Philadelphia School of Radiologic Technology

Student Handbook

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160 East Erie Avenue
Philadelphia, PA 19134

REVISED April 25, 2026

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Message from the Program Director

Welcome to the Philadelphia School of Radiologic Technology at St Christopher's Hospital for Children!
We have prepared this handbook for your convenience as a guide in presenting program requirements and information for professional and academic behavior.
The Philadelphia School of Radiologic Technology is a full-time, 23-month certificate program that begins in August and admits students only once a year. It is a full-time program, with no part-time option available. A maximum of 20 students may be accepted each year.
Upon completion of the program, you will be eligible for certification and licensure as a registered radiologic technologist. We aim to promote a high degree of competency, professionalism, and self-motivation in each participant in this program. On behalf of the program faculty and clinical preceptors, we wish you success in completing your career goals with us!

Sincerely,

Jeffrey Goldstein B.S. RT (R) ARRT

Accreditation Standards

Joint Review Committee on Education in Radiologic Technology,
20 North Wacker Drive. Suite 900
Chicago, Illinois, 60606
(312)-704-5300
Email: mail@jrcert.org
Website: www.jrcert.org

Disclaimer: These program regulations are subject to change at the program director's discretion as needed.

Program Faculty and Clinical Preceptors

Jeffrey Goldstein, B.S., RT (R)	Program Director Jeffrey.goldstein@towerhealth.org 215-427-6751
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Calvert Simmons Jr. RT (R)	Clinical Preceptor (SCHC) 215-427-5234
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Nicole Bakos, RT (R)	Clinical Preceptor (SCHC Abington) 215 884-5060
Dzulijana Aleksoska MBA, BSRS, RT(R)	Department Manager (Temple University Hospital) 215-840-3220
Tenisha Scutching	Department Manager, Clinical Preceptor (Chestnut Hill Hospital) 267-838-1143
Beth Diehl, RT (R)	Clinical Preceptor (Chestnut Hill Hospital) 215-248-7219

Clinical Sites/Affiliation Agreements

St. Christopher Hospital for Children
160 East Erie Ave.
Philadelphia, PA. 19134
215-427-5234

SCHC Specialty Pediatrics at Abington
500 Old York Road
Jenkintown, PA.19046
215 884-5060

Temple University Hospital-
Episcopal Campus
100E Lehigh Ave.
Philadelphia, PA 19125.

Temple University Hospital
3401 North Board Street
Philadelphia, PA 19140
215-707-4206

Chestnut Hill Hospital
8835 Germantown Ave.
Phila. PA. 19144
215- 248-8200

Temple University Hospital
Northeastern Campus
2301 E Alleghany Ave.
Philadelphia, PA 19134

Hospital Mission Statement

To provide a full range of high-quality health care services to all children and youth up to the age of 21 who seek our care or who are referred to us. To complement this mission, we manage teaching and research programs that strive for excellence, supporting our goal to be a world-class children's hospital. We consistently strive to deliver exceptional care while operating in an efficient and cost-effective manner that serves the best interests of our patients, their families, and the community.

Program Mission Statement

The Mission of The Philadelphia School of Radiologic Technology is to graduate competent entry-level imaging professionals. Graduates will be capable of providing radiologic and associated medical services in a wide range of practice venues.

Goals and Student Learning Outcomes

The Program enrolls qualified students to accomplish the following program goals:

Goal 1: Students will demonstrate clinical competence.

Student Learning Outcomes:

- Students will apply positioning skills.
- Students will select appropriate technical factors.

Goal 2: Students will utilize problem-solving and critical thinking skills.

Student Learning Outcomes:

- Students choose technical factors for non-routine examinations.
- Students will adapt positioning skills to accommodate non-routine examinations.

Goal 3: Students will demonstrate effective communication skills.

Student Learning Outcomes:

- Students will be able to explain procedures to staff, patients, and family members.
- Students will practice effective written communication skills.

Application Process

Philadelphia School of Radiology Technology (PSRT) at St. Christopher's Hospital for Children (SCHC) is committed to equal opportunity for all applicants and students and does not discriminate against anyone on the bases of the legal age of 21 years, color, creed, religion, gender, sexual orientation, national origin, citizenship, ancestry, disability, marital status, or veteran status. Students with a documented disability must notify the program director of their condition after acceptance into the program. This is required for student accommodation.

Non-Academic Standards

In addition to the academic standards, the following technical standards are required for applicants' success in the radiography curricula:

1. The prospective student must possess sufficient strength, motor coordination, and manual dexterity to be able to:
    a. Grasp securely with two functional upper extremities.
    b. Stand and walk up to 85% of work time.
    c. Reach above shoulder level intermittently for 90% of work time.
    d. Lift 25 pounds unassisted.
    e. Transport, move, lift, or transfer patients from a wheelchair or gurney to an X-ray table, or to a patient's bed, and physically place patients in the proper position for examination according to established standards necessary for diagnostic procedures.
    f. Walk without the assistance of canes, crutches, walkers, and/or human assistance.
    g. Twist, bend, stoop/squat, and move quickly.

2. Language Capabilities:
    Possess the ability to verbally communicate.

3. Communication Ability:
    The student must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. Each student must have the ability to read, write, comprehend, and speak the English language to facilitate effective communication with patients, their family members, and other healthcare professionals in the healthcare setting. Additionally, the student must be able to maintain accurate patient records and present information in a professional and logical manner. The student must communicate effectively both verbally and in writing with instructors and other students in the classroom setting.

4. General Abilities:
   The student is expected to possess functional use of the senses of vision, touch, hearing, and smell, so that data received by these senses may be integrated, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to gather significant information needed to effectively evaluate patients. A student must be able to respond promptly to urgent situations that may arise during clinical training activities and must not hinder the ability of other healthcare team members to provide prompt treatment and care to patients.
5. Observational Ability:
   The student must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration, and patient care activities. In addition, the student must be able to document these observations and maintain accurate records.

6. Ability to Manage Stressful Situations:
   The student must be able to adapt and function effectively in stressful situations, both in the classroom and in clinical settings, including emergencies. These stressors may include (but are not limited to) personal patient care/family, faculty/peer, and/or program-related issues.

7. The ability to follow directions effectively and work closely with members of the healthcare community is essential.

8. "After initial training," The student must have the ability to review and evaluate recorded images for quality.

Pre-requisites

- An **associate degree or higher** from an accredited university is required, or enrollment in one of the 2 + 2 affiliated universities.
- Anatomy and Physiology, I and II
- Physics
- College Algebra
- Medical Terminology
- CPR certification
- Criminal Background Check
- Child Abuse Clearance

Application Submission Requirements

To be considered for the program, you must:

- Complete, sign, and submit the SCHC School of Radiologic Technology Application Form.
- Provide two letters of recommendation from a counselor, teacher, or non-family member.
- Send official transcript/s with a 2.8 minimum GPA, emailed PDF or officially mailed to the school. *(All transcripts must be sent from the university or college sealed.)*
- Transcripts must have documented prerequisites within the past ten (10) years.
- All applicants must have an associate degree or higher upon entry into the program.
- Applicants in the process of acquiring an associate degree must have completed all degree requirements by May of the application year.
- Applicants in 2+2 programs must complete all required core courses for their degree from their university before applying.
- Submit the completed application before the deadline of **March 31st** to be considered for that year.
- A non-refundable application fee of **$25.00**, check or money order, must accompany the application when submitted.
- Students must be CPR certified before starting the program.
- **Note**: Students must obtain an average of 80% or higher in total for science and math courses to be considered for admission.

Admission Policy

Admission to the radiography program is selective, and interested individuals will be selected through the application procedure as follows:

1. The applicant will be contacted in writing concerning the status of the application.
2. Upon completion of an admission interview, the Admission Committee will review and score all applications and interview questions.
3. The Radiography Program Admissions Committee consists of the following members:
    - Program Director
    - Clinical Coordinator
    - Designated Faculty
    - Clinical Preceptors

4. The Radiography Program Admission Committee reviews the candidate's application with attention to:
    - Strength of grade point average (GPA) 2.8 or higher.
    - An associate degree or higher is mandatory for acceptance.
    - Community service work experience and extracurricular activities.

5. The applicant is notified in writing concerning the decision of the Admission Committee.

6. Upon acceptance in the program, a $700.00 maturation fee to hold a seat must be paid and is applied towards tuition.

Transfer Policy

The program does NOT accept transfer students.

Withdrawal Policy

A student who wishes to withdraw from the program may do so by submitting a written notice to the Program Director. If the student owes money to the school, all outstanding balances must be paid in full before grades or transcripts are provided to the student.

Tuition Refund Policy

If written notification of cancellation is submitted to the Program Director at least two weeks prior to the program start date, a fifty percent (50%) refund of the $700 advanced tuition fee will be issued. No refunds will be issued following a two-week enrollment period. The policy applies to a student withdrawing or being released from the program
No other refunds will be granted.

Tuition Policy

The Philadelphia School of Radiologic Technology is a twenty-three-month program.
Note: The tuition and fees are subject to change.

1. The tuition for the first year is Eleven Thousand, two hundred, thirty-eight dollars ($11,238.00). Seven hundred dollars ($700.00) must be paid as a matriculation fee, then applied towards tuition. The remaining tuition may be paid for in four (4) installments as shown in the diagram below.
2. The Second-year tuition is Eleven Thousand, two hundred thirty-eight dollars ($11,238.00). This payment is spread into four installments. Total tuition for the program is $22,476.00. **Please see the tuition outline on the next page.**

- All checks are payable to "Phila. School of Radiologic Technology." The address is St. Christopher's Hospital for Children, Phila. School of Radiologic Technology, 160 East Erie Ave., Philadelphia, PA 19134.
- It is a tuition policy that no student is allowed to start the program without the initial acceptance deposit of **$700.00**. Students have 30 days from the due date to pay their tuition. Students with financial aid (FA) from their university must notify the program director of this information.
- A student experiencing hardships should consult with the program director for a payment extension.
- Unsuccessful tuition payments will eventually necessitate one's suspension until tuition is paid. This may affect class attendance and, therefore, grades. It is program policy that all tuition obligations are paid before a student graduates.
- A set of X-ray markers will be provided for each student.
- **Lab Fee** includes Clover Learning access, Canvas learning platform, ASRT 2-year membership and personalized lead markers.
- Books, laptop computer, uniforms, and shoes are **NOT** included in the tuition.
- **Note:** St. Christopher's Hospital for Children does **NOT** accept Financial Aid. (This includes VA benefits.)

Tuition Outline

DESCRIPTION	DATE of year starting	AMOUNT
FIRST YEAR TUTION		11,238.00
Deposit Upon Acceptance		700.00
Lab Fee	July 1	238.00
Payment Two	August 1	2,750.00
Payment Three	September 1.	2,750.00
Payment Four	December 1.	2,750.00
Payment Five	April 1.	2,050.00
SECOND YEAR TUITION		11,238.00
Lab Fee	July 1	238.00
Payment One	August 1.	2,750.00
Payment Two	September 1.	2,750.00
Payment Three	December 1.	2,750.00
Payment Four	April 1.	2,750.00
Total Tuition Cost		**22,476.00**
Books are a separate cost.	Payable to Elsevier	1061.14
Uniforms and shoes	Orientation	
Laptop Computer		

Note: A laptop computer is required for the program. The device must have WIFI, and at least 64GB of memory is recommended.

Curriculum

Describes how semesters and courses are divided, credits, and hours applied.

