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Resurrection University  
Saint Francis School of Radiography
Bachelor of Science Imaging Technology (BSIT)  
Pre-Certification Track  
2020-2021 Program Handbook

About the School of Radiography  

Brief History - Saint Francis School of Radiography (SFSOR) celebrated its 70th in 2016!  
In October 1995, the Saint Francis Medical Proceedings, Volume 4 Number 2(a), published a commemorative issue about the history of Department of Radiology and the program. Following is the excerpt:

“The two programs of which St. Francis Department of Radiology is most proud are the educational programs of Radiology Residency and the School of Radiologic Technology. The School of Radiologic Technology was approved for training on November 1, 1945 and is this year celebrating its semi-centennial. The School, which began with only minimal formal academic work, has progressed to a position where it is now recognized as one of the finest training school in the Midwest, graduating eight to ten students annually in its two-year program. Not only do the graduates achieve an outstanding record on the Radiologic Registry but are recognized as extremely desirable employees following their graduation as they move on to many of the hospital in our area.”

The program has since evolved beginning with a name change to the Saint Francis School of Radiography (SFSOR), as the technology has also evolved. In 1977, the name Radiologic Technicians was changed to Radiologic Technologists by the American Society of Radiologic Technologists and further to be identified as Radiographers. The program has expanded beginning in 2000 when it added clinical education settings throughout the Chicagoland region, graduating approximately 20 students each year. Next the program offered a dual program with Oakton Community College in Radiologic Technology for those seeking that an Associate Degree.

And in July 2015, the Program partnered with Resurrection University to advance the profession to a bachelor's degree. The new degree name is Bachelor of Science in Imaging Technology. There are 2 tracks in this degree. One is for those that are already radiographers that want to complete their bachelor's degree in Radiography and for those you are beginning the entry level into the profession. And now it is your turn to make your mark on the Program!

This handbook is designed for the Pre-Certification (entry level) track and here is what you need to know.

Mission of the Program  
The Saint Francis School of Radiography is committed to excellence in education. We provide the healthcare community with competent, entry-level professionals in the field of Medical Imaging. The graduate acquires the knowledge and clinical experience necessary to qualify for the National Registry examination.

Philosophy  
This program has been developed to provide the necessary technical skills to promote responsible and dedicated technologists. The student’s professional capacity is built on progressive maturity, social, and emotional values. It is of the utmost importance that he/she learns the meaning of human dignity and his/her responsibility to the patient, the profession and him/herself. By incorporating the Resurrection University Core Values of Compassion, Accountability, Respect, Excellence, and Service, the School of Radiography is dedicated to developing knowledgeable, patient-centered healthcare leaders.

Resurrection University  
Resurrection University has been in existence for over one hundred years providing quality education. Its previous role was that of educating nursing professionals as the West Suburban College of Nursing. As part of this rich heritage, the Saint Francis School of Radiography is an integral part of the University.
The Program Mission reflects the Resurrection University of:

**Purpose**
Creating a healthy tomorrow

**Mission**
Resurrection University inspires, educates and forms life-long learners who meet the world’s changing needs with curiosity, ingenuity and grace.

**Value Statement**
As a student-focused University, we value human dignity, diversity and expanding personal potential to its fullest capacity. In all of our work and encounters, we demonstrate personal, professional and academic excellence.

**Program Goals and Student Learning Outcomes**
In support of the program’s mission statement, the program has developed the following:

1. **Students will demonstrate effective communication skills.**
   **Student Learning Outcomes:**
   - Students will demonstrate effective communication skills on the clinical floor.
   - Students will demonstrate effective written communication in the classroom setting.
   - Students will be able to verbally evaluate radiographs.

2. **Students will develop critical thinking skills for application in the clinical setting.**
   **Student Learning Outcomes:**
   - Students will adapt standard protocols for non-routine examinations.
   - Students will critique images for diagnostic quality and devise necessary factors for quality improvement.

3. **Students of the program will be clinically competent.**
   **Student Learning Outcomes:**
   - Students will demonstrate accuracy in positioning skills.
   - Students will select appropriate technical factors.
   - Students will demonstrate proper radiation protection practices.

4. **Students will model professionalism.**
   **Student Learning Outcomes:**
   - Students will demonstrate high ethical standards.
   - Students will summarize their professional development career plan.

**Accreditation**
The Joint Review Committee on Education in Radiologic Technology accredits the Resurrection University Saint Francis School of Radiography. The program received maximum accreditation of 8 years in September of 2017. Additional information regarding accreditation can be found with the below information. The program assesses outcomes and program effectiveness data annually and publishes results on the university and JRCERT website.

(JRCERT)
20 N. Wacker Drive Suite 2850
Chicago, Illinois 60606-3182
(312) 704-5300
www.jrcert.org

The Saint Francis School of Radiography (SFSOR) consistently strives to exceed the minimum requirements for compliance with all JRCERT Standards for an Accredited Educational Program in Radiography. If a student has cause for concern that the SFSOR program may not be following any standard(s), they are encouraged to report the allegation, in
writing, to the Program Director. The report must be submitted within ten academic days of the alleged non-compliant event. The Program Director will work with the student and any other involved program member to clarify or resolve the issue of alleged non-compliance. If a satisfactory resolution cannot be attained, the student is encouraged to report the alleged issue of non-compliance directly to the JRCERT.

Resurrection University is also accredited by the Higher Learning Commission (HLC) and the Illinois Board of Higher Ed (IBHE).

**JRCERT Standards**

**Standard One: Integrity**
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

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

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

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

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

**Standard Six: Institutional/Programmatic Data**
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

**Academic Program**

**Curriculum Overview** Radiologic Technology is the art and science of using x-rays to produce images of the bones, organs, and vessels of the human body. Students are educated in utilizing x-ray equipment and techniques, proper patient positioning, radiation protection methodologies, producing quality diagnostic images while practicing excellent patient and family centered care. In conjunction with related didactic courses, students apply their knowledge during integrated clinical experiences in area imaging departments. The Program is five consecutive semesters and is approximately 21 months in length. Our curriculum follows the guidelines specified by the American Society of Radiologic Technologists.

**Semester 1**
- Introduction to Radiography
- Principles of Radiation Protection
- Ethical, Legal and Physical Methods of Patient Care
- Radiographic Procedures I
- Anatomy and Physiology – Skeletal
- Clinical Education I
- **Total Credits: 16.5**

**Semester 2**
- Principles of Exposure I
- Radiographic Image Processing
- Cross Sectional Anatomy
• Radiographic Procedures II
• Clinical Education II
• **Total Credits: 16.5**

**Semester 3**
• Radiographic Procedures III
• Exposure II
• Radiographic Physics
• Radiographic Imaging
• Clinical Education III
• **Total Credits: 15**

**Semester 4**
• Radiographic Procedures IV
• Introduction to Quality Assurance
• Radiation Biology
• Image Presentation and Evaluation
• Computer Applications in Radiography
• Clinical Education IV
• **Total Credits: 15.5**

**Semester 5**
• Radiographic Procedure V
• Clinical Education V
• Registry Review
• **Total Credits: 7**

**Course Descriptions**

**Semester 1**

**IMT 311 Introduction to Radiography** - This course is an introduction to imaging technology. The content is designed to prepare students for the upcoming educational studies and clinical experiences. Topics include policies and procedures of the program and radiology departments, medical terminology, introduction to imaging, equipment, radiation protection, safety measures, basic patient care methods, positioning principles, and roles of medical imaging professionals as members of the health care team. (0 credit hours)

**IMT 312 Principles of Radiation Protection** - This course will acquaint the student with the principles of radiation protection including different sources of ionizing radiation and hazards involving the technologist, patient, and the general public. Proper protective measures will be introduced. Radiation monitoring and survey equipment are also presented. (3 credit hours)

**IMT 313 Ethical, Legal, Physical Methods of Patient Care** - This course will familiarize the student with basic concepts of Patient and Family Centered Care and techniques used in general patient care as it relates to Radiography. It will emphasize the radiographer's role in multiple clinical settings. It will also acquaint the student with the ethical and legal responsibilities of the radiographer as part of the health care team. Consideration for the physical and psychological needs of the patient and family will be reviewed. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. (3 credit hours)

**IMT 315 Radiographic Procedures I** - The student is introduced to positioning principles, terminology, and topographical landmarks. Anatomy, positioning, proper Patient and Family Centered Care, and radiographic examinations of the thorax, abdomen, and contrast studies are covered. Correlation of radiographs with positioning of the anatomical part
for optimal diagnostic images, technique selection, patient pathology, and radiation safety are explored. (4.5 credit hours)

**AH 310 Anatomy and Physiology - Skeletal Anatomy** - This course will provide the student with complete understanding of the skeletal system. Bone development will also be covered. Identification of bony anatomy for the upper and lower extremities, thorax, vertebral column, pelvis, and skull will be covered as well as function and articulation. (3 credit hours)

**IMT 316 Clinical Education I** - Using the competency-based education model, students will be supervised with both direct and indirect supervision. Students will gain experience to become competent entry-level radiographers. Students will become acquainted with radiologic imaging procedures addressed in Procedures appropriate Patient and Family Centered Care methods, radiation safety, technique selection, and equipment operation. Corequisite with Procedures 1. (3 credit hours)

**Semester 2**

**IMT 321 Principles of Exposure I** - This course is intended to educate the student in factors that affect radiographic exposures and the principles and devices involved in technique formation. Basic fundamentals of exposure, concerned with production and recording of the radiograph image, will be presented. Clinical correlation of these principles through laboratory experience will be explored. This course also focuses on the formulation of radiographic techniques based on established principles, formulas and conversions. (3 credit hours)

**IMT 322 Radiographic Image Processing** - This course is designed to acquaint the student with an understanding of the components and operating principles of image processing, basic maintenance and troubleshooting techniques. Radiographic image artifacts will be identified. Content is designed to impart an understanding of the components, principles and operation of digital imaging systems found in Diagnostic Radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Film based processing will also be addressed. (3 credit hours)

**IMT 324 Cross Sectional Anatomy** - This course is designed to introduce cross sectional anatomy including identification of vital anatomy and physiology presented through lectures and sample radiography. Radiographic anatomy and pathology of head, thorax, and abdomen/pelvis will be presented. (3 credit hours)

