

Radiologic Technology Program Student Handbook

Bachelor of Science in Radiation Sciences
Radiologic Technology Program

2022 – 2023 Academic Year

Students are responsible for knowing and adhering to the policies and procedures contained in this handbook. In addition, students are expected to comply with The University of Iowa student policies, and the University of Iowa Hospitals and Clinics' policies on patient, visitor and staff safety obtained at the UIHC Compliance Training Course and Clinical Orientation Session. The program faculty will consult with the student handbook before making decisions that are governed by the policies and procedures within it. The policies and procedures will be enforced equitably for all students. If the student believes a policy has been enforced unfairly, the student should consult the grievance policy for guidance.

Note:

Except when otherwise noted in the book, the "BSRS program" will refer to the Bachelor of Science in Radiation Sciences program. Except when otherwise noted in the book, "Program Faculty" will refer to the Program Directors or Radiation Sciences Educators.

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Mission Statement, Goals & Learning Outcomes

Mission Statement

The mission of the Radiologic Technology Education at the University of Iowa is to recruit and provide quality individuals with an ambitious, extensive education that equips them with knowledge, skills, and abilities to provide high-quality, compassionate medical imaging. The students will be adaptable to varied healthcare settings with diverse patient populations and effectively interact with other members of the healthcare team to provide the best possible patient care.

Goals & Learning Outcomes

Goal 1: Graduate clinically competent radiographers.

- Students demonstrate quality positioning skills.
- Students demonstrate quality technical skills.
- Students apply appropriate radiation safety practices.

Goal 2: Students demonstrate effective communication skills.

- Students demonstrate good written medical communication skills.
- Students use effective communication to provide quality patient care.

Goal 3: Students successfully apply critical-thinking and problem-solving skills.

- Students demonstrate the ability to adjust technical factors for nonroutine situations.
- Students demonstrate the ability to adjust positioning for nonroutine situations.

Goal 4: Students understand and practice professionalism.

- Students demonstrate an understanding of professionalism.
- Students adapt to human diversity.

Goal 5: Program is effective at graduating entry level technologists.

- Students graduate from program.
- Graduates attain ARRT radiography certification.
- Graduates seeking radiography employment are employed.
- Employers indicate they would employ another program graduate.
- Alumni indicate they were adequately prepared to perform all of the required job-tasks

Contacts & Communications

Address

Radiologic Technology Education
University of Iowa Hospitals & Clinics
200 Hawkins Drive C725 GH
Iowa City, IA 52242

Absence Line Contact Number

(319) 356-0532

Telephone Numbers – (319) area code

Program Director (RT)

Holly Bonfig-Becker 356-4332

Support Staff

Laurie Calkins 356-3861

RT Educators

Brennan, Jesse 353-8639

Diller, Mark 356-4397

Ehlinger, Travis 356-8333

Galvan, Ivann 356-2735

Gillitzer, Lorie 356-8334

Martensen, Kathy 356-3740

Clinical Locations

APPIL 1 354-7926

APPIL 2 353-6248

Densitometry 354-8301

ETC 356-3657

FCC/Ortho South 384-7833

Fluoroscopy 356-3356

General X-Ray 356-3359

Image Management 356-2345

IRL 467-2000

Musculoskeletal 353-7461

Pediatrics 356-1957

Scott Blvd. 467-6789

Sports Medicine 1 467-8206

Sports Medicine 2 467-8207

Computed Tomography (CT)

CT Scanner 1 356-3395

CT Scanner 3 356-4699

CT Scanner 5 354-6536

CT Scanner 6 354-6505

CT Scanner 8 356-3198

SFCH 358-5011

Command Center 1 384-6147

Command Center 2 384-6148

3D Lab 384-8095

Telephone Numbers – (319) area code

Clinical Locations (cont...)

Breast Imaging	356-1245	Cardiac Cath Interventional	356-2722 356-7738
Patient Care	356-1253		
Transportation	356-7733		

Magnetic Resonance Imaging (MRI)

MRI Front Desk	356-2236	Scanner 3	356-2497
Command Center	356-4566	Scanner 4	356-7935
Scanner 1	356-4564	Scanner 5/3T	356-7988
Scanner 2	356-8141	Scanner 6	356-8940

Student Affairs

Jennifer Maiers	353-9110
Kelley Kirby	384-7273
Hannah Kelly	384-6211

Program Directors

Stephanie Ellingson (DMS)	356-7637
Tony Knight (Nuc Med)	356-2954
Jared Stiles (Radiation Therapy)	356-8286

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check their accounts frequently. (Operations Manual, III.II.15.1.k.11.)

1. Appropriate times to check e-mail messages include before 8:00 a.m., during the lunch hour, or after 4:30 p.m.
2. Messages about changes in schedules, etc., from program faculty, will be sent via E-mail.
3. E-mail Caution: Health Care Information Systems states that confidentiality of information messages cannot be guaranteed, and such messages can be considered evidence in legal proceedings. Do not retain electronic copies of e-mail beyond 30-days.

Technical Standards

Individuals admitted to a Radiation Sciences or Nuclear Medicine Technology program must possess the capability to complete the entire curriculum and achieve certification. Demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills is required. All admitted students must possess the following abilities and to be able to meet all expectations with or without reasonable accommodation. Contact the respective program director with questions regarding the standards or your ability to meet the standards.

Candidates are expected to:

1. Observe and participate in all demonstrations and experiments in the basic sciences, including group and self-learning situations.
2. Learn to analyze, synthesize, solve problems, and reach evaluative judgment.
3. Relate reasonably to patients and establish a sensitive, professional and effective relationship with them and communicate verbally in an effective manner to direct patients during procedures.
4. Provide physical and emotional support to the patient during the procedures, respond to situations requiring first aid, and provide emergency care to the patient in the absence of, or until the physician arrives.
5. Display judgment in the assessment of patients, learn and demonstrate the ability to recognize limitations in their knowledge, skills, and abilities and seek appropriate assistance with identified limitations.
6. Learn to respond with precise, quick, and appropriate action in stressful and emergency situations.
7. Possess the ability to work collaboratively with all members of the health care team.
8. Learn and perform routine imaging/therapeutic procedures. Candidates must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedure's standards of speed and accuracy.
9. Accept criticism and adopt appropriate modifications in their behavior.
10. Possess the perseverance, diligence, and consistency to complete the program curriculum and enter into the practice as a certified technologist/sonographer.
11. Possess the ability to directly perform imaging/therapeutic procedures, and review and evaluate the recorded results for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper quality, and other appropriate and pertinent technical qualities.
12. Possess the ability to transport, move, lift, and transfer patients from a wheelchair or cart to an x-ray table or to a patient bed; move, adjust, and manipulate a variety of imaging/therapeutic equipment, including the physical transportation of mobile equipment.