Semester I

Course Number	Course Title	Credits
RAD 101	Patient Care I	3
RAD 102	Image Production I	3
RAD 103	Radiographic Procedures I	3
RAD 104	Medical Terminology	3
RAD 106	Clinical Practicum I	3
	Total	**15**

Semester II

RAD 107	Patient Care II	3
RAD 108	Radiation Safety I (online)	3
RAD 109	Radiographic Procedures II	3
RAD 110	Image Production II	3
RAD 111	Clinical Practicum II	3
	Total	**15**

Semester III

RAD 115	Advanced Imaging	2
RAD 116	Clinical Practicum III	4
RAD 201	Radiographic Procedures III	3
RAD 203	Image Production III	3
	Total	**12**

Semester IV

RAD 202	Radiation Safety II (online)	3
RAD 204	Digital Imaging I	3
RAD 205	Clinical Practicum IV	4
RAD 206	Radiographic Procedures IV	3
	Total	**13**

Semester V

RAD 207	Radiographic Image Analysis	3
RAD 208	Radiation Safety III (online)	3
RAD 209	Digital Imaging II	3
RAD 210	Registry Review I	3
RAD 211	Pathology	3
RAD 212	Clinical Practicum V	4
	Total	**19**

Semester VI

RAD 213	Registry Review II	2
RAD 214	Clinical Practicum VI	1.5
	Total	**3.5**
	Clinical Hours	**1568**
	Didactic Hours	**870**

Program Grading Policy and System

Students are expected to attend and participate in all scheduled didactic, clinical, and extracurricular activities as part of their educational program.

The grading scale for didactic coursework is as follows:

A	**4.0**	**94-100**	**Excellent**
A-	**3.7**	**90-93**	
B+	**3.3**	**87-89**	**Very Good**
B	**3.0**	**83-86**	
B-	**2.7**	**80-82**	**Passing Program Grade**

The Student Will:

1. Achieve a minimum grade of "B-" in all Radiology courses at each semester level before progressing to subsequent radiology courses. Failure to attain a grade of "B-" or better will necessitate intervention at mid-term counseling, before the point of failure.
2. A student in a 2+2 program from a university who does not achieve a B- in a course cannot retake the course. This policy applies to all students.
3. At the midpoint of each academic semester, each student will have a meeting with the Program Director for a review of all didactic grades. Students will meet with the Clinical Coordinator to discuss their clinical grades. This is the point for remediation, if any.
4. Students' grades are available immediately upon test submission via Canvas.
5. **Note**: A student will be dismissed from the Philadelphia School of Radiologic Technology for achieving a grade less than a "B-" in any didactic course. This applies to both first and second academic school years.

Student Responsibilities in the Classroom and Clinical Assignments

1. Classes begin at 9:00 am
2. Clinical rotations begin at 8:00 am, 10:00 am, or 03:00 pm
3. Come adequately prepared for class, including proper uniform attire.
4. Attend all classes as scheduled.
5. Request an instructor/student conference when needed.
6. If a student is unable to be present for an examination or quiz, the student must contact the course instructor upon their return to reschedule the examination.
7. Act as a role model for your health profession always.
8. Refrain from using abusive, provocative, or profane language or gestures.
9. Refrain from eating or drinking in the classroom (except when permitted).
10. Observe the principle of mutual respect in their contacts within their working relationship with all staff and other students.
11. Be responsible for the condition of the instructional area during and after class and the clinical environment.
12. Students are responsible for clocking in and out of class and clinical at the beginning and end of each day. Failure to clock in or out results in an absence for that day.
13. If a student is aware of a write-up for any disciplinary reason, the caveat is valid. The program director, the instructor giving the warning, and clinical preceptors are privileged, and the warning is binding with or without a student's signature.
14. The dress code is to be followed on clinical sites and in the classroom. The program does not permit hats at the school.
15. Students must call out (clinical and school) at least two hours before clock-in time. A student who is ill the evening before clinical/class may call in that evening.

Academic Integrity

1. Cheating in any form is not tolerated. Any student found exhibiting either of the following types of behavior during, or in the preparation of, any assignment, quiz, project, report, test, or final examination will receive a zero for the assignment and will be dismissed with no grounds for appeal or grievance.

2. A student willingly allowing another student to use/copy their work will be dismissed.
   a. Cheating - defined as the act of obtaining or providing information, data, or clinical documentation improperly or by dishonest means.
   b. Plagiarism – defined as copying or imitating the language, ideas, or thoughts of another author and presenting these as one's original work; the copying of a theme or section from a book or journal without giving credit in a footnote; or copying from a manuscript of another person.

Grievance Policy and Appeal

Students have the right to report a grievance when they believe they have been treated unjustly or in a manner inconsistent with St. Christopher's organizational policies or the radiology school's policies and procedures. If a student alleges that they have been violated or treated unjustly, the student may proceed to a grievance or appeal hearing without fear of retaliation. The student may submit allegations to the JRCERT after exhausting the grievance procedure, and there is no need to inform the program of their intention to contact the JRCERT.

When a student believes a hospital policy or program policy, or procedure has been violated or is not consistent with policies of the radiology program or organization, the following practice should be followed:

A. Grievance Process:

Step 1: Informal, this entails the student first discussing the grievance with the individual involved to resolve the matter. This may be accomplished either verbally or in writing.
Step 2: If the situation is not resolved within five days of the initial grievance, the student should bring the problem to the attention of the program director or the person above the program director, if this is the person with whom the grievance is about, in writing.
Step 3: The director or person above the director will investigate the allegation and all relevant persons involved. A resolution of the grievance should be provided within five days of receiving the complaint.

B. Appeal Process:

When a student submits a written grievance appeal, the final step of the process provides for an external source to provide impartial and fair consideration of the student's appeal.

Step 1: If the grievance is not resolved at the program level, the student may request in writing to appeal the grievance through a grievance official (VP Chief Transform and Implement Officer) external to the program who will hear the grievance.
Step 2: The grievance official will meet with the student and hear the violation/s brought forth. This individual is firmly impartial and has no direct association with the radiologic program.
Step 3: The student(s) and program officials will receive written notification of the grievance official's decision within five days.

The following are NOT grounds for grievance:

- Cheating: on a test, quiz, or any assigned work, no grounds for grievance.
- Failing one course, GPA below 2.8 for a semester, no grounds for grievance.
- Insubordination to a program or clinical staff after two warnings.

Any individual associated with the Philadelphia School of Radiologic Technology at St. Christopher's Hospital for Children's program has the right to submit allegations to the JRCERT against the program if there is reason to believe the program has acted contrary to JRCERT Standards and/or JRCERT polices. Therefore, after a student has exhausted the grievance procedure, they do not need to inform the Radiology Program officials of their intent to contact the JRCERT concerning the grievance.

Appeals Representative

VP Chief Transform and Implement Officer

JRCERT Complaint Policy

It is the desire of the School of Radiographic Technology at St. Christopher's Hospital for Children program to make all Radiography students, faculty, and staff aware of the JRCERT Standards, which are the National Accrediting Guidelines for the Program. The Standards promote academic excellence, healthcare quality, and patient and professional safety in the radiologic technology educational programs.

All allegations of program non-compliance with the JRCERT Standards will be given prompt, fair, and continued consideration until they are resolved. A copy of the JRCERT Standards and the Student's Guide to JRCERT Accreditation will be given to the Student Radiographer during Orientation. If a Student Radiographer (or other individual) desires a copy of the JRCERT Standards, they may request it from the:

JOINT REVIEW COMMITTEE OF EDUCATION
RADIOLOGIC TECHNOLOGY JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606 –3182
Phone : (312) 702 – 3182
E-mail: mail@jrcert.org

Or one can print off the Standards on the following website:
Standards for an Accredited Educational Program in Radiologic Sciences:
http://www.jrcert.org/acc standards.html

Eligibility to Remain in the Program

To continue active status in the Philadelphia School of Radiologic Technology, all students must:

1. Adhere to program policies as outlined in the Radiologic Technology Student Handbook.
2. Maintain at least a cumulative grade point average of 2.8.
3. Attain a "B-" in all courses.
4. Meet each semester's curriculum requirements as specified by the Program.
5. Meet all clinical objectives of the Program.
6. Complete and update health records as required by the Program.
7. Adhere to all attendance and behavioral policies of the Program.
8. Maintain professional CPR certification.
9. Missing more than five consecutive days without contacting the school will result in a drop from the Program. Missing more than three days of class or two days of clinical time per semester will result in a three-point drop-in class/clinical grades and may require completion of makeup clinical time.
10. Maintain compliance with ASRT Code of Ethics
11. Students must be eligible to complete the program within 30 months from the time they begin their first concentration course.

Educational Process

The general education of the student must be directed to the development of a well-rounded individual who will function as an aware, sensitive, concerned, and involved member of society. Professional education activities must ensure that the learner not only knows "how to" but also knows the "why" and "when to" of these specialized skills.

The importance of educational activities must also be balanced with the needs of the learner. The education process must be flexible to permit individuals the opportunity to become what they are capable of being.

The education process must be flexible to permit individuals the opportunity to become what they are capable of being.

The program must be able to certify that the student has demonstrated achievement of at least the minimal competencies needed to provide radiologic care safely and effectively, and that the student is able to satisfy the requirements of the appropriate credentialing agencies.

School Integrity Policy for Online Learning and Test Administration

The Philadelphia School of Radiologic Technology is committed to upholding the highest standards of academic integrity. To ensure fairness and honesty during online assessments, the following procedures will be implemented:

1. Proctored Testing Environment:
   All tests conducted during online learning will be proctored in a designated classroom setting. This environment is monitored by faculty members to prevent any form of academic dishonesty.

2. Test Distribution and Collection:
   - Tests will be prepared and sent from one faculty member to another to ensure confidentiality and integrity.
   - Once received, the tests will be printed in the classroom, ready for distribution to students.

3. Secure Handling of Tests:
   - After the completion of the test, all answer sheets will be collected by the proctoring faculty member.
   - The completed tests will be returned to the original faculty member for grading.

4. Documentation and Submission:
   - Each test will be scanned and electronically sent back to the respective faculty member for record-keeping and grading purposes.
   - All electronic submissions will be stored securely to protect student privacy and maintain the integrity of the examination process.

By implementing these measures, the Philadelphia School of Radiologic Technology aims to foster a culture of integrity and trust within our academic community, ensuring that all students are assessed fairly and honestly during online learning.

Leave of Absence

A student may request a leave of absence for medical, personal, or financial reasons.

1. The student will be subject to Radiology School Policies, Procedures, and Curriculum in effect at the time of his or her return and will be assessed fees at the current tuition rate.
2. The student returning from a leave of absence is subject to changes in graduation date and requirements.
3. The returning student will be required to demonstrate clinical competency before returning to the clinical portion of the curriculum

Dismissal

A Student will be recommended for dismissal from the Program if the student:

1. Fails one course, which includes **didactic** and/or **clinical** education.
2. Fails to meet the professional criteria.
3. Fails to meet the terms and conditions of the program as specified in the Handbook.

4. Engages in serious professional misconduct of insubordination to didactic or clinical staff.
5. Is caught in professional misconduct of cheating, providing test answers to another student, or stealing.

Clinical Assessment Criteria

Upon completion of half of the clinical semester (mid-term), faculty will review students' performance based on the Clinical Rotation Evaluations, patient competency evaluations, and progress reports in accordance with stated clinical objectives. A final written assessment will be reviewed with each student, and a final grade will be calculated at the end of the semester.

Clinical education outcomes involve cognitive, psychomotor, and affective skills as identified. Clinical grading is based on the student's progress toward:

- Meeting specific clinical education objectives identified for each clinical course semester.

Professional Conduct Expectations

ARRT Standards of Ethics

The “Standards of Ethics” of the American Registry of Radiologic Technologist shall apply solely to persons holding certificates from the ARRT and who either hold current registration by the ARRT or formally held current registration by the ARRT and/or seek reinstatement of registration by the ARRT collectively, “Registered Technologists”, and to persons applying for examination and certification by the ARRT to become Registered Technologist “Applicants”. The “Standards of Ethics” are intended to be consistent with the ARRT's Mission Statement and to promote the goals outlined in that statement.

