AS in Radiography program must complete a community- based service project as a requirement of graduation. The project must be completed prior to the last day of the spring clinical semester prior to graduation and will be tied to the final grade in R222. The assignment is worth 25 points; a time commitment of at least 4 hours is expected of each student. Student must sign a waiver to keep on file at school.

#### Placement Model:

Volunteering your time to a specific organization within the regional community.

- Habitat for Humanity
- Scholars Give Back Day through IU South Bend
- Cesar Chavez Day through IU South Bend Political Science Department
- Participate in a local walk for charity (March of Dimes, Alzheimer's Association, etc.)

#### Presentation Model:

Students are asked to give a presentation related to the profession as a form of community education outreach.

- Visit a local school or classroom
- Present an exhibit at the ISRT

#### Project Model

Students devise and arrange their own service-learning project. This could include organizing a food drive or raising funds via the Radiography Imaging Club for a designated charitable organization.

- Sponsor a family during the holidays
- Indiana Food Bank Food Drive

#### Parameters and Guidelines

As students are considered an extension of Indiana University, the faculty and the radiography program, profession behavior is expected and is a component for successfully completing this requirement. Students should dress appropriately for the event; school uniforms are preferred when possible. Students should arrive on time, be prepared, complete the assignment in the allotted time and behave in an appropriate, courteous and professional manner.

Program faculty supports the service learning component and clinical time (up to 4 hours) can be forgiven under the appropriately approved circumstances.



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Radiography

## Student Service Project Verification Form

**Student Guidelines:** Professional behavior is expected and is a requirement for successfully completing the service project. Students should dress appropriately for the event; school uniforms are preferred when possible. Students should arrive on time, be prepared to participate fully, complete the assignment in the allotted time and behave in an appropriate, courteous and professional manner.

*Please give this form to the project supervisor to validate your participation. Return the completed form to the program director on or before the completion of the final semester in the program.*

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Student Name: \_\_\_\_\_ Date of Participation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Total Hours completed during this project: \_\_\_\_\_

### **Student Agreement**

I verify that I have completed my service project as stated above and have met the required 4 hours of participation.

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

### **Supervisor Agreement**

I verify that the student listed on this form participated in the service project described and completed the required 4 hours of participation on this project.

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

### **Supervisor Comments:**

**Thank you for your participation.**  
Indiana University South Bend AS in Radiography Program  
1700 Mishawaka Avenue  
South Bend, Indiana 46634

## **Indiana University South Bend Radiography Program**

### **Clinical Performance Incident Notes**

Instructions: A clinical performance incident is any occurrence involving a student, which the evaluator believes may affect the educational experience of the student. The incident may be positive or negative. (Please fill out and return to a clinical instructor.)

In the event that a negative Incident Note is completed, the program clinical coordinator must be notified immediately. The issuance of a Problem Assessment form may be given to the student depending on the severity of the problem.

INSTRUCTIONS: This form is used only for occurrences, which need to be documented. This holds no more severity than would a "verbal warning." It is very important that any agreement be documented for future reference. Signatures are required only for proof of agreement/discussion.

Student Name:

Date:

Setting where incident occurred:

Description of incident:

Comments by evaluator:

Clinical Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinical Grade Breakdown Class of 2018**  
**R283: Fall Clinical Experience: Class of 2018**

<b>Category</b>	<b>Scored</b>	<b>Possible points</b>	<b>Percentage</b>
Clinical Competency Performance Evaluations (including Rechecks)	Total Score for each evaluation x 12	252	56%
ASR Student Performance Evaluation (filled out by Clinical Instructor)	Average Score for 2 Evaluations (1 mid- term and 1 final)	100	22%
ASR Student Performance Evaluations	Average of All Rotation Evaluations Expressed in %	100	22%
Total possible points		452	

**R290: Spring Clinical Experience: Class of 2018**

<b>Category</b>	<b>Scored</b>	<b>Possible points</b>	<b>Percentage</b>
Clinical Competency Performance Evaluations (including Rechecks)	Total Score for each evaluation x 13	273	58%
ASR Student Performance Evaluation (filled out by Clinical Instructor)	Average Score for 2 Evaluations (1 mid- term and 1 final)	100	21%
ASR Student Performance Evaluations	Average of All Rotation Evaluations Expressed in %	100	21%
Total possible points		473	

