



# RADIOLOGIC SCIENCE STUDENT HANDBOOK

Fall 2020



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Note: The Department of Radiologic Science reserves the right to make necessary changes with regard to the student handbook. The Program Director will make final decisions in disputes over interpretations.

## *WELCOME*

*... to the Radiologic Science Bachelor Degree Program at the University of Charleston. We hope your educational experiences here will be both challenging and rewarding. Your admission to this program indicates your strong academic achievements and abilities, and we want to encourage you to continue to strive for high academic success. This handbook should help guide you through the program and we trust you will refer to it when necessary. The radiography faculty is willing and able to mentor you through this educational process. It is an exciting time to be entering the radiologic science profession and we wish you success in your future career as a radiographer.*

*The University of Charleston  
Radiologic Science Faculty*

## **THE PROFESSION of RADIOLOGIC SCIENCES**

Radiologic Science is the health profession involved in the direct administration of radiation for disease diagnosis and injury assessment. Since their accidental discovery in 1895, x-rays have been recognized as an essential tool in medical diagnosis; furthermore, technological advances and the addition of new imaging modalities now place Radiologic Sciences among the most dynamic fields in clinical medicine.

As technology has evolved, the uses of radiation have diversified, requiring specially educated and highly skilled individuals to assure safe and responsible x-ray application and the delivery of quality patient care. In addition to performing diversified procedures, a radiographer works with patients in a variety of clinical settings including adult, pediatric, and newborn medical units, emergency room, intensive care units, surgical units, and outpatient services.

A radiographer is required to apply numerous scientific principles and have an interest and desire to care for the sick and injured. Active involvement in continuing education throughout a radiographer's career is necessary to maintain professional competency and keep abreast of the ever advancing technological changes in the profession.

Imaging examinations performed by, and accompanying responsibilities assigned to, a radiographer shall be at the direction of physicians qualified to request and/or perform radiologic procedures. Some of the responsibilities expected from employers of radiographers are as follows:

1. apply knowledge of anatomy, physiology, positioning and radiographic techniques to accurately demonstrate anatomical structures on a radiograph or other imaging receptor
2. determine exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient and to him/herself
3. evaluate radiographic images for appropriate positioning and image quality
4. apply the principles of radiation protection for the patient, self, and others
5. provide patient care, assessment, comfort, and compassion
6. recognize emergency patient conditions and initiate life-saving first aid and basic life-support procedures
7. evaluate the performance of radiologic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority
8. exercise independent judgment and discretion in the technical performance of medical imaging procedures
9. participate in radiologic quality improvement programs
10. participate in continuing education to maintain registry and licensure credentials

## **JRCERT COMPLIANCE/COMPLAINT POLICY**

In order to ensure timely and appropriate resolution to complaints regarding non-compliance of the latest JRCERT Standards, the following policy is in effect.

In the event that any affected party/constituent feels the University of Charleston Radiologic Science Program fails to adhere with any JRC Standard, said constituent may bring notice to the program director who shall investigate and address said concerns within 5 business days and report back any actions to the complainant, faculty, and Joint Advisory Committee.

In the event the program director fails to adequately address the concerns or to reply within the stated time frame, the complainant may bring said concern to the Dean of the School of Health Sciences.

The program director shall make every effort to maintain continual accreditation and total compliance with all JRCERT Standards.

The Radiologic Science Program is fully accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The most recent review occurred in 2018. Contact information for JRCERT is:

**JRCERT**

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

[312-704-5300](tel:312-704-5300)

<http://www.jrcert.org>

[mail@jrcert.org](mailto:mail@jrcert.org)

### **Admission Criteria and Technical Standards**

1. A radiographer works directly with sick patients and is frequently exposed to communicable diseases and infections; therefore, the applicant should be in good physical condition and free of communicable disease.
2. A radiographer must be capable of lifting patients, manipulating heavy equipment, including portable x-ray machines, and handling radiography accessories; therefore, the applicant must have full use of all four limbs and be able to grasp with at least one hand.
3. A radiographer must have the ability to remain constantly mentally and physically alert to equipment malfunction, and safety hazard warning techniques such as, flashing lights, buzzers, fire alarm, smoke, emergency intercom, pages, monitoring the vital signs and assessing the patient; therefore, the applicant must have the ability to feel, see, hear, and smell.
4. A radiographer must be capable of long periods of concentration in selecting correct techniques, equipment and safety devices to assure maximum care and safety of the patient; therefore, the applicant should be able to exercise independent judgments under routine circumstances and stressful conditions.
5. A radiographer will be exposed to minimal amounts of ionizing radiation. Whereby, this may not cause biological changes in the individual, it can cause a harmful effect upon the gestation of a human fetus. Radiographers should take care not to expose the unborn to radiation while pregnant. (See pregnancy policy) A person who is pregnant may not meet the above criteria; however, a pregnant woman may apply and be accepted into the Radiologic Science Program.

### **Alcohol and Drugs**

A person under the influence of alcohol or drugs (legal or illegal) may not meet the above criteria. (see substance abuse policy)



## **THE DEPARTMENT of RADIOLOGIC SCIENCES**

The University of Charleston Radiologic Science Program is a four-year baccalaureate degree program designed to prepare students to practice radiography and related specialized modalities. The curricular goals are to:

- 1) provide students with a strong liberal arts and science educational background including the health science core curriculum
- 2) provide students with thorough knowledge and skills required for successful practice as a radiographer
- 3) provide students opportunity for additional responsibilities in a chosen advanced specialized modality, (i.e. CT, MRI, CV, US, Mammography)
- 4) prepare students for post-baccalaureate study or continued personal and professional growth.
- 5) demonstrate an average course completion rate of 75% or higher.
- 6) document graduates earning degrees within four years or less from date of matriculation (sophomore year).
- 7) reveal a five-year average credentialing exam pass rate of 75% or higher.
- 8) exhibit a job placement rate of 75% or higher within six months of graduation.
- 9) demonstrate a five-year program completion rate of 60% or higher.
- 10) validate clinical competency mastery level of 85% or higher.
- 11) prepare students for the Comprehensive Assessment (i.e. mock registry)  
Achievement of minimum passing score

To meet the needs of all types of adult learners the curriculum consists of lectures, seminars, internet activities, interdisciplinary course work, team projects, demonstrations and laboratories both on the University campus and at the hospitals. The Radiologic Science students have opportunities for a variety of clinical experiences at six Charleston area hospitals/outpatient facilities. The clinical education settings may include: Charleston Area Medical Center - Memorial Hospital & Outpatient Centers (SIC & KCIC), Charleston Area Medical Center - General Hospital, Charleston Area Medical Center - Women and Children's Hospital, Charleston Area Medical Center Urgent Care, Charleston Area Medical Center- Teays Valley, Saint Francis Hospital, , and Thomas Memorial Hospital and Imaging Center (TIC) and WV OrthoNeuro.

### **1. Mission**

The primary mission/purpose of the Radiologic Science Program is to provide challenging academic and clinical education for the development of the student as a compassionate, responsible, and multi competent radiography professional. The faculty is committed to: 1) educating students, in a liberal learning environment, for a life of productive work as a practicing radiographer, 2) guiding students on their journey to becoming life-long learners by modeling continued education, and 3) demonstrating the importance of service to the greater Charleston community.

## Accreditation

The Radiologic Science Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Contact information on the JRCERT is available at:

JRCERT  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
[www.jrcert.org](http://www.jrcert.org)  
[mail@jrcert.org](mailto:mail@jrcert.org)

## Licensure

Radiologic Science Program graduates meet the academic and clinical requirements to be eligible to apply to take the American Registry of Radiologic Technology (ARRT) examination. Graduates who pass the ARRT examination are eligible to apply for the West Virginia state license to practice radiography. Application for licensure can be made at the West Virginia Medical Imaging & Radiation Therapy Technology Board located at 1124 Smith Street Suite B300 Charleston, WV 25301. Other states may have different criteria for licensure eligibility.

**Please NOTE: Applicants convicted of a felony, misdemeanor or found guilty of an honor code violation should investigate his or her eligibility to sit for the American Registry of Radiologic Technologists Examination [ARRT – phone (651) 687-0048 or website [www.arrt.org](http://www.arrt.org)] before enrolling in the Radiologic Science program, or see the RS Program Chair. Any student convicted of a felony, misdemeanor or found guilty of any honor code violation may be disqualified from taking the American Registry Examination, particularly when moral turpitude is involved. More information may be obtained by writing the American Registry of Radiologic Technologists, or if appropriate discussion of the incident with the Director of the Radiologic Science Program.**

**In addition, the ARRT addresses one of the most asked questions from students below:**

“One of the most frequent questions we receive from students and R.T.s is, “Do I have to report a speeding, parking, seatbelt, or similar traffic ticket to ARRT?”

The answer:

- Yes, if the violation is a felony or misdemeanor
- Yes, if the violation involved drugs or alcohol
- No, if the violation wasn't classified as a felony or misdemeanor **and** if it didn't involve drugs or alcohol

Be aware: a growing number of jurisdictions now classify ordinary traffic tickets as misdemeanors. Because of that, more candidates and R.T.s receive tickets that they must report to ARRT. In most cases, you can find the classification of an offense online or by contacting the circuit court in the county where the violation occurred.

It's your responsibility to find out if your ticket constitutes a misdemeanor or felony. If it does, report it to Ethics Requirements within 30 days of the occurrence. The form is located on the ARRT website.

The good news? Even though you must report traffic tickets that meet the criteria above, we typically don't sanction people for minor traffic violations. You're more likely to incur an ethics issue if you neglect to report such a ticket."

## 2. Objectives

The radiography faculty believes the practice of medical diagnostic imaging is an art and a science; the art of human interactions and compassion, and the science of high technology used to produce diagnostic images. Our intention is to present the principles of Radiologic Science in a challenging format that provides a base for true professional development. Emphasis is placed on students developing patient care skills, assessment techniques, and patient education through interpersonal communications and clinical practice. Throughout the curriculum students are encouraged to develop critical thinking skills by solving problems and situations presented within the professional practice. Working with other health science disciplines in the core curriculum will prepare students to enter the profession with a teamwork knowledge base.

## 3. Policy for Professional Specialization Areas

Students will be required to select one major area of specialization (ie. Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Vascular and Interventional Radiography (CV), Sonography (US) or Mammography) and may elect one minor area of specialization (ie. Mammography) for graduation eligibility. Students will be enrolled in both didactic and clinical course work as part of their professional specialization.

The Radiologic Science faculty will make every attempt to grant the students' request with regards to specialization selections. Due to limited availability of specialized clinical facilities, students are **not** guaranteed their first choice in the specialized modalities. The selections for specialized rotation may be determined by the student's overall University grade point average and previous clinical performance.

Competency requirements will vary depending on the area of specialization selected. Additional classes and/or clinical education may be required to be job market prepared or eligible for state or national certification in all specialization areas and especially in medical sonography.

### **Bachelor of Science Degree in Radiologic Science 2020-2023 Curriculum\***

<b>FRESHMAN YEAR</b>			
<b>FALL SEMESTER</b>		<b>SPRING SEMESTER</b>	
UNIV 101 UNIVERSITY ORIENTATION	3	UNIV 102 UNIVERSITY EXPERIENCE	3
RADI 101 INTRO. TO RADIOLOGIC SCIENCE	2	RADI 102 RADIATION PHYSICS	3
BIOL 171 FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY	3	BIOL 172 FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY	3
BIOL 171L FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY LAB	1	BIOL 172L FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY LAB	1

COMM 101 FRESHMAN WRITING I	3	COMM 102 FRESHMAN WRITING II	3
HUMN 1XX HUMANITIES	3	HSCI 110 HISTORY OF HEALTH SCEINCES	3
		SPCH 103: ORAL COMMUNICATION FUND	3
<b>TOTAL</b>	<b>1</b>		<b>19</b>
<b>:</b>	<b>5</b>	<b>TOTAL:</b>	

SOPHOMORE YEAR			
FALL SEMESTER		SPRING SEMESTER	
PSYC 212 LIFE-SPAN DEVELOPMENT	3	ENGL 2XX LITERATURE	3
RADI 201 RADIOGRAPHIC POSITIONING	3	RADI 211 RADIOGRAPHIC POSITIONING II	3
RADI 201L CLINICAL LAB I	3	RADI 211L CLINICAL LAB II	3
MATH 120 INTERMEDIATE ALGEBRA	3	RADI 212 RADIOGRAPHIC EXPOSURE	3
RADI 202 OSTEOLOGY	3	HSCI 201 & 201L HEALTH CARE ASSESSMENT & LAB	3
<b>TOTAL:</b>	<b>15</b>	<b>TOTAL:</b>	<b>15</b>

JUNIOR YEAR			
FALL SEMESTER		SPRING SEMESTER	
RADI 302 CROSS SECTIONAL ANATOMY	1	RADI 304 IMAGING EQUIPMENT	3
RADI 301 RADIOLOGICAL POSITIONING III	3	RADI 311L CLINICAL LAB IV/PHARMACOLOGY	6
RADI 301L CLINICAL LAB III	6	FLEX CREDIT ELECTIVE	3
RADI 311 RADIOGRAPHIC PATHOLOGY	2	RADI 320-4 AND 320L-4L PROFESSIONAL SPECALIZATIONS & LAB	2
HSCI 312 HEALTH SCIENCES STATS	3		
RADI 320-324 PROFESSIONAL SPECALIZATION	1		
<b>TOTAL:</b>	<b>16</b>	<b>TOTAL:</b>	<b>14</b>

SENIOR YEAR			
FALL SEMESTER		SPRING SEMESTER	
HSCI 402 RESEARCH I	3	RADI 410 RADIOLOGIC SCIENCE SENIOR SEMINAR	4
RADI 405 RADIATION BIOLOGY	2	RADI 411L CLINICAL LAB VI	5
RADI 420-424L SPECALIZATION LAB	3	HSCI 401 HEALTH LEADERSHIP AND MANAGEMENT	3
RADI 401L CLINICAL LAB V	5	RADI 498 CLINICAL INTERNSHIP	3
RADI 403 RADIOLOGIC QUALITY MANAGEMENT	3		
<b>TOTAL:</b>	<b>15</b>	<b>TOTAL:</b>	<b>15</b>

Grand Total Hours for Graduation –124 Total Clinical Hours Approximately 1200.

**\*The curriculum may be revised at faculty discretion.**

### **ASRT (R) to BSRT (R) TRACK**

This track is designed to allow Registered Radiographers to complete requirements for the Bachelor of Science in Radiologic Science degree. The curriculum is planned depending upon the academic background of the individual. Students must meet all program and institutional learning outcomes by course enrollment, transfer, portfolio or independent learning plan.

### **Grading Scale and Sample for Radiologic Science**

The following is the grade scale which will be in effect for all Radiologic Science courses:

A	=	92 - 100
B	=	85 - 91
C	=	80 - 84
D	=	75 - 79
F	=	Below 75

The Radiologic Science Program essentially complies with the grading procedure as outlined by the University of Charleston which is based on 100 percentile scale. Minimum passing grade for all radiologic science courses is “C”. The policy regarding fractions is as follows:

1. fractions .5 or higher are rounded up (i.e. 79.5 = 80 % = C )
2. fractions below .5 are dropped (i.e. 79.499 = 79 % = D )
3. **Rounding occurs only on the final grade, not on individual grades combined** to generate the final score.

\*Any letter grade cuts will occur after the final grade is calculated.

### **NATIONAL POLICIES AND PROCEDURES**

#### **Family Educational Rights and Privacy Act of 1974**

The Radiologic Science Department and its faculty intend to comply fully with the Family Educational Rights and Privacy Act of 1974. This act was designed to protect the privacy of educational records, to establish the rights of students to inspect and review their records and examinations, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Questions concerning the

Family Education Rights and Privacy Act may be referred to the Director of the Radiologic Science Program or the records office at the University.

The federal legislation provides that:

1. All radiologic science students have the right to inspect and review educational records and tests.
2. A reasonable time must be allowed following a written request to view the student records.
3. Radiologic science students may designate a third party that has access or disclosure of their educational records.
4. Students have the right to a hearing to challenge the contents of his/her records and an opportunity for the correction or deletion of any inaccurate, misleading, or otherwise inappropriate data contained therein.
5. Students have the right to a response from the school to reasonable requests for explanations and interpretations of the records.
6. Students have the right to obtain copies of their educational records; however, confirmation of grades will NOT be given by telephone.
7. The school must have written consent from the student to release or disclose education records and/or personally identifiable information to third parties.
8. Students have the right to file complaints concerning alleged failure by the program or faculty of the Radiologic Science Program to comply with the requirements.

### **Nondiscriminatory Policy**

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia. Evidence of practices inconsistent with this policy should be reported to the Provost.

### **Title IX**

The University of Charleston and its faculty are committed to supporting our students and seeking an environment that is free of bias, discrimination, and harassment. If you have encountered any form of sexual misconduct (e.g. sexual assault, sexual harassment, stalking, domestic or dating violence), we encourage you to report this to the University. If you speak with a faculty member about an incident of sexual misconduct, that faculty

member must notify UC's Title IX coordinator, Virginia Moore (GSU 309, [titleix@ucwv.edu](mailto:titleix@ucwv.edu), 304-357-4987) and share the information with her. The Title IX coordinator will then be available to assist you in understanding all of your options and in connecting you with all possible resources on and off campus.

If you wish to speak with a confidential source, you may contact the University Counseling Center at [atuc-counselor@ucwv.edu](mailto:atuc-counselor@ucwv.edu) or 304-941-1599, the Campus Pastor at [campuspastor@ucwv.edu](mailto:campuspastor@ucwv.edu) or 304-357-4873, or REACH at 304-340-3676 or 1-800-656-HOPE. To view UC's sexual misconduct policy and for resources, please visit the following web address: <http://www.ucwv.edu/UC-Life/Student-Resources/Title-IX/>

## **PROGRAM POLICIES AND PROCEDURES**

### **Evaluation of Program Effectiveness**

The program director is responsible for implementing periodic evaluations of the Radiologic Science Program and evaluates the radiography clinical faculty yearly. All radiologic science faculty will evaluate the curriculum, peers, and self on a periodic basis. Radiography students will evaluate the curriculum, including didactic and clinical courses, and will complete a post graduation program review. At the end of each radiologic science course the students will evaluate the respective radiologic science faculty member and the class.