Code of Ethics

The “Code of Ethics” forms the first part of the “Standards of Ethics”. The “Code of Ethics” shall serve as a guide by which Radiologic Technologists and Applicants may evaluate their professional conduct as it relates to patients, healthcare consumers, employees, colleagues, and other members of the healthcare team. The “Code of Ethics” is intended to assist Radiologic Technologists and Applicants in maintaining a high level of ethical conduct and in providing for their protection, safety, and comfort of patients. The “Code of Ethics” is inspirational.

A. The Radiologic Technologist professionally conducts themself, responds to patient needs, and supports colleagues and associates in providing quality patient care.

B. The Radiologic Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.

C. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, without discrimination, regardless of sex, race, creed, religion, or socioeconomic status.

D. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which it has been designed, and employs procedures and techniques appropriately.

E. The Radiologic Technologist assesses situations, exercises care, discretion, and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.

F. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information from the physician to aid in the diagnosis and treatment/management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the technologist.

G. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice,

and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.

H. The Radiologic Technologist practices ethical conduct befitting the profession and protects the patient's right to quality radiologic care.

I. The Radiologic Technologist respects confidences entrusted during professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

J. The Radiologic Technologist continually strives to enhance knowledge and skills by participating in educational activities and professional development, sharing knowledge with colleagues, and exploring new and innovative aspects of professional practice.

K. One means that is available to improve knowledge and skill is through professional continuing education.

Rules of Ethics

The "Rule of Ethics" from the second part of the Standards of Ethics. They are mandatory, directive, and specific standards of minimally acceptable professional conduct for all registered technologists and Applicants. Certification is a method of assuring the medical community and the public that an individual is competent to practice within the profession. Because the public relies on certificates and registrations issued by the ARRT, Registered Technologists and Applicants (radiology students) must act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

Compliance with State and Federal Law:

1. Failure to adhere to other rules, regulations, and/or policies of the program.
2. Use of profane or abusive language.
3. Unauthorized use or removal of, theft of, or intentional damage to the property of the hospital, a patient, employee, or another student.
4. Threatened or actual physical violence.
5. Bringing in, having in possession, or being under the influence of an intoxicant, narcotic, or mood-altering substance on hospital or school property.
6. Disorderly or immoral conduct.

    a. A registered Technologist or Applicant shall abide by state and federal laws. A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime, which is a crime of moral turpitude, is a violation of this Rule.

Duty to Submit Truthful Information to the ARRT

A Registered Technologist or Applicant shall not submit false or misleading information to the ARRT in connection with any application or other information submitted to the ARRT.

Appropriate Patient Care

A Registered Technologist or Applicant shall provide appropriate patient care. Depending on the specific facts and circumstances of the allegedly substandard or inappropriate care, failure to do so constitutes a violation of the Rule.

Impaired Registered Technologist or Applicant

A physically, mentally, or emotionally impaired Registered Technologist or Applicant should withdraw from those aspects of practice affected by the impairment. Suppose the registered Technologist or Applicant does not withdraw. In that case, it is the duty of Registered Technologists or Applicants who know of the impairment to take action to ensure the withdrawal of the impaired Registered Technologist or Applicant.

Performance Expectations

The philosophy of the Radiologic Technology program reflects a commitment to the belief that every human being has dignity and possesses an intrinsic value. Furthermore, it emphasizes that the program's purpose is to equip students to be caring individuals who take responsibility and accountability for their actions. Therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the handbook, the faculty expects the following behaviors from students enrolled in the Radiologic Technology Program:

A. The student will interact with patients, peers, clinical personnel, and instructors so that neither they nor the student will be diminished or disrespected personally.

B. A student may apply for the ARRT examination immediately upon completing all program requirements before graduation from the program. At this time, the program director may, at their discretion, sign off on the student.

C. The student will keep all information confidential concerning patients.

D. The student will be prepared for every clinical experience, since they are legally accountable for the health care they provide.

E. The student will promote an atmosphere in the classroom and clinical setting that facilitates learning by attending, being prompt, and actively participating without distractions.

F. The student shall conform to and display professional behaviors as a health care worker. Those professional behaviors identified by the ARRT Code of Ethics are promoted and expected by program officials and the staff of clinical departments.

Routine Duties

A. Students are assigned to various clinical areas in the department by program faculty.

B. Students are responsible for all technical assignments given by their supervising staff technologist. All images must be reviewed by a certified technologist before being sent to PACS, no **exception**.

C. Students will not leave their assigned clinical area until all work assigned to the room/area has been completed and approved by their supervising staff technologist.

D. Students will assist the radiology staff in the proper care of the patient.

E. Students will perform all other duties of a staff technologist as directed by their immediate staff technologist or department supervisor. This includes caring for equipment, cleaning, and stocking the radiographic rooms.

F. Repeat examinations are only performed under the guidance of direct supervision of a registered technologist.

G. Students are required to call the clinical faculty and the school whenever absence is anticipated for any reason at least **two hours** before the start time. Calling does not excuse any makeup time lost from clinical activities. Also see Attendance and Punctuality Policy.

Professional Conduct

The school and hospital expect every student to observe basic rules of good workplace behavior. Most of these are common-sense rules. As a member of the hospital team, it is important that you understand the policies and procedures of the Program and the consequences of inappropriate workplace behavior.

Behaviors inconsistent with those described will be brought to the attention of the program director through a verbal and written report from a Clinical Preceptor. Performance not compatible with appropriate workplace behavior will be documented. **Behaviors subject to clinical course failure include, but are not limited to, the following examples:**

1. Deliberate inattention to a patient or the patient's care.
2. Any practice resulting in harm to a patient.
3. Failure to fulfill the responsibilities of a student radiographer to an extent that might or does cause injury to a patient, or damage, waste, or loss of material, supplies, equipment, or other property.
4. Failure to report an injury or incident concerning a patient.
5. Divulging confidential information concerning a patient or their care.
6. Soliciting or accepting tips from patients or any other persons.
7. Rude or discourteous behavior.

8. Insubordination is not tolerated.
9. Chronic or habitual absenteeism/tardiness, with or without a doctor's note.
10. Unauthorized absence or failure to report absence.
11. Leaving the clinical site before time and without permission.
12. Falsification of hospital or program forms or records.
13. Tampering with clinical attendance sign-in sheets or falsifying reported clock-in times.
14. Refusal to carry out orders or instructions (in-subordinate to faculty, physicians, supervisor, and/or staff technologists).
15. Failure to follow policies of the classroom or clinical site (i.e., smoking, sleeping, gambling, etc.)
16. Failure to follow protocol in the performance of radiologic procedures (i.e., proper use of film badge, unsuitable image identification, and markers).
17. Failure to seek appropriate clinical supervision while performing radiologic procedures and/or repeat images.
18. Failure to meet didactic or clinical education requirements.
19. Cheating on any examination, quiz, or independent test.
20. Intentionally allowing or performing non-diagnostic radiation exposure/s of self or others.

Warning System

Warnings are given for infractions of the Program's Professional Conduct Expectations code. Any student receiving a warning notice will be counseled by the Program Director regarding the incident. Any accumulation of written warning/s may remove a student's name from any achievement award/s at graduation. A review of the students' suitability for the profession will also be considered. Warnings do not require a student's signature to be valid.

Suspension Policy

Suspension days are given for repeated warnings (2) and/or serious infractions of hospital, department, and/or program regulations. Suspension days are from **clinical assignments and must be made up before program completion.** The Program Director will determine the length of suspension according to the type and severity of the infraction. Not eligible for award/s or diploma.

Dismissal Policy

Disciplinary action, including dismissal, is taken in cases of severe violations of hospital, department, or program regulations. Students who fail to satisfy the academic, clinical, and/or disciplinary requirements will be dismissed. Recurrent performance not compatible with appropriate behavior, such as but not limited to the examples listed under Professional Conduct, will necessitate immediate dismissal.

Attendance and Punctuality Policy

Our curriculum is designed to enable the student to integrate the didactic portion of the program with patient care in a progressive manner. Attendance and promptness to both class and clinical assignments are not only mandatory but highly valued. For students to receive the best education and successfully complete the program, attendance is counted. The Radiologic Technology Program is designed to develop professional characteristics and skills for the effective and efficient delivery of radiologic services. A significant portion of the educational process in radiography involves developing a strong sense of responsibility towards each patient, fellow radiographers, the radiology department, and the hospital. Therefore, continuity of clinical activities and performances is necessary to achieve the stated objectives for each clinical rotation.

Students learn more effectively in an environment of mutual respect where intellectual inquiry is fostered, and self-involvement is encouraged. It is the responsibility of the faculty to provide opportunities for learning, and of equal importance is the student's responsibility to actively participate in the learning process.

The number of absences and latenesses per semester will be recorded in each student's file as part of their permanent record and will affect their grade, provided it does not exceed three days per semester. A no-call, no-show from the clinical necessities requires a write-up.
Note: Submitting more than two write-ups can result in a student being removed from the program.

Students must notify the appropriate faculty member in the event of absence from clinical or classroom courses. A student must send an email to a faculty member. Refer to each individual course syllabus for information pertaining to the test make-up policy. Notification of absence should be made prior to the next scheduled class meeting.

The faculty recognizes that unforeseen situations may arise over which the student has no control, such as illness, death in the immediate family, and personal matters. In cases of extenuating circumstances/extended illness, such as those requiring hospitalization, the program director will be contacted, and special arrangements will be made. Although excused absences are granted, the student must achieve a passing average in theory to pass the course. Students are expected to be in scheduled areas at the specified time and to remain in the area for the duration of the specified time. Students must follow hospital policies and regulations.
Only JRCERT Clinical Preceptors (CP) are allowed to change a student's department rotation. After changing a student's rotation, the CP will notify the staff and department manager/director of the change.

Clock In/Out Policy

One of the primary responsibilities of a professional radiographer is maintaining regular and punctual attendance. To instill good work habits, students are required to clock in and out on time every day. Failure to clock in and/or out will result in an entire day's absence. Tampering with or falsification of timecards/records will result in program termination. This action will be carried out on a semester-by-semester basis. The following is the Clocking In/Out Policy.

1. Students are required to be present and to be clocked in at 8:00 A.M. and clock out at 3:00 P.M. Second shift- clock in at 03:00 pm and clock out at 10:00 pm each day except for being dismissed by a clinical official with CI approval. The weekend clinical hours may vary from a range of time between 8:00am to 6:00pm.
2. Students with scheduled time off in the morning must clock in at the facility by 12:00 P.M.
3. Students with scheduled time off in the afternoon must clock out by 12:00 P.M.
4. Weekend shifts could be within a set time frame, Saturday and Sunday.
5. **Note**: The clinical preceptor on site can send the students home early if warranted.

Lateness

A student is considered tardy after arriving at **8:05 A.M** or after **12:05 P.M**.
Three (3) late offenses per semester will be counted as one absence in the clinical attendance factor.

Calling Out

Students are allowed three (3) absences per semester. A student who will be absent is required to notify the clinical coordinator and clinical preceptor at least two hours prior to the scheduled arrival time.

In a senior student's last semester there will only be allowed two personal days as the semester is shortened.

Reporting clinical absences is a two-step process.

1. The student must email the clinical coordinator to report on their absence.
2. The students must call out their assigned clinical site to report their absence.

Reminder: Absences should be reported at least 2 hours before the student's scheduled start time. Main department phone numbers are listed in the handbook and on the clinical schedule.

Time off

School academic calendar is as presented.

Bereavement

Four days excused for immediate family with director's approval. Documentation must be presented to the Program Director**.**

Jury Duty

The Radiologic Program recognizes jury obligations. The student is excused from duty (without making up the time). The student must notify the clinical coordinator and program director as soon as they are notified by the court. The student must submit a letter from the court verifying the jury duty day and provide proof of actual attendance (two papers).

Hazardous Weather Conditions

During periods of Extreme inclement weather, including snow emergencies, the program follows the Philadelphia Public school system. When the school district is closed due to weather, students will not report to campus or clinical unless notified otherwise. All snow days must be made up by the end of this semester. At the discretion of the program director, a snow day may be converted to a virtual instruction day, in case which students are expected to participate remotely, and the day will not count as a missed class day. In the event of a pandemic or other community hazard, the school may be temporarily closed. The program director reserves the right to make changes to these policies as deemed necessary. In all cases, students should expect communication from the program, Director or class representatives.