**IMT 325 Radiographic Procedures II** - The student is introduced to positioning principles, terminology and topographical landmarks. Anatomy, positioning, proper Patient and Family Centered Care, and radiographic examinations of the upper and lower extremities are covered. Correlation of radiographs with positioning of the anatomical part for optimal diagnostic images, technique selection, patient pathology, and radiation safety are explored. (4.5 credit hours)

**IMT 326 Clinical Education II** - Building upon the competency-based education model, students will be supervised with both direct and indirect supervision. Students will continue to become acquainted with radiologic imaging procedures, appropriate Patient and Family Centered Care methods, radiation safety, technique formulation, and equipment operation. Students will complete clinical competencies and objectives taught in Procedures I and II relating to contrast studies and upper extremities. Corequisite with Procedures 2. (3 credit hours)

**Semester 3**

**IMT 331 Principles of Exposure II** - This course is intended to educate the student in factors that affect radiographic exposures and the principles and devices involved in technique formation. Radiographic quality factors of contrast, brightness, detail, and distortion will be reviewed. Beam restriction and radiographic grids will be introduced. The formulation of radiographic technique will be continued. Clinical correlation of these principles through laboratory experience will be explored. (3 credit hours)
IMT 335 Radiographic Procedures III - Didactic and laboratory education continues with emphasis on the bony thorax and the vertebral column. Correlation of radiographs with positioning of the anatomical part for optimal diagnostic images, technique selection, patient pathology, and radiation safety are explored while maintaining Patient and Family Centered Care. (3 credit hours)

IMT 412 Radiographic Imaging - This course explores the basic principles of CR, DR, and PACS. The different advanced imaging modalities including Special Procedures (Interventional Radiography-IR), computed tomography, magnetic resonance imaging, nuclear medicine, PET scan, and mammography are presented. Students will explore an area of interest concerning any of the electromagnetic spectrum components through a research paper and oral presentation. (2 credit hours)

IMT 414 Radiographic Physics - This course discusses the fundamental concepts of energy and measurements, atomic structure, electricity, and electromagnetism. It will also discuss circuitry panels, transformers, generators, rectifiers, and mathematical considerations of each. Quality assurance for specific equipment will be addressed. (3 credit hours)

IMT 336 Clinical Education III - Building upon the competency-based education model, students will be supervised with both direct and indirect supervision. Students will continue to become acquainted with radiologic imaging procedures, appropriate Patient and Family Centered Care methods, radiation safety, technique formulation, and equipment operation. Students will complete clinical competencies and objectives taught in Procedures I, II, and III relating to upper and lower extremity work, pediatric chest and extremity exams, and vertebral column. Clinical trauma shifts and optional modality choices will be introduced. Corequisite with Procedures 3. (4 credit hours)

Semester 4

IMT 415 Radiographic Procedures IV - The student continues to study advanced radiographic positioning. Specialized radiographic procedures include radiography cranial and facial studies. Specialty modalities will also be explored. Correlation of radiographs to positioning of the anatomical part for optimal diagnostic images, technique selection, patient pathology, and radiation safety while using Patient and Family Centered Care is explored. (3 credit hours)

IMT 421 Computer Applications in Radiography - This course gives the student a basic overview of computers in Radiography. It allows for computer review of different programs and previous education components regarding Radiography. (2 credit hours)

IMT 422 Introduction to Quality Assurance - This course is designed to acquaint students with Quality Assurance and Quality Control and the governing agencies and regulations responsible for monitoring performance. Control measures used within a Radiography Department, quality test tools and methods of application are explored. Fixed and variable kVp systems and AEC devices, image-intensified fluoroscopy, recording media and techniques, will all be addressed. (2 credit hours)

IMT 423 Image Presentation and Evaluation - This course is intended to expand the necessary skills to determine a radiograph's acceptability and to learn to correct errors on the image. It is to educate the student to be independently responsible for assessing radiographic images, and then presenting them to the class. This evaluation will be used to improve radiographs for future studies. Case studies will include chest, abdomen, contrast studies, extremity work, spine, bony thorax, and skull work. (2 credit hours)

IMT 424 Radiation Biology - This course deals with the effects of ionizing radiation on living tissue, radiation effects on cells and factors affecting cell response. Factors affecting biological responses are presented, including acute and chronic effects of radiation. (3 credit hours)

IMT 416 Clinical Education IV - Continuing to build upon the competency-based education model, students will be supervised with both direct and indirect supervision. Students will continue to familiarize themselves with radiologic
imaging procedures, appropriate Patient and Family Centered Care methods, radiation safety, technique formulation, and equipment operation. Students will complete clinical competencies and objectives taught in all Procedures courses, including cranial work. Students will be allowed to pick an optional rotation of their choice. Corequisite with Procedures 4. (4 credit hours)

Semester 5

IMT 425 Radiographic Procedures V - The student studies advanced radiographic positioning including specialized contrast studies, trauma, and additional pediatric work. Many non-routine radiographic views are covered. Specialized radiographic procedures include radiography of the selected anatomical systems: urinary, central nervous, reproductive, and other skeletal anatomy. Specialty modalities will also be explored. Correlation of radiographs to positioning with positioning of the anatomical part for optimal diagnostic images, technique selection, patient pathology, and radiation safety, while using Patient and Family Centered Care is explored. (3 credit hours)

IMT 438 Registry Review - This provides a review of the major content areas appearing in the national certification examination. This course requires class participation, review of radiation protection, equipment operation and maintenance, image production and evaluation, radiographic procedures, and patient care. Students will be given multiple content area examinations and mock registry examinations to prepare them for the ARRT exam. (0 credit hours)

IMT 426 Clinical Education V - Continuing to build upon the competency-based education model, students will be supervised with both direct and indirect supervision, as appropriate. Students will continue to familiarize themselves with radiologic imaging procedures, appropriate Patient and Family Centered Care methods, radiation safety, technique formulation, patient pathology, and equipment operation. Students will complete all clinical competencies and objectives taught in Procedures IV relating to cranial work. Students will be allowed to pick an optional rotation of their choice. Terminal/final competencies assessing the students’ progress will also be used as a conclusive evaluation of the students’ final clinical skills. Corequisite with Procedures 5. (4 credit hours)

Academic Policies and Procedures

Attendance Policy

Holidays and Academic Attendance  Resurrection University has posted the Academic Calendar on the University website. It details information regarding attendance for semester courses including start and end dates of semesters and listing of specific days when the University is closed. Students are not allowed to complete make-up clinical time on those scheduled University closure days.

Personal Time Off (PTO) It is an essential component of the preparation for this occupation, that the student understands the different aspects of the profession. Absences or time late (tardiness) results in the student being unable to assume responsibility for the patient in the clinical setting. Students are not encouraged to attend the education setting when unhealthy; as this weakens themselves, their classmates and technologists, as well as their patients, and increases exposure to unnecessary illness. Health and wellness of the caregiver are an essential component of the health care team. Each student is allowed ONE day of absence in each: classroom and clinical, without consequences. Each component’s policy is explained below.

University Breaks  There is a break scheduled between each semester. A detailed school calendar (published on the University website) includes dates of attendance, eligible holidays and break periods for each year of attendance.

Excused Absences

Excused absences will consist of the following:

Funeral leave  Family funeral leave will not be deducted from the personal time off bank.

- Five days of excused absence is granted in case of death in the immediate family (parent, spouse, sibling, or child.) Three days granted for grandparents and in-laws. Two days for aunts and uncles. One day for extended family.
- Other funeral requests will be considered on a per case basis by the Director.
• DOCUMENTATION IS REQUIRED FOR ALL FUNERAL LEAVE.

Jury Duty or Military Duty Must be arranged with Director as soon as the student is aware of the necessary leave. Program requirements must still be met upon return.

Medical Leave and Return to Duty
If a student requires a medical leave of absence (LOA), the attending physician must sign a consent that the student can perform all the university technical standards specifically for the radiography program upon return to the clinical education setting. The student will complete all aspects of requested medical documentation per University policy. This is to ensure that patient and student safety is strictly maintained. A student must be in good standing to qualify for the medical leave. The LOA must not exceed one semester. If the student misses one full semester, the student will be required to retest on final exams of didactic courses already completed and re-comp on all proficiencies previously completed. The student will work with the Clinical Coordinator to make sure that all aspects of the Clinical component that were missed will be reassigned and completed. The student would receive a W (withdrawal) for all academic courses in progress, until the time of re-enrollment. Please refer to University LOA policy in Academic Catalog for more details.

Academic Progression Failure (Out of Sequence)
If a student needs to leave a program sequence for a leave of absence or for academic progression failure, it will be necessary that the student proves knowledge in both didactic and clinical areas of education in order to successfully pass the ARRT exam and practice competent entry level radiography. Students who must take a personal/medical leave or are removed from program sequence due to academic non-compliance of grading requirements will have specific areas that will need to be fulfilled:

A) If student is absent due to a leave of absence, he/she will be required to prove proficiency of material previously taught in the previous completed course curriculum. Specific timeframes of accomplishment will be assigned based on length of absence from curriculum sequence.

B) If a student is not allowed to progress in the curriculum due to poor academic standing in a course, the student is required to repeat the course. To proceed, the student must meet specific conditions to prove competency. As courses are not offered every semester, students may be ineligible to proceed until the specific re-competency has been proven. For example, if a student fails a course that is not offered for 2 semesters, then the student will have to prove competency in all areas (up to the time that they were unable to advance) — both clinical and didactic courses. Additionally, course prerequisites are considered before the student may continue in the program.

C) If a student misses only the clinical component for an extended period, then the student must prove proficiency in all competencies from the previous semesters.

Classroom Attendance Due to the accelerated pace of the classroom instruction, it is imperative that students attend all classes to be adequately prepared for this profession. The student is allowed ONE absence per course. On the days of the classroom instruction, the Personal Time Off (PTO) request must be made for recording of attendance purposes through an email (text messages, Group Me messages, etc. are not considered acceptable notification methods for permanent recording), prior to the start of the class day to the class professor of the course(s) to be missed. More than one absence per semester per didactic course is considered excessive and therefore is an unexcused absence (and will result in lowering of the overall individual course grade.) Individual didactic class attendance will be documented per class/per day occurrence. All coursework that is missed must be made up. It is the student’s responsibility to reach out to the professor to make sure parameters have been understood, followed and materials turned in during the correct time frame. Failure to take a scheduled exam on the specific day and time that it is given will result in reductions. See Classroom/Didactic Grading.