The program director will assess the program's effectiveness by review of the student evaluations, faculty evaluations, student post graduation surveys, yearly employee performance reviews, and the results of the American Registry of Radiologic Technologists (ARRT) national board examination.

The Chair of the Bert Bradford Division of Health Sciences will annually evaluate the program director and all other radiologic science faculty.

### **Academic Counseling**

Students having problems with any course are strongly advised to first discuss the issue with the faculty member teaching the particular session. It is also recommended that a student seek out his/her assigned mentor to help problem solve the situation. Furthermore, the Director of Radiologic Sciences is available for any student wishing to discuss his/her academic concerns.

### **Academic Deficiency Contract Policy**

A student may be placed on an Academic Deficiency Contract for problems in either didactic or clinical courses. Reasons for a contract may be as follows:

1. Repeated failure on didactic or clinical objectives, requirements, or competencies
2. Demonstrating inability to retain didactic or clinical knowledge
3. Insubordination, unprofessional, unethical behavior, or lack of motivation
4. Breaking any program policy

Failure to meet the objectives of the contract may result in dismissal from the program.

### **University of Charleston Academic Integrity Policy**

**By definition, a student involved in cheating is committing an act of fraud. Therefore, any student who demonstrates cheating behavior is considered to be in violation of 1.) the educational integrity standards of the Program and the University, and 2.) the Ethical Code of Radiologic Science Profession. Furthermore, the department chair is obligated to report honor code violations by any student applying to site for the ARRT examination. Such violation may prohibit the graduate from being able to take the ARRT examination.**

For a community of learners to thrive, all members must engage in the educational process with honesty and integrity. The University of Charleston community holds firmly to the belief that all members of the community are responsible for promoting and protecting academic integrity. Cheating, plagiarism, fabrication, or facilitating academic dishonesty will not be tolerated.

It should be noted that a hearing involving academic dishonesty – discussed below – is an academic matter, and not a criminal or civil legal proceeding. Rather, it is a process unique to the community of scholars that comprise a university. It is designed to protect the rights of the students accused of violating integrity standards, to educate students, and to deter further violations. Faculty members may use evidence and their professional judgment to determine whether a student has violated academic integrity. The expectation is to follow the rules of “preponderance of evidence” rather than “evidence beyond a reasonable doubt” in the process described below.

The University of Charleston believes that students learn and develop greater knowledge of academic integrity as part of our educational process. The Academic Integrity process is designed to facilitate a student’s development of this understanding while requiring accountability for violation of the policy. The following is an outline of the levels of academic integrity infractions and sanctions:

#### Academic Dishonesty Levels

- 1) Minor Infraction (Student lacks understanding)
  - a. Examples include but are not limited to:
    - i. Improperly formatted citation(s) within a document
    - ii. Improper in-text citation.
    - iii. Partial paraphrase makes an attempt but lacks understanding



b. Consequences

i. First infraction - Training with Reference & Instruction Librarian and/or possible failure of assignment at the faculty member's discretion. Failure to comply within one month of notification will result in the sanction being upgraded to a standard infraction and the student will receive an automatic F in the course.

ii. Second infraction - This becomes a Standard Academic Violation. See section 2-b-i.

3) Standard Academic Violations (Cheating, plagiarism, fabrication or facilitating academic dishonesty)

a. Examples include but are not limited to:

i. Second minor infraction

ii. Cutting and pasting or manually copying another's intellectual property w/o proper citation

iii. Cheating on exam

iv. Giving or receiving answers to a test or assignment

v. False insertion of citation

vi. Copying a classmate's assignment and passing it off as your own work.

vii. Collaborating inappropriately (anything not approved by your professor) while completing outside coursework.

b. Consequences

i. First infraction (or second minor infraction) – Failure of the course (F). An “F” indicates that the course can be repeated, and the grade can be replaced. Student must also complete training with the Reference & Instruction Librarian (See section 1-b-i.) If training is not completed the “F” will be change to an FX in the course. With an FX the student can repeat the course but the grade will remain on the student's transcript and will be calculated in their GPA. (See section 2-b-ii)

ii. Second infraction - Failure of course with dishonor (FX). A student can repeat the course, but the grade will remain on the student's transcript and will be calculated in their GPA. Student must also complete training with the Reference & Instruction Librarian (See section 1-b-i.) If training is not completed the FX will be considered egregious. (See section 3-b-i)

iii. Third infraction – This becomes an Egregious Academic Violation. See section 3-b-i

4) Egregious Academic Violations (Above and beyond standard academic violations)

a. Examples include but are not limited to:

i. Third standard violation

ii. Stealing and/or sharing exams or other work or documents

iii. Buying or selling papers for the purpose of cheating

iv. Impersonating another student or to have another person impersonate you in any academic work such as testing, papers or online assignments.

v. Fabrication of research results or falsifying a report of research processes

b. Consequences

i. Failure of course with dishonor (FX) and expulsion from the university

NOTE: Students caught assisting other students with their coursework who are doing so in an unethical manner (cheating) and who are also not enrolled in the course with the student they are assisting will then be sent to the Office of Student Leadership and

Engagement. The office will handle the case under the “Acts of Dishonesty” portion of the Student Handbook (pg. 82).

#### Procedure

If a faculty member has reason to believe that a student may have committed a violation of the Academic Integrity Policy, the faculty member will conduct and complete an investigation to confirm the violation. Once the investigation is completed, the faculty member must notify the student within two business days. The faculty member will send an “Initial Meeting Letter” to schedule a meeting with the student within two business days of the discovery (completion of the investigation.)

When the student meets with the faculty member, they may bring a support person from the UC community. The support person is present for moral and emotional support and may not speak during the meeting. Due to the educational nature of the Academic Integrity process, parents, lawyers, and other advocates are not permitted at any AI meeting or hearing. The student will be presented with the evidence of the violation, told the level of infraction and the sanction for that infraction. Finally, the faculty member should present the “Academic Integrity Violation Form”, request that the student review/sign the document and then provide a copy of the signed document to the student. The faculty member should inform the student of his/her right to appeal the decision. If the student should choose to appeal, he/she should notify the Chair of the Academic Integrity Review Board (AIRB) in writing within two (2) business days of the meeting. If the student does not appeal within two (2) business days, the decision will be upheld, and the infraction/sanction will be recorded. The Chair of the AIRB will then notify the Reference and Instruction librarian of the sanction within two (2) business days.

#### Appeal Process

During an appeal process, the student should continue to attend class until a decision is rendered. The Academic Integrity Review Board will oversee the appeal hearings for all undergraduate students and graduate students from the School of Business, the School of Arts and Sciences and the School of Health Sciences. The board will be made up an Academic Integrity Review Board Chair (non-voting member appointed by the Provost) along with six voting faculty members; two faculty from the School of Business (one undergraduate and one graduate faculty), two faculty from the School of Health Sciences (one undergraduate and one graduate faculty) and two faculty from the School of Arts and Sciences. The voting members will be appointed by the Dean of each school.

#### Eligibility for an Appeal

Students have the right to appeal an initial Academic Integrity sanction, if any of the following conditions are met:

- A material and prejudicial deviation from the procedures adopted by the Academic Integrity Policy;
- Sanctions that are disproportionately severe or inappropriate for the Academic Integrity Violation;
- Or new evidence is present that could change the violation or sanction.

#### Appeal Deadline

The request for an appeal must be filed in writing, to the Chair of the Academic Integrity Review Board within two (2) business days of the receipt of the administrative sanction letter. The appeal request should include:

- Name and student I.D. number
- Date of notification of Academic Integrity Sanction
- Circumstances which the student feels sanction should be reviewed

#### Review of Appeal

- The Chair of the Academic Integrity Review Board shall review the request and notify the student of the decision to hear or not hear the appeal. If the appeal will be heard, the Chair of the AIRB will notify the student and the AIRB Committee of the appeal date, time, and location to review the Academic Integrity case in question if one or more of the conditions have been met. The appeal shall take place within a reasonable time period, not to exceed ten (10) business days after the date of the student's request for appeal.
- Following the appeal process, the Chair of the AIRB will notify the student of the Committee's decision, and this decision will serve as the concluding administrative action regarding the violation, except when expulsion is warranted.

#### Appeal Hearing Procedure

The hearing shall be informal, and the chair shall provide reasonable opportunities for the witness(es) to be heard. The hearing shall be closed due to the educational nature of the Student Expectations and Accountability Standards, except that, with the consent of the student regarding his or her support person who is a member of the university community. Parents, guardians, lawyers, and other advocates are not permitted at any hearing. The Committee shall proceed as follows during the hearing:

1. The chairperson shall read the alleged Academic Integrity violation.
2. The chairperson shall inform the student of his or her rights.
3. The reporting faculty member or their designee shall present the University's case.
4. The student shall present the student's response.
5. The chairperson shall open the floor for Committee members to inquire information from either the student or the faculty member or designee who originated the Academic Integrity Violation.
6. At the conclusion of inquiry, student shall summarize his or her case.
7. The Committee shall meet alone to deliberate the case. The Committee shall vote on the issue of whether or not the student violated the Academic Integrity Policy.
8. Based on a majority vote, if the Committee finds the student in violation of the policy, the Committee will determine the appropriate sanction (the chairperson shall be a non-voting member of the Committee, except in the case where a majority vote cannot be achieved due to a voting tie).
9. The chairperson shall inform the student of the committee's decision and sanction, if any, immediately following the appeal hearing.
10. Regardless of the decision, the Chair will notify the Reference and Instruction Librarian of this decision within two (2) business days.

#### Evidence

Legal rules of evidence shall not apply to any Academic Integrity hearing administered by the University. All decisions by the Committee shall be based on the preponderance of

the evidence. The Committee shall exclude irrelevant, immaterial, and unduly repetitious evidence. Committee members may freely question witnesses; however, Committee members are not subject to questioning. The Committee shall start with the presumption no violation has occurred and will make its decision based on the preponderance of the evidence presented. All evidence shall be offered to the Committee during the hearing and made part of the hearing record.

#### Record

The hearing record shall include:

- A copy of the notice of appeal hearing.
- All documentation and other evidence offered or admitted at hearing.
- The Committee's decision(s).

If the violation is a minor or standard infraction, three (3) out of six (6) voting members from the committee will meet with the student, review the appeal and decide whether or not to uphold the faculty member's decision or to reverse the decision. The committee's decision will be based upon the majority. The student will be notified of the decision by the chair of the Academic Integrity Board or his/her designee. If the minor decision is upheld, the infraction/sanction will be recorded into the student's record. If the decision is reversed, the student's record will reflect the reversal. If the standard decision is upheld, the infraction will be recorded, and the student will receive an "F" in the course if it is the student's first standard violation or an "FX" in the course if it is the student's second or third standard violation. If the decision is reversed, the student's record will reflect the reversal and the grade will be recorded by the faculty member as stated in the syllabus. If the violation is an egregious infraction, all six (6) voting members from the committee will review the appeal and decide whether or not to uphold the faculty member's decision or to reverse the decision. The committee's decision will be based upon a majority. The student will be notified of the decision by the chair of the Academic Review Board or his/her designee. If the decision is upheld, the infraction will be recorded, the student will receive an "FX" in the course and the student will be recommended by the Academic Integrity Review Board for expulsion from the university. The chair of the committee will notify the Provost in writing and the final decision for expulsion will be made by the University of Charleston Provost and/or President. If the decision is reversed, the student's record will reflect the reversal.

Note on timing: It is recognized that there may be times that, due to scheduled breaks, the precise schedules indicated in the preceding paragraphs may not be achievable. In such cases, all participants must make good faith efforts to come as close to the schedules as possible. Hearings for alleged integrity violations that occur at the end of the spring semester present special challenges. For returning students, the schedule in the preceding paragraphs will remain in effect. Students suspected of violating academic integrity must work with faculty to attempt to resolve the integrity issue within two (2) weeks of the last official day of the semester or wait until the beginning of the following semester to seek resolution. For a graduating senior suspected of violating academic integrity, he/she may

walk at graduation if all other academic requirements have been met, but he/she will not receive a diploma until the integrity matter has been resolved.

### **Academic and Professions Grievance Policy (Due Process) and Procedure including the Reinstatement Policy**

The Radiologic Science Department and its faculty recognize the rights of students enrolled in the program to express grievances and attempt to seek solutions to problems, complaints, or injustices arising from the day-to-day working relationships and differences which may occur between students, faculty, or administration. This grievance procedure is intended for use by radiologic science students in any clinical education setting at the University. Whenever a misunderstanding or problem exists, students are urged to discuss the situation immediately with his/her clinical instructor and/or faculty member. Small problems tend to become big problems and are more difficult to resolve when not discussed with someone who can correct them. In addition, students and other communities of interest that have any complaints or other allegations of non-compliance with the JRCERT standards shall also follow the grievance procedure.

Any student or group of students recognizing a grievance may seek redress in the following order:

#### **Step 1            Clinical Instructor**

In order to minimize a misunderstanding, students are required to discuss the situation creating the grievance with the clinical instructor and/or clinical coordinator at the earliest opportunity available. The clinical instructor and/or clinical coordinator will decide if the respective director of medical imaging or hospital administrator will be included in this process.

#### **Step 2            Clinical Coordinator**

If the grievance is relative to a clinical education setting, the clinical coordinator and/or faculty will be notified by the student within three academic days. The faculty will investigate and obtain all pertinent factual information and provide a solution or explanation within three academic days of notification by the student. A full explanation of the reasons for the decision will be given.

#### **Step 3            Clinical Appeals Committee (ONLY if related to a clinical issue, then see clinical course syllabus) The committee must render a decision within 5 working days of the written appeal.**

#### **Step 4            Chair/Program Director of Radiologic Science**

If, after verbal discussion, the problem, complaint, or grievance is not satisfactorily resolved or addressed by the instructor and/or clinical coordinator, the student may appeal to the program director in writing within three academic days. The director then has two (2) options:

- A. the director will review the grievance and make a ruling within five days.
- B. the director will call the Radiologic Science Grievance Committee to make a ruling. The Radiologic Science Grievance Committee shall consist of all radiologic science faculty. In addition, the University's Academic Integrity Chair will become a standing member of the committee. The student(s) has/have a right to appear before this committee and state his/her grievance. The Committee must act within seven days of receiving the written request.

**Step 5**            Dean- School of Health Sciences, University of Charleston

If the decision of Step 4 does not provide a satisfactory solution, the student may appeal in writing to the Chair of the Division of Health Sciences.

**Step 6**            Provost-University of Charleston

If the decision of step 5 does not provide a satisfactory solution, the student may appeal in writing to the Provost of the University.

**Reinstatement Policy for Grievance**

In the event that the grievance procedure renders a favorable decision for the student at any of the above steps then said student shall be eligible for reinstatement to their previous RS student status conditional upon any other clinical/didactic/behavioral violations. Furthermore, an unfavorable decision shall not render the student eligible for reinstatement to the RS program.

**Clinical Appeals Committee**

Issues that arise and are clinic related may be taken to the Clinical Appeals Committee after they are presented to the Clinical Coordinator and a ruling is made. This committee has the right to make decisions regarding program governance as it relates to clinical matters. Appeals must be made in writing and within one week of the incident in question. The committee members will be selected at random by the Program Director or Clinical Coordinator. It will be made up of 3 RADI students and 2 RADI faculty members, each randomly chosen, plus the chair of the university academic integrity committee and will meet only as needed.

## **CLASSROOM REQUIREMENTS**

### **Requirements and Evaluation Methods for Class/Clinical Courses**

- completion of minimum number of assessments for each semester
- completion of required number of competency and category evaluations
- completion of the total number of contact hours required for each semester
- completion of written positioning exams throughout the clinical semesters
- achieve no less than a “C” grade for each semester
- abide by all University and hospital policies regarding radiologic science education
- successfully pass graduate comprehensive competency examinations involving practical testing during the junior and senior years
- oral examinations, written examinations, practical examinations and clinical performance evaluations will be used to determine student grades
- clinical evaluations will be performed by the clinical coordinator, clinical instructors and staff radiographers (medical imaging staff or faculty related to or dating a radiologic science student may be excluded from the evaluation process)
- clinical instructors, staff radiographers, and supervisors may complete clinical evaluation forms on all students (All clinical evaluation forms must be completely and accurately filled out before submission to the instructor.)

### **Attendance in Radiologic Science Didactic Courses**

1. The radiologic science faculty at the University of Charleston expects students to attend all radiologic science classes for which they have registered. If there is to be an unavoidable absence, the student should inform the instructor in advance and be responsible for making up all work missed.
2. The attendance policy will be prescribed in each radiologic science course syllabus by the respective faculty member.
3. Students and faculty are expected to be on time for all radiologic science classes. Students must wait ten (10) minutes for the radiologic science instructor to arrive and start the scheduled class. If the instructor does not appear after ten minutes, the students are excused, unless prior arrangements have been made by the instructor. Two tardies by the student, will be equivalent to one absence.
4. NOTE: The attendance policy pertains only to radiologic science courses.

### **Food and Drink Restriction Policy**

It is the policy of the Division of Health Sciences that under no circumstances will food and/or drink (including gum) be permitted in any lab by either faculty, students, or others (including children). In addition, faculty or students will be responsible for any damages incurred by their guests or those under their supervision.

### **Classroom Attire/Dress Code:**

The Radiologic Science Faculty members believe teaching professional development should be the prime objective of our curriculum. Equal in importance is our duty to assist students in their quest for technical competence as well as their professional demeanor. While we appreciate your individuality, it is imperative we act as professionals both in and out of the clinical environment. Part of learning to act as a professional is looking like one, thus the reason for the implementation of the classroom dress code.

The following classroom attire is no longer appropriate:

1. Holes in pants above the knee. Holes at or below the knee will not be greater than 3" in diameter.
2. Spaghetti straps. All garment straps must be 2" or greater in width
3. Piercings other than in the ear. Clear studs, posts or band-aid cover up is not acceptable.
4. Midriffs, front or back showing either when standing or seated
5. Obscene, offensive, or inappropriate graphics or lettering on garments
6. Observable cleavage
7. Garments: shorts, skirts, or dresses shorter than mid thigh, with or without leggings, spandex, etc.
8. No hats
9. Sagging pants. Where it is clear the pants are not being worn at the natural waist.
10. Visible undergarments; bras, bra straps, underwear

Failure to adhere to the classroom dress code will result in dismissal from the classroom as an unexcused absence. Classroom attendance policies as delineated in the course syllabus will be followed by the respective faculty member.