Interview Days

Seniors are permitted one day for interviews. This may be utilized in half days. Documentation must be presented upon returning to school or when an appointment is scheduled. During the second year, "senior" students are given time for either job interviews or further education, "school" interviews. All interview times must be scheduled in advance, and students are required to notify the program director. This is another example of an excused absence.

Dress Code

The following policies concerning clinical and classroom appearance will remain in effect unless otherwise specified: Uniforms should be neat, pressed, and clean.
Students are required to present a professional appearance during all scheduled clinical and classroom sessions (in all clinical and class settings). It is the patient's right to be treated with dignity and care by professional, clean individuals. It is, therefore, required that each student practice appropriate personal hygiene.

Students must wear approved uniforms in all clinical areas and the classroom. Approved uniforms consist of the following:

A. **Male**:
   1. Approved Scrub Pants. *(Navy blue)*
   2. Approved Scrub Top. *(Navy blue)*
   3. White or black hospital shoes, closed-toe, and heel, and white or black socks.
   4. All tattoos must be covered.

B. **Female**:
   1. Approved Scrub Pants. *(Navy blue)*
   2. Approved Scrub Top. *(Navy blue)*
   3. White or black hospital shoes, closed-toe, heel, and white or black socks.
   4. All tattoos must be covered.

C. **All students**:

1. The following items are considered part of the uniform and, as such, must be on your person daily.
   a. Current radiation monitor/s
   b. Radiographic markers
   c. Hospital ID badge
   d. Name embroidered on scrubs.

2. Uniforms will be neat, pressed, and clean always. The pant length will cover the top of the shoes. No rips, tears, or holes.
3. An all-white or navy crew neck undershirt or long-sleeved turtleneck may be worn.
4. A Navy-blue lab coat may be worn as part of the uniform. Lab coats must be clean and neatly pressed.
5. Hospital shoes with closed toes and a heel color of solid white. Athletic shoes are acceptable, but they must also be solid white, made entirely of leather, and have a low-cut design. Regardless of style, footwear must be kept clean (not dirty) and in good repair. Slippers are not allowed.
6. Simple post earrings (in the ear only), a wedding ring, and a watch are acceptable. Any exposed body jewelry (tongue/nose), other than that worn in the ear, is prohibited.
7. Fingernails must be short and neatly trimmed. No artificial nails, no gel nails, no nail tips permitted. Nail polish, if worn, must be clear, no color.
8. Hand washing, before and following contact with each patient, is required.
9. Hair must be neat in appearance; long hair is worn up or secured back off the face and shoulders, and of a natural or pleasing color. This applies to males and females.
10. Make-up and perfume must be applied sparingly.
11. Proper personal hygiene should always be practiced.

12. Official identification ID and badges shall be worn on the uniform so that the student's identity is readily visible to the patient and staff.
13. Beards should be neat, clean, and well-groomed, not of extreme length and not interfering with the performance of clinical education assignments. Neat mustaches are permitted; otherwise, facial hair should be shaven daily.
14. Tattoos must be sufficiently covered. This applies to male and female students.
15. Hospital-provided scrubs other than the uniform will be worn when required by the student's rotation or department at the clinical site and should not be worn home. Lab coats or appropriate institutional covering must be worn over scrub suits when the student is not present in the surgery areas. Shoe covers and masks may not be worn outside surgery areas unless specifically instructed to do so. Hospital-issued scrub suits of any kind are intended for use only in the assigned clinical area and may not be worn outside of this area. Other hospital attire is not permitted while in class or during clinical rotations.

Cell Phones

1. Cell phone use is **not permitted** in hospital clinical areas except in the cafeteria and designated lounge areas.
2. Cell phones and other electronic devices are to be turned off or set to a silent or vibratory signal during class. There are exceptions which the course instructor approves.
3. No headphones or earbuds during class or clinical.
4. No lectures, seminars, or laboratory sessions are to be interrupted (except for asking questions to the instructors).
5. If there is an extreme situation that requires the student to receive notification, the student is to notify the course instructor before the class starts.
6. Absolutely **NO** cell phones are allowed within clinical settings in patient areas.

Smoking

To provide a healthier, cleaner, and safer environment for all students, no one is permitted to smoke/ vape on any clinical facility's premises. If the clinical facility provides a designated smoking area, students may use it during lunch periods only. Breaks are not permitted.

Use of Alcohol or Drugs

Intoxicating beverages or drugs are not permitted on Hospital or School grounds. Students under the influence of either substance while present in school or a clinic will be immediately dismissed from the program. A student may be randomly selected at any time to report to Employee Health for drug and/or alcohol testing.
The Program adheres to a zero-tolerance policy.

Sexual Harassment

We desire to provide an educational environment free from all forms of discrimination. We wish to maintain an environment free from offensive or degrading remarks or conduct, including sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually abusive or threatening comments and language, the display of sexually suggestive art or objects, or retaliation against you for having complained about any such behaviors. Harassment can be conduct that unreasonably interferes with your performance or conduct that creates an intimidating, hostile, or offensive educational environment. If you feel that another person is harassing you, call the matter to the person's attention in a direct way. If the offending person does not change because of your communication, you should contact your Clinical Preceptor, Clinical Coordinator, or the Program Director.

You will be assisted in completing a record of the incident(s), and the facts will be thoroughly investigated. The Human Resources Department has the authority and responsibility for advising on the policy and its interpretation. This policy is discussed at the Hospital orientation at both clinical sites. Hospital orientation at both clinical sites is mandatory for all incoming students.

Student Health Policy

All students must provide documentation of current health insurance upon admission to the Program to ensure they have the necessary coverage for any medical services. Any student who becomes ill or is injured while at school or in a clinical setting should report it to the Program Director, Clinical Coordinator, or one of the Clinical Preceptors, who will refer the student to the Emergency Department, where appropriate medical action may be taken.

Communicable Diseases

If a student is exposed to a communicable disease while at school, they must report this incident to the Program Director or one of the Clinical Preceptors immediately. The student will then be referred to Employee Health so that appropriate medical action may be taken. In the event a student contracts a communicable disease outside the institution, they must notify the Program Director, Clinical Coordinator, or one of the Clinical Preceptors as soon as possible.

Before the student returns to the program, a physician's note must be presented to the program Director stating it is safe for the student to return to school and the clinical area. Any restrictions placed on the individual should also be noted in the physician's statement.

Injury Policy

If a student is injured in the clinical education setting, they must use the following procedure in seeking treatment:

1. The student must immediately report any injury to a faculty member. If a faculty member is unavailable, the incident must be reported to a department supervisor, and

the appropriate incident forms (Department/Hospital and Program forms) must be completed.
Depending on the severity of the injury, the student should seek treatment at Employee Health or the emergency room.

2. In the instance of exposure to blood or bodily fluids, Infection Control, as well as the emergency room, should be notified, and the appropriate protocol should be initiated.
3. The faculty member will document the incident, and follow-up care should also be documented.

St. Christopher's Infection Control Policies: Preventing Infections

Hand hygiene is the most crucial measure for preventing infections. Contaminated hands are a primary means of disease transmission.

Hand hygiene is required:

- Before and after every patient contact or contact with the patient's immediate environment.
- Before entering the NICU, ICU, CCU, or SICU
- Before and after the use of personal protective equipment (gloves, masks, gowns, etc.)
- After contact with blood, body fluids, secretions, and excretions
- After contact with contaminated items such as equipment, telephones, specimens
- Use alcohol hand sanitizer, or if your hands are visibly soiled, use soap and water and wash your hands for 15 seconds.
- Always use a paper towel to turn off a faucet.

Infection Prevention Measures

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose with a tissue to prevent the spread of infection to others.

- Keep tissues handy. Be sure to throw away used tissues and clean your hands after coughing or sneezing. If a tissue is not convenient, then sneeze or cough into your sleeve
- Remember to follow the Ventilator Associated, Central Line, Surgical Site, and Catheter Bundles/Policies to prevent infections in our patients.
- The hospital has implemented best practices to facilitate the prevention of multiple drug-resistant organisms (MDRO) in the hospital.
- An active MRSA (methicillin-resistant Staphylococcus aureus) surveillance program is in place to identify and track patients.

- An alert system is on the face sheet that identifies readmitted or transferred MRSA-positive patients.
- Contact precautions (gowns/gloves) are used for patients with MRSA.

Covid-19 Policy

Infection Prevention measures to minimize exposure to COVID-19 include, but are not limited to, the use of personal protective equipment (PPE), transmission-based precautions: enhanced contact and droplet precautions, patient placement, exposure evaluation with quarantine when appropriate, contact tracing, staff and patient screening, and universal masking for source containment.

DEFINITIONS: Contact tracing: The process of identifying and monitoring individuals who may have had contact with an infectious person as a means of controlling the spread of a communicable disease.

COVID-19: A novel coronavirus first identified in Wuhan, China, in December 2019, which resulted in a global pandemic. The virus is typically spread from person to person, even if symptoms are mild or asymptomatic. Exposure is possible by touching a contaminated surface and then touching one's mouth, nose, or eyes. Symptoms of COVID-19 may include fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Early symptoms may also include chills, body aches, a sore throat, headache, diarrhea, nausea, vomiting, and a runny nose. Older adults and people who have severe chronic medical conditions are at a higher risk of serious illness.

Exposure is defined as contact with a person infected with SARS-CoV-2
- Being within 6 feet of an infected person for ≥15 minutes without proper PPE OR
- Any duration of exposure during an aerosol-generating procedure without proper PPE

OR

- Distances of >6 feet might also be a concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.

Healthcare workers (HCWs) include but are not limited to medical staff, nursing staff, and employees or contractors that provide therapeutic services, social services, housekeeping services, dietary services, and maintenance.

Personal protective equipment (PPE): Equipment designed to protect the wearer's body from injury or exposure to physical, chemical and/or biological hazards.

Quarantine: The separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick.

EMR- Electronic Medical Record

FDA-Food and Drug Administration

Influenza (Flu)

Influenza (flu) is a contagious disease that is caused by the influenza virus. It attacks the respiratory tract and typically develops suddenly. The peak of flu season normally occurs from late December to March. Symptoms include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Children may also have additional gastrointestinal symptoms, including nausea, vomiting, and diarrhea. Each year, approximately 10 to 20 percent of the United States population contracts the flu. Approximately 114,000 people are hospitalized each year with flu-related complications, and about 36,000 Americans die each year from flu complications.

The flu is spread from person to person when an infected person coughs, sneezes, or talks and the virus is sent into the air. The single best way to prevent the flu is for individuals to get the flu vaccine.

- It is essential to receive your influenza vaccine each year.
- Flu can lead to serious complications.
- It is your responsibility to protect our patients and yourself by getting vaccinated.

Radiology Department Infection Control Policy

Many patients visit the department each day. Often, exposure to an individual patient with a potentially infectious disease is discovered after the patient has left the department. Every patient should be treated as if they are contagious. Blood and bodily fluid contamination are critical concerns in the performance of many radiographic procedures and the delivery of quality patient care.

I. Policy

All radiology staff will be educated on practices that prevent infections and will participate in activities with hospital staff to prevent the spread of disease.

II. Mandatory Precaution Procedures

A. Patient Contact

Hand Hygiene. Hand hygiene is to be performed before and after every patient contact. All Radiology staff are expected to be meticulous in their hand hygiene techniques (Infection Prevention Policy #2.1.100: Infection Prevention Policy and Procedures).

Standard Precautions. All Radiology staff are required to utilize Standard Precautions for all patients. Standard Precautions include: 1) Gloves should be worn when there exists the possibility of encountering blood or body fluids, secretions, excretions (except for sweat), non-intact skin or mucous membranes. 2) Disposable gowns should be worn if soiling of

clothing is possible. 3) Additional personnel protective equipment (PPE), i.e., masks, face shields, and goggles, should be donned as needed when performing activities that may produce aerosols or splashing of blood, body fluids, secretions, and/or excretions.