Clinical Attendance It is an essential component of the preparation for this career, that the student understands the different aspects of the profession. Absences or late arrivals result in the student being unable to assume responsibility for the patient in the hospital setting. As part of the student’s clinical education, he/she must learn to become a
reliable care giver. The clinical education component is structured so that each rotation has certain requirements that must be met. If a student comes to the clinical component unhealthy, he/she will be sent home. Students are strongly discouraged from exposing patients, staff, and fellow students to an illness. Time missed will be deducted from the allotted (1 day per semester) clinical time off.

**Maximum of ONE day of clinical absence allowed each semester.** Students may use their one day in a total seven-hour block (one full day) or ½ day increments (3.5 hours). Any ancillary rotation time may not be taken off as a planned absence. The ancillary rotation time can be switched prior to scheduling, but the rotation must be completed prior to semester end. It is program procedure to discourage PTO to be taken on these specific rotation/shifts, due to the valuable time spent learning within the limited timeframe.

It is critical for the student to understand that all time taken off should be used with discretion. It is not necessary to use the allotted one day off each semester. A student will have an opportunity to bank his/her clinical days off and use them as needed later in another Clinical Education course for clinical time only. Each occurrence of time off is recorded through the University Learning Management System.

**Notification of Clinical Absence**

A notification email must be submitted no later than 15 minutes before the beginning of the assigned shift. Failure to do so constitutes an unexcused absence and must be made up before the end of the clinical semester, with an additional grade reduction. Notification must be in the form of an email to the Clinical Instructor and should include the Clinical Coordinator. In special circumstances where a Clinical Instructor is absent, the student will inform the Clinical Preceptor, as well. Failure to comply will result in an unexcused absence. Though the student may text to initially notify the clinical instructor, text messaging is not considered an official method of notification. The student has 24 hours to send an official email to the clinical instructor and clinical coordinator documenting the text message that was previously sent or the absence becomes unexcused.

If a student needs to make up time, the Clinical Instructor must agree to the proposed time. Makeup time must not exceed 10 hours in a day and over 40 hours in a week per the JRC. There are specific restrictions, as to the days, shifts, and rotations based on clinical Semester and facility, that must be adhered to.

**Monthly Schedules** The clinical obligations of the student are assigned by the school faculty as they draft a monthly schedule per clinical education facility. It is written using the master clinical schedules and then the weekend assignments, school holidays and days off are posted as they apply. Schedules are designed not to exceed 40 hours per week. If a day off request is made during non-PTO eligible rotations, the student may switch out their schedule with the approval of the clinical instructor through email documentation.

**Unexcused Absence (Clinical)** Failure to report to a scheduled clinical assignment or to give absence notice will result in a record of unexcused absence in the Student Clinical File. Notification of Absence must be communicated a minimum of 15 minutes prior to the scheduled start time of the clinical assignment. The student will be required to complete the missed clinical assignment before or by the end of the semester and receive a 3% reduction in the overall clinical grade for that semester. The Clinical Coordinator must approve all makeup time. Unexcused absences may result from:

1. Switching days off without approval of the clinical instructor.
2. Absence of the clinical assignment without notification 15 minutes prior to the start of clinical assignment by email to Clinical Instructor and Clinical Coordinator.
3. Absence from the scheduled clinical assignment throughout the clinical day without notifying the Clinical Instructor and, if he/she is unavailable, the designated Clinical Preceptor.

**Attendance Time Documentation** e*Value is the program’s electronic clinical record system. It must always be used to verify both the beginning and completion of each clinical day of attendance at designated computer stations. Failure to log in or out will result in assumed absences. A clinical instructor must verify time if there is an electronic error that occurred. Failure to log-in or log out three separate times will result in the student owing one additional hour of clinical time. Each subsequent occurrence will continue to accrue an additional one hour of time owed.

Falsifying documentation is grounds for investigation of a Code of Conduct violation resulting in severe consequences. Students are not allowed to falsely alter their own time tracker or document time for other students. Additionally,
logging in from one’s personal mobile device is also grounds for dismissal. IP computer addresses will verify students’ appropriate clock in and out times and locations. The Clinical Instructors will verify attendance weekly. If a student has a question regarding his/her attendance, they may meet with their Clinical Instructor for clarification. If there is a discrepancy between the two parties, the Clinical Coordinator will aid in resolving the issue.

**Unscheduled University Closure**  In the event of the school closing due to weather, power outage, etc., students, faculty, and staff who registered for the Resurrection University alert system will receive either a text message or email message alerting them of this closure. Messages will also be posted to the University website and via automated message from the University main number. Any missed assignments will be made up the following meeting with the instructor. Students are encouraged to sign up for ResU Alerts and can do so at [http://www.e2campus.net/my/resu](http://www.e2campus.net/my/resu).

**Student Health Requirements**

**Communicable Disease/Infection Control**  If a student is suspected or diagnosed as having a communicable disease or has been exposed to a communicable disease, the student should notify the Program Officials and self-quarantine if necessary. The student must then obtain a written note verifying their good health standing to return to school or school functions. This note must be from the healthcare provider that the student consulted. Examples of communicable disease include but are not limited to COVID-19, chicken pox, influenza, conjunctivitis, strep throat, and lice. Infection control manuals containing policies and procedures, regarding the infection control program, the employee and student health, isolation procedures, and standard precautions are in the Departments of Radiology or at specific clinical education websites. Students are taught infection control practices in the Patient Care curriculum and SIM lab but also reviewed at each clinical site to allow for following the site protocol.

**Compliance of Health and Safety Requirements**

Before beginning the Introduction to Radiography course, students will be required to complete the electronic assignment of Standard Precautions and COVID-19. Students will also be assigned regulatory mandated learning modules. In the Introduction to Radiography Course, Week One, students will be introduced to multiple safety segments to ensure proper protocols have been reviewed by the student. There may be additional mandated modules required at some clinical settings throughout the entirety of the program.

**Required Student Health and Safety Records**

CastleBranch is the electronic housing for student health and safety records. All students must upload a Student Health and Safety Record that has been signed by a physician or a nurse practitioner, as well as proof of health insurance, satisfactory completion of Occupational Safety and Health Administration (OSHA) instruction requirements, and Health Insurance Portability and Accountability Act of 1996 (HIPAA) instruction requirements, into their personal health information records account (CastleBranch). Prior to starting their clinical assigned rotation, students are required to submit proof of immunization for tetanus/diphtheria, annual seasonal flu, as well as immunization or titers (proof of immunity) for mumps, rubella, varicella and hepatitis B by the required deadlines. Thereafter, to enroll in any course with a clinical component, students must maintain current records for all health requirements, including annual PPD skin testing, influenza vaccines, CPR certification, qualitative fit testing (completed on campus), continuous health insurance, OSHA instruction, and any specific facility requirements. Some clinical settings require additional health testing before a student may rotate through the assigned clinical setting. It is the student’s responsibility to upload that information as a PDF document. Failure to maintain current records will result in immediate removal from clinical and all clinical time missed must be made up prior to the end of the clinical course semester or the student will receive an incomplete for that course.

**Student Responsibility for Ongoing Compliance**

Students are responsible for tracking and completing these requirements prior to enrollment and prior to any documentation expiration. Copies of these documents should be kept for personal records. Students are also
responsible for checking the Castle Branch Medical Document Manager for their due dates. Failure to comply with this requirement will result in suspension from clinical and/or class until documentation is received. Class and clinical time missed because of noncompliance is considered an absence, and thus, may jeopardize the student’s successful completion of the course.

**Expenses related to health records are the responsibility of the student.** Failure to comply with the required health and safety documents will result in suspension from class and clinical/professional practice or residency experiences. Class and clinical/residency time missed because of noncompliance is an absence and thus jeopardizes successful completion of a course.

**Health Insurance**
Students must carry their own personal health insurance. All students are required to have and maintain health insurance while they are enrolled at the University. **Documentation of health insurance coverage must be provided annually.** Student Services can help with health insurance options.

**Professional Liability Insurance**
Students are insured for professional liability by the Resurrection University Insurance Program only while participating in clinical, practicum, or residency experiences as part of their University courses. Students are also insured during participation in any other University-sponsored events requiring a clinical experience.

**Injuries Sustained During a Clinical Experience**
A student who sustains any injury, e.g., a needle stick, while participating in class or clinical experiences should notify the Course Clinical Instructor immediately. As soon as possible, an injury report must be completed and filed with the Dean/Program Director with a copy sent to the University Director of Compliance. A student who sustains an injury while participating in a clinical experience should follow the protocols of the affiliating institution. The initial visit following the injury must be done at the institution where the incident occurred or the closest location. As soon as possible following the initial visit, the student should see their personal physician. All expenses associated with the injury are the student’s responsibility to include follow-up treatment, regardless of where the incident occurred.

**Medical Restriction**
Students who have been medically restricted from performing tasks, must submit a written statement from their primary care provider (Physician, Physician’s Assistant or Nurse Practitioner) verifying the medical restriction to the Program Director/Dean. It will be placed in the student’s file. If it is determined by the Program Director that the student will not be able to safely fulfill clinical requirements, a leave of absence from the clinical course will be required. Once the restriction is ended, the primary care provider must provide medical clearance documentation that the student may return to class and clinical without restrictions and this must be submitted to the Program Director and Clinical Coordinator.

**Technical Standards Requirement**
To perform as a Radiographer, the student must have the physical capabilities to meet the standards listed below. The student must be able to:
- visually inspect radiographs to evaluate quality and patient positioning.
- communicate with patients and staff (verbally and audibly).
- participate in didactic classes using verbal and written English formats.
- stand/walk up to 8 hours per day providing patient care and diagnostic testing in the clinical setting.
- utilize computer and Radiographic room control panels.
- climb on a step stool to position patients.
- lift and carry patients when assisting in transfers from wheelchairs, carts, and beds.
- carry now Imaging Plates and supplies up to 15 pounds.
- wear full length lead aprons up to 5 pounds.
• reach and stoop to maneuver equipment and patients.
• position patients and operate equipment (stationary and mobile) simultaneously by using bilateral gross and fine motor dexterity.
• document patient information, history, and other pertinent facts in written form.