### **CLINICAL LABORATORY POLICIES**

The clinical laboratory courses, for the radiologic science student only, are designed to meet or exceed the accreditation standards of the Joint Review Committee on Education in Radiologic Technology. The student rotates on a regular basis through seven clinical education settings. The hospital contact hours are to provide the student with experience working with patients and to give the student the opportunity to develop competency in performing radiologic examinations. The student will spend a minimum number of contact hours per semester in the range from 8 to 24. Clinical and didactic hours combined will not exceed 40 hours per week. These hours will consist of day and



evenings rotations. Any clinical schedule changes made will be based upon approval of the involved parties and the clinical coordinator.

1. Students are to attend clinical sessions at the time and facility designated by the individual course number. Students are expected to clock themselves in and out of the Medical Imaging Department. If a student must stay beyond his/her assigned leave time in order to complete a procedure, the student will be given credit for the overtime and it will be rounded to the nearest 15 minute interval; however, it must be documented on the time card and initialed by a qualified imaging professional.
2. In the event that a student does not clock in, personal time will be deducted until the student clocks in unless a clinical instructor or a qualified imaging professional is able to verify time present. In the event that a student does not clock out, a signature from the clinical instructor or a qualified imaging professional is required noting the time of departure. If the student's presence cannot be documented, personal time will be deducted and/or time care fraud will be investigated.
3. Students are expected to be present in the assigned areas and at the assigned time during the time clocked in.
4. Natural Disaster Policy/Bereavement: if snow or flooding or any other act of God (including the death of a family member) prevents a student from making it in to clinic then the student will be allowed to make-up the clinical time missed at the end of the semester. Students **MUST** still contact the respective clinical instructor prior to the start of the shift. **\*A lack of utilities does not constitute a natural disaster; nor does having improper tread on tires.**
5. A student who has been assigned to a non-operable or non-functioning room must report to the clinical instructor for reassignment. In the event that the clinical instructor is unavailable then report to the department supervisor.
6. A student who is assigned to another clinical education setting for education in specialty areas must abide by that clinic's rules of conduct. If the assigned specialty area does not have an adequate patient workload which will provide educational benefit to the student, the student will report to the clinical education setting's clinical instructor for further instruction. Any concerns should be directed to the clinical instructor first, or supervisor if the clinical instructor is unavailable.
7. On a daily basis, the student is responsible for periodically checking the workload of the assigned clinical station in order to set the needed pace. This will assure that all radiologic examinations will be completed as soon as possible. It is not the radiographer's responsibility to inform students when examinations come in.
8. When the student's station has concluded its patient load for the day or has an

inadequate patient load, the student must utilize clinical time by:

- a. assisting in another radiographic station
- b. practicing positioning with a staff radiographer or another student, practice assigned phantom work, perform film evaluation, or perform any other educational exercises assigned by the clinical instructor
- c. practicing utilization of all equipment in the radiographic room
- d. cleaning and stocking supplies for the assigned station
- e. studying material for didactic courses
- f. assisting and/or practicing procedures in specialty areas when applicable (limited to Juniors and Seniors)
- g. **be advised: students failing to take advantage of the above listed opportunities SHALL BE DISMISSED FOR THE REMAINDER OF THE DAY, AT THE DISCRETION OF THE CLINICAL INSTRUCTOR OR CLINICAL COORDINATOR**

9. When it is the scheduled time for the student to leave clinic for the day, he/she may do so when:

- a. the supervising staff radiographer is properly informed and gives permission for the student to leave
- b. the radiographic examination he/she is performing is completed
- c. in the event the student's assigned station has a difficult patient or is performing a special procedure, the student must inform the department supervisor of his/her departure. Doing so will clear the student of further professional responsibility for the patient's care.

10. For rotations in excess of 4 hours, students will be allowed a 30 minute lunch. Students may not skip lunch and be allowed to leave earlier than the end of the shift.

**The following changes apply to all RS clinical courses:**

**Sophomores:** One 10 minute break per shift  
(not to be taken during the 1<sup>st</sup> 30 minutes of clinic)

**Juniors:** One 10 minute break per shift  
(not to be taken during the 1<sup>st</sup> 30 minutes of clinic)

**Seniors:** Two 10 minute breaks per shift  
(not to be taken during the 1<sup>st</sup> 30 minutes of clinic)

**Breaks cannot be added to extend the lunchtime. Missed breaks or lunches cannot be used to accumulate personal time or used to leave clinic early. Students must adhere to hospital policies (copies of policies are kept in work area if in doubt or students may ask the CI for rules).**

**Students are to inform their Clinical Instructor or supervisor when leaving for breaks or lunch and at the end of the day. If student are leaving the hospital grounds, they MUST clock out.**

**Lunch & Break Options or Suggestions:**

- |                                      |   |
|--------------------------------------|---|
| 1. nourishment                       | 5. studying   |
| 2. personal communications/phone use | 6. watching TV  |
| 3. errand running                    | 7. tobacco use in designated areas if applicable  |
| 4. attending to hygiene needs        | 8. any other activities may be considered inappropriate and should be approved in advance by the CI or supervisor |

**Clinical Entrance Requirements**  
**Immunizations and Health Physical**

In order to meet health requirements of the clinical agencies used for radiologic science laboratories, all students must complete the physical exam prior to beginning RADI 200 level courses. A student's health record must include the following:

1. Current physical examination (form received from the program director)
2. Complete blood count (CBC)
3. PPD - intermediate strength TB skin test (if positive, chest x-ray required)
4. Hepatitis Vaccine Series (series of 3) - six months to complete - need blood titer one month after series
5. Varicella titer - (documentation of prior exposure to chicken pox form blood titer) - if not immune must report
6. Immunity to Mumps, Rubella and Rubella - must be documented by a blood titer - if not immune to Mumps, Rubella, and Rubella, the appropriate vaccine(s) should be administered followed by blood titers to verify immunity

The information requested above must be totally completed and returned to the office of the Radiologic Science Department Director by August 1<sup>st</sup> prior to entering the sophomore year of radiologic science courses. Failure to return the attached health form, or see that it is returned by the student's doctor or nurse by the specified date, will indicate to the Radiologic Science Department the respective student's intention to withdraw from the program. No further correspondence will follow.

**Seasonal Flu Vaccination:** Students admitted to the radiologic science program will be required to get the annual seasonal flu vaccination once available usually in October each year. This is a requirement of the clinical education settings and students who do not comply will not be permitted to attend clinical.

### **Criminal Background Check Policy**

All students and faculty will have on file with the program administrative office current criminal background checks. The criminal background check is a confidential process required for compliance with Joint Commission on the Accreditation of Hospitals and Health Care Organizations (JCAHO). Each student and faculty will have clinical laboratory practice in our contracting agencies and to comply with agency standards and University of Charleston contractual obligations to our clinical agencies, we must insure a satisfactory criminal background check is completed on each person who has patient access in a facility subject to JCAHO requirements.

Process:

1. The student logs in on line at <https://www.castlebranch.com/> . Certified Background check is a background check service where results are posted to the Certified Background check site in a secure, tamper-proof environment, where the applicant, as well as the Dean for the school of Health Sciences or administrative assistant can view the background check.
2. Once you are reached the web site, click on "Applicants" and then On "Order Now".
3. In the Package Code box, enter package code UI81 (that is capital U, capital I, number 8, and number 1).
4. Select a method of payment. Acceptable methods of payment will Be Visa, MasterCard and money orders.
5. Once your order is submitted, you will receive a password to view results of your background check. The results will be available in approximately 48-72 hours after you place your order. Once your background check is complete, please provide Mindy Smith-Amburgey, Department Chair of Radiologic Science your password, so your results can be reviewed. Email her your password to [mindysmith@ucwv.edu](mailto:mindysmith@ucwv.edu) and title your email message Certified Background password attached.

5. You are cleared for clinical practice, once your record is viewed by the division chair, if you have no violations.
6. If a violation is present on the record, the Radiologic Science Department Chair will notify our clinical agencies of the violation or pattern of violations, but not the name of the student or any other confidential information. The clinical agencies then have the right to accept the risk of clinical practice for a person with violations on record or not. If an agency in which clinical practice is required objects to the record, the Department Chair will inform the candidate. Once an agency rejects the violation or pattern of violations, the Department Chair will notify the candidate that completion of the degree is not feasible in the current major and will assist the candidate in finding an alternate major at UC where he/she can study and complete the degree.
7. If you have questions about this policy or procedure, faculty, your program director, or the Divisional Chair for Health Sciences can assist you. Please feel free to ask for information you may need.
8. Criminal Background checks from other sources are not admissible as validation since the scope of the background services is not assured to meet the agency standards.

## **Insurance**

**Liability** - For protection of the radiologic science student, all students entering the clinical radiography courses will be required to carry medical malpractice liability insurance for the entire period they are enrolled in radiologic science courses. This insurance will be provided by a group policy written for the University. Arrangements for this insurance are made by the University administration. The student's only responsibility is to pay the allocated modest premium which the University will collect.

**Medical** - In addition to medical malpractice liability insurance, all students are recommended to carry medical health insurance. There are no student health services available on campus.

**NOTE:** Radiologic science students enrolled in clinical courses will be rotating through several Charleston area hospitals/clinics. These institutions do not usually assume responsibility or treat students who become sick and/or injured during their clinical rotations at no charge.

Furthermore, the University of Charleston is not responsible to provide or pay for treatment of sickness or accident to the students. All radiologic science students assume total responsibility for medical treatment should any illness or accident occur while enrolled as a student at the University.

## **Rules and Regulations**

1. Students are not to eat or drink in the radiographic rooms, work area, or in patient areas. These activities are only allowed in the medical imaging department lounges.
2. Smoking and/or the use of any tobacco is forbidden in all clinical education settings and at the University (use designated outside areas only).
3. Chewing gum is not to be seen or heard during clinic hours.
4. Twice in each semester the student will receive an update of his/her clinical status (the student is responsible for interpreting this clinical data and relating to their clinical instructor any discrepancies noted).
5. Students are not permitted to hold patients or image receptors in the process of obtaining a radiograph in the clinical setting.

## **Dress Code in the Clinical Education Settings**

In order to portray a professional appearance in the clinical education settings, a standardized dress code for the radiologic science student has been established and will be strictly enforced. Disciplinary action will result from not following this policy

1. The University Division of Health Sciences has negotiated between vendors a common uniform that meets the standards of all health science programs. Embroidery styles, fonts, colors and placement must be as designated by the Division Chair.
2. Black pants and black uniform scrub tops are required in regular and all specialty clinicals (excluding CV) and must be purchased from <http://www.meridys-choke.com/> or Charleston Department Store as they will carry the appropriate dye lots and embroidery design. Please see the below policy for health science students.
3. Long or short sleeve plain black or white shirts may be worn underneath the uniform tops for warmth
3. Clinic shoes must be of a safe and sturdy design, and must be white, maroon or black. Leather is preferred for easy cleaning. Clogs are acceptable. Shoes are always to be kept clean.
4. Designated matching lab coats or scrub jackets may be worn over the health sciences uniform while having patient contact - Colored hospital scrub coats are not to be worn over uniform.
5. Students are to report to clinic each assigned day with the following:
  - a. proper uniform and shoes

- b. photo ID (visible at all times, worn on outermost garment)
- c. radiation monitoring film badge worn properly
- d. technique book (pocket guide)
- e. radiographic film markers (not to be placed covering photo ID)
- f. blue or black pen

6. There may be reason to vary from the standard dress code. Listed below are exceptions:

- a. students working portables and in surgery may substitute the health science uniform with hospital scrubs (scrub pants are not to be tucked into socks). Lab coats must be worn and kept buttoned; however this may vary from clinic to clinic. Attire provided by the hospital such as scrub suits are not to be worn off hospital premises. T-shirts are not to be worn under surgery scrubs. Violation of this regulation will result in disciplinary action. Photo IDs must be visible.
- b. circumstances may arise that may need approval by the clinical instructor.
- c. pregnant students must wear uniforms until they no longer fit. Then a white or khaki maternity shirt underneath a lab coat must be worn.

8. General Appearance:

- a. hands must be kept clean and washed after each patient
- b. breath should be free of any offensive odors
- c. cologne should be avoided
- d. all uniforms must be kept neat, clean and pressed (no cut pant inseams)
- e. hair must be kept away from face and must never come in contact with a patient (hair is to be kept clean and tied back during sterile procedures)
- f. facial hair should be well groomed with beards no longer than ½"
- g. NO earrings of any kind will be allowed in clinic.
- h. fingernails may not exceed beyond end of finger, no fake or tips, and no nail polish are allowed in the clinical sites
- i. tattoo – may not be visible, must be covered so student looks like a professional
- j. Watches must not have any stones that are not covered by the glass casing
- k. Visible body jewelry is not permitted except for a plain wedding band.

A student arriving in clinical wearing any other body jewelry will be asked to remove their unauthorized jewelry. This includes but is not limited to:

Earrings of any kind.  
 Eyebrow rings or studs.  
 Nose rings or studs.  
 Tongue studs.  
 Lip studs or rings.  
 No clear place holders

We recognize and respect your right to wear body jewelry in environments that are not primarily therapeutic in nature and ask for your cooperation with these guidelines in therapeutic environments.

### Health Science Uniform Policy

1. Uniforms are required for clinical labs in agency sites and may be purchased from the bookstore. Financial aid is available for use in the bookstore to purchase uniforms.
2. The uniforms were adopted by faculty with student advisement and are to be worn by all members of the Rad Science Program for their clinical labs.
3. Uniforms must be freshly laundered for each clinical lab. It is not appropriate to wear a clinical uniform twice without laundering your uniforms. If you were to rewear your uniform, you would have exposed patients to a broader risk of infection. It is never ethical to compromise knowingly patient safety. Faculty will ask you to leave a clinical area when you have arrived in a uniform that is not freshly laundered. Any responsibilities you miss during the time required to return to your residence and don a new uniform, are simply lost opportunities. Please protect both your patients and your learning opportunities by arriving in a freshly laundered uniform.
4. Students must arrive in clinical labs with their uniforms neatly ironed if necessary (they are permanent pressed with only touch up ironing required). Cost and quality are first concerns for us in uniform selection. Your uniforms are scrubs with khaki tops and maroon bottoms. Please select sizing that is appropriate to your body type and measurements. Uniforms that are too loose or too tight are equally inappropriate. A positive professional image is our aspiration for you and we trust it either, is or will become your aspiration for yourself.
5. No uniforms can be worn on campus. The rationale for this policy is to avoid incidental disease transmission with the uniform serving as the vector or means of contamination. If you work clinically in a facility that requires you wear a uniform, you may not wear that uniform on campus. If you come to campus before a clinical lab, then your uniform has potential to be a vector of disease transmission to immune suppressed patients that you will see in your employment. If you go to work and then come to campus, your classmates have potential to be exposed to every organism that you have been exposed to during the time you have been working clinically.

The faculty understand that it is possible that neither your employing agency nor your clinical agency based labs can provide you an appropriate place to change into uniforms or out of uniforms. For that reason, you may wear a uniform, fully covered by a clean lab coat on the first floor of Riggleman Hall with the understanding that you will use either the men's or the women's rest room to change into your choice of appropriate attire for campus wear before attending to any other campus responsibility or conversely to don your uniform on campus to go directly to the clinical agency lab. (Rad Science Students will most often be provided an area to change within the various medical imaging departments)

To insure that we are enforcing this policy consistently as that is necessary to reduce the risk of disease transmission, you will be allowed only on the first floor of Riggleman Hall and you must have your own clothes on a hanger with a protective covering to insure your clothes for campus wear do not touch your uniform clothes. If you are changing out of campus clothes on campus, to go directly to a clinical agency lab, you must change clothes as your last activity on campus and must place you own clothes on a hanger with a protective covering for transport. If you are clutching your own clothes uncovered next to your uniform, the transmission of microorganisms is



assured given and thus cross contamination occurs. You are not to be seen off campus in uniform of any kind except in the direct trip to or from your residence to clinic. Students observed in locations that represent interim stops between campus (restaurants, grocery stores etc.) and their residence or place to change clothing risk cross contamination and can expect faculty to view their behavior as reflective of their inability to provide for patient and or public safety.

8. Each student must own at a minimum:

- Two uniform tops
- Two uniform bottoms
- One uniform warm up (optional for Rad Science but recommended)

Embroidery representing UC will be required on the tops, warm ups, and lab coats. Embroidery styles, fonts and colors and placement has been negotiated between the Health Science Division and the vendors, so you will have uniforms that all meet a common standard. The matches will be available in the Health Science Department and it is the student's responsibility to have them sewn onto the uniforms.

We recognize and respect your right to wear body jewelry in environments that are not primarily therapeutic in nature and ask for your cooperation with these guidelines in therapeutic environments.

**Any of the above violations of the dress code will follow the disciplinary action form.**

### **Identification Markers (right and left, arrow)**

Each student will be required to purchase two sets of identification markers to be used on radiographic procedures, competency and category evaluations during the entire program. It is the student's responsibility to initiate the reordering process by seeing the clinical coordinator for the appropriate forms. Student will be written up for marker infractions including no markers used or improper marker used. Once an image is sent to PACS, it will be too late to correct marker issues.

### **Radiation Badge Requirement**

Each full time radiologic science student and faculty member is required to wear a radiation monitoring device while in clinic and during all positioning labs. Charleston Area Medical Center provides this service for student radiographers so there is no charge to the student. The purpose of this mandatory device is to keep a permanent record of any exposure to radiation encountered during the clinical educational component of the Radiologic Science Program at the University of Charleston. Details of this entire procedure will be covered during the clinical orientation program. NOTE: All radiologic science students are provided their radiation exposure records monthly under elearn. If a student fails to turn the badge in on the due date, he/she will not be permitted to attend clinicals until the badges are exchanged. Personal time will be deducted accordingly.

Radiation badge reports are reviewed by the Physicist semi-annually during radiation safety meetings at CAMC Memorial Hospital. However, if an individual would happen to have a high reading the Physicist would contact them immediately.

### **Sick Leave Policy**

**This policy does not apply until the student's current semester's personal time has been exhausted.** Students are permitted no more than 3 clinical shifts of sick leave per semester and must show written documentation that the illness/injury was acute enough to cause an interruption in the student's ability to perform, from a verifiable licensed physician immediately upon return to clinic. **An original doctor's excuse must be provided to the instructor.** This policy applies only to illness affecting the respective student or his/her custodial dependents (not pets) and is not intended for use because a student has a cold, cough or other minor discomfort. The missed clinical time must be made up at the first reasonable opportunity such as UC holidays but must be completed by the last day of finals week at the semester end or they will be assigned an incomplete. Program officials would need to work with student athletes in the event of extra tournaments/games occurring that precluded a student athlete from making up the time prior to the semester end. Made up shift must be of an equal and like educational experience as the time missed.