The University of Iowa prohibits discrimination in employment and in educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Equal Opportunity and Diversity, (319) 335-0705 (voice) and (319) 335-0697 (text), The University of Iowa, 202 Jessup Hall, Iowa City, Iowa 52242-1316.

Registration

Students must register with the University of Iowa each semester to attend didactic and clinical courses.

1. If the student fails to register by the registration deadline date, he/she:
 - is subject to late fees charged by the University of Iowa, and
 - is not allowed to attend didactic or clinical assignments until the student is registered.
 - will be subject to the didactic and personal time procedures for the time missed until the student is registered.

2. If the student attends clinical assignments during a semester, he/she is not registered for:
 - They assume all liability for incidents that occur, since registration provides students with the State of Iowa Liability Insurance, as described in the liability insurance policy, and
 - will not be given credit for attending the clinical assignment and will be subject to the Clinical Attendance Policy.

Semester/Academic Schedule

The Program schedule observes all University of Iowa holidays, Thanksgiving Recess and Spring Break. The Program tries to follow the University semester schedule as much as possible. Below are guidelines for each semester schedule. Specific semester dates will be provided during the program orientation sessions.

- Fall semester: On cycle with the University of Iowa calendar
- Spring semester: Clinical starts 2 weeks prior to the University of Iowa calendar on a Monday in January, didactic is on cycle
- Summer semester: Clinical starts 2 weeks prior to the 8-week session, didactic is on the 8-week session

The 2 weeks between each clinical semester is for remedial clinical scheduling only. Only specifically identified students will be in clinical those weeks. All students begin clinical two weeks into the summer semester, approximately the first week of June.

Go to the University of Iowa Five-Year Calendar for specific dates:

[Five-Year Calendar | Office of the Registrar | The University of Iowa \(uiowa.edu\)](#)

University Holidays/Breaks

On recognized University holidays and breaks, there will be no class or clinic:

- New Year's Day January 1
- Martin Luther King, Jr Day third Monday in January
- Spring Break March
- Memorial Day last Monday in May
- July 4th July 4th
- Labor Day first Monday in September
- Thanksgiving Break week of the fourth Thursday in November
- Christmas Holiday two business days close to December 24 & 25

Program Completion

- The student must satisfactorily complete all didactic, laboratory, and clinical work per the grading policies and obtain the BS in Radiation Sciences Degree to be eligible to sit for the American Registry of Radiologic Technologists (ARRT) registry exam in radiography.
- All fees and financial obligations to the University of Iowa and the Program University must be satisfied prior to the Program Director verifying the ARRT program completion verification form. This includes books, bones, learning resources, picture ID badge, radiation monitoring badges, lead markers.

Clinical Compliance Courses

The following courses are for noncredit and have no fee and must be completed prior to participation in clinical internship activities.

Instructions are given at orientation. Each of the training modules in the course must be viewed and a quiz completed and passed with at least an 80% to comply. Some courses must be completed annually. Proof of compliance will be needed.

Compliances can be completed using the UIowa My Compliances site:

[HawkID Login for Compliance and Qualifications \(uiowa.edu\)](#)

Hospital Required Courses: Upon Admit

- HO2084 Take Five: Best Practices During a Pandemic
- HO2076 Personal Protective Equipment and Isolation Refresher for COVID-19
- H00373 Cultural Diversity and Limited English Proficiency Plan
- HO1156 HIPAA Privacy and Security (Data Privacy)
- H00447 HIPAA Training
- H00403 UI Healthcare Online Orientation
- H00448 Patient and Staff Rights and Responsibilities
- HO2037 Safety and Infection Control Training (*initial*)
- H00446 Domestic Violence
- DHS Certificate: Mandatory Reporter: Child Abuse Training (*every 3 years*)
- DHS Certificate: Mandatory Reporter: Dependent Adult Abuse Training (*every 3 years*)

Radiation Sciences Specific Courses: Upon Admit

- H000189 Medical Emergency Response (MER)
- HO2006 Code Stroke Unlicensed: Medical Emergency Response
- HO1731 University of Iowa Stead Family Children's Hospital Online Orientation
- HO1672 MRI Safety Training for MRI Staff

Courses that require annual completion

- HO1156 HIPAA Privacy and Security (Data Privacy)
- HO2037 Safety and Infection Control Training (*initial*)
- H00441 Fraud, Waste and Abuse
- H000189 Medical Emergency Response (MER)
- HO2006 Code Stroke Unlicensed: Medical Emergency Response
- HO1672 MRI Safety Training for MRI Staff

CPR Certification

- All radiation science students are required to have current (CPR) certification throughout the Program.
- Students must submit proof of having completed the American Heart Association's Healthcare Provider BLS Course.
- Recertification is required every 2 years and must be completed by any student whose certification expires while enrolled in the Program.
- Students who do not hold current CPR certification will not be allowed to attend any clinical affiliation until certification is obtained.
- It is the student's responsibility to ensure that current CPR certification is maintained.
- Student is responsible for all costs related to obtaining this certification.

Lead Markers

- Each student will be issued lead markers to be used when imaging patients. Markers are personalized with numbers and letters to identify the student.
- If the student loses the markers or is found in the clinical setting without markers, they will be required to purchase new markers or leave to retrieve them. Markers can be purchased from Lorie Gillitzer (I.O.U.s are allowed). The replacement cost is \$1.50 for each R or L and arrow, \$1.00 for small numbers and letters, and \$5.00 for the SUPINE and XTABLE markers and \$4.00 for the PORT.
- Another student or staff's lead markers may not be used by a student who has lost the markers.

Use of Electronic Devices

- Hospital computers and other electronic devices may only be used for relevant clinical documentation. Personal use is prohibited.
- Students may not bring personal computers of any type to the clinical setting.
- Personal cell phones, tablets or other electronic devices (i.e. Apple Watch) should not be used in the clinical area. They should be always kept on silent.
- Students are reminded that they must adhere to the Health Insurance Portability and Accountability ACT (HIPAA) at all times.