## Clinical Grade Breakdown Class of 2019

### R181/R182: Fall/Spring Clinical Experience: Class of 2019

Category	Scored	Possible points	Percentage
Clinical Competency Performance Evaluations (including Rechecks)	Total Score for each evaluation x 7	147	39%
ASR Student Performance Evaluation (filled out by Clinical Instructor)	Average Score for 2 Evaluations (1 mid- term and 1 final)	100	26.5%
ASR Student Performance Evaluations	Average of All Rotation Evaluations Expressed in %	100	26.5%
Student Clinical Laboratory Evaluations*	30 Points Minus Process Deductions for Unsatisfactory Accomplishment	30	8%
Total possible points		377	

\*points are subject to change

### R281/282: Summer Clinical Experience: Class of 2019

Category	Scored	Possible points	Percentage
Clinical Competency Performance Evaluations (including Rechecks)	Total Score for each evaluation x 10	210	51%
ASR Student Performance Evaluation (filled out by Clinical Instructor)	1 each summer session	100	24%
ASR Student Performance Evaluations	Average of All Rotation Evaluations Expressed in %	100	24%
Total possible points		410	

### R283/R290: Fall/Spring Clinical Experience: Class of 2019

Category	Scored	Possible points	Percentage
Clinical Competency Performance Evaluations (including Rechecks)	Total Score for each evaluation x 13	273	58%
ASR Student Performance Evaluation (filled out by Clinical Instructor)	Average Score for 2 Evaluations (1 mid- term and 1 final)	100	21%
ASR Student Performance Evaluations	Average of All Rotation Evaluations Expressed in %	100	21%
Total possible points		473	



IUSB: ASR Student Performance Evaluation\*

Student name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Rotation: \_\_\_\_\_

Directions: Select the number which indicates the student's level of skill development						
A	(100-90)	Outstanding achievement	D	(69-60)	Below required standard of achievement	
B	(89-80)	Above average achievement	F	(59-0)	Well below required standard of achievement	
C	(79-70)	Average achievement				
Categories		100 - 90	89 - 80	79 - 70	69 - 60	59 - 0
		"A"	"B"	"C"	"D"	"F"
<b>1. INITIATIVE</b> Displays energy and motivation in starting and completing tasks.				_____		
<b>2. ATTITUDE</b> Displays willingness to be guided, directed, and instructed while displaying positive emotional and psychological traits				_____		
<b>3. COMMUNICATION SKILLS</b> Interacts appropriately and professionally with patients, staff and physicians				_____		
<b>4. PATIENT CARE SKILLS</b> Perceives patient needs creating a warm, friendly and comfortable experience				_____		
<b>5. PROFESSIONALISM</b> Appearance and behavior consistent with rules and regulations of Indiana University of South Bend Program and its affiliates.				_____		
<b>6. QUANTITY OF WORK FOR CLASS STANDING</b> Participates in the total workload of the assigned clinical area, completing the appropriate volume of work				_____		
<b>7. QUALITY OF WORK FOR CLASS STANDING</b> Demonstrates proper accuracy and thoroughness in procedure performance while maintaining standard of professionalism and patient care. Practices appropriate radiation protection to patient and staff.				_____		
<b>8. ORGANIZATION</b> Performs duties in a logical and efficient manner				_____		
<b>9. CRITICAL THINKING FOR CLASS STANDING</b> Development of analytical and problem-solving skills.				_____		
<b>10. ADAPTABILITY</b> Applies information and responsibilities regarding procedures, materials, equipment and techniques.				_____		
<b>11. SELF CONFIDENCE FOR CLASS STANDING</b> Displays maturity and confidence.				_____		
<b>12. DEPENDABILITY</b> Follows through with clinical responsibilities in a reliable conscientious manner.				_____		
<b>13. ACCOUNTABILITY</b> Routinely present and punctual in assigned clinical area.				_____		
<b>TOTAL POINTS: (Out of 1300)</b>				<b>PERCENTAGE SCORE</b> _____		
*Form on E*Value						

## IUSB: Clinical Supervision & Repeat Policy Evaluation of Compliance

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Site \_\_\_\_\_ Rotation \_\_\_\_\_

Please fill out form:

Description	Student Initials	Radiographer Initials
Student was supervised in keeping with program policies.		
Repeat studies were performed in concurrence with the program repeat policy.		