Isolation Precautions. All Radiology staff are expected to read and carefully follow the Isolation Precautions posted on the patient's door. If there are questions regarding the precautions, the patient's nurse is to be consulted. Additional questions or those concerning the communicability of a patient's illness should be directed to the Infection Preventionist or Hospital Epidemiologist.

B. Food in Patient Care Areas. Eating and drinking are prohibited in all patient care and Central Control Areas.

C. Transport of Isolation Patients to and From the Department

1. Nurses, radiology technologists, and/or assistants may transport isolation patients to and from the Radiology Department.
2. The Technologist/Assistant should sign the patient out at the Nursing Station.
3. Radiology staff are to comply with Standard Precautions and don protective gear as needed before transport.
4. Radiology staff must disinfect patient care equipment between cases with a hospital-approved disinfectant (e.g., Sani-Cloth). This includes any equipment that meets the patient's or the employees' personal protective equipment (e.g., gowns, gloves).
5. All imaging studies on patients with contagious **airborne diseases** (e.g., TB, pertussis, chicken pox, shingles) should be performed in their rooms if possible. If the study MUST be done in the radiology department, the Demistifier Transport System (IP Policy 2.4.100) must be used. This system is kept in the Supply, Processing, and Distribution Department.
6. Patients in any type of isolation should be transported directly to the Radiology Department - ideally when there are no or very few patients waiting (e.g., the last patient of the day). The procedure should be performed promptly, and the patient should be returned directly to their room. Protective gear, if worn, should be disposed of properly.
7. The X-ray equipment, e.g., table, cassette, or cassette holder, is draped before positioning the patient for the test.

8. Hand hygiene is essential both before and after direct patient contact - regardless of whether gloves were worn.

9. X-ray equipment is cleaned with a hospital-approved disinfectant (e.g., Sani-Cloth) between patients.

D. **Portable Radiology Studies**

1. Technologist disinfects the image receptor (IR) with hospital-approved disinfectant (e.g., Sani Cloth Disinfectant Wipe) before going to the patient care unit.
2. The technologist performs hand hygiene upon entering an intensive care area and before performing a diagnostic exam, and afterwards.
3. Don personal protective equipment necessary, as per Standard Precautions and isolation requirements.
4. The technologist covers the IR with a protective cover before coming into contact with the patient or their bed.
5. Dispose of protective gear before leaving the room or bedside area.
6. The technologist will again perform hand hygiene after completion of the diagnostic study.
7. The IR and portable equipment are wiped down using a hospital-approved disinfectant after removal from the isolation room.
8. For patients colonized with resistant organisms (Contact/ Resistant Isolation), the technologist will follow isolation rules outlined in the IP Policy# 2.3.500 Multidrug Resistant Organism Isolation Policy.

Natural and Artificial Fingernail Policy

Artificial nails pose an infection risk, and reports have linked them to patient infections. Long nails and/or cracked or chipped nail polish harbor germs on fingertips. Natural nails must be no longer than ¼ inch in length. No **dark or bright color nail polish** is permitted. **NO artificial nails of any sort, acrylic or gel polish, may be worn by hospital staff involved in direct patient care activities and activities involving preparation of food, medication,** and/or sterile products to be administered, consumed, or used in the care of patients. **Clear polish** is permitted.

III. Education Programs

A. **Orientation.** All Radiology students and staff must attend a mandatory orientation upon initiation of the Program/employment. This program gives basic information on Infection Prevention and Employee Health issues. Opportunities are provided for new students and employees to ask questions of the Infection Preventionist and/or the Employee Health Team.

B. **Annual Infection Prevention Education.** All hospital staff/students must participate in a mandatory, annual Infection Prevention online Learning Education Program. Documentation of completion is kept in the employee/student's records.

C. **Need-based in-services.** All Radiology staff and students will participate in need based in-services provided for the imaging personnel (to include students). Documentation of attendance will be kept in the Program's Records.

IV. Employee Health

A. **Upon employment/student/resident**. All new employees/residents/students are required to complete a health-screening form, which includes questions related to Infection Prevention. Appropriate serologic and tuberculosis testing is performed according to Employee Health Infection Prevention Policy (Infection Prevention Policy # 4.1.100: Employee Health Infection Prevention Policies). COVID-19 vaccine documentation cards or a physician's letter are required for everyone in the hospital, regardless of whether there is patient contact. This information must be provided to Employee Health.

B. **Sickness.** Radiology students with skin, respiratory, or gastrointestinal (**COVID**),

Individuals with gastrointestinal or other contagious diseases will not report to clinical services until cleared by their physician or Employee Health. Students must call the school and clinical site.
If you have COVID symptoms or have tested positive, do not report to class or clinical until documented clear. Documentation must be brought upon return or emailed to the program director.

Hepatitis B Virus

Hepatitis B (HBV) is a severe viral infection of the liver. In the United States alone, 300,000 new cases of Hepatitis B are diagnosed each year. Hepatitis B is spread through contact with blood and bodily fluids and is far more contagious than AIDS. Long-term Hepatitis B infection can lead to cirrhosis, cancer, liver failure, and eventually even death.

Hepatitis B is transmitted through sexual contact, sharing IV needles, and from mother to baby. In the health care setting, HBV is most often transmitted through breaks in the skin (needle sticks, human bites, non-intact skin, or spray to mucous membranes).

After exposure, it takes two to six months for HBV to develop. Symptoms may be completely absent, mimic a mild flu (characterized by fatigue, loss of appetite, aching muscles, and joint pain), or may be more severe depending on the extent of liver involvement.

The Hepatitis B vaccine is developed from a yeast base and therefore contains no human blood products. It is very pure and very safe. Side effects are mild and may include arm soreness,

mild aching, and/or headache. The vaccine is very effective. Approximately 96% of individuals are protected against HBV after completing the vaccine series. An anti-HBs test can be administered one month following the final vaccination to prove effectiveness.

HBV vaccine is given into the muscle of the upper arm. It consists of a series of three injections administered over a period of six months. A booster may be required seven to ten years after vaccination or in the event of a future exposure.

All students are required to receive the Hepatitis B Vaccine series due to the risk and possibly unavoidable occupational exposure to blood or other potentially infectious materials. If a student has already been vaccinated or prefers to receive their vaccination from their family physician, documentation certifying this must be provided to both the program faculty and the Office of Employee Health. Failure to provide such evidence will necessitate the student's removal from all clinical assignments until documentation is supplied, which may result in a failing clinical grade.

Radiation Monitoring Policy

The Radiography Program has developed procedures and policies concerning radiation monitoring of the student radiographers to be in accordance with state and federal regulations. Some of the major items of the policy are listed below, and additional instructions for the use, care, and wearing of these badges are given during the program orientation lectures.

A radiation monitor is always issued to each student and MUST be worn during clinical education assignments. The monitor is to be worn at the collar level (outside the lead apron when wearing leaded shielding). This badge is intended solely for monitoring educational-related exposure.

A lost or damaged personnel radiation monitor must be reported to a Program faculty IMMEDIATELY. The Radiation Safety person (RSP) will issue a temporary personnel radiation monitor to the student prior to the student resuming clinical education assignments.

Personal radiation monitors are exchanged bi-monthly. Bimonthly personnel radiation monitor reports are reviewed and maintained by the Radiation Safety Personnel. Each student can review and then initial a copy of the bi-monthly personal radiation monitor report, indicating that they have reviewed their bi-monthly radiation exposure report. The Clinical Coordinator is responsible for having students initial a copy of the bi-monthly report. The RSP will notify the Program Director if a student's bi-monthly radiation monitor reading exceeds **.1 rem or 100 mrems**. The RSP and Program Director will investigate with the student to determine how (and why) the student's bi-monthly radiation exposure exceeded **.1 rem or 100 mrem**. A plan of action will then be developed and presented to the student and Clinical Preceptor (s) to ensure that the student's bi-monthly radiation monitor exposure does not exceed 0.1 or 100 mrems in the future. Radiation monitor policies are listed in the handbook**.**
Radiation protection is presented to all incoming students during the first semester. During this time, students are instructed that, under no circumstances, are they permitted to hold a patient.

All radiation dosimetry reports submitted to the Program adhere to confidentiality standards. Only the names of current students are legible on the report.

Radiation monitoring is discussed with all students by Radiation Safety Personnel, who will also explain how to interpret the reports. Students receive information on the hazards of radiation through classroom instruction at various intervals of learning throughout the Program. Students are advised on the importance of properly wearing radiation badges during Orientation classes when they begin the Program in RAD 100. The effects of radiation exposure and safety instructions are taught in Procedures I, II, III, and IV, as well as in Patient Care I and II, Radiation Biology and Protection 202, and Radiation Biology 209 courses. Students are monitored daily on clinical sites by Clinical Preceptors to ensure the proper wearing of radiation badges. The students are encouraged to review their personal report bi-monthly and initial the report. Under NO circumstances are students permitted to hold a patient.

Magnetic Resonance Imaging (MRI) Safety Screening: The Philadelphia School of Radiologic Technology has established a Safety Screening protocol for students who may have potential access to the Magnetic resonance environment. This assures the students are appropriately screened for magnetic wave or radiofrequency hazards. Training is provided to all students during orientation to prepare students for senior year rotations through the magnetic resonance imaging (MRI) department. To acknowledge students' attendance at the presentation and understanding, all students are required to sign a Training Acknowledgement Form.

Disclaimer: Students will understand the purpose of magnetic resonance imaging (MRI) screening to ensure the safety of themselves, visitors, and other staff. To avoid hazards related to MRI objects containing magnetic metals (e.g., iron, nickel, cobalt) in various combinations, which may be attracted to the imaging magnet with sufficient force to injure patients or students who may be interposed between them. Proper MRI screening helps avoid such hazards and ensures that a student does not have metallic objects on or in their body that could be adversely affected by exposure to strong magnetic fields. The following are a few examples of the importance of MRI screening:

- Persons with cochlear implants
- Persons with implanted infusion pumps
- Persons with implanted dental implants
- Foreign bodies lodged within the body, etc.

Students who come into the Program with medical device implants are not required to rotate through MRI. The Program Director reviews this information during Orientation RAD 100, when the entire Handbook is reviewed and provided for each student. Essential rules of protection are identified before the students begin clinical experience as part of RAD 100.

Patient Care, Introduction to Radiologic Technology, and reinforced in Positioning courses I. II. And III, the Image Production and Evaluation course, and Radiation Protection

Training is provided to all students during program orientation, prior to the start of any clinical rotations.

MRI Safety Policy

During orientation, the students must complete MRI orientation and screening, which reflects current American College of Radiology MRI safety guidelines, prior to the clinical experience

Pregnancy Policy

Since ionizing radiation has been determined to be harmful to the developing embryo/fetus, the following recommendations and compliance issues are required to protect the health of both the student and the embryo/fetus. A student may voluntarily choose to declare, not declare, or un-declare a pregnancy, as is her right. Should a student choose to voluntarily declare or un-declare her pregnancy, it must be in writing and given to the Program Director.

A student who voluntarily chooses to declare her pregnancy will be advised of the possible risk to herself and the unborn fetus by the Radiation Safety Personnel (RSP). Dose limit guidelines (NCRP Report #116 and United States Regulatory Commission (NRC) Regulation 10 CFR Part 20.1208) and the cardinal principles of protection will also be discussed. After being advised, the student may wish to exercise one of following options open to her:

Option #1

The student may choose to continue in the program, fulfilling all program requirements (clinical and didactic) within the curriculum and adhering to radiation guidelines and recommendations as follows:

The student will be required to wear an additional monitoring device to monitor the fetus. The fetal monitor will be worn at the waist. If a lead apron is worn, the monitor will be worn at waist level under the apron.

The student will be required to adhere to ALARA principles and acknowledge the risks to the embryo/fetus.