### **Make Up Policy for Sick Leave and Co-Curricular**

Students who miss clinic time due to approved University activities or for excused Sick Leave will be given a reasonable opportunity, as noted above, to make up lost clinic time. However, this make up time must be scheduled and approved in advance by the respective clinical instructor. Once a student schedules Make-up time with his/her clinical instructor, the time must be completed. No "calling off" will be accepted causing forfeiture of this opportunity. The student **will not** be permitted to re-schedule the make-up time. In the event a midterm grade needs to be calculated when a student has missed time, the grade will be figured as soon as 50% of the assigned semester hours are completed.

### **Personal Time Taken During Clinical Rotations**

The clinical laboratory component of the Radiologic Science Program is essential for the completion of all educational objectives and competencies. Even though the clinical laboratory is conducted in the various hospitals, college credit is granted; therefore, clinic must be viewed as seriously as all college classes.

Each semester of clinical laboratory a predetermined amount of personal time will be granted to each student to be used for any reason. Any absences in excess of this specified number, whatever the reason, will result in a grade reduction for clinic. The following are some guidelines in which to comply:

1. If a student wishes to take personal time for a partial day of clinic, request must be made to the clinical instructor/supervisor within 30 minutes from departure time.(only exception illness)

2. Students may not accumulate excessive hours and terminate their education prior to successful completion of the Graduate Competency Examinations and all clinical objectives and competencies.
3. Student/faculty meetings are mandatory. A student not attending all or any part will receive letter grade reductions according to the attendance policy. However, students may **NOT** opt to use any personal time in place of attending the meeting. The tardiness policy also applies to these meetings.
4. Personal time hours may NOT carry over from one semester to the next.
5. If a student must leave the assigned Medical Imaging Department at any time during his/her clinical assignment, the student must notify the clinical instructor and/or supervising staff radiographer before departure and must clock out.
6. Specialty clinic personal time will be listed in each specialty's syllabus.

### **Tardiness**

1. Students shall be considered tardy for the clinical sessions six (6) minutes after the time the clinic session is to commence. (i.e. 8:06 a.m. is considered tardy)
2. Students are expected to be on time for clinical assignments and to report immediately to the assigned area. (no going to get breakfast, putting on makeup, changing, etc.)
3. On one tardy, the student will receive a verbal warning. After 2 times, a written warning and a 3% final grade reduction will occur. On tardy #3 the student will receive a 6% final grade reduction. On tardy #4 the student will receive a 9% final grade reduction and on the 5<sup>th</sup> tardy a 12% grade reduction will occur. At the beginning of each semester the students tardy accumulations will be start over with a clean slate.
4. Students who are going to be tardy or absent to a clinical session are to phone in ½ hour prior to the start of the clinical session. See the examples to follow:
  - a. If a student calls before 7:30 a.m., the result will be no tardy and a single reduction of clinical hours for the time missed after 8:00 a.m.
  - b. If a student calls between 7:31-8:15 a.m., the result is 1 tardy and a single reduction of clinical hours for the time missed after 8:00 a.m.
  - c. If a student is unable to call, but clocks in by 8:15 AM, the result is one tardy and a reduction of hour missed after 8:00 AM .
  - d. If a student calls after 8:15, the result is one tardy and a reduction of time.
  - e. If a student does not call at all, a disciplinary action will be completed for not calling in.

Snow Days: Students are to call UC weather line, check the website, and sign up for UC alerts, 357-4700 - If UC is on a delay then students on half days (4 hours) of clinic should not report to clinic at all. All other students should report to clinic at the time UC deems

as the start of classes. If UC does not delay then one should use his/her best judgment for the area in which he/she lives and refer to the Natural Disaster Policy.

### **Clinical Competency System**

The student must complete each of these steps in order as written:

1. pass written tests and complete laboratory simulations for each of the radiographic procedures
2. assist in radiographic procedures as performed by the radiographers
3. perform radiographic procedures with direct supervision
4. perform competency examination on each radiographic procedure at his/her discretion (see clinical competency evaluation policy)
5. successfully master each competency examination with a minimum of 85 % accuracy before being allowed to perform that examination with indirect supervision (Note: Random re-evaluation of any “check-off” may occur at anytime at CI/CC’s discretion)
6. perform category competencies on each of the categories at the instructors discretion.
7. students will also be required to perform a minimum number of rechecks per semester

**NOTE: See page 37 for category policy.**

### **Clinical Competency Evaluation Policy**

PLEASE FOLLOW THESE STEPS WHEN EVALUATING STUDENTS ON EXAMS:

1. Qualified radiographer reviews the request then gives the student the opportunity to perform the procedure
2. Student completes the top of the evaluation form, technique, number of images, and number of repeats and informs the radiographer at the beginning of the exam that they wish to be evaluated (“checked off”).

3. **Once an exam has been started as a check off it must be completed, regardless of the outcome.** The only exception is when patient safety is at risk. Students may not dispose of a check off once it has been completed and graded.
4. Student performs the exam independently with direct supervision by the radiographer.
5. A qualified radiographer reviews and approves radiographs
6. Radiographer evaluates the student by completing the top half of the form. If a student is marked down in an area please indicate why in the comment area.
7. Radiographer may review the evaluation with the student. Radiographer then returns the form to the instructor or the designated box. Evaluation forms **SHOULD NOT BE RETURNED TO THE STUDENT**. The clinical instructor or clinical coordinator will complete the lower half of the form with the student.
8. In the event a repeat is performed, the original image identification numbers shall be recorded and given to the respective CI. **All original images must be available for the check-off to be counted.**
9. The check-off must be evaluated with the CI within one month of the date evaluated.
10. Disciplinary action will be taken in the event of violation of this policy. See handbook under academic integrity policy.

### **Category Competency Guidelines**

The following outlines both clinical faculty and student guidelines for category competency evaluations. Both clinical faculty and students share responsibility in the effectiveness and outcome of these guidelines.

#### **The Clinical Instructor's responsibilities are to:**

1. simulate a mock category during each new clinical orientation
2. demonstrate any equipment necessary during each semester's orientation or as soon as possible
3. state expectations, (i.e. time category is to be done, use of lead strips, asking questions just before categories, new cassette for each projection, breathing instructions, department routines, documenting written patient history, manual vs. AEC, shielding)
4. ask questions pertaining to procedure, equipment, technique during the category
  - a. patient assessment/safety/care

- b. central ray location
  - c. anatomy of interest
  - d. positioning
  - e. CR angle and direction
  - f. grid
  - g. manual and AEC technique
  - h. other projections for the routine
  - i. list supplies (i.e. UGI - type of barium)
  - j. actual questions that may be asked: How did you know you obliques the knee 45 degree? Where did you center?
5. Ask problem solving questions about positioning, equipment, and exposure factors. For example, "Your patient is unable to extend his elbow how would you obtain the AP projection?
  6. realize that each student has a different learning style
  7. evaluate each student on his own ability and skill level

The student's responsibilities are to:

1. observe the mock category during each new clinical orientation and ask questions or clarifications
2. review equipment and rooms with rotations or as necessary
3. state expectations, for example, preferred location of CI in the room, or any fears
4. practice positioning during slow times at clinic
5. become familiar with routines, equipment, use and location of supplies, accessories and exposure factors
6. realize that each clinical instructor has a unique style of teaching
7. understand that as clinic course levels (numbers) increase, an increased level of knowledge is expected

### **Category Competency Policy**

1. Category competencies are required throughout the Radiologic Science Program in order for the student to demonstrate retention of the knowledge and skills he/she acquired during his/her initial competency examinations.
2. A student is eligible to attempt a category competency after he/she has completed the designated number of radiographic examinations within the respective category. Category comps will be completed at the discretion of the C.I. shortly after completing the exams to expedite the process.
3. Once a student finishes the check offs to complete a category competency, he/she is indicating preparation to perform all exams satisfactorily without prompting.

4. The category competency evaluation will be simulated, or live procedures conducted by the instructor and will consist of projections/examinations randomly selected by the instructor. A phantom will be used during the headwork competency evaluation as well.
5. If the student does not pass a category on the first attempt and decides to challenge the category for a second attempt, the re-evaluation must be performed by a randomly selected RADI faculty member other than the one evaluating the student's first attempt at the category.
6. If a student earns a failing grade on his/her second attempt, the student will receive a letter grade of "F" for the clinical course where the 2<sup>nd</sup> attempt was performed, regardless of other clinical grades up to the point and (see Dismissal Policy) the student will be dismissed from the program.
7. Categories are to be completed sequentially. Which means the student may not progress with a new category until each previous category has been completed with a minimum score of 85%. The result of this score is documented and calculated as part of the course grade.
8. **If the student earns a passing score of 85% or higher on his/her second attempt, the student will earn a "P" pass and progress to the next course requirements.\*** If a student earns a failing grade on his/her second attempt, the student will receive a letter grade of "F" for the clinical course where the 2<sup>nd</sup> attempt was performed, regardless of other clinical grades up to the point and (see Dismissal Policy) the student will be dismissed from the program.

### **Finalizing All Clinical Requirements Any Semester**

If a student has not completed all clinical requirements by the last day of scheduled clinical rotations, he/she may attend clinic during finals week (on days congruent with the other 15 weeks) to attempt any remaining objectives or competencies. Once a student begins a shift, he/she must stay until the end of the shift regardless of when the last requirement was accomplished. If a student has not completed all requirements of that semester by the last scheduled shift, the student will receive zeros on the incomplete work and the final grade averaged.

### **Finalizing All Clinical Requirements the Final Semester**

Simulations may occur beginning the last two weeks of the final semester of the senior year. Up to Three simulations will be randomly selected off the master list at the discretion of the clinical instructor. Any unmet master list item will result in an “I” (incomplete) and the grade will be recorded once the simulations are successfully completed. If a simulation is failed, the student will spend 40 hours in clinic before making a second attempt. This process will continue until the student receives a passing grade. The clinical coordinator will schedule the student at an appropriate clinic.

\*See master list for the maximum number of simulations that a student may complete.

Failure to pass by May 31st will result in a letter grade of “F” and the student’s clinical education will be extended.

### **Graduate Competency Policy**

1. During the final four clinical semesters, students will perform graduate competencies on live patients in the following areas: chest, extremities, fluoroscopy, headwork, and spine procedures. (The head phantom will be utilized for head comps and will be performed on campus.)
2. In addition to utilizing the designated grad comps book, the students will be evaluated using the RADI Critical thinking rubric. Students must score a minimum of 85% on the competency and a 4 out of 5 on the rubric to receive a passing grade.
3. Students will be held to the time limit standard of 2.5 minutes per projection for ambulatory patients. If the student takes longer than the allotted time, the grad comp will be failed and need to be repeated. CI will use discretion for non-routine patients.



THE UNIVERSITY OF CHARLESTON  
**RADIOLOGIC SCIENCE PROGRAM**  
**Student's Master Check List for Clinical Education\***  
 Class Beginning Clinical Courses in 2020

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

CODE KEY      RS 201L = 1      RS 211L = 2      RS 301L = 3      RS 314L = 4      RS 401L = 5      RS 411L = 6

**RADI 201L SUPPORT SERVICES**

A. Procedure Orientation

- \_\_\_\_\_ Evaluate a Request
- \_\_\_\_\_ Patient/Tech. Relationship
- \_\_\_\_\_ Physical Facilities Readiness and  
Clean Facilities/Equipment

B. Equipment Orientation

- \_\_\_\_\_ CR Cassette
- \_\_\_\_\_ Computed Radiography
- \_\_\_\_\_ Control Panel Introduction
- \_\_\_\_\_ X-Ray Table & Upright Bucky
- \_\_\_\_\_ X-Ray Tube
- \_\_\_\_\_ Portable Unit
- \_\_\_\_\_ DR Objective

C. Patient Escort

- \_\_\_\_\_ Wheelchair
- \_\_\_\_\_ Transfer B/T X-Ray Table & Stretcher
- \_\_\_\_\_ Transfer B/T X-Ray Table & Wheelchair
- \_\_\_\_\_ Stretcher

D. Maintaining Patient/Department Records

- \_\_\_\_\_ Order Verification
- \_\_\_\_\_ Communication

\* Subject to change at RS Faculty discretion

**RADI 211L SUPPORT SERVICES**

A. Contrast Media Procedures

- \_\_\_\_\_ Administer Contrast Media Orally
- \_\_\_\_\_ Administer Contrast Media Rectally
- \_\_\_\_\_ Interview/Obtain/ Record Medical Hx.
- \_\_\_\_\_ Vitals Assessment

B. Other Objectives

- \_\_\_\_\_ Control Panel Advanced

**RADI 301L SUPPORT SERVICES**

A. Exposure application

- \_\_\_\_\_ Extremity Techniques
- \_\_\_\_\_ Technique Adaptation

**RADI 311L SUPPORT SERVICES**

B. Other Objectives

- \_\_\_\_\_ Prepare Contrast Media for Injection
- \_\_\_\_\_ Venipuncture

**RS 401L SUPPORT SERVICES**

- \_\_\_\_\_ Extremity Techniques
- \_\_\_\_\_ Technique Adaptation

**Room, Modality, Shift & Other Objectives**

**Routine Room**

\_\_\_ Gen \_\_\_ Mem \_\_\_ Th \_\_\_ WC \_\_\_ TV

**Fluoroscopy Room & Fluoro Tower**

\_\_\_ Gen \_\_\_ Mem \_\_\_ Th \_\_\_ WC

**Evening Shift**

\_\_\_ Gen \_\_\_ Mem \_\_\_ Th \_\_\_ WC

**Personal Protective Equipment (PPE)**

\_\_\_ Gen \_\_\_ Mem \_\_\_ Th \_\_\_ WC

**C-Arm (O)Orthopedic(P) Pacer/Pain Management**

\_\_\_ Gen \_\_\_ Mem \_\_\_ Th

**CPR(C), PPD (P), Flu(F) (Each Fall Semester)**

\_\_\_ 201L \_\_\_ 301L \_\_\_ 401L

**Grad Competency**

\_\_\_ Chest \_\_\_ Extrem \_\_\_ Fluoro \_\_\_ Spine \_\_\_ Head

**Optional Objectives**

- \_\_\_\_\_ Cath Lab
- \_\_\_\_\_ Outpatient Imaging Center
- \_\_\_\_\_ Urgent Care
- \_\_\_\_\_ Orthopedic

**Computed Tomography Competency**

\_\_\_ Head \_\_\_ Neck \_\_\_ Chest \_\_\_ Abdomen \_\_\_ Pelvis

## Class Beginning Fall 2020

**(Box 1)**

- |                                    |                            |                              |  |
|------------------------------------|----------------------------|------------------------------|--|
| 1. Abdomen (Dec. or upright) _____ | 9. CXR (W/C or Cart) _____ | 17. Hip (Non trauma) _____   | 25. Spine, Lumbar _____                                |
| 2. Abdomen (KUB) _____             | 10. Elbow _____            | 18. Hip (X-Table lat) _____  | 26. Spine, Thoracic _____                              |
| 3. Abdomen (Portable) _____        | 11. Extremity (Port) _____ | 19. Humerus _____            | 27. Tibia/Fibula _____                                 |
| 4. Ankle _____                     | 12. Femur _____            | 20. Knee _____               | 28. Trauma (↑ extremity) _____                         |
| 5. C-Arm procedure (Ortho) _____   | 13. Finger/Thumb _____     | 21. Pelvis _____             | 29. Trauma (↓ extremity) _____                         |
| 6. CXR (Routine) _____             | 14. Foot _____             | 22. Ribs _____               | 30. Trauma Shoulder (Y, transthoracic, or axial) _____ |
| 7. CXR (Pediatric age 6 ↓) _____   | 15. Forearm _____          | 23. Shoulder (2 Views) _____ | 31. Wrist _____  |
| 8. CXR, (Portable) _____           | 16. Hand _____             | 24. Spine, Cervical _____    |  |

**(Box 2)**

**NOTE: 15 exams must be complete with NO MORE than 20 optionals (see Box 3). Must complete one exam from Head category & two from \*\*Fluoro (1 must be UGI or BE)**

- |                       |       |                              |       |                                |       |                             |       |                    |       |
|-----------------------|-------|------------------------------|-------|--------------------------------|-------|-----------------------------|-------|--------------------|-------|
| 1. Skull              | _____ | 8. **UGI (single or double)  | _____ | 16. AC Joints                  | _____ | 24. Patella                 | _____ | 32. SI Joints      | _____ |
| 2. Sinuses            | _____ | 9. **BE (single or double)   | _____ | 17. Abdomen (Dec.)             | _____ | 25. Pediatric (Abdomen)     | _____ | 33. Sternum        | _____ |
| 3. Facial Bones       | _____ | 10. Esophagus                | _____ | 18. C-Arm procedure (non orth) | _____ | 26. Pediatric (↑ extremity) | _____ | 34. Toe            | _____ |
| 4. Orbits             | _____ | 11. Small Bowel              | _____ | 19. CXR (Decub)                | _____ | 27. Pediatric (↓ extremity) | _____ | 35. Spine (x-tbl.) | _____ |
| 5. Zygo. Arches (SMV) | _____ | 12. Myelogram                | _____ | 20. Clavicle                   | _____ | 28. Pediatric Portable      | _____ |                    |       |
| 6. Nasal Bones        | _____ | 13. Athrograph               | _____ | 21. IVU                        | _____ | 29. Sacrum & Coccyx         | _____ |                    |       |
| 7. Mandible           | _____ | 14. ERCP                     | _____ | 22. Neck (Soft tissue)         | _____ | 30. Scapula                 | _____ |                    |       |
|                       |       | 15. Cysto/Cystourethrography | _____ | 23. Os calcis                  | _____ | 31. Scoliosis               | _____ |                    |       |

**(Box 3)**

- |                                       |                                  |                                   |                                   |
|---------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| 1. Ankle Mortes _____                 | 9. Fuchs Method _____            | 17. Leg Lengths _____             | 25. Sella Turcia _____            |
| 2. Bone Survey (Ball Catcher) _____   | 10. Grashy _____                 | 18. Lumbar (Flex & Ext.) _____    | 26. Sternoclavicular Joints _____ |
| 3. C-Spine (Flex & Ext.) _____        | 11. Haas (PA Axial) _____        | 19. Navicular _____               | 27. Tomography _____              |
| 4. Cholangiogram (T-Tube) _____       | 12. Hysterosalpingiography _____ | 20. Orthopantomogram _____        | 28. _____                         |
| 5. CXR (Lordotic) _____               | 13. Intercondyloid Fossa _____   | 21. Portable (Trauma in ER) _____ | 29. _____                         |
| 6. CXR (Oblique) _____                | 14. Judd Method _____            | 22. Reverse Waters _____          | 30. _____                         |
| 7. Elbow (Partial Flex. & Ext.) _____ | 15. Judet _____                  | 23. Retrograde in Survey _____    | 31. _____                         |
| 8. Feet (weight Bearing) _____        | 16. Knees (Weight Bearing) _____ | 24. Retrograde Urethrogram _____  | 32. _____                         |

**NOTE: Circled number signifies successful completion of category.**

- |           |           |                               |          |           |           |  |          |          |           |
|-----------|-----------|-------------------------------|----------|-----------|-----------|--|----------|----------|-----------|
| 1. _____  | 2. _____  | 3. _____                      | 4. _____ | 5. _____  | 6. _____  | 7. _____   | 8. _____ | 9. _____ | 10. _____ |
| _____     | _____     | _____                         | _____    | _____     | _____     | _____  | _____    | _____    | _____     |
| _____     | _____     | _____                         | _____    | _____     | _____     | _____  | _____    | _____    | _____     |
|           | _____     | _____                         | _____    | _____     | _____     | _____  | _____    | _____    | _____     |
|           |           |                               |          |           |           |  |          |          |           |
| 11. _____ | 12. _____ | 13. See Box 2 Fluoro Category |          | 14. _____ | 15. _____ | 16. See Box 2 Head Category<br>Will select 5 exams from #1-7 |          |          |           |
| _____     | _____     | _____                         | _____    | _____     | _____     |  |          |          |           |
| _____     | _____     | _____                         | _____    | _____     | _____     |  |          |          |           |
| _____     | _____     | _____                         |          | _____     | _____     | _____  |          | _____    |           |

### **Scoring of Competency Evaluations**

1. All grades will be recorded on the next blank line on the data sheet. (P or F or % as appropriate)
2. In the event a score is a repeat exam from earlier in the **current** semester (i.e. already recorded on the respective semester's grade sheet), two scores or an F and P will be placed on the same line.
3. No score will be averaged with another attempt, from a previous semester
4. Categories will not be averaged together if more than one attempt is made (each "raw" score will be counted equally)
5. Nothing will be marked down on the Master List until a score of 85 % is achieved
6. All scores will be recorded no matter what the score.