Comments:

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\_\_\_\_\_  
Technologist Printed Name

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

# Student Clinical Laboratory Evaluation

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

Exam: \_\_\_\_\_

Categories	1	2	3	4	5	6	7	8
1. Choose adequate or proper image receptor size.								
2. Properly used side marker								
3. Patient was in proper position.								
4. Center of part aligned to center of image receptor.								
5. Used correct angulation (as required)								
6. Used required SID.								
7. Central ray in proper alignment to part.								
8. Central ray in proper alignment to image receptor.								
9. Used adequate collimation.								
10. Used proper radiation protection.								
11. Maintained good patient care.								
12. Chose proper exposure factors.								
13. Performed the radiographic procedure properly.								
14. Displayed professional behavior during examination								
15. Completes projection in timely manner								

Using the above data, the student has \_\_\_\_\_ has not \_\_\_\_\_ mastered the exam.

Clinical Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each exam is worth 1 point towards the clinical grade. A passing grade is above 80%. Anything below 80% is failing which results in a grade of 0. The student must demonstrate laboratory competency above 80% before practicing on patients with direct supervision.

# Clinical Competency Performance Evaluation\*

## IU South Bend Radiography Program

Student Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Semester: \_\_\_\_\_

Score: 0 = UNACCEPTABLE, 1 = ACCEPTABLE PEDIATRIC \_\_\_\_\_ ADULT \_\_\_\_\_ EXAM: \_\_\_\_\_

POSITIONS: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ PT ID # \_\_\_\_\_

Scoring Rubric			Radiographic Positions					
Points			1	2	3	4	5	6
1.0	1	Room Preparation and Appearance						
1.0	2	Patient artifacts						
1.0	3	Verification Patient ID, Patient History, Requisition Evaluation						
1.0	4	Demonstration of effective patient care skills (Instruction assistance and ethics)						
1.0	5	Knowledge of procedure routines / necessary positions/projections						
1.0	6	Appropriate Field of View/Image Receptor Size/Collimation						
1.0	7	Proper usage of markers / ID stamper (Deduct .25 to .5 when marker used but not fully visualized)						
.5 to 2.0	8	Patient positioning / per anatomical <u>projection</u> (Diagnostic image with minor error, deduct .5. If retake of position needed, deduct 2.0)						
.5 to 2.0	9	Central ray placement to part / image receptor (Diagnostic image with minor error, deduct .5. If retake of position/projection needed, deduct 2.0)						
1.0	10	Image receptor placement / Departmental routine						
1.0	11	Proper Equipment Operation/Correct tube angle (if required)						
1.0	12	Completes in a timely manner						
1.0	13	Practices proper radiation safety measures						
1.0	14	Uses proper SID						
1.0	15	Selects proper exposure factors for desired study						
1.0	16	Displays processed radiograph properly						
1.0	17	Shows knowledge of related anatomy on radiograph						
1.0	18	Displays awareness of how to improve film quality						
1.0	19	Radiographic study of diagnostic quality						
<b>Maximum Points-21 points/position total</b>								
Total pts. earned _____ ÷ Number of positions _____ = Average pts. earned for study								
Scoring: (Initial Competency) 21 points = Consistently performs above average achievement 20 points = Above average achievement 19 points = Average achievement below 19 points = Failure to meet standard requirement of achievement			Recheck Scoring: 21.0-19.0 pts. = passing score 18.9-15.8 pts. = student will receive half the total point value 15.7-0.00 pts. = student will receive 0 points					

\*Form on E\*Value

## Clinical Competencies Class of 2018

### Required Clinical Competencies for the Entire Clinical/Professional Portion of the Program \*Class of 2018

Semester	Mandatory Competencies	Elective Competencies	Rechecks	Totals
<b>Junior Year</b>				
<b>Fall</b>	9**	0	3	12
<b>Spring</b>	9	1	2	12
<b>Summer 1</b>	4	2	1	7
<b>Summer 2</b>	4	2	1	7
<b>Senior Year</b>				
<b>Fall</b>	8	2	2	12
<b>Spring</b>	8	3	2	13
<b>Totals</b>	42	10***	11	<b>63</b>

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*A student cannot go over the 9 competencies for the Junior Fall semester. However, the student can 'work ahead' on mandatory and elective competencies during the following semesters.