A total dose equivalent limit (excluding medical exposure) of 5 mSv (.5 rem) for the embryo/fetus is established by NCRP Report #116 and followed by the program. Once pregnancy has been declared, exposure of the embryo/fetus shall be no greater than 0.5 mSv (.05 rem) in any month (excluding medical exposure).

The Program Director and the appropriate institutional Radiation Safety Personnel will periodically review student radiation exposure reports to ensure compliance with the above dose limit.

Option # 2

The student may withdraw from the program and reapply for admission the following cycle.

Pregnancy Agreement Signature Page

I have read the enclosed pregnancy statement and understand its content.

Student Signature: _____ Date: _____

CONFIDENTIAL
Declared Pregnancy

To: Radiation Safety Officer or Designated Person

From: _____

Subject: Declaration of Pregnancy

Date: _____

Pursuant to regulatory requirements and Drexel University College of Medicine/Tower Health policy, I have been informed of my pregnancy rights and am declaring my pregnancy. I understand that by declaring my pregnancy, a dose limit of 5 mSv/term (500 millirem/term) to the embryo fetus (10% of the annual radiation exposure limit to a radiation worker) is imposed. I also understand that the institution may require enhanced engineering controls, administrative controls, additional personal protective equipment, and/or additional monitoring to assure compliance with the dose limits.

I certify that I am making this declaration voluntarily.

The estimated date of conception (month/year) is _____

Signature: _____

Name Printed: _____

Date signed: _____

For the Radiation Safety Officer or the responsible person, Use Only
Dose registered to date _____mR.

Action taken:
NUREG 8.13 “Instructions Concerning Prenatal Radiation Exposure” provided: y / n Initials_____

FORM2.2A

Clinical Education Guidelines

Philosophy of Clinical Education

The role of the Radiographer has grown in complexity with the development of more sophisticated procedures and equipment in the field of Radiology. The philosophy of the Program Faculty is to provide Radiography students with optimal clinical experiences, ensuring they can perform all routine types of radiographic procedures in the appropriate proportions. Furthermore, the philosophy of the Program Faculty is to provide demonstration, supervision, observation, counseling, and evaluation in the clinical setting, whereby the student will effectively:

1. Apply knowledge of the principles of radiation protection for the patient, self, and others.
2. Apply knowledge of anatomy, positioning, and radiographic technique to accurately demonstrate anatomical structures on a radiograph.
3. Determine exposure indicator numbers to achieve optimum radiographic images with a minimum of radiation exposure to the patient.
4. Examine radiographs for the purpose of evaluating technique, positioning, and other pertinent technical and pathological qualities.
5. Participate in radiologic quality assurance programs.
6. Exercise discretion and judgment in the performance of medical imaging procedures.
7. Provide patient care essential to radiologic procedures, as well as recognize emergency patient conditions and initiate first aid and basic life-support procedures.
8. Established interpersonal communications with the patient, family (when applicable) and other members of the health care team.
9. Always maintain patient confidentiality.
10. Students will avoid any non-diagnostic radiographing of self or others. Doing so will subject the student to dismissal from the program.

Clinical Rotations

1. General
2. Portables
3. Emergency room
4. Operating room
5. Fluoroscopy *(e.g., Barium swallow studies, Barium enemas, Upper GI studies)*
6. CT
7. Electives:
   a. *MRI*
   b. *Interventional radiography*
   c. *Sonography*
   d. *Nuclear medicine*
   e. *Radiation Therapy*
   f. *Mammography*

Competency-Based Clinical Education

Competency-Based Clinical Education (CBCE) is designed to prepare individuals to perform specified tasks as a radiographer under realistic conditions, and to do so with the accuracy and speed required of entry-level radiographers. The goal of clinical education, therefore, is to provide students with the opportunity to achieve competency in the duties of a radiographer before leaving the clinical education program.

Competency is the minimum standard of performance required for a specified radiographic procedure. Clinical education, which is competency-based, must be founded upon a set of tasks that are performed by radiographers in the field. For each task performed, there are specific skills, knowledge, and attitudes that a student must competently demonstrate. Competency is not just a manipulative skill but also encompasses cognitive and affective development.

Components include:

1. **Cognitive:** Classroom and acquired knowledge
2. **Psychomotor:** Clinical or motor skills
3. **Affective:** Emotions, values, attitudes, and characteristics

Structure of Clinical Education:

Clinical education should reflect the progression of required competencies from a basic to an advanced level throughout the entire twenty-three-month educational program. This is accomplished through a valid plan for clinical experiences, as evidenced by the cognitive, psychomotor, and affective aspects of the curriculum, and integrated throughout clinical education.

Learning Progression:

1. Required didactic (classroom)
2. Laboratory Testing
3. Simulated experiences (demonstrations) in the clinical setting
4. Observation of qualified radiographers in the execution of their duties
5. Transition from passive observation to active participation by assisting the radiographer in performing the procedure. The rate of student progress depends on the student's ability to comprehend and execute. Too much hesitation will inhibit progress.
6. Competency evaluation in the clinical setting is not accepted until three (3) direct supervision studies are performed. This applies to competency evaluation.
7. The student will lose three (3) points from the evaluation for each mistake.
8. Experience in performing procedures with indirect supervision of radiographers
9. Final competency evaluations in the clinical setting before graduation.

Clinical Education Experience

Overview:

The clinical curriculum is composed of (5) sequential linked competency-based clinical education courses, which increase in complexity and requirements. Details outlining all clinical education requirements are published in individual clinical syllabi.

Objectives of Clinical Education:

Students will observe, practice, and actively demonstrate the professional skills required of a radiographer by:

1. Perform the required number of competency examinations established for each course.
2. Evaluate patient examination request form/s accurately using the three-point check patient ID.
3. Prepare the radiographic room appropriately.
4. Support, assist, evaluate, question, observe, and inform the patient.
5. Accurate positioning of the patient for the procedure.
6. Practice good radiation protection.
7. Use equipment and exposure technique charts correctly.
8. Appropriately process and accurately evaluate images before the staff technologist releases the photos.
9. Demonstrate a professional level of record-keeping and computer skills.
10. Maintain patient confidentiality in compliance with HIPAA regulations.
11. Observe gender, cultural, age, and socioeconomic factors that may influence patient compliance with procedures, diagnosis, treatment, and follow-up of patients.
12. Adapt procedures and techniques to meet age-specific, disease-specific, and cultural needs of patients.
13. Assess the patient and record patient histories accurately.
14. Assess the patient using the ABCs of CPR and demonstrate basic life support procedures.
15. Maintain HIPAA compliance while completing all didactic and clinical education activities.
16. The student will observe, practice, and demonstrate learning and growth in professional behavior.
17. Demonstrate an ability to work with others.
18. Communicating a caring attitude to the patient, staff, and cohorts.
19. Accept constructive criticism willingly and as a caring contribution toward improvement.
20. Demonstrate effective use of time by working systematically and efficiently.
21. Adhering to program policies and requirements.
22. Demonstrate ethical conduct while respecting the patient's rights, values, and confidentiality.
23. Demonstrating initiative in clinical responsibilities.
24. Demonstrating dependability and responsibility in clinical assignments.
25. Present an appearance and demeanor that communicates professionalism and competence.
26. Demonstrate interest in the Profession of Radiologic Science by joining a professional organization.

Clinical Supervision

Until students achieve the program's required competency in each procedure, all clinical assignments should be carried out under the **DIRECT SUPERVISION** of qualified radiographers.

Direct Supervision

Occurs when a supervising technologist is directly observing a student while they perform a radiographic examination. Direct observation of the student must appear both in the radiographic room and at the operator's control panel.

Direct Supervision is required with no Exceptions:

- Whenever the student is repeating an unsuccessful radiographic examination.
- During all mobile radiographic or fluoroscopic examinations, regardless of the student's level of progression or competency status.
- If the student has NOT previously demonstrated successful competency on the radiographic examination to be performed.

Indirect Supervision

Occurs when the student performing a radiographic examination has a supervising qualified practitioner within "Normal voice call" and/or "immediately available distance away from the radiographic room where the student is completing the radiographic examination being performed. Indirect supervision of a student may be practiced, as he has previously demonstrated competence.

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

INDIRECT SUPERVISION: defined as supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

Repeat Radiograph Policy

In support of professional responsibilities for the provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, **regardless of the student's level of competency.**

STUDENTS ARE NOT PERMITTED TO DO MOBILE OR REPEAT RADIOGRAPHY WITHOUT A CERTIFIED R.T. PRESENT, REGARDLESS OF THE STUDENT'S LEVEL OF COMPETENCY.

Clinical Grading Policy and Scale

Due to the high standards required to deliver quality patient care, students must achieve a grade of 80% or higher for each clinical competency evaluation. The following grade scale is utilized for the clinical practicum:

Clinical Grading Scale

A	**4.0**	**94-100**	**Excellent**
A-	**3.7**	**90-93**	
B+	**3.3**	**87-89**	**Very Good**
B	**3.0**	**83-86**	
B-	**2.7**	**80-82**	**Passing Program Grade**

Grading Rationale

A staff technologist should deduct three (3) points for each error made by the student when evaluating the student.

Clinical Grading System

First Year	**Fall Semester I**	**Spring Semester II**	**Summer Semester III**
Attendance	10%	10%	10%
Technologist Evaluation (Room, equipment, rotation)	20%	20%	20%
Clinical Preceptor Evaluation	15%	15%	15%
Laboratory testing, Lab Evaluations	20%	20%	20%
Competency Testing (Pt. Evaluations)	35%	35%	35%
Second Year	**Fall Semester IV**	**Spring Semester V**	**Summer Semester VI**
Attendance	10%	10%	10%

Technologist Evaluation (Room, equipment, rotation)	20%	25%	25%
Clinical Preceptor Evaluation	15%	20%	20%
Laboratory Testing, Lab Evaluations	20%		
Competency Testing (Pt. Evaluations)	35%	45%	45%

Clinical Rotation Evaluation

The program director has developed specific behavioral objectives concerning clinical performance expected of each student in the assigned clinical sites and radiographic rooms. These objectives are designed to direct the performance of the students in the following areas: Patient care, equipment manipulation, examination/positioning skills, radiation protection, and professional communications and critical thinking.

The objectives are provided to students at the beginning of the program, and instructions are given along the way to clarify the expectations for these objectives. The staff is informed of the need to utilize these objectives in their teaching, demonstrations, and evaluation of students' performance.

Clinical rotation evaluations enable the program faculty to assess the progression rate of students within the clinical education, determining whether they can meet the specified, predefined clinical performance objectives. The Program Handbook should be kept in the Radiology Department to assist staff technologists in the evaluation process.

In-services are provided to staff technologists regarding the importance of student clinical objectives and the need for staff technologists to adequately supervise, observe, and evaluate students' performance relative to these objectives (when requested or for new hires). Staff Technologists play an integral role in the student's clinical experience by directly supervising and giving initial and reinforced clinical instructions in the following areas:

1. Patient Care
2. Professional Communication and Equipment Operation
3. Radiation Protection
4. Positioning
5. Equipment and Technique Manipulations

The staff technologists fill out the evaluations. All students must ensure that their clinical books, along with the assessments, are brought to school and submitted for grading. Room evaluations must be submitted within 5 days after the end of the rotation. It is the student's responsibility to provide the technologist with whom/they worked or observed the examination to complete the evaluation on time (within 5 days of the end of that rotation). It is the student's responsibility to sign their name on the review, including the date and the name of the technologist. The student is not to sign the technologist's name; only put the name on the

evaluation. Suppose the student does not present the review to the staff technologist at the time of assessment or before the technologist becomes aware of a competency. In that case, the technologist is under no obligation to complete it. The student must wait and complete the examination for competency once they have provided the proper paperwork and communicated with the technologist.

