BOISE STATE UNIVERSITY

COLLEGE OF HEALTH SCIENCES
School of Allied Health Sciences
Department of Radiologic Sciences

DIAGNOSTIC RADIOLOGY PROGRAM

DIDACTIC AND CLINICAL

STUDENT POLICIES HANDBOOK

2024-2026

Welcome!

The faculty and staff of the Department of Radiologic Sciences extend you a warm welcome to our program. Now that you have met the requirements for program admission, you are ready to start your journey to a career in medical imaging. It is our aim to assist you in achieving your educational goals.

The department faculty strives to provide superior educational opportunities for our students. We take pride in the fact that all students graduating from this program have successfully passed their national credentialing examination and furthermore, the scores of these pass percentages have been consistently higher than the national average. These achievements are possible due to our faculty's dedication to our students and the students' ability to meet the high expectations of the program. To do this, students must keep up with the program schedule, course work and clinical achievements. Do not permit yourself to fall behind. Come prepared each day to participate fully and learn the most from your classes.

The department maintains an "open door" policy. We are here to help you be successful. Please feel free to ask for assistance and clarification of requirements. Our doors are open to meet with you as needed or by appointment. We do ask if a faculty member is meeting with another individual, you wait for an appropriate time to ask for assistance. Each student's time is valuable and faculty members need to provide each student with undivided attention when necessary.

We look forward to working with you over the duration of the program and watching you grow personally and professionally.

DEPARTMENT OF RADIOLOGIC SCIENCES

VISION

The Radiologic Sciences Department will lead in creating educated, innovative medical imaging professionals who are advocates for patients and their profession within the communities they serve.

MISSION

The Radiologic Sciences Department is dedicated to excellence in innovative medical imaging education throughout a variety of health care environments while serving diverse patient populations as leaders to benefit the community, state, and nation through faculty and student service, research, and professional expertise.

RADIOLOGIC SCIENCES DEPARTMENT PHILOSOPHY

The Radiologic Sciences, Bachelor of Science Programs are dedicated to providing present and future medical imaging technologists an educational experience with a solid professional knowledge base augmented with:

- Critical thought
- Effective writing and professional communication skills
- Technological proficiency
- Promotion of diversity and inclusion
- Professional experiences in a variety of health delivery environments
- Cultivating an environment of interprofessional teamwork and patient advocacy
- Participation in professional societies and service to the medical imaging profession
- Opportunities to obtain credentials in advanced modalities

Graduates will be awarded a Bachelor of Science degree and qualify to sit for national credentialing examinations.

Diagnostic Radiology, BS Program

Faculty and Staff

Department Chair, Program Director, Imaging Sciences; Associate Professor
- Leslie Kendrick, MS, R.T.(R)(CT)(MR)(ARRT)
- HSR 128, 208-426-3281; lesliekendrick@boisestate.edu

Diagnostic Radiology Program Director; Clinical Associate Professor
- Catherine Masters, M.Ed., R.T.(R)(ARRT)
- HSR 129, 208-426-3285; catherinemasters@boisestate.edu

CT & MRI Program Director; Clinical Associate Professor
- Monica Breedlove, M.Ed., R.T.(R)(M)(CT)(MR)(ARRT)
- HSR 133, 208-426-1328; monicabreedlove@boisestate.edu

Diagnostic Medical Sonography Program Director; Clinical Assistant Professor
- Anastasia Tracy, MBA, R.T.(R)(CT)(RDMS)(RVT)(ARRT)
- HSR 132, 208-426-5045; anastasiatracy@boisestate.edu

Interventional Radiology & Interventional Cardiology Program Director; Advanced Medical Imaging Degree Coordinator; Clinical Assistant Professor
- Natalie Mourant Hodges, MHS, R.T.(R)(CI)(VI)(ARRT)
- HSR 131, 208-426-1913; nataliemourant@boisestate.edu

Clinical Coordinator, Diagnostic Radiology Program; Clinical Instructor
- Dave LaGuardia, B.S., R.T.(R)(ARRT)
- HSR 124, 208-426-1996; davelaguardia@boisestate.edu