Student Supervision

Direct Supervision

1. Students must be **directly supervised** until competency is achieved. Competency is achieved when they have successfully passed the competency for a specific exam/view.
2. **Students must always be directly supervised during all surgical and all mobile (including fluoroscopy) procedures, regardless of the level of competency.**
3. The RT Program 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
 - reviews and approves the procedure and/or image before the patient is dismissed
4. Repeat images must be completed under **direct supervision**, regardless of the level of competency. If a repeat examination is necessary, the qualified radiographer will check the position and technique **before** the exposure is made. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.
5. **Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.**

Indirect Supervision

Once students have achieved competency, they may work under **indirect supervision**. The RT Program defines **indirect supervision** as student supervision by a qualified radiographer who:

- is immediately available to assist students regardless of the level of student achievement (immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed)
- reviews and approves the procedure and/or image before the patient is dismissed
- in the event a repeat image is needed, the situation will revert to direct supervision

***There are no exceptions to the student supervision policy.**

Repeat Examinations

Repeat radiographic examinations are performed while the registered radiographer is present and with the student, regardless of a student's competency level. If a repeat examination is necessary, the student shall have a registered radiographer check the position and technique before the exposure is made, regardless of whether you have passed the competency or not.

Surgical Rotation Supervision

No student may be on the OR floor without a staff technologist on the floor. The staff technologist must be aware the student is on the floor and be responsible for his/her supervision.

Judicial Procedure for Disregard of Direct/Indirect Supervision Policies

1. If a student is found in violation of the supervision policy, they will be subject to the consequences listed below.
 - 1st offense - disciplinary written warning
 - 2nd offense - disciplinary probation
 - 3rd offense – program dismissal
2. Students have the right to appeal any disciplinary action taken by following the Grievance Procedure of the Radiation Sciences Programs

Judicial Procedure for Disregard of Clinical Policies other than Supervision

1. Minor misconduct to include dress code violations, unprofessional behavior, cell phone misuse, etc. will result in the documentation for each infraction that may lower the student's overall semester performance appraisal grade as indicated below.
 - 1st documentation = written warning
 - All subsequent documentation = 1 full grade level lower (A to B)
2. The faculty writing the documentation will conduct a counseling session with the student and the session will be documented and placed in the student's permanent file until after graduation.
3. Serious infractions, as deemed by the Program Director, will be subject to the Judicial Procedure for Alleged Violations of the Code of Student Life Policy.
4. Students have the right to appeal any disciplinary action taken by following the Grievance Procedure of the Radiation Sciences Policies and Procedures.

Grievance Procedure

1. Grievances concerning faculty/staff actions, program policies and procedures, allegations of non-compliance of programmatic accreditation standards or the University of Iowa Student Bill of Rights should follow the grievance procedure below.
2. With all incidences, the student should first attempt to resolve the issue with the faculty or staff member involved within 3 business days of the incident.
3. Lacking a satisfactory outcome, the student will present his/her case in written form to their Program Director or any member of the Promotions Committee within 5 business days of the incident. The written report shall set forth with reasonable particularity (a) the events concerning which the student feels aggrieved or that the program is in non-compliance with JRCERT or other programmatic accreditation standards or the UI Student Bill of Rights; (b) the date or dates on which the events occurred; (c) the individuals involved; and (d) what has occurred to resolve the grievance or non-compliance to date.
4. The Program Director or Promotions Committee Member will respond with a written report within 10 business days of receiving the written grievance from the student to the Promotions Committee containing all documentation regarding the student's case.
5. The Promotions Committee will hold a special meeting within 15 business days of receiving the written grievance. The student will be invited to appear before the committee to review the grievance.
6. The decision of the Promotions Committee will be made within 5 business days of the special meeting.
7. If the student is not satisfied with the outcome of this procedure, the student should seek assistance from one of the following resources:
 - [Carver College of Medicine < University of Iowa \(uiowa.edu\)](#)
 - [Office of the Ombudsperson | The University of Iowa \(uiowa.edu\)](#)
8. For allegations of programmatic accreditation non-compliance regarding the Radiologic Technology Program and the Radiation therapy Program, contact the:
 - Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Web: [JRCERT | Joint Review Committee on Education in Radiologic Technology](#)
9. Records of this procedure and sanctions imposed will be kept in the student's Program file. The DEO will determine the length of time a disciplinary record is to remain on file.

Clinical Schedule and Obligations

1. Students are assigned to didactic and clinical rotations for a maximum of 8 hours per day and 40 hours per week.
2. Clinical day hours are from 8 a.m. to 4:30 p.m. with a half-hour lunch, unless otherwise shown on rotation objectives, or listed below.
3. Clinical rotations are held at the following locations. Students are to supply their own transportation and parking.
 - University of Iowa Hospitals & Clinics: 200 Hawkins Drive, Iowa City, IA 52242
 - UI Healthcare Scott Blvd: 3640 Middlebury Road, Iowa City, IA 52245
 - UI Sports Medicine Clinic: 2701 Prairie Meadow Dr., Iowa City, IA 52242
 - UI Healthcare Iowa River Landing Clinic: 105 East 9th Street, Coralville, IA 52241
4. FLEX and 2nd shift rotation hours are 4:00 pm to 12:30 am.
5. Each student is assigned 10 weekend days. Weekend day hours are 8 a.m. to 4:30 p.m. with a half-hour lunch. The student will be scheduled for the weekend day by the Clinical Coordinator but may trade days with a classmate if the Clinical Coordinator is notified in advance of the trade. When a student is assigned to a weekend day, she/he will have a day off of clinic the following week.
 - If you cannot attend your weekend clinical rotation, you **must** call the absence line **and** general radiology to report your absence.