### **Rationale for Clinical Courses**

So that the student may:

1. develop competency in performing diagnostic radiographic examinations
2. gain experience in patient care skills and assessment techniques in the medical imaging departments
3. develop proficiency in evaluating the finished radiograph as to its diagnostic quality
4. gain experience in working within the structure of the medical imaging departments
5. gain experience in radiographic processing techniques and computed imaging techniques
6. gain experience in one or more chosen specialty imaging modalities

### **Repeating Radiographs and Clinical Supervision**

Students shall not take the responsibility or the place of qualified staff. After demonstrating competency, students may be permitted to perform procedures with indirect supervision (qualified radiographer immediately available to assist). Unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer (directly supervised). All portable (mobile) and surgical procedures are to be performed with direct supervision. Failure to comply with this policy shall result in disciplinary action.

#### **Direct Supervision:**

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,

- is physically present during the conduct of the procedure, and reviews and approves the procedure and/or image.

### **Indirect Supervision:**

Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

### **Awards Specific to the Radiologic Science Program**

Outstanding Scholarship Award - This award is granted to the graduating student with the highest grade point average, using the University of Charleston GPA in his/her classes. The grade point average is calculated on the basis of only the classes taken and completed at the University.

Clinical Practice Award - This award will be decided by the radiologic science clinical faculty and will be presented to the graduating student displaying overall competency, professionalism, compassion, and quality patient care in the clinical setting.

Leadership in Radiologic Sciences Award - This award will be decided by the radiologic science faculty and will be presented to the graduating student displaying attributes in leadership, input to the University, strong radiography development in both didactic and clinical courses, devotion, enthusiasm, and professionalism.

### **Breach of Confidentiality**

Code of Ethics of the American Society of Radiologic Technologists

Principle 5: Radiologic technologists shall judiciously protect the patient’s right to privacy and shall maintain all patient information in the strictest confidence.

As a student radiographer performing radiographic examinations, you will have access to information about patients and their illnesses. You must not discuss patient information with ANYONE, including other students, employees (unless necessary for work), or family members. Each student is expected to keep that confidence.

A radiologic science student must understand that due to the sensitive nature of patient information, he/she will be held accountable for any divulgence of patient information

either intentionally or inadvertently. Disciplinary action, up to but not limited to the permanent expulsion from the program, may be taken against the student.

### **Code of Ethics for Radiologic Technologists**

Radiologic science students entering the profession bring with them their own personal code of ethics, moral principles, and personal set of values. All professionals have a set of specific ethical principles that governs professional behavior and radiologic science is no exception. The radiologic science student will conduct himself/herself in a professional manner at all times as prescribed by the radiologic science professional Code of Ethics.

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principal objective of the professional - to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. 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.

8. The Radiologic Technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, protects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects and professional practice. One means available to improve knowledge and skills is through professional continuing education.

Adopted by: The American Society of Radiologic Technologists and the American Registry of Radiologic Technologists.

### **Counseling and Career Development**

**Personal:** The UC Counseling and Outreach Services Center will offer on-campus counseling services and will work confidentially with the student to help assess any problems and develop a plan to resolve them. This service is available to all University students (commuting as well as residential). For a confidential appointment call (304) 347-4862.

**Residents:** The University community believes that it is important for the students to have ready access to persons who can fulfill a role of assisting students in a variety of day-to-day concerns and problems of residence life. The residence hall staff is available in the halls for immediate assistance and serves as counselors and resource person. The student affairs staff is also available for counseling concerns on a varied schedule, including days and evenings, in order to serve more students.

**Career:** The University Career Service provides an office on the second floor of Library for students who are undecided about vocational decisions. The career counseling staff will assist students in any area of their career development from career choice to assistance with job placement. The office will also administer career interest tests, review resumes, and perform mock interviews.

### **Disciplinary Action Policy**

The Radiologic Science students enrolled in the Division of Health Sciences at the University of Charleston must undergo an extensive clinical education program in order to become totally qualified professionally. Each student will rotate through the program's clinical education settings. While in attendance at the assigned clinic, the student will be

under the supervision of the affiliate's clinical supervisor or other designated professionals during the absence of the clinical instructor.

The clinical experience is the student's privilege, not his/her right. Each student is responsible for strictly adhering to the respective hospital policies and for following any requirements issued by the clinical supervisors. During the entire four year program, when a student fails to meet any of program requirements, the following action will take place on a cumulative basis:

1. A 1<sup>st</sup> and 2<sup>nd</sup> written warning will be issued to the student as soon as possible after the occurrence. At that time, the student will be notified that the subject and date of the warning will be placed in his file.
2. The third offense will constitute suspension or termination from the clinic and/or program.
  - a. When the third offense occurs, the Program Director will call a meeting of the Review Panel at the first available opportunity to discuss the case and vote on the correct course of action. At the time, the student concerned will be given permission to meet with the Review Panel to express his/her views. These will be taken into consideration before the final decision is made.
  - b. The Review Panel shall consist of the Radiologic Science Program Director, the Clinical Coordinator, and the Clinical Instructors and those present will make the final decision.
  - c. In the event of a suspension, any time missed from clinical rotations will not be allowed to be made up. Time lost for suspension will not affect the grade, however, productivity in the clinical setting will be lost. The review board will determine the length of suspension.
  - d. Tardiness and category policies are to be followed.

**UC RADIOLOGIC SCIENCE PROGRAM  
DISCIPLINARY ACTION FORM**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ DATE OF CONFERENCE \_\_\_\_\_

<u>PLACE OF OCCURENCE</u>	<input type="checkbox"/>	UC	<input type="checkbox"/>	CAMC-GEN
	<input type="checkbox"/>	CAMC-MEM	<input type="checkbox"/>	CAMC-W&C
	<input type="checkbox"/>	SAINT FRANCIS	<input type="checkbox"/>	THOMAS HOSP./OP
	<input type="checkbox"/>	CAMC-OP	<input type="checkbox"/>	URGENT CARE
	<input type="checkbox"/>	CAMC TEAYS VALLEY		

REASON FOR CONFERENCE

- |   |  |
|---|--|
| <input type="checkbox"/> Unethical Conduct                              | <input type="checkbox"/> Failure to Follow Instructions                                    |
| <input type="checkbox"/> Repeating Radiographs Unsupervised             | <input type="checkbox"/> Film Badge/Apron Infraction                                       |
| <input type="checkbox"/> ID Marker Infraction or (Patient Safety issue) | <input type="checkbox"/> Timecard fraud  |
| <input type="checkbox"/> Dress Code Infraction                          | <input type="checkbox"/> Imaging the wrong patient or<br>wrong side (patient safety issue) |
| <input type="checkbox"/> Uncooperative Behavior                         |  |
| <input type="checkbox"/> Inappropriate use of cell phone                |  |
| <input type="checkbox"/> Other, Specify _____                           |  |

INCIDENT (be specific, include date, times, etc.)

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ACTION TO BE TAKEN

☐ 1<sup>st</sup> WRITTEN      ☐ 2<sup>nd</sup> WRITTEN      ☐ SUSPENSION      ☐ TERMINATION

POLICY STATEMENT

Any student receiving three (3) disciplinary action forms will be suspended and/or terminated from Radiologic Science Program. The student will be required to attend a review board hearing to determine their status in the program. In the event of a suspension, any time missed from clinical rotations will NOT be allowed to be made up. Productivity in the clinical setting will be lost, which could ultimately affect the student's grade. The review board will determine the length of the suspension.

I have seen the statement of the incident. I have discussed this matter with the instructor. My signature represents this discussion.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Instructor Signature/Date



## **Grounds for Suspension or Dismissal**

The Grounds for Suspension and/or Dismissal are listed below. It should be noted that a student can be dismissed or suspended from the program at any time during the three years for violation of any one of the grounds listed. Suspension is defined as a temporary removal from 1 or more courses with possibility for future reinstatement. Dismissal is defined as a permanent termination from the program. Suspended or dismissed students have the right to appeal the decision by referring to the Grievance Policy and Procedures as stated in the RADI handbook. **Note:** In the event of a suspension, students must see the program director.

1. Failing grades in radiologic science and/or other University courses
2. Insubordination
3. The conviction and/or known use, distribution, or possession of illegal drugs or controlled substances or alcohol
4. Failure to accomplish clinical assignments and objectives
5. Unprofessional or unethical conduct
6. Cheating in any course
7. Failing grade on the second attempt of the same category competency. This will result in a letter grade of "F" for the respective clinical course.
8. Dismissal from a clinical educational setting.
9. Patient Safety Violations
10. Other incidences which may not be listed above

## **Infectious Disease, Body Fluid Protection, and Other Clinical Related Injuries**

Blood and body fluid precautions should be used in the care of ALL patients. Blood and body fluids from ALL patients should be considered potentially infectious. Appropriate barrier precautions should be utilized to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient are anticipated. Appropriate precautions include the use of gloves, gowns, masks, protective eye wear and foot covers.

Hand washing must be done:

1. prior to all invasive procedures
2. if contaminated with blood or body fluids
3. immediately after gloves are removed
4. in between each patient

When contact occurs with a known infectious patient or a patient of high risk, the student must notify the clinical instructor and/or supervisor. A follow-up to the incident is required and the Department of Radiologic Sciences provides a tracking mechanism to

locate students in the event an infectious disease is identified after they have completed the program.

Procedure for Treatment:

1. The injured or ill student may receive treatment at the assigned hospital or seek treatment elsewhere. Students will be billed for any treatment.
2. If the injured student refuses medical treatment, documentation will be noted.
3. An incident report form shall be completed on any injured student at the respective clinical education setting and submitted to the Medical Imaging Department manager to be retained on permanent file.

An injured student must first contact the clinical instructor or supervising radiographer. If necessary an appointment will be scheduled with the employee health nurse. If a student is injured or has contracted a contagious disease and is sent home from clinic by the employee health nurse, he/she will not be required to use personal time for the absence, otherwise personal time will be deducted. The student will be given the opportunity to make up the lost education experience and objectives.

**Workplace Hazards Policy**

Purpose: To inform students of the potential hazardous chemicals and the location of Material Safety Data Sheets (MSDS) in the Radiologic Science Department at the University of Charleston and at each of the clinical education settings. This is to ensure compliance with the regulations of the Occupational Safety and Health Administration.

A written Hazardous Communication Plan is located in the RADI lab in lightside. Each clinical site has a manual providing the following as a minimum:

1. A list of known hazardous chemicals located within the department
2. The material safety data sheets (MSDS) for the known chemicals used
3. Standard operating procedures for handling hazardous chemicals

In addition to the Hazardous Communication Plan, each student receives training through the clinical orientation meeting and/or documents completion of such training at the student's place of employment as a technical assistant.

**Non-Discrimination Policy (Title VI)**

*(July 1, 2018)*

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national origin, age, disability, or veteran status in administration of its educational policies, scholarship and loan programs, admissions, employment,

athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.

### **Purpose**

It is the policy of the University of Charleston to comply with all federal, state and local authorities requiring nondiscrimination, including but not limited to Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), the Age Discrimination Act of 1975, and Executive Orders 12898 (Environmental Justice) and 13166 (Limited English Proficiency). The University of Charleston is an equal opportunity employer.

### **Procedures for Reporting**

The following procedures, to the extent reasonably practicable under the circumstances, are to be applied upon an incident occurring:

- ☐ Determine whether emergency medical treatment is necessary. If medical attention is necessary, immediately contact 911 and Campus Safety (304.357.4857) for assistance.
- ☐ The Campus Safety Officer responding to the bias-related activity is to, if possible, photograph physical injuries, offensive graffiti, and evidence of vandalism. In addition, he/she should record where and when the activity occurred and document names of witnesses if applicable. Further, the Campus Safety Officer should document detailed information about the perpetrator(s), if available. He/she should also retain any physical evidence of the incident, if possible, or, in the case of a crime, turn the incident over to public law enforcement officials. All reports of this nature will be retained in the appropriate staff member listed below.
- ☐ All discriminatory or biased-related activity shall be considered confidential, to the extent permitted by law. Every reasonable effort will be made by the University of Charleston to preserve any personal information obtained during the investigation or adjudication of the matter. However, maintaining full confidentiality may be challenging in this context.

### **Student Reporting**

Name: Virginia Moore

Position: Dean of Students

On Campus Address: Geary Student Union 309

2300 MacCorkle Ave. SE Charleston, WV 25304

Email: [virginiamoore@ucwv.edu](mailto:virginiamoore@ucwv.edu)

Phone Number: 304-357-4987

### **Staff & Faculty Reporting**

Name: Janice Gwinn

Position: Director of Human Resources

On Campus Address: 202 Riggleman Hall

2300 MacCorkle Ave. SE, Charleston, WV 25304

Email: [janicegwinn@ucwv.edu](mailto:janicegwinn@ucwv.edu)

Phone Number: 304 357-4383

### **Handling of Complaints**

- Complaints between students will be handled in accordance with the University judicial processes as outlined in Student Expectations & Accountability.
- Complaints filed by a student reporting a faculty or staff person will be reported to the Dean of Students who will work in conjunction with the Director of Human Resources.
- Complaints between faculty and/or staff will be will be handled in accordance with the University complaint/resolution processes as outlined in the Employee handbook.

You may also file a complaint with the US Department of Education:

Name: Philadelphia Office

Office for Civil Rights

US Department of Education

Address: The Wanamaker Building

100 Pen Square East, Suite 515,

Philadelphia, PA 19107-3323

Email: OCR.Philadelphia@ed.gov

Phone Number: 215.656.8541

Fax: 215.656.8605

Name: US Department of Education

Office for Civil Rights

Address: Lyndon Baines Johnson Department of Education Bldg

400 Maryland Ave, SW

Washington, DC 20202-1100

Email: OCR@ed.gov

Phone Number: 800.421.4381

Fax: 202.453.6012

### **Sexual Harassment and Sexual Assault / Violence Policy (TITLE IX)**

*(July 1, 2018)*

#### **Introduction and Non- Discrimination Notice**

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in educational programs and activities that receive federal financial assistance. To ensure compliance with Title IX and other federal and state laws, the University of Charleston has developed policies that prohibit discrimination and misconduct on the basis of gender, such as sexual misconduct, sexual assault, sexual harassment, intimate partner violence, stalking and any other gender-based harassment or misconduct.

The University of Charleston does not discriminate against any person because of race, color, religion, sex, sexual identity, sexual orientation, national origin, age, disability, or veteran status in administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.

#### **Purpose**

The University of Charleston is committed to providing an environment free from gender-based or sexual discrimination and misconduct. Members of the University

community, guests and visitors have a right to be free from sexual harassment, sexual assault/violence and gender-based discrimination and harassment. When an allegation of misconduct is investigated, and a responding community member is found to have violated this policy, serious sanctions may be used in an effort to ensure that such actions are not repeated. This policy is intended to define community standards and to outline the investigation and grievance process when those standards are violated.

Any attempts to violate this policy are considered sufficient for having committed the violation itself. The use of alcohol or other drugs will not be accepted as a defense or mitigating factor to a violation of this policy. These policies apply regardless of the complainant's or respondent's sexual orientation, sex, gender identity, age, race, nationality, religion, or ability. Harassment or discrimination based upon an individual's sexual orientation may be considered gender-based and be subject to this policy. Prohibitions against discrimination and harassment do not extend to statements or written materials that are germane to the classroom or academic course of study.

### **Scope of the Policy**

This policy applies to all University of Charleston community members, including students, faculty, staff, volunteers, vendors, contractors, visitors, and individuals regularly or temporarily employed, conducting business, studying, living, visiting, or having any official capacity with the University or on its property.

The University strongly encourages reports of Title IX misconduct regardless of who engaged in the conduct. Even if the University does not have authority over the alleged respondent, the University will take prompt action to provide for the safety and wellbeing of the complainant and the broader campus community.