\*\*\*Total possible electives equals 21 exams. 2 elective exams from the Head (2) and 2 elective exams from Fluoroscopy (2) sections must be selected for mandatory competencies.

All Clinical Competencies and Rechecks for each semester must be completed on or before the last day of the clinical experience schedule to avoid a grade of "I" incomplete in the course.

<b>Imaging Procedures *Class of 2018</b>	<b>Mandatory or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>	<b>Re-√</b>
<b>CHEST AND THORAX</b>					
Chest Routine	<b>M</b>				
Chest AP (Wheelchair or Stretcher)	<b>M</b>				
Ribs	<b>M</b>				
Chest Lateral Decubitus	<b>E</b>				
Sternum	<b>E</b>				
Upper Airway (Soft-Tissue Neck)	<b>E</b>				
<b>UPPER EXTREMITY</b>					
Thumb or Finger	<b>M</b>				
Hand	<b>M</b>				
Wrist	<b>M</b>				
Forearm	<b>M</b>				
Elbow	<b>M</b>				
Humerus	<b>M</b>				
Shoulder	<b>M</b>				
Trauma: Shoulder**(Scapular Y, Transthoracic or Axial)	<b>M</b>				
Clavicle	<b>M</b>				
Scapula	<b>E</b>				
AC joints	<b>E</b>				
Trauma: Upper Extremity** (Non-Shoulder)	<b>M</b>				
<b>LOWER EXTREMITY</b>					
Toes	<b>E</b>				
Foot	<b>M</b>				
Ankle	<b>M</b>				
Knee	<b>M</b>				
Tibia-Fibula	<b>M</b>				
Femur	<b>M</b>				
Trauma: Lower Extremity**	<b>M</b>				
Patella	<b>E</b>				
Calcaneus (Os Calcis)	<b>E</b>				

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

<b>Imaging Procedures *Class of 2018</b>	<b>Mandatory or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>	<b>Re-√</b>
<b>HEAD: Must select at least 2 procedures as Mandatory competencies**</b>					
Skull	<b>E</b>				
Paranasal Sinuses	<b>E</b>				
Facial Bones w/zygomatic arches	<b>E</b>				
Orbits	<b>E</b>				
Nasal Bones	<b>E</b>				
Mandible	<b>E</b>				
Temporomandibular Joints	<b>E</b>				
<b>SPINE and PELVIS</b>					
Cervical Spine	<b>M</b>				
Cross-Table (Horizontal Beam) Lateral Spine	<b>M</b>				
Thoracic Spine	<b>M</b>				
Lumbar Spine	<b>M</b>				
Pelvis	<b>M</b>				
Hip	<b>M</b>				
Cross-Table Lateral Hip	<b>M</b>				
Sacrum and Coccyx	<b>E</b>				
Scoliosis Series	<b>E</b>				
Sacroiliac Joints	<b>E</b>				
<b>ABDOMEN</b>					
Abdomen (Supine ) KUB	<b>M</b>				
Abdomen Series (including upright OR decubitus)***	<b>M</b>				
Intravenous Urography	<b>E</b>				

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*HEAD: Must choose 2 procedures from the list of electives.

\*\*\*The Abdomen Series must include either an upright abdomen OR decubitus abdomen.

<b>Imaging Procedures *Class of 2018</b>	Mandatory or Elective	Date Completed	Patient or Simulated	Competence Verified By	Re-√
<b>FLUOROSCOPY STUDIES:</b> Must select either upper GI or barium enema plus one other elective procedure**					
Upper GI Series (Single or Double Contrast)	<b>E</b>				
Barium Enema (Single or Double Contrast)	<b>E</b>				
Small Bowel Series	<b>E</b>				
Esophagus	<b>E</b>				
<b>SURGICAL STUDIES</b>					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	<b>M</b>				
Surgical C-Arm Studies (Requiring Manipulation Around a Sterile Field)	<b>M</b>				
<b>MOBILE STUDIES</b>					
Portable Chest	<b>M</b>				
Portable Abdomen	<b>M</b>				
Portable Orthopedic	<b>M</b>				
<b>PEDIATRICS (Age 6 or Younger)</b>					
Chest Routine	<b>M</b>				
Upper OR Lower Extremity	<b>M</b>				
Abdomen	<b>E</b>				
Mobile Study	<b>E</b>				
<b>GERIATRIC PATIENT (Physically or Cognitively Impaired as a Result of Aging)</b>					
Chest Routine	<b>M</b>				
Upper Extremity	<b>M</b>				
Lower Extremity	<b>M</b>				