Radiation Safety Guidelines

1. Students will be supervised and instructed in a manner that will follow the As Low As Reasonably Achievable (ALARA) safety principle and follow the Occupational Dose Limits for Adults as set forth by the University of Iowa Environmental Health & Safety Office. (EHS).
2. The student must be 18 years of age or older to take part in clinical rotations that require working with sources of ionizing radiation.
3. Students who are in the procedure room during x-ray fluoroscopy are required by regulation to wear a protective apron (0.25 mm lead equivalent), a thyroid shield, and a dosimeter badge.
4. Students are prohibited from holding and an image receptor or a patient during an imaging exam exposure.
5. The student will never hold or an imaging receptor a patient during exposure.
6. The RT Program uses the radiation monitoring service provided by the University of Iowa Environmental Health and Safety Office (EHS).
7. The student will be issued one P8 – collar whole-body dosimeter. This dosimeter is to be worn at the collar level, external to the lead apron, and thyroid shield if one is used.
8. The student will be issued a new badge each month. This badge will be placed in the student's mailbox in the student lounge. Each student is responsible for returning the previous month's dosimeter badge to the (EHS) by the 10th of the following month. This can be done by placing the envelope with eh badge in it in the campus mailbox on the first floor of UIHC.
9. If the student fails to return the badge three times within a 1-year period, the EHS Office bills the Radiology Department \$30 per incident for the lost or late badges. The Radiology Department policy requires the individual to reimburse the department for these charges.
10. Radiation Exposure Reports for the previous month are hung in the student lounge each month for review.
11. Dosimetry badges must be worn during all clinical practice and labs. A student who does not wear their badge will not be allowed to take part and sent home.
12. If you lose your badge, contact Clinical Coordinator Lorie Gillitzer at once.
13. Do not wear your badge if you are personally going through a diagnostic or therapeutic procedure.
14. The badge is the property of the University of Iowa and must be returned upon graduation and before final ARRT examination verification by the Program Director. If a student is dismissed or withdraws from the Program, they must turn in their badge to the Clinical Coordinator.
15. Tampering with the radiation badge or exposing it to ionizing radiation so as to cause a false positive reading shall be considered a serious offense and will result in immediate dismissal from the Program.
16. The annual student's dosimetry badge reading will not exceed the following NRC protection recommendation:

Annual Maximum Permissible Dose Limits		
mrem	rem	
5000	5	Whole Body Deep Dose Equivalent (Head, trunk, active blood-forming organs & reproductive organs)
50,000	50	Whole Body Shallow Dose Equivalent (Skin of the whole body) and Extremities (Hands, forearm, feet & ankles)
50000	50	Lens of Eye Dose Equivalent

Notification and investigation levels for occupational exposure to radiation by the EHS Office are as follows:

- Action Level I: EHS contacts individuals and their supervisor/department be presented with cumulative quarterly exposure exceeds any of the action levels listed below.
- Action Level II: In addition to "Level I" notifications, EHS requires the completion of a questionnaire for "Action Level II" exposures and may include a meeting with the student and their supervisor to discuss the individual's exposure and potential actions.

ALARA I	ALARA Level II	
200 mrem/month	400 mrem/month	Whole Body Deep Dose Equivalent (Head, trunk, active blood-forming organs & reproductive organs)
2000 mrem/month	4000 mrem/month	Whole Body Shallow Dose Equivalent (Skin of the whole body) and Extremities (Hands, forearm, feet & ankles)
600 mrem/month	1200 mrem/month	Lens of Eye Dose Equivalent

Guidelines for the Pregnant Student

1. The pregnancy guidelines are voluntary. They are intended to provide an option for pregnant students who are considered to be occupationally exposed to ionizing radiation. If the student chooses to voluntarily disclose her pregnancy, she will complete the EHS Pregnancy Declaration Form and return it to the Program Director.
 - [PregDeclarationandPrenatalRadExposForm.doc \(sharepoint.com\)](#)
2. The Program Director will then forward this declaration to the EHS and Clinical Coordinator.
3. Once a declaration of pregnancy is made, the student may withdraw this declaration at any time by submitting a written statement to the Program Director, who will forward it to the EHS office.
4. Within 7 days of the pregnancy declaration, the student will decide if she will:
 - Remain in the Program
 - Take a leave of absence
 - If the student declines to take a leave of absence, they still may at a later date, decide to take a leave of absence.
 - Withdraw from the Program
5. Following the pregnancy disclosure, the student will be counseled by the EHS or the Program Director, as to potential risks that are associated with radiation exposure to the fetus in addition to the review of the pregnancy guidelines.
6. Following the EHS Office's receipt of a signed pregnancy declaration, the dose limit to the student's embryo/fetus is limited to 500 mrem for the duration of her pregnancy. Upon the receipt of the signed pregnancy declaration, the EHS will monitor potential internal and/or external exposure to the embryo/fetus as appropriate.
7. If a student chooses to remain in the program during the pregnancy, she is expected to perform assigned clinical internship duties and follow established radiation safety policies.
8. Refer to the Personal Time Leave and Leave of Absence policies as needed for time off due to appointments and maternity leave.

Magnetic Resonance Imaging (MRI) Safety

1. Students must adhere to all MRI safety policies and procedures.
2. Students will be educated on MRI safety by completing the MRI Safety compliance course in ICON. Completion of this course is required initially upon acceptance, and annually thereafter.
3. Students will complete the MRI screening form. Notification must be made to the Program if their responses on the form have changed.
4. Any questions regarding the screening process will be discussed with a certified and registered MRI technologist prior to students participating in MRI rotations.

Clinical Advising and Counseling

1. The Program Director advises and counsels all students within the program on such matters as academic performance on coursework specific to radiography and career goals.
2. The program assigns a clinical advisor to all students. The clinical advisor will be a Radiation Sciences Educator within the program. The clinical advisor provides advice, counseling, and remedial instruction on such matters as clinical performance, clinical competencies, and clinical schedules.
3. The official University of Iowa advisor for students in the Baccalaureate Degree in Radiation Sciences (BSRS) is assigned by the Office of Student Affairs, Radiation Sciences. This academic advisor will assist the student with matters such as course registration, general education courses and degree completion.
4. The Program Director and Radiation Sciences Educators are available to counsel students in the program as described in the policy.
5. The Program Director or Radiation Sciences Educators meet with each student on an individual basis at least once during each semester. At that time the student's strengths and weaknesses are identified, a plan of improvement is developed, and goals are set.
6. Students may request counseling meetings as needed.
7. The University of Iowa Counseling Service is also available to students any time they wish to utilize it. Information can be obtained:
 - [University Counseling Service | The University of Iowa \(uiowa.edu\)](https://www.uiowa.edu/counseling)

Attendance

Didactic Attendance

The instructor attendance and tardiness policies will be clearly stated on the course syllabus and will be reviewed on the first day of class. Students must observe the attendance policy announced for the course. If a complaint or issue arises concerning a student's absence, RT Education will use the stated policy within the syllabus to adjudicate the problem.

Clinical Attendance

Clinical attendance policies are outlined in the RT Student Handbook Appendix A: Clinical Attendance. Please refer to this document for policies and procedures.