Students with Disabilities need follow the “Students with Disabilities” section in the University Catalog for accommodations where appropriate. The University complies the Americans with Disabilities Act (ADA).

Workplace Hazards
Resurrection University Clinical Education Settings strive to provide a risk-free environment to its patients, employees, students, and visitors with regards to hazardous materials. Each Imaging Department has procedural manuals, infection control manuals, and access to all policies which cover the proper procedures required to provide the safest possible environments as determined through multiple accreditation standards for the clinical environments. The student has the authority and responsibility to work safely, to report unsafe conditions or equipment to his/her Clinical Instructor and to know the safety procedures such as fire and disaster for each assigned clinical site as required. Orientation/Treasure Hunt forms for each clinical site are completed to confirm the student is aware of the proper protocols and procedures, safety requirements and location of key items in a Radiology Department or Clinic. Additionally, students will be instructed in the Introduction to Radiography and Patient Care courses regarding these pertinent matters.

Harassment Policies
Anti-Harassment, Anti-Bullying, Anti-Hazing and Discrimination
Resurrection University prohibits any form of unlawful harassment, bullying, and/or hazing, and will not tolerate discrimination/ retaliation against any employee or student by anyone, including co-workers, supervisors, students, patients/residents, vendors, visitors, contractors or any other third party. There are very definite definitions as to what constitutes this harassing conduct that will not be tolerated and are listed in the RESU Academic Catalog. If there are any complaints to be filed regarding Title IX violations, the student may email the Title IX Coordinator at ResUTitleIX@resu.edu.

Standards of Behavior
Students are to always follow the ARRT Code of the Ethics. This will be introduced during the Patient Care Course during the first semester and throughout the Curriculum.

Clinical: Students are always expected to conduct themselves in a professional manner practicing Patient and Family Centered Care while on the clinical setting premises. Students must respect the affairs of the school, the facility, and the patients’ confidentially, and are not to discuss these matters with other students, family, or friends. All students are required to speak in a low tone and be courteous to patients, medical staff, and department personnel. Foul, abusive, or inappropriate language will not be tolerated at any time. Students are not allowed to speak, in any patient care setting where patients are present, any language other than English, unless as an interpreter with permission given. Students should be actively engaged in their learning experience. It is important to ask questions in a respectful manner and ask for advice whenever needed. They are not to leave their assigned area at any time without permission. When not actively engaged in radiographic work or other duties, students will remain in their assigned areas and not congregate in offices, halls, or other rooms, disturbing the patient care areas. They should maintain a cooperative and positive attitude without voicing unnecessary complaints or criticisms.

Knowledge and understanding of HIPAA laws are an essential component of all health care professions. Confidentiality must always be maintained to comply with HIPAA laws. Therefore, cell phones are completely prohibited on the clinical floor. Cell phones have the potential to jeopardize patient security as well as distract the student from the clinical setting. Many hospitals and other clinical settings prohibit cell phone usage in patient care areas and are only allowed in designated areas.
Students should **NEVER** expose a patient to radiation without a physician’s order. Students should **NEVER** experiment with patients. **They should never repeat** a radiograph unless under the direct supervision of a registered technologist.

**Classroom:** Students will remain courteous to the professor and other classmates by treating every member of the class with respect, even if disagreeing with another’s opinion. This means reasonable minds can differ on any number of perspectives, opinions, and conclusions. These constructive disagreements sharpen critical thinking skills, deepen understanding, and reveal novel thoughts. All viewpoints are welcome and encouraged to create a more dynamic learning environment. Students should be actively engaged in their learning experience. Sleeping in the class demonstrates a lack of engagement and is disrespectful to fellow classmates, the professors, and the potential patients they care for.

**Failure to comply with any of the above practices could result in disciplinary action.**

Additionally, the University Code of Conduct can be found in its entirety on the University Website in the Academic Catalog. Failure to comply with the Code of Conduct could result in Disciplinary Action (per University policy.)

**Travel**

**To Clinical Sites**
Students are required to travel to all clinical sites within the Chicago area. Students must have a valid driver’s license and/or provide their own form of transportation. School schedules will not be modified to accommodate individual transportation needs. Current clinical sites include (but are not limited to) AMITA Saint Francis Hospital, AMITA Saint Joseph Hospital, AMITA Resurrection Medical Center, AMITA Saints Mary of Nazareth and Elizabeth Medical Centers, Community First Medical Center, Weiss Memorial Hospital, Advocate Lutheran General Hospital, and Shriners Hospital for Children-Chicago.

**To School Related Activities**
Opportunities are available for students to travel to educational and/or other activities during the school year. These are OPTIONAL activities and students may elect to attend and travel to them at their own expense. As these activities are not mandatory, students have the option to attend the regularly scheduled clinical day or if a classroom day, the student can choose to complete assignments in lieu of attending the activity.

**Grading Policies**
Saint Francis School of Radiography offers a full-time, approximately 21-month program in Radiography. There are five consecutive semesters composed of classroom (didactic) and clinical courses. All courses in the curriculum are required. Failure of a course will not allow a student to progress until the course can be successfully repeated. Progression of the curriculum will not continue as courses have prerequisites and co-requisites. If there are any student concerns, it is suggested that students work with their professors to address and resolve issues as the course progresses.

Students can find information regarding academic appeals procedures in the Resurrection University Student Catalog.

The following **Grading Scale** is used in all courses:

<table>
<thead>
<tr>
<th>Grade Definition</th>
<th>SFSOR Scale</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
<td>100-94</td>
</tr>
<tr>
<td>B</td>
<td>Good</td>
<td>93-87</td>
</tr>
<tr>
<td>C</td>
<td>Average</td>
<td>86-80</td>
</tr>
<tr>
<td>D</td>
<td>Poor (Not Passing)</td>
<td>79-75</td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
<td>Below 75</td>
</tr>
<tr>
<td>AU</td>
<td>Audit</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
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<tr>
<td>W</td>
<td>Withdrawal</td>
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**Classroom / Clinical Attendance Grading**
If a student accumulates more than one absence per semester (either clinical or class), the student will receive the following reduction(s) in the overall course grade:
1st occurrence - Excused
2nd occurrence - Reduction in course grade of 5%
3rd occurrence - Reduction in course grade of an additional 5% (totaling 10%)
4th occurrence - Reduction in course grade of an additional 10% (totaling 20%)
5th occurrence - After the fourth absence, the student will receive a failing grade for the course.

Classroom (Didactic) Grading
Course Grades have these specific components:
- Attendance grading policy below
- Tests are 85% of final grade (see specific course syllabus)
- Quizzes and homework are 15% of final grade (see specific course syllabus)
- Any grade achieved below an 80% will not be rounded up.
- Any failed tests must be repeated (with only the original grade calculated into the final grade). **If a student cannot satisfactorily pass the unit test after three attempts, he/she will be dismissed from the program sequence. The student will be counseled and encouraged to go to the peer tutor and course professor before repeating the test within one week of the original test date.**
- Calling in on a test day results in a 6% lower test grade. Each subsequent day of attendance (clinical or classroom) will result in additional 6% reduction of the test grade each day that it is not completed.
- Failure to take the exam at the scheduled time, yet on the scheduled exam day, will have a 3% reduction in a test grade. If a student will miss a scheduled test, it is his/her responsibility to reschedule prior to examination. Each faculty member will determine the way make-up examination will be handled in his/her course.

Classroom Assignments
- All assignments / missed course work must be completed as assigned by the professor.
- Any grade achieved below an 80% will not be rounded up and must stand as permanent.

After assignment deadline, but before 11:59pm of the due date: 5% reduction from the grade received.
After 11:59pm of the due date: 10% reduction from the grade received.
After 11:59pm of the 2nd date: 20% reduction from the grade received.
After 11:59pm of the 3rd day, the student will receive a “0” on the assignment.

Remote Proctored Exams Using Lockdown Browser with Webcam
Valid remote proctored exam attempts meet the following three conditions:
- the student shows a valid ResU ID.
- the student performs a full 360° environmental scan.
- the student maintains full facial recognition throughout the entire exam.

Clinical Grading: For IMT 316, 326, 336, 416, 426
The student's clinical grade will be composed of the following:
- Competency Tests 20%
- Clinical Instructor Evaluation 30%
- Online Learning Component 20%
- Lab Competency Evaluations 20%
- Sim Lab 10%

Clinical Instructor Evaluations - Each student will be evaluated by their Clinical Instructor twice within a semester - at mid-semester and at the end of a course. The mid-semester evaluation allows the students the opportunity to receive feedback for improvement in any deficient area within the clinical setting. Feedback from clinical preceptors and technologists will be calculated into the final grade. Self- evaluations will be utilized to determine how the student perceives their progress. A semester counseling session will then be scheduled with the student to discuss his/her strengths, weaknesses, and progress in the clinical setting. At this time, the student will also have an opportunity to
discuss any concerns he/she may have. **The student must successfully pass all sections of the clinical requirements to receive a passing grade.** Mid-semester and final semester evaluation will be averaged to calculate the overall clinical grade.

**Laboratory Competency Evaluations** Following the **successful (80%)** classroom testing in the procedures and laboratory practice of positioning in each category, the student must successfully pass, without assistance, laboratory competency evaluations in each projection. The competency grade achieved will be recorded and kept in the student’s permanent file. Failure to successfully complete this requirement will result in failure of the lab portion of the unit and the student will be given remedial work, an assignment and be scheduled for retesting in the lab setting.

**Competency Tests**- In each semester, once clinical lab testing is successfully completed, students will be required to perform those examinations in which the student has passed lab competency. The initial competency test will be either done in the presence of the clinical instructor or designated preceptor. Students will be graded on their overall performance of the examination from the initial contact with the patient to the analysis of the images for quality purposes. To pass this competency test, students should not have any repeated images to perform within the examination.

**Clinical Online learning component**- Students will be assigned an online learning component through the learning management system (LMS). They will be required to complete all assignments, discussion boards, and quizzes assigned in the time frame required. Failure to complete clinical coursework will result in a loss of clinical points based on assignment value.