Clinical Coordinator, Advanced Medical Imaging Program; Clinical Instructor
- Kate Garrett, R.T.(R)(CT)(ARRT)
- HSR 124, 208-426-1996; KateEGarrett@boisestate.edu

Radiation Safety Officer, Diagnostic Radiology; Clinical Assistant Professor
- Kelly Sparhawk, MBA, RT(R)(M)(ARRT)
- HSR 130, 208-426-3290; kellysparhawk@boisestate.edu

Clinical Affiliation Coordinator
- Paige Duerr, RN, BSN
- 208-426-1996; PaigeDuerr@boisestate.edu

Recruitment Coordinator
- Kristie Hanson, R.T.(R)(ARRT)
- 208-426-1996; kristiehanson@boisestate.edu

Business Operations Manager
- Sue Antonich
- Remote, 208-426-1996, sueantonich@boisestate.edu

Administrative Assistant

- Tara Person
- HSR 129, 208-426-1996; TaraPerson292@boisestate.edu

Director, School of Allied Health Sciences

- Dr. Bob Wood, PhD, 208-426-3795; bobwood@boisestate.edu

Dean, College of Health Sciences

- Dr. Joelle Powers, Ph.D., MSW; 208-426-3600; joellepowers@boisestate.edu

I. Program Description, Accreditation, and Learning Outcomes

a. The Diagnostic Radiologic Sciences department offers a four-year degree in Diagnostic Radiology. This degree begins with the completion of a pre-professional year of study during which students obtain the required prerequisite courses. Once completed, students are eligible to apply to the program.

1. The current application process is outlined on the department website, and updated annually. https://www.boisestate.edu/radiologicsciences/radiology/application-process/
2. Once admitted, students will follow the prescribed program curriculum, with program completion in 2-3 academic years.
3. Graduates will be awarded a Bachelor of Science in Diagnostic Radiology, and will qualify to sit for the American Registry of Radiologic Technologists (ARRT) Radiography credentialing examination.

b. Accreditation

1. The Diagnostic Radiology program is accredited by the Joint Review Committee on Education in Radiologic Technology. www.jrcert.org
2. Our accreditation award and current clinical site list can be found at: https://www.jrcert.org/programs/boise-state-university/

c. Program Goals and Student Learning Outcomes

1. Goal 1: Students will be clinically competent.
    1. Students will position the patient and imaging system to perform radiographic examinations and procedures.
    2. Students will determine exposure factors to obtain diagnostic radiographs of optimal quality with minimal radiation exposure.
    3. Students will provide a safe environment for patient, self and others through application of body mechanics, radiation protection procedures and standard precautions.
2. Goal 2: Students will communicate effectively.
    1. Students will use effective oral communication skills.
    2. Students will use effective written communication skills.

3. Goal 3: Students will use critical thinking and problem-solving skills.
    1. Students will modify standard procedures to accommodate for patient condition, equipment changes and other variables.
    2. Students will recognize emergency patient conditions and initiate first aid and basic life support procedures.
4. Goal 4: Students will evaluate the importance of professional growth and development.
    1. Students will understand and appreciate the community of service, both professional and local, and the needs of individuals in a community.
    2. Students will reflect upon and explore professional pathways in the medical imaging profession in preparation for employment and career advancement.
5. Program Effectiveness Measures
    1. Students will pass the ARRT national certification exam on the 1st attempt.
    2. Graduates actively seeking employment will be employed within 3 months of graduation.
    3. Students will complete the program within 45 months.
    4. Students will be satisfied with the education received via the program.
    5. Employers will be satisfied with each graduate's performance.
6. Specific outcomes tools are outlined in Appendix I.