Banking Personal Time for Professional Development Activities

1. Essay submissions and related presentations to radiography related seminars/journals.
 - 3 hours of personal time will be banked upon providing proof of non-disqualifying essay submission to Program Faculty. Students must complete the competition's entire obligation (i.e., present the essay at the meeting if chosen) to obtain the 3 hours.
2. Posterboard educational display submissions to radiography seminars/healthcare-related activities.
 - 3 hours of personal time will be banked upon approval of non-disqualifying activity by Program Faculty. A maximum of 5 individuals can obtain personal time for working on one display.
3. Attending a state or national radiology society meeting (must show proof of attending the entire session).

Leave of Absence

1. Extended or intermittent leave of absence from the Program will be granted for serious health conditions and family medical needs.
2. Students anticipating a leave of absence must submit an excuse from their health care provider that describes the following to the Program Director. If the leave of absence is due to a family member, the excuse must include all but "c" below.
 - The duration of the absence.
 - Whether illness will require full-time or intermittent absences.
 - Any clinical activities (i.e., patient care related, lifting) that the student is unable to perform because of condition and expected length of this restriction.
 - If the condition is chronic: whether the student is presently incapacitated and the likely duration and frequency of episodes of incapacity.
3. This policy recognizes the following family relationships as qualifying under the leave: son or daughter, spouse, and parent.
4. Reasonable accommodations will be provided as determined by members of the Promotions Committee.

Bereavement Leave

1. The Program grants student's reasonable bereavement time off without loss of personal time days when a death occurs in a student's immediate family.
2. The Program recognizes the following as immediate family: Spouse, parent, stepparent, daughter, son, brother, sister, stepchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student's residence.
3. When a death occurs in a student's immediate family, the bereaved student will be granted bereavement time off up to three (3) consecutive days to attend the funeral, to make arrangements relating to the death, and as emotional stress or other circumstances require.
4. All requests for bereavement leave are made directly to the Program Director.
5. The Program Director reserves the right to require verification of the death and relationship.

Professional Conduct

1. Students in the Program are expected to act in a professional manner at all times with their interactions with students, staff, patients and visitors; and students should expect to be treated in the same way.
2. Students are not qualified to dispense medical information in any form during the course of an examination.
3. At no time will any pathological processes or interpretation be discussed with the patient.
4. Students will maintain a professional personal appearance and presence, professional communication, discuss appropriate topics with and in front of patients, maintain confidentiality, demonstrate appropriate respect for others and adhere to program policies.
5. Examples of unprofessional behaviors that will not be tolerated include:
 - The following are to serve as examples and not a comprehensive list
 - Swearing, loud laughing, "playful wrestling", and sexually implied remarks.
 - Any use of alcohol during clinical or didactic education.
 - Any student suspected of being under the influence of alcohol during clinical or didactic hours will be dismissed from the program for the rest of the day. The hours for which the student is dismissed will be taken off the student's allowed leave time. Subsequent disciplinary actions will be taken with the student.
 - Any use of, or possession of, illegal drugs while on duty or the use of which affects classroom or clinical duty.
 - Sexual misconduct with a patient and/or staff.
 - Lying, cheating or stealing by the student.
 - Habitual disregard of policies and procedures of the program, department or hospital.
6. The Society of American Registry of Radiologic Technologists publishes a Code of Ethics. All students are expected to strive to adhere to this Code of Ethics to the best of their ability commensurate with their level of education.
7. In the event of unprofessional behavior directed towards a student, the student should contact the Program Director. The Department of Radiology has a policy to address these issues.

Accreditation

The Radiography Program is accredited by the:

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: (312) 704-5300

Web: [JRCERT | Joint Review Committee on Education in Radiologic Technology](http://www.jrcert.org)

Email: mail@jrcert.org.

The Program was awarded the maximum accreditation period of 8 years on August 29, 2018.

1. In order to maintain this accreditation, the Program must strictly follow the Standards for an Accredited Educational Program in Radiologic Sciences (Appendix E), which is published by the JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL, 60606-3182 (312)704-5300, www.jrcert.org, mail@jrcert.org.
 - Students have the right to file a complaint if any of the Standards have been violated by the Program.
2. All allegations about non-compliance with JRCERT Standards will be handled in the following manner:
 - An allegation is to be submitted in writing to the Program Director within thirty (30) days of the date of non-compliance or when the student knew of the alleged violation. The written allegation shall specify the Standard claimed to have been violated and a brief summation of the underlying facts surrounding the violation.
 - The Program will investigate any allegation within thirty (30) days of the date the complaint was submitted. In the course of each investigation, the Program will consult directly with the Radiation Sciences Degree Administrator. The Program will then forward the written complaint to the Promotions committee within thirty (30) days of completion of investigation.

Policy Awareness Form

This form will be completed to verify that students have read, and understand, the Student Handbook for the Radiation Sciences Radiologic Technology Program at the University of Iowa. Completing this form is an agreement to abide by the policies and procedures outlined in the RT Student Handbook and responsibility to adhere to the policies and procedures contained within the RT Student Handbook.

This form will be completed in E*Value at the conclusion of orientation into the program.

Appendix A – Clinical Attendance Policy

Attendance to Clinical Internship activities is critically important to successful completion of the Radiologic Technology Program. Clinical activities have been structured and scheduled in a way to provide students with ample opportunity to complete the clinical requirements of the Radiologic Technology Program. It is strongly suggested that students attend all assigned clinical rotations with no absences. Students will not graduate until all Clinical Internship Requirements have been completed. There are no exceptions allowed.

Expectations

1. Students are expected to arrive on time for clinical internship sessions.
2. Students are expected to remain in the clinical internship rotation area for the entire scheduled time.
3. Do not expect or ask to be released early from a clinical internship rotation.
4. The phone number to call to report absences is 319-356-0532.
5. Leave the following information when you call to report an absence:
 - Your name
 - Your program
 - Date & hours you'll be absent
 - Clinic assignment
 - Phone number where you can be reached

Attendance & Punctuality

1. Students are required to **clock in** via E*Value when they arrive to their clinical assignment and to **clock out** when they leave (see E*Value instructions).
2. Students are only allowed to clock in/out using a computer at an approved clinical site.
3. If a student clocks in/out using a device other than a clinical site computer, they may be subject to discipline.
4. If a student is unable to clock in/out for any reason, they must contact the E*Value Administrator, RT Clinical Coordinator, or Program Director as soon as possible.
5. Clocking in at any time after the assigned clinical start time is considered tardy and will be recorded as such (see example below).

Example: A student is assigned to report to clinic at 8:00 am. They record their clocking in E*Value at 8:03 pm. This is considered a tardy.