- All assignments / missed course work must be completed as assigned by the professor.
- Any grade achieved below an 80% will not be rounded up and must stand as permanent.

After assignment deadline, but before 11:59pm of the due date: **5%** reduction from the grade received.
After 11:59pm of the due date: **10%** reduction from the grade received.
After 11:59pm of the 2
day: **20%** reduction from the grade received.
After 11:59pm of the 3
day, the student will receive a “0” on the assignment.

**Simulation lab**- All students will be required to complete 4 days of simulated training in the Foglia Family Foundation Simulation Center or other simulated environments. These days will be scheduled during clinical rotation days. The material covered in the simulations will mirror and supplement what is taught in the didactic and clinical courses. The Anatomage Table will be used to demonstrate Virtual Anatomy. Students must attend their scheduled simulations and are responsible for rescheduling missed days with the Clinical Support Specialist if availability is possible. If a student is unable to make a scheduled Sim day, arrangements need to be made prior to the Sim day. If students are late, they will not be admitted to the simulation lab. Students will lose all points for that day of the originally scheduled simulation. Students will be entering the simulation lab through the designated entryway. All students must wear their designated scrubs as well as the facemask and face shield provided by ResU when in the simulation lab. Students arriving late to the simulation lab will not be admitted.

**Simulation Lab Late Occurrence**
Students arriving late to the simulation lab will not be admitted and counted as absent.

**Incomplete Clinical Coursework**
In clinical class settings, failure to complete the required competencies/rotation requirements during that specific time frame will result in an “Incomplete” being awarded. An incomplete grade is awarded when the student needs additional time to complete a course or if in the event, a competency area must be re-evaluated with a successful assessment, to
progress the student. The incomplete time length will be determined by the Program Director and Clinical Coordinator but cannot exceed one semester in length. If additional time is needed, the student would follow the Out-of-Sequence criteria for the University. If a rotation has been missed and must be completed, the same rotation or time frame must be used when completing it. Instances of extended illness or a need for leave of absence, the student may request that option.

**Clinical Setting Progression**  In order to complete the requirements for clinical competency, the student must successfully perform examinations under direct or indirect supervision (depending on level of competency) from each category in the clinical setting. Testing for patient competency in the clinical setting may occur at any time after the student has passed the laboratory competency tests but must be completed by the end of the semester. Competency testing must progress in a logical order from first to last categories covered in the classroom/lab setting. Check clinical class syllabus for required competencies. Additionally, the student will “re-comp” on examinations to assure competency in their radiographic ability throughout their program.

Upon demonstrating competency in the clinical setting, the student may perform examinations in that category in the clinical setting with indirect supervision. Exceptions to the indirect supervision policy include patient competencies in the first semester and all pediatric, portable and surgical procedures throughout the duration of the program. This policy is specific to the SFSOR ResU radiography program.

If at any time, a student consistently appears “not-competent” with an exam(s), then the student will return to the direct supervision status until proven competent by the Clinical Instructor. The student must demonstrate competency in the clinical setting in all categories by the conclusion of his/her program to graduate.

**Additional Policies and Procedures**

**Complaint Policy**
Students have the right to address a complaint that is disruptive to their learning environment whether in the classroom or in the clinical setting. Students need to communicate their issues to the attention of the appropriate personnel (whether Clinical or Classroom Faculty.) The Program Director is to be made aware of the said complaint and will document and investigate the grievance. Records will be maintained to assist the Program in providing a learning environment that is conducive to the student’s learning. It will be the responsibility of the program officials to address issues of re-occurrence.

**Student Rights Under FERPA**
The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. Students must formally petition to examine their record. No student may examine another student's file. Access to student information and transcript acquisition are dictated by the University policy in compliance with FERPA (Family Educational Rights and Privacy Act 1974). The policy is found in its entirety in the University Catalog on the website.

**Appearance/Dress Code**
The dress code of the program reflects the fact that as a health care institution, professionalism in behavior and dress is expected, always. Serving a cross-section of the population, it is believed that conservative clothing and neatness are the most acceptable appearance styles to most of the patients and visitors. It is expected that students must be respectful of the environment as hospital guests.

**Classroom attire:**
- A student identification badge must always be worn, with the name visible to others, while on the premises of any educational facility. No other pins, buttons, stickers, badges, etc., may be affixed to the badge itself or to the
badge clip. The badge must be always worn, face out, near the collar, and in an easily visible place while in the clinical or classroom setting.

- Daily attention to hair, nails, oral hygiene, and bathing is expected. All clothing should be appropriate for the student’s environment. Professional attire and modesty are expected relative to length, style, fit, and transparency of clothing.
- When on campus, inappropriate attire includes, but is not limited to, halter tops, blouses with deep cleavage, short skirts and shirts that reveal the belly button. No sleeveless t-shirts are to be worn when on campus.
- If at any time apparel is worn that might be considered/perceived as an indication of gang affiliation or weapons, guns or anything that could cause bodily harm to any individual of the University is visible, Security will be contacted. Such items are forbidden in Resurrection University. Instructors and the Program Director are responsible for the appearance of students in their areas; therefore, they have the authority to set expectations for any additional dress code rules, consistent with any applicable administrative or facility policies.

**Clinical attire**

Uniforms: Required at all times while in the clinical setting. The student must wear a uniform scrub shirt and pants. The color of the uniform is **Bahama Blue**. The student may also wear a plain white long sleeved or short sleeved t-shirt underneath the uniform top. Any other visible shirt is unacceptable. Short t-shirt sleeves may not hang lower than scrub sleeves. The student must also wear either a long white uniform lab coat or a **Bahama Blue** uniform warm up jacket outside of the Radiology Department. While performing clinical education in the Surgical Suite, full-length white lab coats are required at some clinical settings (and therefore must have been purchased prior). While working in the Radiology Department, the uniform jacket/coat may be removed. **Scrub tops and warm up jackets MUST be embroidered with the School of Radiography in white lettering. Lab coats must have contrasting blue lettering.** Two uniform sets are suggested. Students may never arrive to or leave clinical settings in **hospital-issued** scrubs.

- Professional shoes are recommended although athletic shoes are acceptable. All shoes must be **white leather** without colored trim or laces (90% white). Clogs, “Crocs”, and shoes with ventilation holes larger than a pencil point are not acceptable due to infection control reasons.
- Students must always wear their personal RESU ID badges and OSL badges in the clinical setting. OSL badges must be removed and left at the clinical site. If, in the clinical setting, a student is found to be noncompliant for not having their OSLs or ID Badge, **the student will be sent home immediately**. Time missed will be considered ½ day of absence. A student found to be **wearing another student’s ID or OSL**, will be subjected to a code of conduct investigation by the university.

**At all times:**

- Students not in dress code compliance (for example, wrong shoes) will have a grade reduction to their clinical grade based on the occurrence.
- Hair should be neat and clean. In clinical setting, hair must be pulled up off the collar. Extreme hairstyles or hair ornaments are not acceptable. Hair, beards, and mustaches should be neat and reasonably trimmed.
- Jewelry must be kept to a minimum. Large hoop earrings are not allowed. Bracelets are not allowed. Body adornments including tattoos and facial piercing, excluding earrings must be covered or removed. Excessive adornments are prohibited. Artificial nails are prohibited due to infection prevention measures. Nails must be conservative in length and need to be neatly manicured.
- Daily hygiene must include clean body, hair and clothes. Deodorant use is encouraged. Clothing must be clean, ironed and in good condition. Excessive perfume/cologne and cosmetics are not permitted.

**Student Communications**

- Email - Students will be assigned a ResU email address. There are computers available for the students to check their RESU email daily- whether in clinical or classroom educational settings (if there is not a computer at home to check.) Faculty will not be responsible for information disseminated via email and then not read by the student.
• **RESU Alert System** - Resurrection University will alert the student of an unforeseen school closure via the ResU Alert system. The student will be notified when the school has been closed due to weather conditions or other situations. Students are encouraged to sign up for these alerts. Sign up at: [http://www.e2campus.net/my/resu](http://www.e2campus.net/my/resu)

• **Personal phone calls/text messaging** - are NOT to be made or received while in the clinical or class setting, except in cases of an emergency. Emergency phone calls may occur only in non-patient care or designated hospital areas. **Electronic devices may NOT be used during class or clinical time, unless permission has been granted and only away from patient care areas.** This includes texting, checking of emails, or using the Internet on phones during these periods. This is ONLY permissible during scheduled clinical or classroom breaks. In an emergency, students should notify instructors of the need for cell phone use.

• Electronic devices such as laptops, notepads, iPads or cell phones may be used for recording of class lectures only (with permission of the instructor). This policy follows the RESU policy regarding responsible use of these items. No recording of any kind may occur in a patient care setting as it would violate HIPAA policies.

**Radiation Safety**

It is the goal of this program to keep radiation exposures to the students as low as reasonably achievable. Radiation Protection is an extremely important right of both the student and patient. Students may not make exposures of anyone other than a patient. All exposures using ionizing radiographic equipment are to be made for medically valid reasons, and with a physician’s order. Radiation Protection is covered in a first semester course. Additionally, it is embedded in every Procedures course each semester. The principle of **ALARA** (As Low As Reasonable Achievable) is taught and addressed throughout the educational experience. This principle must be strictly adhered to. In the clinical setting, students must employ gonadal shielding and collimation whenever applicable and in adherence with clinical facility radiation safety policy. When completing competency testing, failure to use the above-mentioned devices will result in automatic failure for that given competency. Collimation, gonadal shielding, and exposure techniques will all be evaluated for radiographic competencies when "testing out." Repeat radiographs must be completed under direct supervision of a registered technologist or clinical instructor to eliminate the risk of unnecessary radiation dose to the patient. Failure to comply will result in disciplinary action.

Students will adhere to the American Registry of Radiologic Technologists’ Code of Ethics; “The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with accepted standards of practice, and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.”