A technologist may leave the paperwork in a secure location to complete at their convenience. A technologist should not feel pressured about filling out the evaluation or the grades given to a student. For this reason, a technologist is welcome to provide the review to the Clinical Coordinator (CC) when present or to one of the clinical preceptors, who will then submit it to the CC. Evaluations should include the date and the month of rotation. Five points will be deducted from the evaluation grade if an assessment is submitted without the date/month of rotation and the student's signature. This is not the technologist's responsibility; it belongs to the student. If any deficiencies are noted, the clinical coordinator will privately discuss them with the student and provide recommendations on how the student can improve their performance.

Staff Radiographers are encouraged to discuss the evaluations with the student after grading and explain that a score of 100% indicates perfect performance. The evaluations are made available to students to promote improvement in areas that need improvement. All clinical rotation evaluations are documented and filed in the student's permanent record. Should the student feel that the evaluation is not truly representative of their performance, but rather a personality conflict, the Clinical Coordinator (CC) will discuss the evaluation with both parties separately and document the conversation(s), if any, to ensure a fair and accurate assessment. The student may write comments concerning the evaluation, and those comments will remain with the evaluation. The Program Director will make the final decision regarding a discrepancy with a clinical evaluation in concordance with the CC and Clinical Preceptor (CP).

Regulations Governing Clinical Education:

1. Clinical schedules are posted on CANVAS.
2. Students are to punch or swipe in (8:00 A.M. or 12:00 P.M.**)** and must stay in clinical assignments thereafter. Students will punch or swipe out at the end of the day at (**3:00 P.M. or 10:00 P.M.**). If they fail to be signed out, the student will not receive P.M. clinical credit.
3. Students are expected to report to their clinical assignment on time and prepare the room by cleaning and stocking it. If an X-ray examination is already in progress, they are to assist the technologist as needed.
4. Students will be present in their assigned radiographic area whenever an examination is being performed.
5. Students will address all patients and doctors with respect, i.e., Miss, Mrs., Ms., Mr., or Dr. Students will not use the first name to address patients and/or doctors.
6. Students may **never leave a patient** unattended.
7. Any information that is learned regarding the patient's diagnosis, prognosis, or personal life is **classified/confidential** information and must not be discussed outside the professional realm of duty.

8. Students will label each radiographic image with a lead marker indicating the right or left side of the patient.
9. Students are **not permitted to take repeat radiographs** without a certified staff technologist present.
10. A proper dress code is always required on clinical grounds.
11. Students are not permitted to chew gum in the clinical area.
12. Students are assigned a 45-minute to one-hour lunch period and are expected to return on time and according to department policy.
13. Students may not place or receive personal phone calls on any department telephone.
14. Students are not permitted to accept gratuities from family members or patients.
15. Students are to refrain from personal conversations or remarks while in the presence of patients.
16. Students may not congregate in any patient-care area of the imaging department.
17. During periods of inactivity, the reading of textbooks and professional literature is encouraged, if permitted. Novels and crafts are not permissible in the clinical area.
18. Students are not permitted to bring food and/or drink to any section of the radiology department or any clinical assigned areas.
19. Students must remain in the clinical area**.** They may only leave with the permission of the Clinical Preceptor, the Staff Technologist (with whom the student is working), the Clinical Coordinator, or when dismissed**.**
20. Students may not leave any clinical site for the day unless they are dismissed by the Program Director (PD), Clinical Coordinator (CC), or Clinical Preceptor (CP).
21. Students dismissed by staff technologists must inform CP immediately before allowing students to leave, to ensure no student is left behind. If a student is on portables, all students must wait for that student's return.
22. Students MUST avoid any non-diagnostic radiographing of self or others.
23. The Clinical Coordinator makes clinical rotations. A CP must approve all students' rotation changes to ensure each student receives equal rotational opportunities.

Clinical Competency

This clinical evaluation system is a standardized method of measuring the student's ability to optimally produce a diagnostic radiograph for a specific anatomical part, utilizing proper positioning, patient care, anatomy, technique, radiation protection, and equipment manipulation. The clinical competency evaluation system is divided into two (2) Main parts: Semester Categories and Final or Terminal Evaluations.

Category Evaluations

The following steps are taken to evaluate the students' competency in each procedure area. The goal of the evaluation is to assess the student's competency in reviewing routine views of all anatomical parts. This evaluation takes place in both a mock setting (the laboratory, or LAB) and an actual patient setting (the Clinical Setting).

1. Radiographic Positioning and Anatomy is taught by a designated faculty member in the didactic setting, utilizing texts and audiovisual aids.

2. The procedure's instructor performs a group demonstration in a designated radiographic room at an assigned time each week. Students are responsible for any missed information in the lab. The instructor will demonstrate positioning for students who missed the lab according to their schedule.
3. The students practice positioning on one another in preparation for testing.
4. Each student, at a designated time, is scheduled to perform a specific radiographic procedure in a simulated situation in a designated radiographic room. At the same time, a faculty member evaluates the student's competency according to clinical competency evaluation criteria.
    a. If the student fails the examination **(below 80%),** the student then receives remedial instruction followed by re-examination in that specific procedure the following week.
5. Once a student has passed a competency evaluation in a mock setting, they must ask to be evaluated during the real-life clinical setting.
6. Each student has a certain number of patient evaluations to complete per semester. ARRT mandates specific assessments, which are either mandatory or elective, and these are required for graduation. Failure to complete the correct number of semester examinations will result in a grade decrease for that semester, and the examinations will be added to the following semester's requirements. The student must complete all required competency evaluations by the end of their senior year. All necessary competencies must be completed within the designated semester to avoid a grade reduction.
7. As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections: Ten mandatory general patient care procedures; **36 mandatory** imaging procedures, and **15 elective** imaging procedures.

8. **Note**: A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation.

Clinical Competency Evaluations for each Semester

The table outlines the sequence of procedures taught in the classroom and the required clinical competencies for each semester.

Fall Semester I *(3 Competencies)*
1. **Chest**
a. Routine PA and Lateral
b. Oblique
c. Decubitus
d. Lordotic
e. Stretcher (supine and erect)
f. Wheelchair (erect and lateral)
2. Abdomen
a. Supine and erect
b. Decubitus
c. Lateral
d. Dorsal decubitus
e. Obstruction
3. Upper Extremity
a. Finger and thumb
b. Hand
c. Wrist
d. Forearm
e. Elbow
f. Humerus
g. Shoulder
h. Scapula
i. Clavicle
j. Acromioclavicular joints

Spring Semester II *(10 Competencies)*
4. Lower Extremities
a. Toes
b. Foot
c. Calcaneus
d. Ankle
e. Tibia/fibula
f. Knee/patella
g. Femur
5. Other
a. Bone age
b. Bone survey (e.g., metastatic, non-accidental trauma)
c. Arthrography
6. Spine and Pelvis
a. Cervical
b. Thoracic
c. Scoliosis series
d. Lumber
e. Sacrum and coccyx
f. Sacroiliac joints, Pelvis, and hip
Summer Semester III *(10 Competencies)*
7. GI Studies
a. Esophagus
b. Swallowing dysfunction study
c. Upper GI series (single or double), Small bowel series, Lower GI Series (single or double)
8. GU Series
a. Cystography
b. Cystourethrography
c. Intravenous urography, Retrograde urography, Hysterosalpingography, Surgical cholangiography, ERCP
Fall Semester IV *(15 Competencies)*
9. Bony Thorax
a. Ribs
b. Sternum
c. Soft-tissue neck
d. Sternoclavicular joints
10. Head
a. Skull
b. Paranasal Sinuses
c. Facial bones
d. Orbits
e. Nasal bones
f. Mandible, Temporomandibular joints
Spring Semester V *(15 Competencies)*

Summer Semester VI
Terminal Competencies
(7 Patient Examinations)

Students in the spring and summer semesters of the second year will be given seven Terminal Competency Evaluations to complete. The purpose of this evaluation is to conduct a comprehensive analysis of the students' competency by assessing them on a series of seven designated studies. The student must receive a grade of 80% or higher on a terminal competency. If 80% is not achieved, the student will be required to retake the examination in the same category. **Note**: Terminal evaluations will be completed on separate competency forms.

Summer Semester VI (*7 Terminal Competencies)*
1. Chest PA and Lateral
2. Portable Chest
3. OR Study
4. Fluoroscopy study
5. Trauma- Upper extremity
6. Trauma- Lower extremity
7. Spine study- *(Cervical, Thoracic, or Lumbar)*

All lab evaluations must be completed to be eligible for the final/terminal assessment, and the student should have completed all ARRT specification examinations.
The student will be evaluated on positioning skills, patient interaction, technical factors, knowledge of anatomy, patient protection and communication, image quality, and critical thinking skills. Failure in any of the above examinations will result in remedial instruction and re-examination.

Policy on Student Employment

Students who accept employment opportunities while enrolled in the program may do so during hours when they are not engaged in assigned educational activities. During work assignments, the student may not wear the approved student uniforms, may not wear the approved (St. Christopher's Hospital) student identification badge, and may not wear the student's radiation dosimeter. A student working in an affiliated clinical education site may not supervise other students. Students are advised that their work schedule cannot interfere with their classroom or clinical performance. Student employment is not associated with any areas of clinical rotations/evaluation.

Current Address and Telephone Number

Each student must keep the program informed of any changes to their current name (e.g., marriage), mailing and email addresses, and telephone numbers to ensure proper documentation of essential updates. Mailings and/or messages can be delivered in a timely fashion.

Library

The library is located on the ground floor at St. Christopher's Hospital for Children. The library number is 215-427-5374. The hours of operation are 8:30 a.m. to 5:00 p.m., Monday through Friday. Additionally, students wearing their Temple University IDs are permitted to use the libraries on Temple University grounds in a respectful manner.

Parking

- St. Christopher's Hospital for Children: Free Parking.
- SCHC Specialty Pediatrics at Abington: Free Parking
- Temple University Hospital: $6.00
- Chestnut Hill: Free Parking

Graduation Requirements

Upon successful completion of all program requirements (including financial obligations), the student will be awarded a “Certificate of Completion”. Successful completion of the program enables students to apply for and sit for the American Registry of Radiologic Technologists (ARRT) Registry Examination in Radiologic Technology. Successfully passing the ARRT examination allows the individual to achieve the status of Registered Technologist and be privileged to include R.T. (R) behind their name and signature.

To satisfy Program graduation requirements, as well as the ARRT examination eligibility, the student **MUST** have:

a. Met all financial obligations of the program.
b. Completed all senior review courses with a minimum grade of 80.
c. Earned a cumulative grade point average of 2.7 or above (B-).
d. Satisfy all competency examination requirements as indicated on the “**ARRT Content Specifications**”.
e. Completed all required clinical make-up time.
f. Received a grade of 80% or higher on seven designated patient exams.
g. Completed the program’s exit interview survey.
h. **Successfully pass four out of six online Mock Board Exams with an 82% or better**. I attended the Kettering Seminar.

Note: If, for any reason, a student is unable to complete and graduate from the program within the regular 23 months, they must complete all program requirements within a 30-month limit. A Comprehensive test will be administered to ensure students' success in passing the National Boards before leaving the program.

Graduation Awards

Highest Academic Average
Awarded to the student who has the highest cumulative grade point average.

Leadership (Class Representatives)
Awarded to the students who demonstrated outstanding leadership qualities.

Clinical Competency Award
Awarded to the students/s who have had excellent clinical achievement and have exceeded the minimum requirements of 80% or higher and have been recommended by the clinical preceptors.

Counseling

The Philadelphia School of Diagnostic Imaging recognizes the need for acquiring the requisite knowledge necessary for entry-level radiographers. Program counseling is structured to facilitate student studies and create an atmosphere conducive to learning.

Counseling Goals:

1. To provide a service that will confirm and enhance the objectives of the program.
2. To assist the student in taking responsibility for oneself and to increase one's ability in self-appraisal and self-actualization.
3. To help students resolve conflict, solve a problem, decide, or facilitate greater understanding.
4. To help students be more receptive to learning, more open in sharing feelings, and better able to understand and communicate with patients and peers.
5. To aid in communication between faculty and students and between the program and others.