6. Three tardies in one semester will result in a deduction of 0.5 personal hours from the student's personal time balance.
7. Any additional tardies will result in a referral to the Clinical Coordinator or Program Director and may result in discipline or dismissal from the program.

Personal Time Policies

1. Students are expected to attend all clinical assignments without absence. If a student is unable to attend a clinical assignment for any reason, they are required to use personal time.
2. Students will be issued 16 hours of personal time per semester.
3. Personal time can be taken in 0.5-hour increments.
4. Personal time accrual, number of hours used and requests to use personal time are managed and tracked in E*Value.
5. At the end of a semester, any unused hours of personal time will carry over to the next semester and subsequent semesters.
6. In the event the student has used their allotted personal time, absence from a clinical internship assignment will only be granted for personal crisis (i.e. personal illness, personal hospitalization, and/or extenuating circumstances).
7. Personal time used in excess of the allotted hours will be tracked as negative personal time (see example below).

Example: If a student had a 0 balance of personal time and could not attend a day of clinic due to an illness, their personal time balance would then be -8 hours.

8. If a student has a negative personal time balance, any additional absence (other than personal illness) must be pre-arranged with the Program Director or Clinical Coordinator. Failure to pre-arrange this absence may result in an unapproved absence. Any instance of unapproved absence will be recorded by utilizing twice the missed time from the student's personal leave balance (see example below).

Example: A student with a negative personal time balance requests planned personal time in E*Value and does not report to clinic. The absence 8:00-4:30 is considered unapproved (8 hours). As a result, 16 hours (8 x 2) of personal leave time is utilized for this unapproved absence). The student's personal time balance is now -16 hours.

9. Instances of negative personal hours at the end of a semester must be either made up by attending additional clinical internship assignments or by means of a grade reduction.
10. In the event a personal crisis/illness affects a student's ability to attend clinical internship assignment, the Program Director and Clinical Coordinator will determine if reasonable accommodation can be provided based on the Leave of Absence Policy. (See Leave of Absence Policy in Program Handbook).
11. Personal leave time requests for one week or more require prior approval by the Program Director. Approval is based upon circumstance, student performance and status of clinical internship requirements.

Personal Time Procedures

Procedure to Report Clinical Internship Absence the Same Day of a Clinical Internship Assignment (**Unplanned Personal Time**)

1. In the event a student is unable to attend a scheduled clinical assignment for that day for any reason they are required to call the Program Office at 319-356-0532 and leave a voicemail message (this line is monitored but not answered). Unplanned personal time will be used for this absence.
2. The above call to report a same day absence (unplanned personal time) for a clinical assignment must be placed **prior** to the scheduled start time of the clinical assignment (see example below).

Example: A student wakes up feeling ill and determines that they cannot participate in their clinical assignment that day. If they were assigned to report to clinic at 8:00 am, they must call before 8:00 am to report their absence.

3. If a student is absent from clinic multiple days due to illness/personal crisis, they must call to report their absence each day.
4. If the clinical absence occurs on an assigned weekend or FLEX rotation the student is required to call the General Radiology front desk at 319-356-3350, or General work area at 319-356-3359 to notify the clinical staff that they will not be attending the scheduled clinical assignment. **This call is in addition to calling the Program Office.**
5. Submit a request to use unplanned personal time in E*Value. This step does not need to be completed before the assigned clinical session. The request can be entered later.
6. If an absence occurs that does not follow reporting procedures in sections, A., B., C. or D. above, the absence will be considered unapproved.

7. Any instance of unapproved absence will be recorded by utilizing twice the missed time from the student's personal leave time balance (see example below).

Example: A student wakes up at 8:25 when they were assigned to report at 8:00 am. The student calls the program office at 8:30 to report that they will be late. The absence from 8:00-8:30 is considered unapproved (30 minutes). As a result, 60 minutes (30 x 2) of personal time is deducted for this unapproved absence.

Procedure to Request Clinical Internship Absence Prior to a Clinical Internship Assignment (Planned Personal Time)

1. Submit a request to use planned personal leave hours in E*Value.
2. If the above personal time request is for the next scheduled clinical assignment, the student is required to call the Program Office at 319-356-0532 and leave a voicemail message (this line is monitored but not answered), (see example below).

Example: A student is assigned to attend clinical internship for the week on Tuesday and Thursday. On Wednesday at 2pm, they enter a request to use planned personal time for Thursday. As the request applies to the next scheduled clinical assignment the student is required to call the Program Office. This call is in addition to entering the E*Value request.

3. If the above personal leave request is for the next scheduled clinical assignment, the student is required to notify the clinical rotation area of their upcoming absence. This call is in addition to calling the program office and submitting an E*Value request.
4. If a student has already reported to their clinic assignment and needs to leave early, they will obtain permission from the clinical area supervisor and call the Program Office prior to leaving.
5. If an absence occurs that does not follow reporting procedures in sections, A., B., C. or D. above, the absence will be considered unapproved.
6. Any instance of unapproved absence will be recorded by utilizing twice the missed time from the student's personal leave balance.

Negative Personal Leave Make-Up Time

1. A negative balance of personal leave may be made up during the break between semesters.
2. A maximum of 40 hours can be made up. Any remaining negative hours will be applied to the negative personal time grade reduction procedure.
3. In the event a student is making up negative personal times, they will be awarded an incomplete (I) as their final clinical internship grade. After the personal time

hours have been made up; the I grade will be changed to reflect the final grade received.

4. Before negative personal time hours can be made up a student is required to consult with their clinical advisor to develop a make-up schedule. The rotations that were missed and the progress towards the clinical internship requirements will be taken into consideration when developing the schedule. Final approval of a student's make-up schedule will be made by the Clinical Coordinator.
5. A student may choose to utilize a final clinical internship grade reduction instead of attending additional clinical internship rotations to make up a negative personal time balance.
6. A maximum of 12 hours can be applied to the grade reduction procedure.
7. The final clinical internship grade reduction procedure is applied as illustrated in the following table.

Number of Hours	Grade Reduction Increment (i.e. A to A-, B+ to B, etc.)
0-2	1 increment
3-4	2 increments
5-6	3 increments
7-8	4 increments
8-10	5 increments
10-12	6 increments

*Radiation Sciences Students must earn a minimum C grade in all courses. Please see Academic Standards Policy in the BSRS Policy & Procedure Manual.