II. Requirements for Program Admission and Progression

a. The radiologic sciences program follows all Boise State admission and transfer credit policies. All university policies can be accessed from www.boisestate.edu
    1. Admissions: https://www.boisestate.edu/admissions/
    2. Office of the Registrar: https://www.boisestate.edu/registrar/

b. Program Prerequisites and Conditional Admission
    1. Students will be eligible to apply to the radiologic sciences program upon completion of prerequisite courses as outlined in the current university catalog.
    2. Students will follow the currently published program admission procedure, found at: https://www.boisestate.edu/radiologicsciences/radiology/prerequisites/
    3. Students are conditionally accepted into the program. They are required to meet the following criteria for final acceptance (as outlined in clinical affiliation agreements between the university and local healthcare entities): pass a background check, negative drug screen, CPR certification, submission of required immunizations, personal health insurance. Failure to meet these criteria will result in withdrawal of program admission.

The following items are required by our clinical affiliates as outlined in clinical affiliation agreements.

c. Background Checks

1. Upon conditional acceptance to the Diagnostic Radiology (DR) Program and approximately every six months, around December 15 and June 15, all program enrolled

students are required to submit to, and pass a background check. Program admission is conditional until the background check has been passed.

2. This policy is required by our clinical affiliates for students to gain access to clinical sites for their educational experience.
3. The program adheres to the College of Health Sciences (COHS) 313.0 Background Check Policy, Appendix II. Final admission to the program will occur after the background check results have been compared to this policy.
4. Certain clinical affiliates may have additional background check requirements.
5. Once the background check results have been cleared for clinical placement, students must report any and all misdemeanor or felony charges to the DR program Director within 48 hours of arrest or citation. **Failure to report such charges is grounds for dismissal from the program.**
6. ARRT Certification exam and background checks
    1. The ARRT has a strict ethics policy. Any misdemeanor or felony conviction must be reported to the ARRT. If a student has a conviction as defined by the ARRT, they will be required to submit documentation to the ARRT prior to being eligible to sit for the ARRT certification exam.
    2. The current ARRT policy can be found at: https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements
7. Upload a copy of the background results page to MyClinical Exchange. You do not need to upload the entire report.

d. Drug and Alcohol Testing

1. Upon conditional acceptance to the DR program, and annually throughout the student's tenure in the program, students are required to submit to drug and alcohol testing according to the COHS 314.3 Student Drug and Alcohol Testing Policy (Appendix III).
2. This policy is required by our clinical affiliates for students to gain access to clinical sites for their educational experience.
    1. Certain clinical affiliates may have additional drug and alcohol testing requirements in order to conduct a clinical experience.
3. The results of the drug and alcohol test will be applied to the COHS policy 314.0. Final program admission will depend upon a negative drug and alcohol test.
4. If a student fails a drug test without a documented medical reason, they will be dismissed from the program.
5. A clinical affiliate may request an on-demand drug test. The student will comply with the drug test and will not be allowed to attend clinical until the test results are returned.
6. Failure to comply with this policy is grounds for dismissal from the program.
7. Answer questions related to the drug screen in MyClinical Exchange.

e. **CPR Certification**

1. This policy is required by our clinical affiliates for students to gain access to clinical sites for their educational experience.

2. The Radiologic Sciences Department requires annual CPR certification for the first two years of clinical experience, even if you have a card that is verified for two years.
3. Recertification/documentation will be conducted during the summer semester of each year in the program. Due prior to the start of the fall semester of the second year.
4. Certification must be **BLS Provider through the American Heart Association** or active CPR instructor status.
5. The course must include adult, children, infants, one/two person, choking victim, and automatic external defibrillator training.
6. Written verification of CPR certification (usually a card) must be submitted to the Radiologic Sciences Department Office for inclusion in your student file.
7. Upload a copy of CPR card to MyClinical Exchange.
8. You may find offerings through the American Heart Association website, professional organizations, or area hospitals.
9. Following the second year of program progression, the program will recognize the documented certification expiration date.

f. Personal Health Insurance

1. All students must provide proof to the Department of Radiologic Sciences of health insurance coverage that will cover the student during the entirety of enrollment in the program.
2. Private insurance, employer insurance (from parent, spouse, self), Idaho Medicaid, healthcare marketplace (www.healthcare.gov or Your Health Idaho) are all acceptable.
3. Submit a copy of health insurance card or other proof of coverage from your insurance provider. If coverage changes while in the program, submit updated proof of insurance.
4. Upload a copy of the insurance card to MyClinical Exchange.