This policy applies to conduct that occurs on any part of the Universities campus or property. It also applies when students, faculty, or staff travel off campus as part of a University activity, team, organization, event, or University sponsored study abroad program.

### **Definitions**

#### **Sexual Harassment**

Sexual harassment is defined as unwelcome gender-based verbal or physical conduct that is sufficiently severe, persistent, or pervasive that it has the effect of unreasonably interfering with, limiting, or depriving someone of the ability to participate in or benefit from the University's educational program, activities and/or employment; it and is based on power (quid pro quo), the creation of a hostile environment, or retaliation. Examples of sexual harassment include, but are not limited to:

- ☐ Subtle or persistent pressure for sexual activity;
- ☐ Unnecessary touching, pinching or brushing against a person;
- ☐ Requesting or demanding sexual favors concerning employment, academic activities or other University activities;
- ☐ Unwelcome communications (verbal, written, electronic, etc.) of a sexual nature;
- ☐ Failure to accept the termination of a consensual relationship with repeated and persistent requests and behavior.

#### **Non-consensual sexual contact**

Non-consensual sexual contact, including any intentional touching, however slight, whether clothed or unclothed, with any object or body part by a person against another

person that is without consent and/or by force. Examples of non-consensual sexual contact include, but are not limited to:

- ☐ Intentional contact with the breasts, buttocks, groin, or genitals;
- ☐ Intentional touching of another with breasts, buttocks, groin, or genitals;
- ☐ Making another person touch someone or themselves in a sexual manner;
- ☐ Any intentional bodily contact in a sexual manner. Non-consensual sexual intercourse includes any sexual intercourse, however slight, with any object or body part by a person against other person that is without consent and/or by force.

### **Non-consensual sexual intercourse**

Non-consensual sexual intercourse, including but not limited to:

- ☐ Vaginal penetration by a penis, object, tongue or finger;
- ☐ Anal penetration by a penis, object, tongue or finger;
- ☐ Oral copulation (mouth to genital contact or genital to mouth contact).
- ☐ Sexual exploitation includes but is not limited to:
- ☐ Invasion of sexual privacy and voyeurism (in-person or through audio or video recording);
- ☐ Knowingly transmitting a sexually transmitted infection;
- ☐ Exposing of a person's body or genitals;
- ☐ Prostituting or soliciting another community member.

### **Intimate Partner Violence**

Relationship violence is a pattern of behavior in an intimate relationship that is used to establish power and control over another person through fear and intimidation. A pattern of behavior is typically determined based on the repeated use of words and/or actions and inactions in order to demean, intimidate, and/or control another person. This behavior can be verbal, emotional, and/or physical. Examples include but are not limited to: striking another person (slapping, punching, etc.), property damage, reckless behavior, name calling and insults, public humiliation, harassment directed toward friends and acquaintances, and verbal and/or physical threats.

### **Stalking**

Stalking involves any behaviors or activities occurring on more than one occasion that collectively instill fear and/or threaten a person's safety, mental health, and/or physical health. Such behaviors or activities may include, but are not limited to non-consensual communications (i.e., face to-face, telephone, email, and social media), threatening or obscene gestures, surveillance, or showing up outside the targeted individual's classroom, residence or workplace.

### **Other Forms of Misconduct**

Other forms of misconduct, when gender-based, will fall under this harassment policy. These include, but are not limited to:

- ☐ Conduct that interferes with the rights of others and/or demonstrates disregard for the University community;
- ☐ Assisting another person in committing a violation of this policy;
- ☐ Personal harassment and/or verbal abuse;
- ☐ The threat of physical harm, physical abuse, mental distress, or injury;

- ☐ Inflicting physical harm, physical abuse, mental distress, or injury;
- ☐ Slanderous, false, or malicious statement(s) about a person or defamation of character;
- ☐ Endangerment of the health and safety of others;
- ☐ Hazing;
- ☐ Damage and/or vandalism to another's property.

### **Consent**

Consent is an active, knowing, and voluntary exchange of affirmative words and/or actions, which indicate a willingness to participate in a particular sexual activity. Consent must be freely and actively given. It is the responsibility of the initiator to obtain clear and affirmative responses at each stage of sexual involvement. The lack of a negative response is not consent. A person, who is incapacitated by alcohol and/or drugs, whether voluntarily or involuntarily consumed, may not give consent. Neither consent to one form of sexual activity nor past relationships imply consent to future sexual activity.

Incapacitation is a state where someone cannot make rational, reasonable decisions due to a lack of capacity to give knowing consent (e.g., to understand the “who, what, when, where, why, and how” of the sexual interaction).

Sexual activity with someone who is or based on circumstances should reasonably have known to be, mentally or physically incapacitated (i.e., by alcohol or other drug use, unconsciousness, or blackout) constitutes a violation of this policy.

A person who is incapacitated due to mental disability, sleep, involuntary physical restraint, or from the consumption (voluntary or otherwise) of incapacitating drugs or alcohol cannot give consent.

In order to give consent, a person must be of the legal age of consent.

Alcohol-related incapacity results from a level of alcohol ingestion that is more severe than impairment, being under the influence, drunkenness, or intoxication.

Evidence of incapacity may be detected by physical cues, such as slurred speech, bloodshot eyes, and odor of alcohol on a person's breath or clothing, inability to maintain balance, vomiting, unusual or irrational behavior, and unconsciousness. Context is important in helping to determine incapacitation. Any of these particular cues alone do not necessarily indicate incapacity.

Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation and coercion that overcomes resistance or produces consent. Coercion is unreasonable pressure for sexual activity.

Coercion is the use of emotional manipulation to persuade someone to do something they may not want to do, such as being sexual or performing certain sexual acts. Being coerced into having sex or performing sexual acts is not consenting sex and is considered sexual misconduct.

### **Procedures for Reporting**

ALL reports of sexual harassment, sexual discrimination and sexual assault/violence made to any University employee or mandated reporter must be reported to the University's Title IX Coordinator.

#### **The University Title IX Coordinator**

Name: Virginia Moore

Position: Dean of Students  
On Campus Address: Geary Student Union 309  
2300 MacCorkle Ave. SE Charleston, WV 25304  
Email: virginiamoore@ucwv.edu  
Phone Number: 304-357-4987

**Deputy Title IX Coordinators**

Name: Dr. Kim Spiezio  
Position: Provost  
On Campus Address: 201 Riggleman Hall  
2300 MacCorkle Ave. SE, Charleston, WV 25304  
Email: kimspezio@ucwv.edu  
Phone Number: 304 357-4711

Name: Janice Gwinn  
Position: Director of Human Resources  
On Campus Address: 202 Riggleman Hall  
2300 MacCorkle Ave. SE, Charleston, WV 25304  
Email: janicegwinn@ucwv.edu  
Phone Number: 304 357-4383

Name: Todd Diuguid  
Position: Associate Director of Athletics  
On Campus Address: 115 Cox Hall  
2300 MacCorkle Ave. SE, Charleston, WV 25304  
Email: todddiuguid@ucwv.edu  
Phone Number: 304 357-4827

Name: Nicole Rupe-Harold  
Position: Regional Records Manager  
On Campus Address: Student Solutions Center Worley Building  
167 Dye Drive, Beckley, WV 25801  
Email: nicolerupe@ucwv.edu  
Phone Number: 304 352-0047

Also, any person who believes he or she has been subject to sexual harassment, sexual discrimination or sexual assault/violence may contact the University Title IX Coordinator or a deputy Title IX Coordinator directly. The Title IX Coordinator will conduct an investigation, determine possible interim measures, find a resolution, and ensure complainants have access to medical, mental health, law enforcement, and other resources that may be required.

**Handling of Complaints**

Complaints between students will be handled in accordance with the University judicial processes as outlined in Student Expectations & Accountability.



Complaints between a student and a faculty/staff person will be handled in accordance with Title IX policy, Student Expectations & Accountability Standards, and Employee Handbook.

Complaints between faculty and/or staff will be handled in accordance with the Title IX policy and the Employee Handbook.

In situations where a complaint is filed against a community member who embodies more than one status at the University (i.e. community member is a student and an employee), the University Title IX Coordinator has the authority to appoint investigators (possibly from different areas of the institution) and determine the grievance process for the reported incident (student, faculty, or non- faculty employee). The selected grievance process shall have the authority to make final determinations affecting all individual statuses at the University.

### **Confidentiality and Privacy in Reporting**

When reporting a violation of this policy there are resources that can provide confidentiality, sharing options and advice without any obligation to inform other University staff members unless requested. Such on-campus confidential resources include Counseling Services, Health Services, and/or Campus Ministry staff.

Additionally, community members can seek out assistance from an off-campus crisis center, which can maintain confidentiality. Faculty members are not confidential resources and must contact the University Title IX Coordinator.

### **Confidential Reports**

Position: Campus Pastor

On Campus Address: Geary Student Union 309

2300 MacCorkle Ave. SE, Charleston, WV 25304

Phone Number: 304 357-4873

Position: Campus Counselor

On Campus Address: School of Pharmacy Building

2300 MacCorkle Ave. SE, Charleston, WV 25304

Email: [uc-counselor@ucwv.edu](mailto:uc-counselor@ucwv.edu)

Phone Number: 304-357-4862

### **University of Charleston Resources**

Counseling and Outreach Services located in the School of Pharmacy, Charleston  
304-357-4862

Campus Pastor located in Geary Student Union Office 309, Charleston  
304-357-4873

Security located in Geary Student Union 1st Floor, Charleston  
Office of Safety and Security  
304-357-4857 or 304-859-2755

Security located at 158 Dye Drive, Beckley  
UC – Beckley Office of Safety and Security  
304-929-1653 or 304-890-2722

**Off-Campus Resources**

REACH- Rape Education, Advocacy, Counseling, and Healing

1021 Quarrier Street, Suite 414

Charleston, WV 25301

304-340-3676

Confidential Toll Free 24-Hour Hotline 1-800-656-HOPE

Shenandoah Women's Center- Martinsburg

304-263-8292

Women's Resource Center- Beckley

1-888-825-7836

Rape, Abuse, and Incest National Network (RAINN)

Crisis hotline – 1-800-656-HOPE

Rape, Abuse, and Incest National Network (RAINN) online hotline –

<https://ohl.rainn.org/online/>

**Retaliation Clause**

It is a violation of this policy to retaliate against any person making a complaint or report of any alleged violations, against any person participating in the investigation of (including testifying as a witness to) any such allegation. Individuals engaging in retaliation are subject to discipline in accordance of the policy in the Student Code of Conduct or the Employee Handbook. Retaliation includes direct or indirect intimidation, threats, coercion, harassment, or other forms of discrimination against any individual who has brought forward a concern or participated in the University's conduct process.

**False Reporting**

It is a violation of these procedures to knowingly provide false information to a University Official resulting in an investigation, conduct proceeding, or interim actions are against University Policy. Without minimizing the injury that can be suffered by the complainant, the University also recognizes that the filing of a complaint can have serious consequences for the person accused. That person, too, has rights that must be preserved and protected. Therefore, any person who abuses these procedures by knowingly filing a false complaint will be subject to the Student Code of Conduct or Human Resources if the complaint was filed in bad faith. This provision is not meant in any way to discourage legitimate complaints.

**Timely Warning Disclosure**

If a report of misconduct discloses a serious or continuing threat to the University of Charleston, the University may issue a campus wide timely warning (which can take the form of an email to campus) to protect the health or safety of the campus community. The timely warning will not include identifying information about the victim.

At no time will the University release the name of the victim to the general public without the express written consent of the victim. The release of the respondent's name, if a student, to the general public is guided by the Family Educational Rights and Privacy Act (FERPA) and Clery Act.

All University proceedings are conducted in good faith compliance with the requirements of FERPA, the Clery Act, Title IX, and other federal laws. No information shall be released from such proceedings except as required or permitted by law and University policy.

### **If You are the First Contact**

Members of the University community are encouraged to speak to University staff and administration (such as Title IX staff listed above, supervisors, advisers, Security, Residence Life and Student Life staff, academic administration, faculty, etc.) to make formal reports of incidents. Notice to a University employee constitutes official notice to the University and must be communicated to the Title IX Coordinator.

Regardless of which office initially receives the first report from the victim (i.e. residential staff, Student Life, faculty, administrative staff, and student staff), the contact person at this stage should provide immediate support and short-term problem-solving. The primary goal is to help the victim secure needed professional services. This individual will complete the Sexual Harassment/Sexual Discrimination/Sexual Assault/Violence Protocol Checklist and report allegations to the Title IX Coordinator at 304-357-4987 or after hours at 304-541-6438.

The successful contact-victim interaction is one in which the contact has shared information concerning services available to them and the victim feels free to make a choice as to what, if anything should happen next. A good contact person will listen objectively and not blame the victim. Self-blame is common. The victim needs your support, guidance and understanding. Assure them that it was not their fault. Confidentiality is a very important issue. Discuss the limits to confidentiality prior to discussing the details of an alleged sexual harassment, sexual discrimination or sexual assault/violence incident. Under no circumstances should the individual be given the impression that the fact that a Title IX incident occurred will remain with you. Explain to the victim that basic information about the incident will be shared with the Title IX Coordinator for the University. The Title IX Coordinator will compile information on reported Title IX issues for the institution and will share the information with others on a “need to know” basis only.

The victim of sexual harassment, sexual discrimination, or sexual assault/violence may be in shock when you speak with him or her. S/he may have trouble staying focused on your instructions. Be patient, speak slowly, and repeat information as necessary. Provide handouts to the victim whenever possible.

Reported incidents will be investigated and may be resolved through the appropriate grievance procedures. Only people who have a need to know about the incident will be informed, and information will be shared only as necessary with investigators, witnesses and the accused person. Reports that are made anonymously or by third parties may not initiate grievance procedures; however, Title IX requires the University to investigate all incidents about which the University knows or has reason to know in order to protect the health and safety of the University community. The University will undertake an

investigation even in cases where the alleged victim and/or complainant choose not to cooperate.

Throughout this process, every effort is made to ensure confidentiality.

### **Substance Abuse**

The Radiologic Science Faculty Members shall do their utmost to provide a drug and alcohol free educational environment and will diligently work to provide policies to protect student, faculty, staff and/or patient. The University of Charleston prohibits the unlawful manufacture, distribution, dispensation, possessions, or use of any controlled substance on University property or at any University activity. If a student is suspected of drug or alcohol use, program officials may require the student to complete a drug/alcohol test. Please see UC student handbook for specific procedures.

### **JCAHO In-service**

Although not all clinical sites are accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), students must comply to the policy states that all students must satisfactorily complete an in-service in the following areas prior to clinical rotations and must renew once a year thereafter. This in-service will initially be covered in RADI 101 and will be renewed once a year at a RS student/faculty meeting or other approved venue. CAMC specifically requires the listed in-services although they are accredited by DNV.

- |                      |                                     |
|----------------------|-------------------------------------|
| 1. Fire Safety       | 8. Radiation Protection             |
| 2. Infection Control | 9. Quality Assessment               |
| 3. Hazardous Wastes  | 10. Legal Aspects                   |
| 4. Body Mechanics    | 11. Other JCAHO Inservices required |
| 5. Disaster          | 12. Domestic Violence               |
| 6. CPR*              | 13. Latex Sensitivity               |
| 7. Electrical Safety | 14. HIPPA                           |

\*Proof of current certification is required annually. It is the student's responsibility to achieve CPR certification prior to entering the clinical education setting at the beginning of the sophomore year. This certification must be Health Care Provider through the American Heart Association.

### **Master Plan of Education**

The Master Plan of Education for the Radiologic Science Program is held in the program director's office and on electronic department files. It is updated periodically. This may be reviewed at any time by radiologic science students and faculty.

## **Pregnancy Policy**

**Rationale:** The rationale for the Radiologic Science Program Pregnancy Policy is that, in the event of pregnancy, a student's clinical assignment schedule could be altered to appropriately protect the embryo/fetus from radiation exposure throughout the internship in which the student is enrolled; however, the student has **five** options. The United States Department of Health, Education, and Welfare's Bureau of Radiological Health states that "for the safety of the embryo/fetus it should not be exposed to 0.5 rem (500 mrem) during the entire gestation period, whereas an occupational radiation worker who is not pregnant is allowed to acquire up to 3.75 rems during a nine month period."

### **Radiologic Science Department Student Pregnancy Policy**

The University of Charleston Radiologic Science Department shall comply with the requirements of the Nuclear Regulatory Commission (NRC), Regulatory Guide 8.13 with regards to policy concerning prenatal radiation exposure as a student in the Radiologic Science Program. This policy gives a radiography student **five (5) options** regarding her pregnancy while a student in the University radiologic science program.

To be consistent with these regulations, the program's pregnancy policy must allow a female student the **first option** of whether or not to inform the program officials of her pregnancy. If she makes this choice, **not** to inform the program officials that she is pregnant, she will continue her clinical education without question from the program or hospital officials. Her clinical radiography schedule will **not** be modified throughout her pregnancy and she may be scheduled in the higher radiation areas and will assume all potential embryo/fetal damage risks.

If the student chooses **option two**, to voluntarily inform the program officials of the pregnancy, it must be in writing and indicate the possible date of **conception** and the expected date of confinement (delivery), as documented by a physician. In the absence of this voluntary written disclosure the student can not be considered pregnant. A counseling session with a program radiologist medical advisor, the CAMC Health Physicist or medial imaging director and a member of the University Radiography Faculty is required of any declared pregnant student. With this declaration of pregnancy, the pregnant student will have her clinical schedule modified, avoiding rotations in fluoroscopy, special procedures, surgery, portables, and other rotations deemed high radiation areas by program officials. The pregnant student will be double badged and embryo/fetal monitored during her pregnancy limiting the embryo/fetal exposure to five hundred (500) millirems during the entire gestation period. This schedule modification could in some cases **delay** the scheduled graduation of the pregnant student.

After reviewing the clinical schedule modifications and the counseling session, the student may then choose the **third option** to **undeclare** her pregnancy and assume all risks of the higher radiation embryo/fetal exposure associated with clinical education. The

female student may also choose to maintain her pregnancy declaration, but then communicate her decision to continue the educational program without modification of her of clinical schedule which is **option four**. For options three or four, she may be scheduled in the higher radiation areas and will assume all potential embryo/fetal damage risks.