8. A negative personal time balance may be considered when calculating the final clinical internship grade.

Appendix B: BSRS Academic Calendar

2022 – 2023

August 2022						
Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
Su	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
Su	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
Su	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
Su	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023						
Su	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	


April 2023						
Su	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						


May 2023						
Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			


June 2023						
Su	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023						
Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

 First/Last Day of Classes

 University Holiday/Break – No Class or Clinic

 Clinic Days Only – No Class

Appendix C: Course Schedules

Radiology Technology Tracks

Radiologic Technology (RT)

THIRD YEAR – JUNIOR RT			
1 st Semester Fall	sh	2 nd Semester Spring	sh
RSRT:2110 Radiographic Proc & Analysis I	4	RSRT:2225 RT Clinical Internship II	3
RSRT:2120 RT Clinical Internship I	1	RSRT: 2230 Radiographic Procedures II	3
RSP: 2110 Pathology for Radiation Sciences (online)	3	RSRT: 2240 Radiographic Analysis II	3
RSP: 2120 Patient Care for Radiation Sciences	1	RSRT:2250 Radiographic Fluoroscopic Procedures	2
RSP:3130 Radiation Safety & Radiology	2	RSP:3210 Medical Ethics & Law	2
RSP:1100 Introduction to Radiation Sciences	1		
Subtotal	13	Subtotal	13
3 rd Semester Summer			
RSRT:2325 RT Clinical Internship III	3		
RSCT:4100 Sect Anat for Imag Sci (online)	3		
Subtotal	6	Total Junior:	31
FOURTH YEAR – SENIOR RT			
1 st Semester Fall	sh	2 nd Semester Spring	sh
RSRT:3115 Radiographic Proc & Analysis III	4	RSRT:3220 Emotional Intelligence for the HCP	2
RSRT:3125 RT Clinical Internship IV	4	RSRT:3225 RT Clinical Internship V	3
RSRT:3140 Radiographic & Digital Imaging	5	RSRT:3230 Radiographic Physics & Imaging	4
RSP:4110 Research Methodologies for Rad Sci	3	RSRT:4230 RT Capstone & Certification Prep	1
		RSP:3220 Rad Sci QM & Healthcare Admin	2
Subtotal	16	Subtotal	12
		Total Senior	28

Multi-Credential Tracks

SECOND YEAR - SOPHOMORE			
1 st Semester Fall	sh	2 nd Semester Spring	sh
RSRT:2110 Radiographic Procedures & Analysis I	4	RSRT:2225 RT Clinical Internship II	3
RSRT:2120 RT Clinical Internship I	1	RSRT: 2230 Radiographic Procedures II	3
RSP:2110 Pathology for Radiation Sciences (online)	2	RSRT: 2240 Radiographic Analysis II	3
RSP:2120 Patient Care for Radiation Sciences	3	RSRT:2250 Radiographic Fluoroscopic Procedures	2
RSP:3130 Radiation Safety & Radiobiology	2	RSP:3210 Medical Ethics & Law	2
Subtotal	12	Subtotal	13
3 rd Semester Summer			
RSRT:2325 RT Clinical Internship III	3		
RSCT:4100 Sect Anatomy for Imaging Sci (online)	3		
Subtotal	6	Total Sophomore:	31

Breast Imaging (BI)

THIRD YEAR – JUNIOR BI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:3115 Radiographic Procedures & Analysis III	4	RSRT:3220 Emotional Intelligence for HC Professionals	2
RSRT:3125 RT Clinical Internship IV	4	RSRT:3225 RT Clinical Internship V	3
RSRT:3140 Radiographic & Digital Imaging	5	RSRT:3230 Radiographic Physics & Imaging Equip	4
		RSCI:4110 Vascular Anatomy (online)	3
Subtotal	13	Subtotal	12
3rd Semester Summer			
RSRT:3325 RT Clinical Internship VI	2		
RSBI: 3110 Patient Care for Breast Imaging (online)	3		
RSBI: 3315 BI Clinical Internship I	2		
Subtotal	7	Total Junior:	32
FOURTH YEAR – SENIOR BI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:4125 RT Clinical Internship VII	1	RSRT:4225 RT Clinical Internship VIII	1
RSBI:4115 BI Clinical Internship II	4	RSBI: 4220 Quality Control for BI (online)	3
RSBI: 4110 BI Procedures & Analysis (online)	3	RSBI: 4210 BI Advanced Procedures & Analysis (online)	3
RSBI: 4120 Anatomy & Pathology for BI (online)	2	RSBI:4215 BI Clinical Internship III	4
RSP:4110 Research Methodologies for Rad Sci	3	RSP:3220 Rad Sci QM & Healthcare Admin (online)	2
RSBI: 4130 BI Acquisitions & Principles (online)	2	RSRT: Rad Tech Capstone & Cert Exam Prep	1
Subtotal	15	Subtotal	14
			Total Senior
			29

Cardiovascular Interventional (CVI)

THIRD YEAR – JUNIOR CVI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:3115 Radiographic Procedures & Analysis III	4	RSRT:3220 Emotional Intelligence for HC Professionals	2
RSRT:3125 RT Clinical Internship IV	4	RSRT:3230 Radiographic Physics & Imaging Equip	4
RSRT:3140 Radiographic & Digital Imaging	5	RSRT:3225 RT Clinical Internship V	3
		RSCI:4110 Vascular Anatomy (online)	3
Subtotal	13	Subtotal	12
3rd Semester Summer			
RSRT:3325 RT Clinical Internship VI	2		
RSCI:4120 CVI Principles (online)	4		
RSCI:4190 CVI Clinical Internship	2		
Subtotal	8	Total Junior	33
FOURTH YEAR – SENIOR CVI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:4125 RT Clinical Internship VII	1	RSRT:4225 RT Clinical Internship VIII	1
RSP:4110 Research Methodologies for Rad Sci	3	RSCI:4130 ECG & Hemodynamics (online)	3
RSCI:4140 CVI Peripheral Procedures & Path (online)	3	RSCI:4160 CVI Cardiac Procedures & Path (online)	4
RSCI:4150 CVI Neuro & Nonvascular Proc & Path (online)	3	RSCI:4170 CVI Clinical Internship III	4
RSCI:4180 CVI Clinical Internship II	4	RSP:3220 Rad Sci QM & Healthcare Admin (online)	2
		RSRT:4230 Rad Tech Capstone & Cert Exam Prep	1
Subtotal	14	Subtotal	15
		Total Senior	29

Computed Tomography (CT)