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*Fluoroscopy Studies: Student must choose either an Upper GI or Barium Enema procedure. In addition, one other elective must be chosen for total of 2 exams from the Fluoroscopy Studies section. Overhead views for fluoroscopy exams can be simulated if not needed by the Radiologist.



## Clinical Competency Rechecks, \*Class of 2018

Each semester the student radiographer will complete an assigned number of patient recheck competency exams. Recheck exams are designed to give the clinical instructor the opportunity to reevaluate the students' level of competency after successful completion of a mandatory/elective exam. Rechecks are selected and completed by the Clinical Instructor (or appropriate designee) and must be done on or before the last day of clinic with the corresponding semester.

Rechecks should include the following exams:

<b>Student Name:</b>		
<b>Clinical Site:</b>		
<b>Exam</b>	<b>Percentage Score</b>	<b>Date/Semester Completed</b>
<b>Upper Extremity</b>		
<b>Lower Extremity</b>		
<b>Chest and Thorax</b>		
<b>Abdomen</b>		
<b>Pediatric Study</b>		
<b>Fluoroscopy**</b>		
<b>Headwork</b>		
<b>Mobile/Surgical Study</b>		
<b>Spine or Pelvis</b>		
<b>Geriatric Study</b>		
<b>Clinical Instructor Signature:</b>		

\*Due to changes in ARRT requirements, class requirements may differ.

\*\* Overhead views for fluoroscopy exams can be simulated if not needed by the Radiologist.

## Clinical Competencies Class of 2019

### Required Clinical Competencies for the Entire Clinical/Professional Portion of the Program \*Class of 2019

Semester	Mandatory/Elective Competencies	Rechecks	Totals
<b>Junior Year</b>			
<b>Fall</b>	6**	1	7
<b>Spring</b>	6	1	7
<b>Summer 1</b>	9	1	10
<b>Summer 2</b>	9	1	10
<b>Senior Year</b>			
<b>Fall</b>	11	2	13
<b>Spring</b>	11	2	13
<b>Totals</b>	52	8	<b>60</b>

By the end of the Radiography Program, students must complete a total of 37 mandatory competencies and 15 of the 27 elective competencies for a total of 52 competencies. Competencies must be performed on patients whenever possible except for fluoroscopy exams when the Radiologist does not require overhead images.

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*Students may work ahead the first semester up to 9 competencies. After the first semester, students may work ahead with competencies over the required semester limits.

All Clinical Competencies and Rechecks for each semester must be completed on or before the last day of the clinical experience schedule to avoid a grade of "I" incomplete in the course.

<b>Imaging Procedures *Class of 2019</b>	<b>Mandatory or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>	<b>Re-√</b>
<b>CHEST AND THORAX</b>					
Chest Routine	<b>M</b>				
Chest AP (Wheelchair or Stretcher)	<b>M</b>				
Ribs	<b>M</b>				
Chest Lateral Decubitus	<b>E</b>				
Sternum	<b>E</b>				
Upper Airway (Soft-Tissue Neck)	<b>E</b>				
<b>UPPER EXTREMITY</b>					
Thumb or Finger	<b>M</b>				
Hand	<b>M</b>				
Wrist	<b>M</b>				
Forearm	<b>M</b>				
Elbow	<b>M</b>				
Humerus	<b>M</b>				
Shoulder	<b>M</b>				
Trauma: Shoulder**(Scapular Y, Transthoracic or Axial)	<b>M</b>				
Clavicle	<b>M</b>				
Scapula	<b>E</b>				
AC joints	<b>E</b>				
Trauma: Upper Extremity** (Non-Shoulder)	<b>M</b>				
<b>LOWER EXTREMITY</b>					
Toes	<b>E</b>				
Foot	<b>M</b>				
Ankle	<b>M</b>				
Knee	<b>M</b>				
Tibia-Fibula	<b>M</b>				
Femur	<b>M</b>				
Trauma: Lower Extremity**	<b>M</b>				
Patella	<b>E</b>				
Calcaneus (Os Calcis)	<b>E</b>				

\*Due to changes in ARRT requirements, class requirements may differ.