Each student will be issued Optically Stimulated Luminescence Dosimeter monitors (OSL). They are always to be worn while in the clinical setting. OSLs must be changed the first day of each quarter. It is the student’s responsibility to change the OSL at the proper time. Loss, damage, or accidental exposure to the OSL must be reported to the Radiation Safety Officer and/or Clinical Coordinator immediately. OSLs are not to leave the hospital environment. If the student does not have his/her OSL for the clinical day, the student will be sent home and the time missed will be made up. The Radiation Safety Officer and the Clinical Coordinator review quarterly badge reports and will counsel students with unusual or excessive readings. The current quarterly report must be signed off by each participant and reviewed with the radiation safety officer when the report is received. Both the students and the RSO or Clinical Coordinator must initial that they have reviewed the current report. A cumulative exposure report by the badge reporting company is tracked by student’s social security numbers and is placed in the student’s permanent file upon program completion. There is a $30.00 fee for a lost monitoring device.

Students will also take exposures of phantom body parts in the simulation lab. Radiation protection principles apply in the simulation in the same respect as in clinicals. Only phantom body parts can be radiographed in the simulation lab. There are no exceptions to this rule. The same disciplinary action of that of the clinical setting apply. Students will be
issued semi-annual OSL badges that will be only worn in the simulation lab and will be stored in the simulation center. Students are responsible for having their OSL badges in the simulation lab. If a student does not have their badge, they will be sent home to get it and any time would need to be made up or the student will return to the clinical setting and the missed simulation day will be made up. A grade reduction for missing the scheduled sim lab day would apply.

Radiation Protection Policy - Summarized
The responsibility of the student technologist is to maximize the benefit from each x-ray exposure and to minimize the radiation received by the patient.

All of the following are to be followed in accordance with clinical sites radiation safety/departmental policy.

1. Screening
   - Inform patient of risks of ionizing radiation which is dependent on type of procedure.
   - Female patients are asked of a chance of pregnancy possibility and answer documented (according to departmental policy).
   - Documentation of the beginning date of the last menstrual period is required.
   - If chance of pregnancy, a pregnancy test is ordered before radiography exam may be started.

2. Technique
   - Take time to position the patient properly.
   - Choose exposure factors based on the patient’s body habitus.
   - Adhere to As Low As Reasonably Achievable (ALARA) principles.

3. Collimation
   - Limit the size of the beam to include only the area of interest.
   - There is NEVER justification for a beam larger than the image receptor.
   - Collimation improves image quality.
   - Collimation may be the single most important element the student can do to protect the patient.

4. Gonadal Shielding
   - Use gonadal shielding whenever it will not interfere with the diagnosis.
   - Gonadal shields should be used on any patient in the reproductive years or younger or when it does not interfere with the area being imaged.

5. Protecting Yourself
   - The student should protect oneself by employing the same techniques used to protect the patient.
   - Always wear lead apron, thyroid shield (collar), and gloves when appropriate.
   - NEVER STAND IN THE PRIMARY BEAM or hold a patient for an exposure.

6. Supervision Level
   - Only perform at the level of competency that has been achieved with the correct supervision levels involved.
   - NEVER repeat a radiograph without the direct supervision of a technologist.
   - Complete levels of supervision are detailed here in Clinical Education section.

7. Personnel Monitoring (OSL) define OSL
   - Students will be issued two OSL badges, one for the clinical setting and one for the simulation lab setting. Badges are to be stored at site to which the badge is issued to ensure correct badge readings.
   - Detailed directions on badge placement will be fully explained in the IMT 312 Radiation Protection Course.
   - Inadvertently laundering the OSL will destroy it but DO NOT THROW IT AWAY. Bring it to the Radiation Safety Officer and/or Clinical Coordinator and it will be sent back to the company. A spare OSL will be issued until the quarter is finished.
   - The OSL cannot be worn while receiving medical or dental x-rays. The OSL is for OCCUPATIONAL dose only.
   - The current quarterly report (and semi-annually Sim Badge report) is maintained by the Radiation Safety Officer and the student needs to review and initial the report. These reports do not share any personal information other than student name.
   - Students will be given their individual summary report post-graduation.
   - Students should not receive more than 125 mrem/ 1.25mSv per quarter.

8. Overexposure
• Students that receive more than 125 mrem/1.25 mSV per quarter will be counseled, and the incident will be discussed with the Radiation Safety Officer and the Clinical Coordinator.
• If the student continues to exceed the recommended dose limits, removal from the clinical area will occur.

Student Pregnancy
All students will review the Nuclear Regulatory Commissions (NRC) Regulatory Guide 8.13, which outlines prenatal exposure and risks. This document is reviewed during the Radiation Protection Course and can also be found on the Internet. Written disclosure of a pregnancy is voluntary. The student also has the option for written withdrawal of declaration at any time. This document must be submitted to the Program Director/Dean and it will be placed in the student’s file. Once declared, the student will meet with the Radiation Safety Officer and the Clinical Coordinator to help clarify questions and guidelines when selecting an option as well as to keep the radiation exposure to the fetus as low as reasonably achievable (no more than 500 mrem during the entire gestation period). Following the delivery or cessation of pregnancy, the primary care provider or obstetrician must document that the student may return to class and clinical without restrictions. This document must be submitted to the Program Director.

Option 1: Full leave of absence: The student may select to take a full leave of absence (LOA) from the didactic and clinical courses. The student will need to withdraw from the current program status if they plan on a leave longer than one semester in length. The student must return to begin the disrupted course sequence at the next available opportunity that it is offered, after following the determined requirements of LOA policy. Specific considerations of leave from the University catalog must be followed. This option will lengthen the program for the student.

Option 2: A partial leave of absence: The student may select to take a leave of absence from clinical courses but continue in the didactic courses. The student would then return to clinical classes as soon as her physician has given her a fitness duty form. If the leave extends past 3 weeks from the clinical course, the student will have to need to start that clinical course from the beginning of that semester. She must return to begin the disrupted course sequence at the next available opportunity that it is offered, after following the determined requirements of LOA policy. Specific considerations of leave from the University catalog must be followed. This option will lengthen the program for the student.

Option 3: Continuation of the Program: Student may continue in the program without modification. The student may select to continue in the program at the same pace as normally scheduled. She must have a fitness for duty note from her physician. One day of clinical absence is allowed during each semester. The student must meet with the RSO to review Radiation Protection Policies. At this time, the student is given an additional fetal monitor badge to wear for the duration of the pregnancy. The student will continue in all clinical areas as scheduled. Wrap around lead aprons are required to be worn in fluoroscopy and surgical rotations. An additional fetal OSL will be closely monitored to assure safe fetal dose limits. Department standards policy will be followed. The student may continue in clinical classes until her physician deems her unable to perform clinical obligations. Program length may be affected dependent upon the student’s time requirements for delivery and post-partum. Maximum time for classroom/clinical absence is three weeks without repeating the semester (per Medical Leave policy). All scheduled clinical rotations must be completed and if desired, may be completed or partially completed, prior to pregnancy leave.

Program Completion

University Graduation Requirements
To graduate, the student must meet the following requirements:
1. File the Intent to Graduate Form by the designated deadline.
2. Have official final transcripts of any previous colleges attended on file in the Registrar’s Office.
3. Complete the credit hours designated in the curriculum as relevant to the individual’s program.
4. Complete the residency requirements.
5. Maintain a minimum cumulative grade point average of 2.0.
6. Complete the preparatory pre-licensure (State of Illinois)/ARRT certification requirements.
7. Complete payment of all fees and tuition owed to the University and return all library items.
Transfer Credits
The Radiography Program accepts students attempting to transfer from another radiography program. Students desiring to attend this program must proceed through the normal application process and begin at the same program level as other students. The perspective student’s knowledge and competency will be assessed, and a determination of placement will be made. Radiography programs vary in the sequencing of courses and curriculum. Therefore, the SFSOR program may not necessarily be an exact match as content previously delivered.

Campus Life
Location
The campus of Resurrection University is currently located at St. Elizabeth Hospital, 1431 N. Claremont Chicago, Illinois.

Student Services
The goal of Student Services is to provide students with an exceptional ResU experience. The student services staff provides the services, programs, and experiences that will support students’ success at the University. From tutoring and counseling to co-curricular activities and library resources, Student Services wants to ensure that students’ academic and personal development needs are met.

Library and Computer Labs
Both the Library and the Computer Labs are available to assist the student in their educational process. Specifics regarding each of these are found on the ResU Website and in the Academic Catalog.

SFSOR Academic Advising
Academic: The faculty are the academic advisors of the program and are assigned at the beginning of each cohort. The Program Director serves to assist the students’ navigation through the program. Counseling will always be confidential and conducted in a positive and constructive manner. Regular evaluation sessions are scheduled to cover student’s strengths, opportunities for growth, and progress in the program. The Academic Center of Excellence (ACE) center houses additional academic counselor/tutor resources for the student’s success.
Wellness: Wellness Counseling is currently offered in a virtual environment for those students seeking additional support from the Counselors. This counseling comes at no cost to the student.

Parking
Clinical Settings each have individual policies determining specifics regarding vehicle parking. Students and staff must adhere to the institution’s policies. For campus attendance, students are required to park in the employee garage at St. Elizabeth’s on site and not in the Visitor’s surface lot. Parking at the new location will be addressed when the campus moves.

Campus Safety and Security
Security personnel are present at every clinical education setting. Upon request, security guards can be available to escort students to their vehicles. Security can be quickly notified in case of emergency by dialing the specific number for that facility. Each clinical education setting is responsible for giving information regarding contacting security.

Clinical Education
Clinical education settings
Clinical rotations are provided at AMITA Saint Francis Hospital, AMITA Saint Joseph Hospital, AMITA Resurrection Medical Center, AMITA Saints Mary of Nazareth and Elizabeth Medical Centers, Community First Medical Center, Weiss Memorial Hospital, Advocate Lutheran General Hospital, and Shriners Hospital for Children-Chicago. Resurrection University has made articulation agreements with all the above clinical partners. As additional partners are identified, articulation agreements will be made and students will be made aware of the new opportunities.

**Clinical Obligations, Hours, and Rotations** To provide learning situations for a student to be clinically competent as well as having a general understanding of the many areas of diagnostic imaging, students will complete many clinical rotations during the 21-month program. Clinical and classroom classes will not exceed 40 hours per week. The time of day and days of the week may vary upon the clinical semester. The hours vary as the student progresses through the clinical curriculum. Clinical hours are as follows unless religious accommodations are requested through the Clinical Coordinator:

- **Day shift** (Mon-Fri) 8:00 AM to 3:30 PM
- **PM/Trauma shift**: 12:30 PM to 8:00 PM. Two rotations (total) or 6 days throughout the duration of the program) in the 3rd/4th semesters.
- **Weekend/Trauma shift** (Fri. & Sat. Evening): 2:00 PM to 9:00 PM. One rotation of 2 days will occur in the 4th semester.