Counseling Documentation Policy/Form

Academic/Clinical grades that do not meet standards and/or recurrent performance not compatible with appropriate workplace behavior, such as those listed under Professional Conduct, will necessitate counseling the student.

Such counseling will be documented as follows:

Student's Name: _____ Date: _____

Course/Clinical_____

Faculty_____

Reason for Counseling:

Students' Response:

Program Recommendations:

_____
Faculty Signature

_____
Student's Signature

Program Orientation

Orientation is mandatory and starts the last week of August. During orientation, the handbook will be reviewed, covering all policies, and the following topics will be addressed.

1. SCHC ID Badge Request Form
2. SCHC Radiation Badge Registration
3. Temple ID Badge Request Form
4. Temple Radiation Badge Registration
5. Temple Authorization to Release Radiation Exposure History
6. Temple Consent Form
7. MRI Safety Training
8. Clinical Site Orientation
    - St. Christopher's Hospital for Children
    - Temple University Hospital
    - Chestnut Hill Hospital

Course Descriptions

RAD 101: Patient Care I

This course prepares the student for practical experience in the clinical setting. This includes communication skills, body mechanics, basic infection control, vital signs, routine patient care procedures, and emergency patient care procedures, which will be described. The role of the radiographer will be identified. (3 credits)

- Prerequisite - Admission into the School of Radiologic Technology
- Co-requisite - RAD 102, 103, 104, 106

RAD 102: Image Production I

In this course, students will learn about all the components that make up the X-ray tube. The student will also learn about the X-ray beam, imaging console, and factors that affect exposure technique. Target interactions will also be discussed. (3 credits)

- Prerequisite - Admission into the School of Radiologic Technology
- Co-requisite - RAD 101, 103, 104, 106

RAD 103: Radiographic Procedures I

Offers a thorough presentation of positioning nomenclature, body planes, and anatomic terms, and then proceeds to positioning principles for routine chests, abdominal studies, and upper extremities, including the shoulder girdle. All theoretical concepts are presented in correlation with radiographic images. Cross-sectional anatomy will also be introduced. (3 credits)

- Prerequisite - Admission into the School of Radiologic Technology
- Co-requisite - RAD 101, 102, 104, 106

RAD 104: Medical Terminology

Presented during orientation, the content is designed to introduce the origins of medical terminology. A word-building system is introduced, and abbreviations and symbols are discussed. This course will familiarize the student with the technical, medical, and pathological terms pertinent to the medical profession and diagnostic imaging. (3 credits)

- Prerequisite - Admission to the School of Radiologic Technology
- Co-requisite - RAD 101, 102, 103, 106

RAD 106: Clinical Practicum I

The student, under direct supervision from a staff technologist or clinical instructor, begins observing radiographic examinations. The student participates in a limited fashion commensurate with their knowledge level. Students must complete a minimum of four radiographic competency examinations to meet the course requirements. (3 credits)

- Prerequisite - Admission to the Radiologic Technology
- Co-requisite - RAD 101, 102, 103, 104

RAD 107: Patient Care II

This course is a continuation of Patient Care I with emphasis on contrast media, venipuncture, pharmacology, drug monitoring, and administration. Direct patient care methods will be learned, enabling individuals to handle physical, emotional, and psychological demands with compassion, professionalism, accuracy, and discernment. (3 credits)

- Prerequisite - RAD 101
- Co-requisite - RAD 108, 109, 110, 111

RAD 108: Radiation Safety I (online)

This course is designed to present the fundamental principles of radiation physics, encompassing atomic structure, electricity, magnetism, and electromagnetism. The imaging system, comprising the x-ray tube, generator, and motors, is presented, along with an explanation of x-ray production and its interaction with matter. (3 credits)

- Prerequisite – College Math
- Co-requisite - RAD 107,109,110,111

RAD 109 : Radiographic Procedures II

This course is a continuation of Procedures I, with a significant emphasis on the lower extremities, pelvic girdle, and vertebral column, including the cervical and thoracic spine. Application of relevant technical factors and protection measures is included. Cross-sectional anatomy will also be introduced. (3 credits)

- Prerequisite - RAD 103, 106
- Co-requisite - RAD 107,108,110,111

RAD 110: Image Production II

This course presents fundamental and advanced principles of image acquisition. This includes the following: Exposure Factors, patient factors, image quality factors, and controlling scatter radiation.
(3 credits)

- Prerequisite - RAD 101, 102, 103, 104, 106
- Co-requisite - RAD 107,108,110,111

RAD 111: Clinical Practicum II

Under the direct supervision of a staff technologist or clinical instructor, the student should actively perform those examinations where competency has been successfully demonstrated during Clinical Education I and continue to practice, preparing for competency on the remaining examinations studied during Radiographic Procedures I and II. (3 credits)

- Prerequisite - RAD 103,106
- Co-requisite - RAD 107,108,110

RAD 115: Advanced Imaging

This course introduces the basic principles of cross-sectional anatomy, image acquisition, CT and MRI safety, protection, and image processing. A basic understanding of spiral–helical and multi-slice spiral–helical artifacts is provided. (2 credits)

- Prerequisite - RAD 106, 111
- Co-requisite - RAD 116, 201, 203, 211

RAD 116: Clinical Practicum III

A continuation of Clinical Practicum II, students further apply their classroom and laboratory knowledge and experiences in the clinical environment. Practical application of all routine procedures with patients continues. Competency grading continues. Elective assignments and CT assignments may begin. (4 credits)

- Prerequisite - RAD 106, 111
- Co-requisite - RAD 115, 201, 203, 211

RAD 201: Radiographic Procedures III

The students will learn about the lumbar spine and bony thorax. Contrast and fluoroscopic studies of the urinary system will also be covered. Cross-sectional anatomy will be introduced. (3 credits)

- Prerequisite - RAD 103, 109
- Co-requisite - RAD 115, 116, 203

RAD 202: Radiation Safety II (online)

A course designed to discuss and explore various biological effects of ionizing radiation. Causes and considerations of cellular and organism damage and repair will be surveyed and discussed. Protection for patients, their families, technologists, and staff is studied. The ALARA concept will be explained and explored. Units of exposure, absorbed dose, and dose equivalent will be reinforced. Additionally, the biological effects of ionizing radiation, including cellular and organismal damage and repair, are discussed. (3 credits)

- Prerequisite – RAD 108
- Co-requisite - RAD 205, 206,211

RAD 203: Image Production III

Students will learn about the factors that affect radiographic quality. Fluoroscopy will also be introduced. (3 credits)

- Prerequisite - RAD 102, 110
- Co-requisite - RAD 115, 116, 201

RAD 204: Digital Imaging I

Digital imaging concepts will be introduced, along with digital image receptors.

- Prerequisite - RAD 102, 110, and 203
- Co-requisite- RAD 202, 205, 206, and 211

RAD 205: Clinical Practicum IV

The continuation of Clinical Practicum III emphasizes indirect supervision in areas of defined competency. The student continues to gain mastery in all other areas under direct supervision. Competency evaluations continue. (4 credits)

- Prerequisite - RAD 106, 111, 116
- Co-requisite - RAD 202, 206, 211

RAD 206: Radiographic Procedures IV

This course will provide students with the knowledge to identify all radiographic cranial and facial anatomy and the skills necessary to perform standard radiographic procedures on the cranial and facial bones, including the sinuses. Cross-sectional anatomy will also be introduced. (3 credits)

- Prerequisite - RAD 103, 109, 201
- Co-requisite - RAD 202, 205, 211

RAD 207: Radiographic Image Analysis

This course introduces students to the fundamentals of evaluating and critiquing radiographic images. The students will use what they learned in previous Image Production courses. Students will study the criteria for assessing pictures and be able to critique radiographic images, determining whether the image is satisfactory or requires repetition. (3 credits)

- Prerequisite - RAD 102, 110, 203
- Co-requisite - RAD 208, 210, 212

RAD 208: Radiation Safety III (online)

This course provides a comprehensive overview of radiation protection principles, practices, and regulations. Upon completion of this course, students will be able to understand radiation principles, implement safety standards, and utilize protective measures. (3 credits)

- Prerequisite – RAD 108, 202.
- Co-requisite – RAD 207, 210, 212

RAD 209: Digital Imaging II

This course is a continuation of RAD 204- Digital Imaging I. The student will learn and develop an understanding of Image processing, display, informatics, and digital artifacts. Quality control of imaging equipment and accessories will also be discussed.

- Prerequisite – RAD 204
- Co-requisite – RAD 207, 210, 212

RAD 210: Registry Review I

This course will review all previously taught material. This material will prepare the student for success in Registry Review II. (3 credits)

- Prerequisite - all didactic courses, excluding co-requisite.
- Co-requisite – RAD 207, 208, 212

RAD 211: Pathology

This course will focus on radiographically critical disease processes affecting the skeletal, renal, digestive, respiratory, cardiovascular, and neurological systems. Traumatic injury to the skeletal system will be emphasized. (3 credits)

- Prerequisite - RAD 103, 109, 201
- Co-requisite - RAD 202, 205, 206

RAD 212: Clinical Practicum V

Continuation of Clinical Practicum IV, with emphasis on mandatory and elective requirements of the A.R.R.T. Competency evaluations, continues. (4 credits)

- Prerequisite – RAD 205
- Co-requisite – RAD 207, 208, 210

RAD 213: Registry Review II

Mock Examinations and review lectures will be presented. The student will be evaluated on their examination performance. This is a mandatory course. A series of mock examinations will be administered to prepare students for the ARRT radiography exam. (4 credits)

- Prerequisite - all didactic courses, excluding co-requisite.
- Co-requisite – RAD 214

RAD 214: Clinical Practicum VI

A continuation of Clinical Practicum V with significant emphasis on the measurement of terminal competencies. (2.5 credits)

- Prerequisite - RAD 106, 111, 116, 205, 212
- Co-requisites – RAD 213

Student Agreement Form

I have read the Philadelphia School of Radiologic Technology Program Handbook. I am familiar with all the policies and procedures for the classroom, clinical environment, and surrounding areas. I understand the Handbook will be revised as needed. I agree to abide by all rules/regulations and will perform all duties required. I have been provided with a copy of the Student Handbook for my own records. Answer the following questions:

1. The passing grade for each course is _____.

2. Review course grades are the same as regular course grades. True False

3. Not passing with the required grade will necessitate what action?

   Briefly explain _____.

4. If I attempt to hide a felony, what will happen upon applying for the ARRT examination?

   Briefly explain _____.

Student Name: _____Date: _____

Signature: _____

Thank you,

Jeffrey Goldstein

The Philadelphia School of Radiologic Technology

Academic Calendar

2026	Semesters	
January 12	Spring Semester Begins	
January 19	MLK Holiday	No Classes
April 6	Easter Monday	No Classes
April 13-17	Semester Finals	
April 20-24	Spring Break	No Classes
April 27	Summer Semester Begins	
May 25	Memorial Day	No Classes
June 19	Graduation	
Aug 3-7	Semester finals	
August 10- August 31	Summer Break	No Classes
August 24-September 4	Orientation	Junior class only
September 7	Labor Day	No Classes
September 8	Fall Semester Begins	All classes resume
November 26-27	Thanksgiving Holiday	No Classes
Dec 7-11	Semester Finals	
December 14- January 1	Winter Break	No Classes

2027	Semesters	
January 4	Spring Semester Begins	All classes resume
January 18	MLK Holiday	No Classes
April 19-23	Spring Break	No Classes
April 26	Summer Semester Begins	
June 18	Graduation	
August 23- September 3	Orientation	Junior class only
September 6	Labor Day	No Classes
September 7	Fall Semester Begins	All classes resume
November 25-November 26	Thanksgiving Holiday	No Classes
December 6- December 10	Semester Finals	
December 13- December 31	Winter Break	No Classes
2028		
January 3	Spring Semester Begins	All classes resume


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