\*\*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

<b>Imaging Procedures Class of 2019</b>	<b>Mandatory or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>	<b>Re-√</b>
<b>HEAD: Must select at least 1 elective head competency</b>					
Skull	<b>E</b>				
Paranasal Sinuses	<b>E</b>				
Facial Bones w/zygomatic arches	<b>E</b>				
Orbits	<b>E</b>				
Nasal Bones	<b>E</b>				
Mandible	<b>E</b>				
Temporomandibular Joints	<b>E</b>				
<b>SPINE and PELVIS</b>					
Cervical Spine	<b>M</b>				
Cross-Table (Horizontal Beam) Lateral Spine	<b>M</b>				
Thoracic Spine	<b>M</b>				
Lumbar Spine	<b>M</b>				
Pelvis	<b>M</b>				
Hip	<b>M</b>				
Cross-Table Lateral Hip	<b>M</b>				
Sacrum and Coccyx	<b>E</b>				
Scoliosis Series	<b>E</b>				
Sacroiliac Joints	<b>E</b>				
<b>ABDOMEN</b>					
Abdomen (Supine) KUB	<b>M</b>				
Abdomen Upright (including upright OR decubitus)**	<b>M</b>				
Intravenous Urography	<b>E</b>				

\*The Abdomen Series must include either an upright abdomen OR decubitus abdomen.

<b>Imaging Procedures Class of 2019</b>	Mandatory or Elective	Date Completed	Patient or Simulated	Competence Verified By	Re-√
<b>FLUOROSCOPY STUDIES:</b> Must select either upper GI or barium enema elective plus one other elective procedure*					
Upper GI Series (Single or Double Contrast)	<b>E</b>				
Barium Enema (Single or Double Contrast)	<b>E</b>				
Small Bowel Series	<b>E</b>				
Esophagus	<b>E</b>				
<b>SURGICAL STUDIES</b>					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	<b>M</b>				
Surgical C-Arm Studies (Requiring Manipulation Around a Sterile Field)	<b>M</b>				
<b>MOBILE STUDIES</b>					
Portable Chest	<b>M</b>				
Portable Abdomen	<b>M</b>				
Portable Orthopedic	<b>M</b>				
<b>PEDIATRICS (Age 6 or Younger)</b>					
Chest Routine	<b>M</b>				
Upper Extremity	<b>E</b>				
Lower Extremity	<b>E</b>				
Abdomen	<b>E</b>				
Mobile Study	<b>E</b>				
<b>GERIATRIC PATIENT (Physically or Cognitively Impaired as a Result of Aging)</b>					
Chest Routine	<b>M</b>				
Upper Extremity	<b>M</b>				
Lower Extremity	<b>M</b>				

\*Fluoroscopy Studies: Student must choose either an Upper GI or Barium Enema elective procedure. In addition, one other elective must be chosen for total of 2 elective exams from the Fluoroscopy Studies section. Overhead views for fluoroscopy exams can be simulated if not needed by the Radiologist.

## Clinical Competency Rechecks, \*Class of 2019

Each semester the student radiographer will complete an assigned number of patient recheck competency exams. Recheck exams are designed to give the clinical instructor the opportunity to reevaluate the students' level of competency after successful completion of a mandatory/elective exam. Rechecks are selected and completed by the Clinical Instructor (or appropriate designee) and must be done on or before the last day of clinic with the corresponding semester. Rechecks should include the following exams:

<b>Student Name:</b>		
<b>Clinical Site:</b>		
<b>Exam</b>	<b>Percentage Score</b>	<b>Date/Semester Completed</b>
<b>Upper Extremity</b>		
<b>Lower Extremity</b>		
<b>Chest and Thorax</b>		
<b>Abdomen</b>		
<b>Pediatric Study</b>		
<b>Mobile or Surgical Study</b>		
<b>Spine or Pelvis</b>		
<b>Geriatric Study</b>		
<b>Clinical Instructor Signature:</b>		

\*Due to changes in ARRT requirements, class requirements may differ.