Clinical schedules are defined for a week from Sunday through the following Saturday. Students are responsible for checking their own schedules. The time and rotation scheduled MUST be adhered to. The Clinical Instructors, prior to the scheduled date, must approve all schedule changes.

If the student is scheduled for a weekend clinical experience, he/she receives days off during the week so that 40 hours per week is not exceeded. All days off are arranged around didactic class schedules. Students are not to be used as a substitute for the paid labor of a technologist. The school believes that the variety of shifts included in the program benefits the student in two ways:

A. It creates a well-rounded radiographer with experience gained not only in routine examinations but also in caring for emergency room patients and adhering to trauma protocols. It allows the student to acquire increased responsibilities and utilization of judgment under the supervision of a technologist.

B. Not all Radiography employment consists of daytime hours, so the opportunity to experience the variety of shifts is provided. This enables the students to experience the different working environments. Trauma and emergency radiography occur throughout the entire day. Workflows in radiology are dependent on the type of weather conditions, social and recreational activities that people experience. Changing the hours of clinical operation enables the students to experience a variety of patients and examinations in different volumes.

Students will complete classroom instruction and practicum in sterile and aseptic technique, transfer of patients, care of medical equipment, phlebotomy, and vital signs.

During the program, the student will have the opportunity to experience all phases of Radiology and its related fields. Listed below are the areas that students rotate through:

- General Radiography
- Surgery
- Emergency Department
- Fluoroscopy
- Portable Exams
- Cardiac Cath/Special Procedures
- Computerized Tomography (CT)
- Pediatric Centers
- Orthopedic Centers

Optional Observational Rotations could include:

- Nuclear Medicine
General Plan of Clinical Education

The primary objective of this aspect of education is to enable the student to demonstrate competency in all phases of Radiography through a balanced clinical education. Competency-based instruction is believed to be the most effective method to achieve this objective. This type of instruction allows the student to progress in both the cognitive and psychomotor areas at a rate consistent with his/her individual ability and knowledge. Each clinical semester has learning objectives that need to be met with a specific quantity of hours in each of the key areas: patient contact hours, simulation, online learning and image evaluation and go-overs.

The student's clinical education will proceed as follows:

1. **Orientation** – Students will orient themselves to the Imaging Department during semester one. During this time, Radiography rooms, equipment, supplies, crash carts, bathrooms, dressing rooms, doctors' offices, administrative offices and all aspects of department operation will be identified and discussed. Policy and procedures, including health and safety of students, staff, and patients will be identified and reviewed. Check sheets are used to verify that each student is familiar with their site-specific equipment, protocols, codes and various departments.

2. **Observation** – Students will become oriented and familiar with the examinations and department daily operations. During this period, the student will rotate through the fluoroscopic rooms, general radiographic rooms and portable procedures. The students will become acquainted with the policies and procedures of the Imaging Department and the hospital. The students will participate passively through observation during this time and participating with technologist assistance in patient care at their introductory level of competence.

3. **Didactic instruction** - Students must successfully complete all didactic positioning examinations prior to lab competency testing in the clinical setting.

4. **Lab competency** - Students will have the opportunity to practice the positions introduced in the classroom during laboratory time at the clinical setting with the Clinical Instructor.

5. **Positioning with Direct Supervision** – After successfully passing the laboratory competencies in a category, students may perform these examinations under direct supervision. Pediatric, portable, and surgical radiographic examinations must always be completed under direct supervision of a registered technologist, as specified in SFSOR supervision policies.

6. **Positioning with Indirect Supervision** - This phase of clinical education will begin as students successfully pass the patient competency requirement in a specific category (See Competency Instruction). At this time, students will be able to perform the procedures in that category with limited supervision. Students must verify patient status and specific patient identifiers with a technologist or Clinical Instructor. Students are not allowed to independently end the exam status on the Electronic Medical Record. Students may not release a patient from medical care without the consent of a registered technologist or Clinical Instructor.

Failure to comply with any supervision requirement could result in failure of that Clinical Course with possible additional disciplinary action and/or a Code of Conduct Review.

**Interprofessional Education (IPE)**

In educating a well-rounded radiographer, ResU commits to educating students in interprofessional education (IPE). IPE education involves 2 or more students learning about, with and from each other. Students will gain IPE educational experience in classroom, simulation, and clinical settings. Each clinical setting offers unique IPE opportunities in the following 4 domains:

- Values and Ethics
- Roles and Responsibilities
Clinical Education Online Learning Component  
Students will be required to complete an online learning component in tandem with their clinical education. There will be discussion boards, assignments based on current and past learning experiences, research assignments, personal goals, critical thinking, problem-solving questions and scenarios, personal learning experiences, image critique, and quizzes. This component is worth 20% of the clinical grade.

Supervision Requirements

Direct Supervision
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
- Reviews the procedure in relation to the student’s achievement,
- Evaluates the condition of the patient in relation to the student’s knowledge and abilities,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

Students must be directly supervised when imaging all:
- pediatric patients (patients 12 and under)
- portable exams
- surgery procedures
- optional rotation exams

Additionally, students will also be in direct supervision until competency is achieved. Students will also be in direction supervision for any repeat exams performed.

Indirect Supervision
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

Immediately Available is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Qualified Practitioner is defined as “a radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.”

Competency - The student has completed formal classroom lecture on the procedure, successfully passed a written test, shown proficiency in the laboratory with the Clinical Instructors. The student may now complete this examination in the department with indirect supervision, except pediatric work, portable work, or surgical procedures.

Repeat Radiographs - The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure. This is done under Direct Supervision. Repeat radiographs must be recorded on the student daily log.

All unsatisfactory radiographs must be repeated in the presence of a registered technologist. Failure to comply with this policy could result in failure of that Clinical Course with possible additional disciplinary action and/or a Code of Conduct Review.

Students are NEVER permitted to:
independently check an image or dismiss a patient.
- independently repeat a radiograph.
- hold an image receptor during any radiographic exposure within the primary beam.
- hold or restrain patients during any radiographic exposure.

Competency Instruction
The student must achieve two levels of competency during clinical education. Cognitive abilities will be demonstrated first through testing material presented in the lectures and the laboratory demonstrations. Then the radiographic routines introduced in the lectures and lab setting will also determine competency at this level. After this is achieved, the student will be allowed to work on these competencies in the clinical setting under supervision (defined below).

Laboratory Setting
There are Radiographic Procedures positioning lectures throughout the entire program. Lectures in the procedure courses will consist of audiovisual presentations with commentary and demonstrations. The student will then practice the positions introduced in the unit during laboratory time and at the clinical setting with the Clinical Instructor. A lab grade will be averaged with the corresponding clinical class grade and will be based on proficiency in executing the positions introduced in the class. Concurrently, participation in the clinical areas will move from a passive mode to a more active mode of assisting the technologist with the examinations the student has learned.

1. Laboratory Competency Evaluations - Following successful classroom testing in the procedures and laboratory practice of positioning in each category, the student must pass laboratory competency evaluations in each projection, without assistance. Failure to successfully complete this requirement will result in failure of the lab portion of the unit and the student will be given remedial work and retested later. The student who does not place an anatomical positioning marker (R or L) or does not place a gonadal shield on the “patient” will be given an automatic failure for that projection. Successful completion allows the student to test their competency in each patient examination. All lab competencies are incorporated into the student’s final clinical grade. All laboratory work must be completed by predetermined dates. Absence from scheduled lab testing will result in completing testing at the end of scheduled lab testing period for the clinical group. Upon demonstrating competency in the laboratory, the student will be allowed to perform those examinations in that category in the clinical setting under the direct supervision of a technologist. Specific radiographic examinations in chest, abdominal and spinal work will need to have specified numbers of acceptable pre-competency observations by the Clinical Instructor before they can be proven competent for a final numeric calculation. No student should attempt any radiographic procedures in the clinical setting unless they have been tested on it in the classroom and laboratory, then only under the direct supervision of a technologist.

2. Clinical Setting In order to complete the requirements for clinical competency, the student must successfully perform examinations unassisted from each category in the clinical setting. In specific semesters, students must achieve a predetermined number of pre-competencies to assess ability before testing competency for a grade. Testing for competency in the clinical setting may occur at any time after the student has passed the laboratory competency tests but must be complete by the end of the semester. Competency testing must progress in a logical order from first to last categories covered in the classroom/lab setting. Semester One competencies must be completed under the Direct Supervision of the Clinical Instructor only. The following semesters’ competency examinations may complete under the “direct supervision” of a staff radiographer, Clinical Preceptor, or Clinical Instructor. Clinical Preceptors or staff radiographers will then have an additional sheet to fill out attesting to the student’s performance (markers used, shielding placed, AIDET principles followed, patient identifiers used, etc.) but will not make the final determination of any grading. Check clinical class syllabus for required competencies. Students who have not completed competencies or hours by the end of the clinical class will not receive passing or complete clinical grades unless specific arrangements are made with the Director regarding a Leave of Absence.
Upon demonstrating competency in the clinical setting, the student may perform examinations in that category in the clinical setting with limited supervision. If at any time, a student consistently appears “not-competent” with an exam(s), then the student will return to direct supervision status and demonstrate competency in that given area again. The student must demonstrate competency in the clinical setting in all categories by the conclusion of his/her program to graduate. Additionally, the student will “re-comp” in designated examinations to reconfirm competency in specific radiographic competencies. All ARRT Competency Requirements are published on the ARRT website (see attachment at the end of the catalog).

Pertaining to laboratory and clinical competency testing, it is important to note: A 2.5-minute time limit per projection will be observed. The timing will begin with the initial positioning of the patient. A time exceeding 2.5 minutes will result in the student requiring remedial work. Passing clinical competency grades will be included in the student’s clinical grade. The student must pass with a 90% or better without assistance.