g. N95 Respirator Fit Testing

1. Each year you will be fit tested for an N95 respirator through an independent agency.
2. The timeframe for this will be announced after classes start.
3. Documentation of the mask and size needs to be submitted to the administrative assistant.
4. Cost for this is expected to be $40.
5. If you are a current healthcare facility employee and have been tested by your employer within the last 12 months, you do not need to test again. Provide documentation of your fit test date and mask size to the department administrative assistant.
6. See Appendix 4 for Fit Testing Policy.

h. Physical Requirements

1. Students in the radiologic sciences programs are enrolled in clinical internships 2-5 days a week for 8-10 hours a day. Students are expected to perform the same duties as a radiologic technologist during their clinical internships. The typical physical demands a student will encounter are:

1. Job skills require a full range of body motion including handling and lifting patients, physical dexterity and eye-hand coordination.
2. Frequent mobility required for extended periods of time. This includes independently walking extended distances and standing unassisted for extended periods.
3. Frequently lifts and carries items weighing up to 25 pounds and occasionally, lifts and places 50 or more pounds with assistance normally available.
4. Requires visual acuity.
5. Requires hearing acuity.
   See Appendix 5: Physical and Sensory Demands.

i. Required Immunizations

1. **KEEP COPIES OF ALL IMMUNIZATION RECORDS**
2. When admitted to the program, submit copies of all immunization records**.** An individual designated by the department will review all immunization records to ensure the student has obtained the necessary vaccinations. Once immunizations have been recorded in the student file (dates of immunizations only), the actual documents will be destroyed.
3. The department will not store actual immunization records. These will be securely stored in your MyClinical Exchange account. The Clinical Coordinator and Program Director will have access to securely view these documents to verify compliance and record updated immunizations in your student file.
4. This policy and all vaccinations listed are required by our clinical affiliates for students to gain access to clinical sites for their educational experience.
5. **TB Skin test:** (Mantoux test or PPD): 2 PPD tests within 21 days of each other; OR negative QuantiFERON –TB Gold® test, OR T-SPOT ® TB test blood test, or negative chest radiograph report.
   1. The report submitted by the student must state that the student is negative for TB. If the student has had a prior positive test result, an assessment by a qualified health care provider may suffice. NOTE: If the student has a positive skin TB test the first year in the program, but was certified to be clear of the disease, he/she will be required to have an assessment prior to each subsequent year to ascertain whether or not there has been a change in health status. A repeat skin test, chest radiograph or complete exam will not be required unless there is a report of change in health status.
   2. For the second and subsequent years, either a negative one-step T.B. skin test or negative QuantiFERON-TB or T-SPOT are required.
   3. This documentation will be collected during the summer semester of each year in the program.
6. **Rubeola:** ("hard measles") documentation of two MMR vaccinations if born after 1956, or a titer that indicates the student is protected (serologically immune). *****
7. **Rubella:** (German Measles) documentation of two MMR vaccinations if born after 1956, or a titer that indicates the student is protected (serologically immune). *****