**Indiana University South Bend Medical Imaging Technology Program**  
MRI Student Screening Form



**Student's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MRI utilizes a powerful magnetic that is always turned "on". For safety reasons, anyone who enters the scan room must complete a metal screening history form. All students must complete a screening form prior to entering clinical practicum. MRI safety screening forms will be kept on file with the program.

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**Do you have or have you ever had any of the following?**

- Yes  No Cardiac Pacemaker: \_\_\_\_\_
- Yes  No Heart Surgery/Heart Valve: If Yes, explain: \_\_\_\_\_
- Yes  No Implanted Cardiac Defibrillator (ICD): \_\_\_\_\_
- Yes  No Brain Aneurysm Clips/ Brain Surgery: If Yes, explain: \_\_\_\_\_
- Yes  No Shunts/Stents/Filters/Intravascular Coil: \_\_\_\_\_
- Yes  No Eye Surgery/Implants/Spring/Wires/Retinal Tack: \_\_\_\_\_
- Yes  No Injury to the Eye Involving Metal or Metal Shavings: \_\_\_\_\_
- Yes  No Orthopedic Pins/Screws/Rods/Joints/Prosthesis: \_\_\_\_\_
- Yes  No Neurostimulator/Biostimulator: \_\_\_\_\_
- Yes  No History of Cancer or Tumors: When: \_\_\_\_\_ Where: \_\_\_\_\_
- Yes  No Radiation Therapy/Chemo Therapy: \_\_\_\_\_
- Yes  No Previous Back Surgery  
(Lumbar/Thoracic/Cervical) \_\_\_\_\_
- Yes  No Ear Surgery/Cochlear Implants/Hearing Aids/Stapes Prosthesis: \_\_\_\_\_
- Yes  No Vascular Access Port/Catheter: \_\_\_\_\_
- Yes  No Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes: \_\_\_\_\_
- Yes  No Electrical/Mechanical/Magnetic Implants? Type: \_\_\_\_\_
- Yes  No Tattoo's/Permanent Make-up/Body Piercing/Patches: \_\_\_\_\_

Yes  No Dentures/Partials/Dental Implants: \_\_\_\_\_

Yes  No Gunshot Wounds/Shrapnel/BB: \_\_\_\_\_

Yes  No Do you have pins in your Hair/Clothes/Hair Extensions/Hair Pieces/Wig: \_\_\_\_\_

List Any Previous Surgeries: \_\_\_\_\_

***I attest that the above information is correct to the best of my knowledge. I have also informed the program coordinator that I am not pregnant at this time. I have had the opportunity to ask questions related to MRI safety and I understand the information presented to me. I understand that I may be asked to complete an additional MRI screening form at my assigned clinical agency.***

Student Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MRI Metal Screening Form

Students with a positive metal history, as indicated by answering “yes” to questions on the Metal Screening Form will need to undergo additional screening by program faculty prior to beginning their MRI clinical rotation. Students should never enter the MRI scan area prior to completing the full screening process. Students may be asked to provide documentation of positive metal history prior to the start of their assigned MRI rotation. Certain implanted devices are contraindicated and should not be exposed to the magnetic field. Examples of these devices include:

- Pacemakers
- Neuro stimulators/Biostimulators
- Implanted Infusion Pumps/Pain pumps
- Aneurysm Clips
- Certain Stents, Coils and Filters
- Metallic Foreign Bodies
- Intraorbital Metallic Foreign Bodies

### MRI Screening Policy

1. All students enrolled in the medical imaging programs must complete an MRI Screening Form (found in the Appendix) prior to beginning their scheduled MRI clinical rotation.
2. Students who answer “yes” to any of the questions on the MRI Screening Form may be required to undergo additional screening to insure their safety.
3. Additional screening may consist of further questions, documentation of metal and/or orbit x-rays for students with a history of intra-orbital metallic foreign bodies.
4. Students must complete a screening orbit x-ray exam (at their own expense) and provide written documentation to clinical faculty prior to the start of their MRI rotation.
5. In the event the orbit x-rays are positive for metal, the student will need to complete an observation-only MRI rotation.
6. Students who refuse to complete orbit x-rays or provide written documentation will need to sign a refusal form which will be kept in the student’s file at IU South Bend. Their MRI rotation will be considered observation only. The student must agree not to enter the scan room under any circumstances.
7. Faculty will notify the MRI Department of the student’s positive metal history and the need to complete an observation only clinical rotation in MRI.