The Foglia Family Foundation Clinical Simulation Lab - The Foglia Family Foundation simulation lab is designed to enhance the clinical education experience and is considered a component of the clinical education course. The lab is comprised of radiographic equipment to allow the students the opportunity to acquire radiographic images and process them accordingly. This is an energized lab in which students can position radiographic phantoms in a variety of radiologic procedures. Each assigned simulation lab experience is designed to allow students to meet the clinical objectives of their current semester. Specific objectives will be assigned to each sim lab and the objectives will be met at the end of the simulation. Simulations will be held at Resurrection University on the fourth floor or at another designation as determined per the criterion needed to be accomplished. The simulations will take place during scheduled clinical time. Attendance to these simulations is mandatory. If a student is absent from the simulation, the day must be rescheduled with the Clinical Support Specialist, if time allows. Students will not be allowed in the simulation lab if they are late. If a simulation day is missed, there will be homework assigned to the student through the online learning platform and the student would receive 0 points for any simulation work given that day. Students will also utilize Shaderware, a virtual simulation platform, and the Anatomage Tables to enhance their learning abilities in Procedures classes and in the clinical setting.

Student Responsibility - All examinations for which the student wishes to be competency graded on will need to be submitted to the Clinical Instructor within one week of that given examination. Failure to do so will result in a “non-graded” examination. Students will also record participation in their radiography exams on the Clinical Log Sheets. The purpose of these log sheets is to facilitate review of the student work by the Clinical Instructor. These sheets are not to be used for the purpose of grading a radiograph that the student completed prior to the one-week limitation. In performing fluoroscopic cases, when overhead radiographs are not ordered, the student must satisfactorily perform two complete cases of the same type of exam for compliance of the testing competency requirement. The grade given will be pass or fail only. To satisfy the original requirement, the student must show proficiency of the required missing incomplete exams by graduation.

Image Markers Each student must purchase a Radiographic lead identification marker set, which must be used on each image taken. The student must purchase these markers. Ordering information may be found on the student’s personal URL. The student will not be allowed to test competency if they do not have their permanent markers. If markers are lost, it will be the responsibility of the student to purchase an additional set at the student’s expense. It is a legal requirement that every radiograph taken by a technologist or student must contain an identification marker.

Semester Evaluations

Mid-Semester Evaluations Mid-semesters evaluation with the Clinical Instructor allows both faculty and student to assess the student’s progress mid-point of the semester:
- Orientation, Treasure hunt, Portable, Patient Identification, General Rooms
- Review of competencies completed.
- Self-evaluations will be completed by the student and reviewed - semesters 2,3,4,5.
Personal Goals will be reviewed - semesters 2,3,4,5.
Progress of Journal entries will be reviewed - semesters 2,3,4,5.
Progress of Critical Thinking entries will be reviewed - for semesters 2,3,4,5.

End of Semester Evaluations End of each semester evaluation with the Clinical Instructor allows both faculty and student to assess the student’s progress thru the end of the semester:
- All check sheets must be completed.
- All required competencies must be completed.
- All components of the online Electronic Learning must be completed.
- Personal goals should be achieved.
- Clinical Instructor evaluations and feedback from technologists will be reviewed.
- Review of attendance throughout the semester.

Magnetic Resonance Imaging (MRI) is a noninvasive medical test, using a powerful magnetic field, radio frequency pulses and a computer to produce detailed pictures of organs, soft tissues, bone and virtually all other internal body structures. Various implants and devices have been deemed unsafe in the magnetic resonance environment. Students with these implants or devices in their bodies are contraindicated for the MRI clinical setting. It is imperative that all students are properly screened and educated prior to any clinical experience as an MRI clinical rotation.

MRI Safety - To maintain a controlled safe environment for students of the Saint Francis School of Radiography, (College of Health Sciences) it is required that each student complete an MRI Screening Questionnaire. Completion of the forms and review by the Clinical Coordinator of the Program will allow the student to participate in the clinical setting. The forms will be placed in the student’s clinical folder. No student will be allowed to participate in any MRI clinical experience without completion of the form and the education component. Each clinical setting has the right to ask the student for an additional questionnaire to be filled out prior to the MRI clinical experience. Any student not in compliance to the MRI safety due to a previous medical condition will not be allowed to rotate through this department for the safety of the student.

Computer Access Protocols for Clinical Setting
Each clinical site requires its employees to use an individual sign-on when using the computer. Once signed on, each task the computer undertakes is tracked. The means that each person is responsible for what they do when signed onto the system. Facilities will determine how much access each student will be given.

It is expected that the computer will be used for clinical purposes only such as EVALUE, PACS, or Patient Tracking Information. Students should not perform any computer task under another individual’s log-in. This is a serious issue and could result in disciplinary actions if not adhered.

To maintain compliance with HIPAA guidelines, all images reviewed and assessed by the SFSOR ResU students and faculty, must be directly related to current course material. There will be no un-authorized printing or removal of radiographic images that contain any patient information. All images must be burned to a CD without patient demographics and must be reviewed by SFSOR faculty. The faculty may review and utilize images for evaluation, instruction, testing, and/or grading purposes. All images reproduced by program faculty must have patient demographics removed.

Students will not be allowed to use clinical education computers for any social media or Internet usage.

Clinical Competencies per semester
Students are required to demonstrate competency on certain exams during five semesters to pass the class and move on to the next semester. Those who do not pass the clinical semester do not start the next until all assignments are completed (Incomplete Policy.) The standard school grading policy is in affect for all competency exams, except the terminal competencies, which are pass/fail. At the beginning of the semester the students are issued a clinical “folder” and Electronic Learning (D2L Brightspace) assignments. These include the syllabus which contains all the information that is needed to pass that semester as well as the clinical competency forms and check sheets. The student is
Students must complete the Clinical Education Specific Requirements of:

**Semester One**

**Check sheets:**
- General Radiography
- Fluoroscopy
- Orientation (includes treasure hunt and definitions)
- Portable

**Competencies:**
- CXR – PA & Lateral
- CXR – cart/wheelchair
- ABD – PA & AP
- Any additional chest or abdomen projection

**Online Assignments and Discussion Boards for Clinical Education**

**Simulation component**

**Semester Two**

**Check sheets:**
- General Radiography
- Fluoroscopy
- Orientation & Treasure Hunt
- Portable
- Surgical 1

**Competencies:**
- Contrast studies
- Upper extremities
- Portable – Chest & ABD

**Online Assignments and Discussion Boards**

**Image presentation of chest and abdomen studies**

**Clinical Education Online Component 2**

**Simulation Component**

**Critical thinking and journal entries**

**Personal Goals - Set and Achieved**

**Semester 3**

**Check sheets:**
- General Radiography
- Fluoroscopy
- Orientation & Treasure Hunt
- Portable
- Surgical 2
- Pediatric rotation
- Evening Trauma
- CT and case study – CT exam requirements
Competencies:
- Lower extremities
- Any extremity elective exams
- Lower extremity trauma – (completed by end of Semester 4)
- Upper extremity trauma – (completed by end of Semester 4)
- 1 Portable orthopedic exam (pass/fail)
- CT brain, chest, and abdomen/pelvis (pass/fail)
- Pediatric chest or extremity (both completed by the end of Semester 4)
- Vertebral competencies (based on Procedures course)
- Surgical ortho case

Clinical Education

Personal Goals- Set and Achieved

Image presentation of chest, abdomen, contrast, and upper and lower extremities

Clinical Education Online Component 3

Simulation Component

Critical thinking and journal entries mid and end semester

Semester 4

Check sheets:
- General Radiography
- Fluoroscopy
- Orientation & Treasure Hunt
- Portable
- Surgical 3
- Evening Trauma
- Weekend Trauma
- Interventional radiography (and case study)
- Optional rotation

Competencies:
- Completion of Vertebral competencies
- Bony Thorax
- Pediatric chest and extremity (both completed by the end of Semester 4)
- Surgical non-ortho competency (pass/fail)
- Trauma upper and lower extremity
- Additional extremity competencies (not completed previously)
- Skull competencies (based on Procedures course)

Clinical Education

Personal Goals- Set and Achieved

Clinical Education Online Component 4

Image presentation of previously learned material

Simulation Component

Critical thinking and journal entries

Semester 5

Check sheets:
- General Radiography
Fluoroscopy
Orientation & Treasure Hunt
Portable
Surgical 4
Optional rotation

Competencies:
- Complete Cranial competencies
- Complete all extremity work
- Surgical non-orthopedic c-arm case
- Completion of any exam competency to meet graduation requirements

Clinical Education
Personal Goals- Set and Achieved
Bucket pics competency testing
Image presentation of any and all previous covered competencies
Clinical Education Online Component 5
Simulation Component
Critical thinking and journal entries

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AMITA St. Joseph Hospital Clinical Site: 773-665-6602
AMITA St. Mary Hospital Clinical Site: 312-770-2171
AMITA Resurrection Medical Center Clinical Site: 773-990-5861
Community First Medical Center Clinical Site: 773-794-5082
Shriners Hospital for Children Clinical Setting: 773-622-5400
Louis Weiss Memorial Hospital Clinical Site – 773-878-8700

CLINICAL PRECEPTORS
Ensuring that our students always benefit from a quality education, clinical preceptors have been appointed at each clinical setting. The Clinical Instructors will work with the preceptors to maintain a positive encouraging environment based upon the Saint Francis School of Radiography Technologist Guide to Student Clinical Policies. All preceptors and staff technologists acknowledge through their signature that they agree to adhere to the policies published therein.

These individuals are committed to providing a professional atmosphere that will enhance the educational experience for student learning outcomes. Additionally, the technologists, radiologists, residents, and other staff members at each clinical education setting will provide learning opportunities for our students.
IMPORTANT WEBSITES:

1. U.S. Nuclear Regulatory Commission Instruction concerning Prenatal Radiation Exposure
   https://www.nrc.gov/docs/ML0037/MLO03739505.pdf

2. ARRT Didactic and Clinical Competency Requirements

3. ARRT Code of Ethics
   https://www.arrt.org/earn-arrt-credentials/requirements/ethics-requirements

The Program reserved the right to make modifications as deemed necessary to maintain the quality of the program and its offerings. At minimum, the handbook will be revised each year.

Updated:
1/29/2021