8. **Mumps:** documentation of two MMR vaccinations if born after 1956, or a titer that indicates the student is protected (serologically immune). *
   *NOTE ON ALL THREE ABOVE:
   1. If the titer is "equivocal" or indicates that the student is not protected, immunization and follow-up titers to show immunity are required. Consult with primary care physician to decide if one or two vaccinations is necessary.
   2. The process may take 6-8 weeks and must be completed by the deadline.
9. **MMR & Pregnancy**--You should NOT receive the MMR vaccines if you are pregnant or plan to become pregnant in the next 3-4 months. Please make an appointment with the program director to discuss your options.
10. **Tdap** ("tetanus, diphtheria, and pertussis")/ Td ("tetanus & diphtheria") documentation of Tdap OR follow-up Td booster within the last 10 years. Td booster only necessary if Tdap vaccination prior to 10 years ago.
11. **Hepatitis B vaccinations:** 2-dose series or 3-dose series or a positive titer that indicates the student is serologically immune.
    1. NOTE: Students may start the program with one vaccination of the series, but must complete the series within the recommended timing and submit documentation of said immunizations.
12. **Varicella** ("chicken pox") documentation of two doses of varicella vaccination or a positive titer that indicates the student is protected (serologically immune). If the titer is equivocal" or indicates the student is not protected, immunization is required.
13. **Influenza Vaccination:** All students are required to provide documentation of an annual Influenza vaccination. Due date to be announced during the fall semester. Usually due by October 31.
14. **COVID-19 Vaccination:** All students should be fully immunized (per current CDC recommendations) for COVID-19. Requests for exemption due to specific medical conditions or sincerely held religious beliefs will be accepted. Contact the Program Director for an exemption request form.
    1. **Note:** Clinical affiliates have the right to refuse placement of any student in their facility if the student does not meet affiliate contract requirements. This may limit clinical opportunities for unvaccinated students.

NOTES: * The Radiologic Sciences Department will NOT interpret the results. The reports submitted by the student must state that the student is protected (serologically immune).

Further information about cost and availability of these immunizations can be obtained from the University Student Health Center, the Central District Health Department, or a healthcare provider of your choice.

Other health screening requirements may become necessary as affiliation agreements with clinical agencies are re-evaluated.

NOTE: Failure to meet the background check, drug screen, health, CPR certification, and health insurance requirements will result in cancellation of a student's admission or enrollment.

j. Pre-entrance self-assessment health forms:

1. Latex allergy
2. Physical and Sensory Demands
3. Pregnancy policy affirmation form
4. These documents will be reviewed and completed prior to new student orientation.

k. Health Requirements for Second and Third Years:

1. Compliance with submission to Background Check, and Student Drug and Alcohol Testing requirements.
2. Annual verified negative T.B. skin test (Mantoux test), negative titer, or negative Chest Radiograph report. The report must state that the student is negative for TB.
3. Annual influenza vaccination by established due date.
4. Repeat verification of Hepatitis B, Rubella, Rubeola, and Mumps, Tdap (Td), Varicella, or COVID-19 immunization is not currently required. Td booster will be required if the Tdap becomes older than 10 years.
5. CPR certification must be renewed during the summer between the first and second years of the program. A CPR certification card showing certification was met in the second year of the program is required prior to the start of the second year, fall semester.
6. N95 Fit Test completed before due date established by the Clinical Coordinator.
7. Continued health insurance coverage is required for your entire tenure in this program
8. If the student has had a change in emotional or physical health status, the student must submit documentation from his/her healthcare provider regarding the student's fitness to continue in Radiographic Sciences courses.

III. RADIOLOGIC SCIENCES DEPARTMENT POLICIES

a. Academic Standards

1. A student must achieve a minimum of C letter grade (no C- accepted) for all degree required courses and a minimum 2.60 GPA or higher per semester for all didactic coursework.
2. Failure to do so may result in removal from the program.
3. Any student removed from the program during the first semester must reapply per current department application process. Any student removed from the program in subsequent semesters may be readmitted only with the University's Department Faculty approval.

b. Academic Advising

1. Students are assigned a faculty advisor for the duration of their enrollment in the program. Every effort is made to provide for a consistent student-advisor assignment for

the duration of the program. At any time, a student may request reassignment to a new advisor. Students can: 1) make an appointment through the department administrative assistant to see their advisor by stopping by the office or calling 208-426-1996; 2) access advisor office hours through link provided in their email or course syllabi. This allows the advisor to access your file and be prepared to meet with you.