### Please check the circle next to each statement you agree with:

- I have read the MRI Safety Policy, understand the policy and have been given the opportunity to ask questions.
- I understand and agree to undergo additional screening if I have answered “yes” to specific questions on the MRI Metal Screening Form.
- I have been counseled by program faculty about the dangers associated with the

magnetic field used in MRI and understand the importance of metal screening.

I am refusing to undergo orbit x-rays and understand that my MRI rotation will be observation only. I understand that I cannot enter the MRI scan room under any circumstances.

Student Printed Name:

Student Signature:

Date:

Faculty Signature:

Date:



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Radiography

## Program Radiograph Repeat Policy

The Radiography Program, sponsored by Indiana University South Bend, requires that any radiographic image that is repeated by a student must be done in the presence of a registered radiographer. At no time are students (first or second year) to repeat radiographs alone, regardless of their level of competency. Failure to adhere to this policy will result in disciplinary action.

Compliance with the Radiography Program Repeat Policy will be substantiated by completion of the Clinical Supervision and Repeat Policy Evaluation of Compliance Form by the student and technologist. This form is part of the clinical objectives for each clinical rotation.

I have read and understand the above repeat policy for the IU South Bend Radiography Program.

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

Print Name: \_\_\_\_\_

## Vera Z. Dwyer College of Health Sciences- Problem Area Assessment Form

Faculty members use the Problem Area Assessment Form to identify specific problems a student may be facing in their course(s).

Student Name \_\_\_\_\_ Course \_\_\_\_\_ Sem/Yr. \_\_\_\_\_

PROBLEM AREAS	Y	COMMENTS
<b>Behavior/Accountability</b>		
Late Assignments		
Tardiness		
Absenteeism		
Incomplete assignments		
<b>Professional Behavior</b>		
Attitude		
Language		
Lack of preparation		
Difficulty following appropriate chain of command		
Inappropriate dress		
Failure to follow uniform policy		
Difficulty functioning independently		
Difficulty controlling anxiety		
Difficulty accepting constructive criticism		
<b>Communication</b>		
Inappropriate interaction		
Lacks assertiveness		
Difficulty expressing self		
Inappropriate/incomplete documentation		
Difficulty with written work		
Difficulty following directions		
<b>Critical Thinking</b>		
Difficulty applying previously learned knowledge and skills		
Difficulty problem solving		
Difficulty assessing client needs		
Difficulty evaluating self realistically		
Difficulty demonstrating logical thought processes		
Difficulty evaluating consequences of own actions		

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the identified problem areas. I also understand that this information will be placed in a confidential file for the purpose of tracking my progress throughout the remainder of the program. Repeated receipt of this form by a student may lead to a learning contract or other consequences.

Student signature \_\_\_\_\_ Date \_\_\_\_\_



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Radiography

## Radiography Program

### Honor Code for All Students

All Students enrolled in programs in the health professions must agree to abide by the following honor code:

*“In accordance with the College of Health Sciences Honor Code, I will not engage in dishonesty in my academic activities, and I will not tolerate such dishonesty by other students.”*

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Signature

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Date

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Print Name



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

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INDIANA UNIVERSITY SOUTH BEND

**Radiography**

## Student Signature Page

My signature verifies I have read the IU South Bend Radiography Program Clinical Student Handbook (Revised July 2017) in its entirety and agree to abide by the policies and tenets described in the handbook. I know that these policies are subject to change; therefore, I will retain my copy of the handbook for future reference to reconcile any written notification of such changes. Changes in program policy will be announced to all students in writing prior to implementation. I realize that any change(s) may result in the revision of the degree requirements.

I am aware and understand that my failure to uphold these principles can result in disciplinary action including my dismissal from the IU South Bend Radiography Program.

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Printed Student Signature

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Written Student Signature

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Date