THIRD YEAR – JUNIOR CT			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:3115 Radiographic Procedures & Analysis III	4	RSRT:3220 Emotional Intelligence for HC Professionals	2
RSRT:3125 RT Clinical Internship IV	4	RSRT:3225 RT Clinical Internship V	3
RSRT:3140 Radiographic & Digital Imaging	5	RSRT:3230 Radiographic Physics & Imaging Equip	4
		RSCI:4130 ECG & Hemodynamics (online)	3
Subtotal	13	Subtotal	12
3rd Semester Summer			
RSRT:3325 RT Clinical Internship VI	2		
RSCT:4130 CT Physical Principles & QC (online)	4		
RSCT:4105 CT Clinical Internship I	2		
Subtotal	8	Total Junior:	33
FOURTH YEAR – SENIOR CT			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:4125 RT Clinical Internship VII	1	RSRT:4225 RT Clinical Internship VIII	1
RSCT:4115 CT Clinical Internship II	3	RSRT:4230 Rad Tech Capstone & Cert Exam Prep	1
RSCT:4120 CT Procedures I (online)	3	RSCT:4125 CT Procedures II (online)	3
RSP:4110 Research Methodologies for Rad Sci	3	RSCT:4215 CT Clinical Internship III	3
RSP:4110 Vascular Anatomy	3	RSP:3220 Rad Sci QM & Healthcare Admin (online)	2
Subtotal	15		
	Total Senior	Subtotal	12

Magnetic Resonance Imaging (MRI)

THIRD YEAR – JUNIOR MRI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:3115 Radiographic Procedures & Analysis III	4	RSRT:3220 Emotional Intelligence for HC Profssnls	2
RSRT:3125 RT Clinical Internship IV	4	RSRT:3230 Radiographic Physics & Imaging Equip	4
RSRT:3140 Radiographic & Digital Imaging	5	RSRT:3225 RT Clinical Internship V	3
		RSMR:4110 Fundamentals for the MRI Tech (online)	3
Subtotal	13	Subtotal	12
3rd Semester Summer			
RSRT:3325 RT Clinical Internship VI	2		
RSCI:4110 Vascular Anatomy (online)	3		
RSMR:4160 MRI Clinical Internship I	2		
Subtotal	7	Total Junior:	32
FOURTH YEAR – SENIOR MRI			
1st Semester Fall	sh	2nd Semester Spring	sh
RSRT:4125 RT Clinical Internship VII	1	RSRT:4225 RT Clinical Internship VIII	1
RSP:4110 Research Methodologies for Rad Sci	3	RSP:3220 Rad Sci QM & Healthcare Admin (online)	2
RSMR:4120 MRI Procedures I (online)	4	RSMR:4130 MRI Procedures II (online)	4
RSMR:4140 MRI Acquisition & Principles I (online)	3	RSMR:4150 MRI Acquisition & Principles II (online)	3
RSMR:4170 MRI Clinical Internship II	4	RSMR:4175 MRI Clinical Internship III	4
		RSRT:4230 Rad Tech Capstone & Cert Exam Prep	1
Subtotal	15	Subtotal	15

Appendix D: JRCERT Standards

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020



Excellence in Education

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **Standards** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

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

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

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

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

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The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.	
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The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.	
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The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.	
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The program's curriculum and academic practices prepare students for professional practice.	
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The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.	
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The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.	
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Standard One: Accountability, Fair Practices, and Public Information

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

Objectives:

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

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Explanation:

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

1.4 **The program assures the confidentiality of student educational records.**

Explanation:

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

No Required Program Response

Possible Site Visitor Evaluation

Method:

Review of a representative sample of program official qualifications

Standard Two: Institutional Commitment and Resources

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

Objectives:

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

2.1 **The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.**

Explanation:

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings.

Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

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

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

The JRCERT does not endorse any specific physical resources.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

2.3 **The sponsoring institution provides student resources.**

Explanation:

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

The JRCERT does not endorse any specific student resources.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Tour of facilities
- Review of published program materials
- Review of surveys
- Interviews with faculty
- Interviews with students

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Explanation:

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

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

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

Required Program Response:

- Describe how the program informs students of their responsibility for timely repayment of financial aid.
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
 - recent student loan default data and
 - results of financial or compliance audits.

Possible Site Visitor Evaluation Methods:

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

Standard Three: Faculty and Staff

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

Objectives:

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

3.1 **The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.**

Explanation:

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Position	Qualifications
Program Director	Holds, at a minimum, a master's degree; For master's degree programs, a doctoral degree is preferred;
	Proficient in curriculum design, evaluation, instruction, program administration, and academic advising;
	Documents three years' clinical experience in the professional discipline;
	Documents two years' experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Clinical Coordinator	Holds, at a minimum, a bachelor's degree; For master's degree programs, holds, at a minimum, a master's degree;
	Proficient in curriculum development, supervision, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Documents one year's experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor's degree;
	Is qualified to teach the subject;
	Proficient in course development, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught;
	Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ² , in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ² , in radiography.

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

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

Explanation:

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

No Required Program Response.

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

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;
	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.

Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

- Describe how professional development opportunities are made available to faculty.
- Describe how professional development opportunities have enhanced teaching methodologies.

Possible Site Visitor Evaluation Methods:

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

Standard Four: Curriculum and Academic Practices

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

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

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

Explanation:

The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective.

The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

4.3 **All clinical settings must be recognized by the JRCERT.**

Explanation:

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Standard Five: Health and Safety

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

Objectives:

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

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

Explanation:

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

5.3 **The program assures that students employ proper safety practices.**

Explanation:

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of magnetic resonance safe practice and/or screening protocol
- Review of student handbook
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.4 **The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.**

Explanation:

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

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

Objectives:

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

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

Explanation:

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

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

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

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

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

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

No Required Program Response.

Possible Site Visitor Evaluation

Methods:

- Review of program effectiveness data
- Interviews with faculty

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Explanation:

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

- goals in relation to clinical competency, communication, and critical thinking;
- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Review of aggregated/disaggregated data

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

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

Explanation:

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Glossary of Terms

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

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT Policies [10.000](#) and [10.700](#), accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

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

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

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

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

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

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

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

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

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

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

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

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

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

2. Administrative Requirements for Maintaining Accreditation

- a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
- b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).
- d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
- e. Returning, by the established deadline, any other information requested by the JRCERT.

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

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

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiography**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

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

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

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

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

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

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

Certification: American Registry of Radiologic Technologists
 1255 Northland Drive
 St. Paul, MN 55120-1155 (651)
 687-0048
 www.arrt.org

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