If a student chooses to undeclare her pregnancy or chooses to continue without modification, she will be required to sign the waiver as stated below:

I, \_\_\_\_\_, a Radiography student at the University of Charleston, elect to resume all work activities including all radiographic/fluoroscopic clinical education activities. I make this decision and election with full knowledge of the following facts:  
I am in the \_\_\_\_\_ trimester of a pregnancy that began in \_\_\_\_\_.-  
The educational functions I am resuming involve increased risk of radiation dose to the embryo/fetus and myself that may exceed the NRC's 500 millirem dose limit for declared pregnant workers. I have been offered temporary re-assignment to another area or other educational tasks that involve less risk of exposure to radiation. I have been offered a modified clinical education schedule such as temporarily postponing completion of my education and graduation to reduce the risk of excessive exposure. I have refused these offers. I have considered my previous instructions on "Prenatal Radiation Exposure" given by the Radiation Health Physicist and Program Officials on \_\_\_\_\_. I have no additional questions or concerns.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Chair Signature

\_\_\_\_\_  
Date

The student may elect the **fifth option** to totally withdraw from all clinical assignments and return to the clinic post-gravid. However, the student may continue her didactic classes during the clinical absence. A post-gravid student is assured clinical readmission after being released by her physician and may continue her education.

The University of Charleston Radiologic Science faculty in cooperation with the CAMC Health Physicist encourages the pregnant student to practice prenatal care with regards to ionizing radiation especially during the first trimester (3 months) when the risk of prenatal danger is more apparent. The Radiologic Science Faculty recommends the pregnant student discuss her options with her physician-obstetrician and make an informed decision.

Students are encouraged at any time to discuss questions or concerns with regards to pregnancy with any Radiography Faculty throughout their medical imaging education. I have read the above University of Charleston Radiologic Science Pregnancy Policy, understand its content, and agree to comply while a student at the University.

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Student Signature

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Date

\*In the unfortunate event of pregnancy termination and fetal monitoring is no longer necessary, the student must provide documentation that includes the date of the pregnancy termination.

## **Progression Toward Graduation**

Radiologic science students must achieve a minimum grade of “C” in all radiologic science (RADI) courses in order to enroll in the next course in the sequence or to be eligible for graduation. In any radiologic science course in which the student earns less than a grade of “C”, the entire course, lecture and laboratory must be repeated earning a grade of “C” or higher. Students may not repeat a course more than once. Failure of an RADI course a 2<sup>nd</sup> time will result in dismissal from the program. NOTE: In order to increase chance of success on the ARRT registry exam all students must complete the entire Radiologic Science Program within a period of four years (48 months) from the time of the first enrollment in the clinical component of the curriculum. Candidates for the radiologic science degree who do not complete all requirements within a five-year period will be dismissed from the program.

At the conclusion of all semesters, except the semester immediately preceding graduation, radiography students with a grade point average below 2.0 will not be permitted to register for the next radiologic science course. Students with a grade point average between 2.0 and 2.2 may register for the next radiologic science course but will be on academic probation.

At the conclusion of the last semester immediately preceding graduation, radiography students must have a grade point average of 2.0 in order to be eligible to graduate from the Radiologic Science Program.

**Annual Progression Exam:** Prior to being permitted to attend the fall sequence of clinical courses, all new junior and senior students will be required to take and pass (with a minimum passing score) a mock registry exam. Students will have one opportunity to take this exam prior to the first day of clinic. If a student requires multiple attempts to successfully pass this exam he/she will need to take personal time for any clinical time missed.

**Policy Statement:** Students who have failed 3 or more RADI will be dismissed permanently from the program.

## **Review Committee**

In the event a student receives a D, F, or W in an RADI course, he/she must submit a written request to be considered for retention and progression in the current sequencing of course work. The Review Committee (which consists of the Radiologic Science Program Director and all RADI faculty) will convene at the student’s written request. Upon favorable action of the committee, the student will be retained in the Radiologic Science Program and may continue with the next sequence of radiography courses. Otherwise the student will repeat the deficiencies and return to the program upon successful completion of the course. If the committee requires the student to stop out the next sequences of classes, the student will be required to enroll in an internship to maintain competency in clinical procedures & skills. Failure to successfully complete the internship will result in denial of readmission into the clinical component coursework.



### Readmission to clinic

Students enrolled in the University who have completed portions of the clinical component of the Radiologic Science Program, but are currently not enrolled in the radiologic science courses may be readmitted to the radiography clinical component under the following conditions:

1. successful completion of internship
2. successful completion of mock registry to assess retention
3. the student must be academically admissible
4. the student must take all radiologic science courses in the sequence published in the University catalog
5. the student must have an overall grade point average of 2.0
6. the student must otherwise meet all the conditions for any other student in the University

### **Radiologic Science Club**

All students are members of the Radiologic Science Club. Via committee or group structure, the Radiologic Science Club raises funds to attend student seminars and for the special graduation ceremony. Community service, public awareness, and other activities promoting collaboration and self reflection will occur. President, Vice President, and Secretary/Treasurer are nominated and elected by classmates.

Radiologic Science Club meetings and events will be held at various times. Students will not be dismissed from any RS classes to attend club functions or meetings.

### **Radiation Safety Program (ALARA)**

#### I. Introduction

- A. Purpose: This program sets forth the philosophy and general management policies that are established by this institution to achieve the objective of maintaining radiation exposure to “as low as reasonably achievable” (ALARA), for all students as well as employees during the administration and usage of ionizing radiation.
- B. Policy: In addition to complying with the limits set forth in pertinent regulations, guides, and standards, students as well as University employees shall make every reasonable effort to maintain radiation exposures in unrestricted areas to as low as reasonably achievable. Furthermore, the campus lab is to be used only for phantom exposures and never on live patients. Individuals are never to be holding the phantom or in the radiographic room during an exposure.

## II. University Commitment

- A. We, the management of the University of Charleston (UC), are committed to the program described herein for keeping individual and collective doses as low as is reasonably achievable (ALARA). In accord with this commitment, we hereby describe an administrative organization for radiation safety and will develop the necessary written policy, procedures, and instructions to foster the ALARA concept within our institution. This organization will include a Radiation Safety Committee (RSC) and a Radiation Safety Officer (RSO).
- B. In keeping with the current practice of all film badges for students being provided by Charleston Area Medical Center (CAMC) as well as processed by CAMC we will designate that the RSC and the RSO for CAMC will also act in the same capacity for students as well as employees at UC.
- C. We will perform a formal annual review of the radiation safety program including ALARA considerations. This will include reviews of the operating procedure and past dose records, inspections, etc., and consultants with the radiation protection staff or outside consultants.
- D. In addition to maintaining doses to individuals as far as below the limits as is reasonably achievable, the sum of the doses received by all exposed individuals will also be maintained at the lowest practicable level. It would not be desirable, for example, to hold the highest doses to individuals to some fraction of the applicable limit if this involved exposing additional people and significantly increasing the sum of radiation doses received by all involved individuals.

## III. Radiation Safety Committee

### A. Delegation of Authority

- 1. The RSC will delegate authority to the Department Chair for enforcement of the ALARA concept on campus.
- 2. The RSC will support the RSO when it is necessary for the RSO to assert authority. If the RSC has overruled the RSO, it will record the basis for its action in the minutes of the quarterly meeting.

### B. Review of the ALARA Program

1. The RSC will encourage all users to review current procedures.
2. The RSC will perform a quarterly review of occupational radiation exposure with particular attention to instances in which the investigation levels in Table 1 are exceeded. The NRC has emphasized that the investigational levels in this program are not new dose limits but, as noted in ICRP Report 26, "Recommendations of the International Commission on Radiological Protection", meant to serve as check points above which the results are considered sufficiently important to justify investigations.

TABLE 1  
Investigational Levels

	Investigational Levels (mrems/calendar quarter)	
	<u>Level I</u>	<u>Level II</u>
1. Whole body; head and trunk; active blood-forming organs; or gonads	125	375
2. Lens of the eye	375	1125
3. Extremities	750	2250
4. Skin of the whole body	750	2250

#### IV. Radiation Safety Officer

##### A. Annual and Quarterly Review

1. The RSO will perform an annual review of the Radiation Safety Program for adherence to the ALARA concept. Reviews of specific methods of use may be conducted on a more frequent basis.
2. The RSO will review, at least quarterly, the external radiation doses of authorized users and workers to determine that their doses are ALARA in accordance to section 6 of this program and will prepare a summary report for the RSC.
3. The RSO will review surveys in unrestricted areas to determine that dose rates were at ALARA during the previous quarter and will prepare a summary report for the RSC.

## B. Education Responsibilities for ALARA Program

1. The RSO will schedule briefings and educational sessions to inform workers of ALARA program efforts.
2. The RSO will assure that authorized users who may be exposed to radiation will be instructed in ALARA philosophy and informed that the University, the RSC and RSO are committed to implementing the ALARA concept.
3. The University will provide two separate classes centering around radiation for the students. A basic course will be provided to sophomores during the fall semester prior to beginning the clinical component. A second, more in depth course will be provided during the fall of the senior year. \*Training on the use of equipment will occur during the fall of RADI 201 positioning course.

## C. Reviewing Instances of Deviation from Good ALARA Practices

The RSO will investigate all known instances of deviation from good ALARA practices; and if possible, will determine the cause. When the cause is known, the RSO will implement changes in the program to maintain doses ALARA.

## V. Individuals Who Receive Occupational Radiation Doses

- A. Workers and Students will be instructed in the ALARA concept and its relationship to work procedures and working conditions.
- B. Workers and Students will be instructed in courses available if they feel that ALARA is not being promoted at any clinical site. This information will be passed on by the Department Chair to the RSO for that particular clinical setting.
- C. Students will have their film badge reports provided to them monthly on the elearn course page.

## VI. Establishment of Investigational Levels in Order to Monitor Individual Occupational and Educational External Radiation Exposures

This institution hereby establishes Investigational Levels for occupational and educational external radiation doses which, when exceeded, will initiate review or investigation by the RSC and/or RSO. The Investigational Levels that we have adopted are listed in Table 1. These levels apply to the exposure of individual workers.

The RSO will review and record on form NRC-5, “Current Occupational External Radiation Exposures”, or an equivalent form, (e.g. dosimeter processor’s report) the results of personal monitoring not less than once in a calendar quarter, as is required in S 10 CFR part 20. The following actions will be taken at the Investigational Levels as stated in Table 1.

A. Personal dose less than Investigational Level I

Except where deemed appropriate by the RSO, no further action will be taken in those cases where an individual’s dose is less than Table 1 values for the Investigational Level I.

B. Personal dose equal to or greater than Investigational Level I, but less than Investigational Level II

The RSO will review the dose of each individual whose quarterly dose equals or exceeds Investigational Level I and will report the results of the reviews at the first RSC meeting following the quarter was recorded. If the dose does not equal or exceed Investigational Level II, no action related specifically to the exposure is required unless deemed appropriate by the Committee. The Committee will; however, review each dose in comparison with those of others performing similar tasks as an index of ALARA program quality.

C. Personal dose equal to or greater than Investigational Level II

The RSO will investigate in a timely manner the causes(s) of all personal doses equaling or exceeding Investigational Level II and, if warranted, will take action. A report of the investigation, any action taken, and a copy of the individual’s Form NRC-5 or its equivalent will be presented to the RSC at its first meeting following completion of the investigation. The details of these reports will be included in the RSC minutes.

D. Protocol for incidents in which student dose limits are exceeded.

The RSO will notify the Program Director of the student’s dose and will advise regarding the length of time required for the student to be prohibited from receiving any further dose. The student will be permitted to continue in the program and a revised clinical schedule shall be created to accommodate the RSO’s recommendations.

V. Safety Regulations for all Students and Employees

The Institution, through means of classroom as well as clinical education and supervision will assure that all UC students as well as employees will be knowledgeable of as well as adhere to the following Safety Regulations any time they are involved in the use of radiation.

1. All persons working in ionizing radiation shall wear a radiation monitoring device.
2. A permanent record of all personnel shall be kept with the results of the monitoring device.
3. All cases of excessive or abnormal exposures to ionizing radiation shall be investigated to determine the cause and steps taken to prevent its reoccurrence.
4. Blood counts are not to be used as a monitoring measure.
5. Protective lead aprons, gloves, and other radiation limiting devices shall be provided for all personnel working in an area of ionizing radiation
6. When wearing lead aprons, the radiation monitoring devices shall be worn outside the apron on a lapel or collar (not attached to the apron).
7. No person who is occupationally or educationally exposed to radiation shall be permitted to hold patients or imaging receptors during exposures on a regular basis.
8. When necessary to hold, all such persons, except patients, must wear protective aprons and gloves.
9. No student will expose another student or person without a valid physicians order.
10. All students and faculty are to wear a film badge for clinical courses and labs.
11. Lab exposures are only to be performed on phantoms and never on live patients
12. This policy is to be reviewed annually.

### **Student Outcome Achievement Policy**

#### **Student Achievement of objectives, goals, and outcomes:**

In the event that a student fails to attain a stated course objective or outcome by the projected deadline, incomplete work shall be assigned a grade of zero. When extenuating circumstances arise the student may be given the opportunity to make up the work. Each case will be reviewed as necessary. As per program policy the student may appeal this outcome.

### **Scented Products Policy**

#### **Usage of Scented Products in the University of Charleston School of Health Sciences**

As a starting point for addressing health and safety concerns related to air quality on the campus of the University of Charleston Bert Bradford School of Health Sciences, we

present these recommendations in the spirit of cooperation and caring for fellow community members.

The University of Charleston Bert Bradford School of Health Sciences recognizes that suitable air quality is important in fostering a healthful and creative learning and working environment. We recognize that all members of the community and those who visit the campus share the air.

## **I. Definitions**

- A. Multiple Chemical Sensitivity/Environmental Illnesses (MCS/EI)**  
Is defined as a hypersensitivity to common chemical and environmental stimuli. Even low levels of the stimuli may trigger reactions in people reporting these conditions. Wide ranges of symptoms have been reported, including fatigue, migraine headaches, rashes, difficulty breathing and dizziness.
- B. Triggers**  
Triggers are products or stimuli that induce symptoms in people reporting MCS/EI. Common triggers include cologne, perfume, scented body sprays, scented hair spray/gel/mousse and other leave in hair products, lotions, scented powder, after shave, richly scented deodorant/anti-perspirant, air fresheners (solid or spray), bathroom deodorizers, candles, potpourri, and many products currently used for cleaning floors, carpets and other surfaces.

## **II. Process**

The goal of these guidelines is to improve communication and affect fair, uniform, and timely resolution of air quality complaints and concerns.

- A. Air Supply**  
Community members are asked to exercise care when undertaking projects which may affect building air quality by mitigating or eliminating pollutants from, for example heavily scented markers for sign making, or chalk board cleaners.
- B. Use of Scented Products**  
Community members are asked to be sensitive to others' known triggers (see IB above).
- C. Individual as a Source**  
This refers to a personal source, such as an individual who uses scented products that cause adverse health affects.

1. Approach the individual, explain the problem, and ask for consideration or changes in behavior that can improve the situation. If no resolution results,
2. Request the assistance of your department chair, or faculty. If no resolution is reached,
3. Discuss the problem with the Division of Health Sciences Chair

### **Smoking and Tobacco Use**

The University maintains a smoke and tobacco-free environment in all of its buildings/facilities on campus and in all of its vehicles. No smoking or other use of tobacco products (including, but not limited to, pipes, cigars, snuff, or chewing tobacco) is permitted in any part of any building/facility or in vehicles owned, leased, or rented by the University. Employees may smoke on campus only in the designated smoking areas. These designated smoking areas are located between the Geary Student Union/ Clay Tower Building and between Cox Hall/Middle Hall. No one may smoke along any pathway or walkway leading to or from the designated smoking area, the campus lawn or the parking areas. Additionally, employees may smoke in their personal vehicles, but the smoke and tobacco products must be completely contained within the vehicle. It is not acceptable that either smoking or non-smoking employees are subjected to smoke that they must walk through to reach their vehicle or any other destination on campus.

While the University makes the designated areas available to tobacco users, it in no way has any legal responsibility to do so. Employees who choose to use these areas do so at their own risk. No special release time will be given to any employee who smokes. Finally, smokers and users of tobacco products must dispose of the remains in the proper containers. This helps maintain a neat and clean environment for all employees, students and visitors.

### **Enforcement**

This policy applies to all employees, vendors, visitors, and students. Employees violating this policy shall be subject to discipline in accordance with the progressive disciplinary policy in the Employee Handbook. Students violating this policy shall be subject to discipline in accordance with the disciplinary and social justice policies contained in the Student Handbook. Vendors or visitors violating the policy shall be informed of the policy and asked politely to refrain from smoking outside the designated smoking areas.

### **Smoking Cessation Opportunities**

The University encourages all smoking employees to quit smoking. Please visit PharmUC if you are interested in quitting or watch for campus announcements about programs sponsored by the wellness council.

### **Questions**

Any questions regarding the smoke-free workplace policy should be directed to the Administration & Finance Office.



## **Travel**

Radiologic science students are expected to provide their own travel to and from all clinical education settings. Carpooling may be accomplished at times; however, students will have varied clinical schedules so this may not always work. Parking will be explained as part of clinical orientation.

## **Tuition and Housing Refunds**

The current tuition and fees, enrollment deposit, student costs, adjustment of accounts, refund policy, along with housing and board information can be found on the main website by clicking the following link.

<http://www.ucwv.edu/Admissions/Undergraduate/Tuition-and-Fees/>

## **Orientation Summary Form**

**UNIVERSITY OF CHARLESTON  
BERT BRADFORD SCHOOL OF HEALTH SCIENCES  
DEPARTMENT OF RADIOLOGIC SCIENCE**

I received a copy of the Radiologic Science Handbook, 2020-21 edition, prior to my acceptance or if a transfer student upon entering into the Radiologic Science Program. The entire contents of this book pertaining to the rules and regulations of the Radiologic Science Program were covered during the orientation and included the following policies:

1. Nondiscriminatory Policy
2. Family Educational Rights and Privacy Act of 1974
3. Academic Counseling
4. Academic Deficiency Contract
5. Academic Integrity
6. Academic and Disciplinary Grievance Procedure and Reinstatement Policy
7. Attendance in Radiologic Science Didactic Courses
8. Awards Specific to the Radiologic Science Program
9. Breach of Confidentiality
10. All Clinical Education Policies and Procedures Including Graduate Competencies
11. Code of Ethics
12. Counseling and Career Development
13. Dress Code for Clinic and Classroom
14. Disciplinary Action Policy and Form
15. Evaluation of Program Effectiveness
16. Food and Drink Restriction Policy
17. Grading Scale and Sample
18. Grounds for Dismissal Policy
19. HIPPA
20. Immunizations and Health Physical, Background Check
21. Insurance: Liability and Medical
22. Infectious Disease, Body Fluid Protection, and Clinical Related Injuries, Workplace Hazards
23. JCAHO Inservice, Harassment & Substance Abuse
24. Master Plan
25. Pregnancy Policy
26. Progression Toward Graduation, Repeating RS Courses, Review Committee Function
27. Radiologic Science Club
28. Radiation Safety Program (ALARA)
29. Sick Leave
30. Student Outcome Achievement Policy
31. Scented Products Policy
32. Travel
33. Tuition and Housing Refunds
34. General Radiologic Science Outcomes
35. Policy for Professional Specialization Areas and Selection Process

I will comply fully with the policies and procedures stated above as prescribed by the Radiologic Science Department, University of Charleston, and the clinical education settings. I also understand my rights and responsibilities as a student in the Radiologic Science Program.

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

\_\_\_\_\_  
Date

**University of Charleston**  
**Radiologic Science Clinical Accountability form.**

As a student in the Radiologic Science program I do here by acknowledge that I am seeking entrance into a profession where my actions and or inactions may have dire consequences for my patients, the technologists that I work with and myself. And as such I should expect to be held accountable for following the University of Charleston rules and policy as well as any and all rules or policies as my be stipulated by the Radiologic Science program or any of its affiliated clinical sites.

It is my understanding that these rules and policies will be provided to me through the University catalog, the Radiologic Science handbook, which I was given in RADI 101, and the clinical syllabi that will be provided to me each semester prior to beginning my clinical rotations. In addition, I understand that each individual clinical facility has the right to impose site-specific rules or policies concerning their institution, so long as those rules or policies are not in contradiction with any University or Program rules or policies and that I am made aware of them at the beginning of my rotation

Furthermore, I understand that it is my responsibility to know the rules and policies as they pertain to any and all rotations that I will be assigned to during my time in the Radiologic Science program and that failure to “know” a policy is not an excuse for not following it. I also understand that if I am unclear or unsure of a specific policy or rule, I will seek clarification from the Clinical Coordinator at once. I also understand that the fact that I was not disciplined for some infraction in the past by a clinical or didactic faculty member, either by omission or error, is likewise not an excuse for my not following any specific policy or rule going forward.

I also understand that it may be necessary from time to time for the University, the Program or any specific clinical site to modify any current rule or policy or in fact institute a new rule or policy. And that I agree to abide by the additions or changes so long as they are not applied retroactively and that I am properly informed of the changes or additions in writing.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## **Mammography Clinical Rotation Placement Policy**

The radiography program sponsored by the University of Charleston will continue to follow our mammography policy regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the policy, all students, male and female, will be offered the opportunity to participate in clinical mammography rotations. The program will make every effort to place a male student in a clinical mammography rotation if requested; however, the program is not able to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

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

## **GENERAL INFORMATION SECTION**

### **Computerized Testing Plan for ARRT**

The American Registry of Radiologic Technologists has converted to computerize testing, which began in 2000. The decision to move to computer based testing is justified by increased benefits in convenience, location, accuracy, security, and additional question formats. The ARRT emphasizes that examinees have not been inconvenienced in any way.

### **Descriptions of Clinical Educational Settings**

General Hospital of Charleston Area Medical Center  
Memorial Hospital of Charleston Area Medical Center & Imaging Centers (SIC & KCIC)  
Teays Valley Hospital  
WV OrthoNeuro  
Saint Francis Hospital  
Thomas Memorial Hospital & Imaging Center (TIC)  
Women and Children's Hospital of Charleston Area Medical Center  
Urgent Care of Charleston Area Medical Center

Radiologic science students will rotate through all clinical education settings at the medical imaging departments systematically for the entire four-year program. Each of the clinical education settings provides an opportunity to experience a variety of radiographic diagnostic procedures essential for clinical radiologic science education. Furthermore, the individual institutions provide the following diversities.

#### **General Division**

1. Medical teaching institution affiliated with a major university medical school
2. A level 1 trauma center for this region including southern West Virginia
3. High patient volume medical imaging department
4. Major neurological diagnostic center
5. Regional head injury/rehabilitation center

#### **Memorial Division**

1. Medical teaching institution affiliated with a major university medical school
2. Provides an extensive cardiac care facility
3. Major oncology center
4. High volume dedicated ERCP facility

#### **Saint Francis Hospital**

1. Small setting private hospital
2. Diverse patient population

3. Learning experience at an orthopedic office

#### Thomas Memorial Hospital

1. Intermediate sized community hospital setting
2. General variety of imaging procedures

#### SIC/TIC/KCIC/Urgent Care

1. Outpatient setting
2. Opportunity for venipuncture and vitals

#### WV OrthoNeuro

1. Outpatient setting
2. Orthopedic procedures

#### Women and Children's Hospital

1. Routine, fluoroscopic, and trauma procedures on pediatric patients
2. Hysterosalpingography, OB ultrasound, and mammographic examinations
3. Neonate portable and routine procedures
4. Affective domain communication with both pediatric and obstetrical patients
5. Adaptation of radiographic exposure techniques used on pediatric patients
6. Use of pediatric restraining devices for radiographic examinations

#### **Directions to Clinical Education Settings**

**\*\*All directions begin at the University of Charleston**

#### CAMC - General Division (15 minutes)

Left at UC light onto MacCorkle Ave. continue to 36<sup>th</sup> Street; make left. Stay in right hand side over bridge to take I-77N. Exit Capital/Broad Street & stay in left lane. Go two lights to Lee Street and make a left; go 1 block, make left on Morris; get in right lane; go 1 block (will see hospital); Make right to go behind hospital to parking garage. Park on fifth floor. Purchase coupons from cashier. It will cost students 50 cents to park daily.

#### CAMC - Memorial Division (2 minutes driving +5 to park)

Left at UC light onto MacCorkle Ave. At next light make a right. Park in lot and walk across street to hospital. No parking fee required if parking in that student lot.

#### Saint Francis Hospital - (15 minutes)

Left a UC light; take MacCorkle to 36<sup>th</sup> Street. Make left there & stay in right hand lane for 77N. Take Capital/Broad Streets exit and stay left until light. Make right at 1<sup>st</sup> light (Washington Street). Go 4

blocks to Laidley and make right. Park in garage across from hospital; 2<sup>nd</sup> floor or above; the clinical instructor will issue the students a parking pass and you will not be charged for parking. To receive a parking pass for the semester or rotation, you will need a \$ 10. Deposit. It will be returned when you turn in the pass.

#### Thomas Memorial Hospital - (20 minutes)

Right UC light; take MacCorkle Ave. 2 miles to RT 119/Oakwood Rd & make left. Take Huntington ramp & stay left. About 2 ½ miles, take MacCorkle Ave. exit. Turn left and go 1 mile. Hospital is on the left. Turn Left at the main hospital entrance. Drive to the back of the hospital and turn right on the road at the back. There will be a gravel parking lot to your left to park in. Do not park in the parking garage.

#### CAMC - Women & Children's (15 minutes)

Left at UC light; take MacCorkle to 36<sup>th</sup> Street. Make left and stay in right hand lane for 77N. Heading 64W, take exit 58C (Washington Street/Civic Center). At 2<sup>nd</sup> light make left under interstate; to thru 2 more lights; pass hospital on right. Park in 1<sup>st</sup> lot on left, under interstate. Students MUST CARPOOL when more than 2 students are on same shift, in the same class. No charge is parking in lot described above.

#### West Virginia OrthoNeuro

Turn left onto MacCorkle Ave to 36<sup>th</sup> Street. Make left and stay in right hand lane for 77N. Take exit 99. At the end of the exit ramp, turn right onto Greenbrier Street. Go app .7 of a mile and turn left onto Deitrick Blvd. Stay in the right hand lane until you see 100 Tracy Way.

#### CAMC – Cancer & Kanawha City Imaging Center (2 minutes driving +5 to park)

Take a left at the UC light onto MacCorkle Ave. Turn right at the second light in front of McDonalds. The parking lot is on the immediate left. Students are asked to park on the eastern end of the lot (closest to the UC Softball field). From there walk to either center. Students are encouraged walk across MacCorkle Ave. at the pedestrian crossing nearest to McDonalds if they are attending the KC Imaging Center.

#### CAMC – South-Ridge Imaging Center (12 minutes) - 60 RHL Blvd, South Charleston, WV 25309

Take a right at the UC light; take MacCorkle Ave. 2.5 miles to RT 119/Oakwood Rd & make left. Use the left 2 lanes to turn left onto Corridor G and travel 4.3 miles and turn right onto Trace Fork Blvd. Take the next right then immediate left towards the Lowes Home Improvement Center. The Imaging Center is located to the left of Lowes.

#### CAMC – Teay's Valley Hospital (25 minutes) - 1400 Hospital Dr, Hurricane, WV 25526

Take a right at the UC light; take MacCorkle Ave. 2.5 miles to RT 119/Oakwood Rd & make left. Take Huntington ramp & stay left. Follow signs for I-64 W/Huntington and merge onto I-64 W. Follow I-64 W for 18.5 miles to WV-34 S in Scott. Take exit 39 from I-64 W & use the left 2 lanes to turn left onto

WV-34 S (signs for Teays Valley/Scott Depot). Go 1.5 miles and turn right onto Hospital Drive. Parking is on the left.

Thomas Imaging Center - (20 minutes) - 4800 MacCorkle Ave SW, South Charleston, WV 25309  
Right UC light; take MacCorkle Ave. 2.5 miles to RT 119/Oakwood Rd & make left. Take Huntington ramp & stay left. About 2 ½ miles, take exit 54 to US-60/MacCorkle Avenue. Turn left at the light and go 1.1 miles. Take a right just past Calvin Broyles Jewelers onto Ford Street. The Imaging Center will be to your left.

### **General Radiologic Science Outcomes**

The program endeavors to assure that assigned activities are educational and will produce a graduate that can achieve the program's stated goals and outcomes.

The following competencies are divided into three categories of instructional objectives. They are the:

1. Cognitive - that stress mental processes ranging from simple recall to the synthesizing and evaluating ideas
2. Psychomotor - which are concerned with muscular skill, manipulation of materials of action requiring neuromuscular coordination, like competency evaluations (check-offs)
3. Affective - which are concerned with attitudes, interests, values and emotional sets

Prior to graduation the student will be expected to achieve the following qualitative outcomes:

1. use verbal, nonverbal and written communication in patient care intervention and professional relationships (cognitive and affective)
2. provide appropriate patient education (cognitive and affective)
3. demonstrate knowledge of legal and ethical problems that may be encountered in the practice of radiologic science (cognitive and affective)
4. practice radiation protection for the patient, self, and others (psychomotor and affective)
5. Anticipate and provide basic patient care and comfort (cognitive and affective)
6. apply principles of body mechanics (cognitive and psychomotor)
7. process radiographs (psychomotor)
8. demonstrate a basic knowledge of the skeletal system, bony prominence and depressions, function of the bones, and the classification and development of bones (cognitive)
9. formulate exposure factors to obtain optimal quality radiographs with minimum radiation exposure (cognitive)



10. adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality (cognitive)
11. position the patient and operate imaging system and accessory devices to perform radiographic examinations and procedures (psychomotor and cognitive)
12. modify standard procedures to accommodate for patient conditional and/or age and other variables (cognitive and psychomotor)
13. demonstrate knowledge in the area of special procedures to include equipment and material utilized, contrast media, procedure and structures visualized (cognitive and psychomotor)
14. evaluate radiographic image for appropriate positioning, collimation, structures demonstrated, evidence of radiation protection, and image quality (cognitive)
15. demonstrate knowledge of human structure and function (cognitive)
16. demonstrate knowledge of pathologic conditions and illnesses involving different systems of the body and demonstrates use of Universal Precautions (cognitive and psychomotor)
17. evaluate the performance of medical imaging systems, know the safe limits of equipment operation, and report malfunctions to the proper authority (cognitive)
18. exercise independent judgment and discretion in the technical performance of medical imaging procedures (cognitive and psychomotor)
19. recognize emergency patient conditions and initiate first aid and basic life-support procedures (cognitive and psychomotor)
20. support professional Code of Ethics and comply with the professions scope of practice (cognitive)
21. demonstrate competency in surgery examinations (cognitive and psychomotor)
22. develop and utilize technique charts (cognitive)
23. perform independently those procedures on which the student has successfully completed the competency evaluation (cognitive and psychomotor)
24. exercise, problem solving and critical thinking skills related to clinical competency
25. perform basic mathematical functions (cognitive)
26. demonstrate knowledge of the production and definition of radiation (cognitive)
27. demonstrate knowledge of radiation's effect on cells, tissue, and the total organism (cognitive)

28. develop and incorporate social skills throughout the entire curriculum whenever possible (cognitive and affective)
29. recognize different work ethics by observing mentors and incorporating the positive experiences into one's own practices (cognitive, psychomotor, affective)
30. initiate leadership and motivation in completion of objectives in a timely manner (cognitive, psychomotor, and affective)
31. demonstrate an understanding of cross-cultural awareness. (cognitive and affective)
32. develop an awareness of personal and professional values as it relates to oneself and others. (cognitive and affective)

#### Clinical Competencies

Competencies numbered 1-33 above will be evaluated via competencies in courses and/or clinic by the radiologic science faculty team and will be assessed in various courses.

### **Joint Advisory Committee of the Radiologic Science Program**

University of Charleston  
Bert Bradford Division of Health Sciences  
Joint Advisory Committee for the Radiologic Science Program

The Joint Advisory Committee of Radiologic Science Program is organized with the awareness of the need to include input from the multi-institutions involved in this program. The Committee meets at the request of the program's director, two times a year and should include the following members: two (2) radiologists, each of whom is a medical advisor representing the clinical education settings, three (3) directors of medical imaging from each of the major clinical education settings. The University of Charleston Department of Radiologic Science faculty, the Dean of Health Sciences, the Provost and Dean of Faculty, and student elected representatives. The Program Director serves as chairman of this committee and is responsible for this agenda with respective committee members eligible to submit topics for discussion. Historically, the advisory committee has by and large formulated many policies as a result of its recommendations. Minutes of these meetings are recorded and distributed to all members that attend. The Joint Advisory Committee has not established a code of by-laws; however, the goals and objectives are designated to insure equal and adequate representation by all major clinical education settings and personnel involved in the Radiologic Science Program.

**RADIOLOGIC  
SCIENCE  
DEPARTMENT  
JOINT  
ADVISORY  
COMMITTEE**

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Misty Farmer RT(R)RDMS, RVT  
Southridge Imaging Center  
60 RHL BLVD., South  
Charleston, WV 25309

Barb Ream  
Southridge Imaging Center  
60 RHL BLVD., South  
Charleston, WV 25309

Student Representatives:  
84  
Sophomore:

Junior:

Senior:

## **Periodicals**

Advance, For Radiologic Science Professionals

Applied Radiology

Cumulative Index to Nursing and Allied Health Literature

Canadian Journal of Medical Radiation Technology

Images for Radiologic Technology

Journal of Allied Health

Journal of American Society of Radiologic Technologists

Journal of The American Medical Association

Lancet

The New England Journal of Medicine

Diagnostic Imaging

RT Image

Radiologic Science and Education

Additional Periodicals may be accessed through the Internet. Inquire at the Library Information Desk for details.

## **Professional Organizations Concerned in Educational Programs in the Radiologic Sciences**

- The JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY
- The AMERICAN COLLEGE OF RADIOLOGY and its Commission on Technologists Affairs
- The AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS
- The AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

The JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY considers and takes action on all matters related to educational programs in radiologic sciences which are referred to it by any of the agencies listed above, or by hospitals or educational institutions and, in turn, makes recommendations to the Council regarding the standards of programs in radiologic sciences.

The Joint Review Committee is composed of three radiologist appointed by the American College of Radiology and three technologists appointed by the American Society of Radiologic Technologists. The Executive Director of the Committee acts as an executive officer and assists in the fulfillment of its responsibilities. The Joint Review Committee examines applications and records of educational programs, requests site evaluations when indicated, reviews the survey reports and makes recommendations of accreditation status to the Council. The Joint Review Committee may act in an advisory capacity to institutions initiating new programs, or as an advisor to existing programs in any manner which may be helpful in elevating the quality of education.

The AMERICAN COLLEGE OF RADIOLOGY, through its Board of Chancellors and Council, considers and takes action on all matters related to technologist affairs which are referred to it by any of its commissions or committees. The ACR may make suggestions and recommendations to any of the collaborating organizations, and specifically, to the Joint Review Committee whenever it feels it can be of assistance. The ACR furnishes a list of qualified radiologists who are available for service to the Joint Review Committee for surveys of programs. The Commission on Technologist Affairs acts as an advisory body to the ACR, and cooperates with both the ASRT and ARRT regarding problems which are related to technologists affairs, and specifically regarding the broad principles and details of educational programs.

The AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS, through its Board of Directors, considers and takes action on all matters related to educational programs referred to it by any of its committees. The ASRT may make suggestions and recommendations to any of the organizations herein enumerated, and specifically to the Joint Review Committee whenever it feels it can be of assistance. The ASRT furnishes a list of qualified radiologic technologists who are available for service to the Joint Review Committee for surveys of programs.

The AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS is the organization which evaluates the proficiency of graduates of accredited educational programs in radiologic technology. The ARRT Board of Trustees, composed of four radiologists appointed by the ACR and four radiologic technologists appointed by the ASRT, prepares and conducts examinations for graduates of AMA accredited educational programs and issues certificates of correspondence for the Joint Review Committee on Education in Radiologic Technology should be addressed to:

Executive Director  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 900  
Chicago, Illinois 60606

The addresses of cooperating organizations are as follows:

Department of Allied Medical Professions & Services  
Division of Medical Education  
American Medical Association  
515 North State Street  
Chicago, Illinois 60610

The American College of Radiology  
20 North Wacker Drive  
Chicago, Illinois 60606

The American Society of Radiologic Technologists  
1500 Central Avenue, S.E.  
Albuquerque, NM 87123

The American Registry of Radiologic Technologists  
2600 Wayzata Boulevard  
Minneapolis, Minnesota 55405

# DIVISION OF HEALTH SCIENCES FUNCTIONAL ORGANIZATION CHART

## 2020- 2021