2. Advisors are available to assist on an appointment basis with:
    1. establishing a course schedule
    2. changes in a course schedule
    3. any academic or clinical problem or question
    4. meeting progression and/or graduation requirements
    5. career planning and placement
    6. accessing services across the campus
3. FACULTY ADVISOR WILL:
    1. Post a schedule of office hours available in their syllabus
    2. Be available at alternate times, per appointment, for a meeting
    3. Review and monitor each student for progression and graduation
4. STUDENTS WILL:
    1. Meet with their departmental academic advisors AT LEAST one time per semester.
    2. Refer questions concerning academic adjustment and graduation requirements to their academic advisors.
    3. Maintain their personal advising files to assure they are meeting the requirements for progression and graduation.
    4. Keep myBoiseState account updated with current major.
    5. Keep program files and myBoiseState updated with current address, e-mail, and phone numbers by notifying the department administrative assistant via writing of any changes.
5. Faculty academic advisors are not counselors. They may, on occasion, ask you to access areas on campus such as the counseling service, student health services, the tutoring center, etc.

c. Attendance

1. Didactic Classes: Students are strongly encouraged to attend all class sessions.

2. Course syllabi will outline the attendance expectations for each course, including grade ramifications for absences.

3. Clinical Classes: The clinical absence policy is discussed in more detail in the Clinical Experience section of this handbook.
4. As a method of promoting professional behavior, notifying faculty of impending absence from didactic or clinical classes is expected of all students.

d. Books and Syllabi

1. Students are expected to acquire the required textbooks (appropriate editions) and syllabi for each course offered in each semester.

2. Required and recommended textbooks are available in the Boise State Bronco shop. Please do not rent your textbooks as many are required and referenced throughout the entire program.
3. Textbook costs vary from semester to semester and can involve considerable expense. The faculty work to reduce book costs by using a selected text for more than one course or semester when appropriate. Each faculty will inform students on the process to obtain syllabi, but most often it will be via the Canvas course management system.
4. **Keep your textbooks for the entirety of the program.** Once purchased, assignments may be given from these texts during any semester. These texts are highly useful when preparing for the ARRT certification examination.

e. Chain of Command/Lines of Communication

1. The faculty members in the Radiologic Sciences Department are available to assist students in whatever way they can. In order to best serve the needs of individual students and maintain fair and equitable treatment of all students enrolled in the programs administered by this department, there is an established chain of communication which students are required to follow.
2. When a student has a concern, the chain of communication for individual concerns is:
    1. Course instructor (didactic/laboratory/clinical), if a course related problem
    2. Clinical Preceptor for clinical site issues
    3. Student representative if necessary
    4. Advisor
    5. Program Director (didactic/laboratory issues) or Clinical Coordinator (clinical issues)
    6. Chair of Department of Radiologic Sciences
    7. Director of the School of Allied Health Sciences
    8. Dean, College of Health Sciences
    9. Executive Vice President Student Affairs/Provost
    10. President, Boise State University
    11. State Board of Education
    12. Joint Review Committee on Education in Radiologic Technology (JRCERT). This is only for investigation into allegations of program non-compliance with accreditation standards.

        20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182

        Tel: (312)704-5300, Fax: (312) 704-5304, Web site: www.jrcert.org

3. It is the goal of all faculty members to find solutions to issues at the lowest possible level. Therefore, students should follow this chain of communication should they encounter any issues with their didactic or clinical courses, as well as other unforeseen issues that may arise while in the program. Failure to follow this process may result in unfavorable outcomes for the student, to include loss of position in the program. Students will be referred back to an earlier level in the chain of command if they fail to follow the chain as listed.

f. Children and Pets in Class/Laboratories/Clinic

1. Students are NOT permitted to bring their children or pets to class—we do not have extra seating. In the event of a one-time emergency, children (not ever pets) may be allowed with prior consent of the instructor. If children are allowed in class, they must not become disruptive. Faculty do not guarantee the content or discussion presented during class will be suitable for a child.
2. Children and pets are NOT ever permitted in the laboratory classes, HSR 101, or computer kiosk areas. The Department of Radiologic Sciences will not accept the liability created with the presence of children and/or pets in the classrooms and/or laboratories. Students will be asked to leave immediately for noncompliance with this policy.
3. Per Boise State policy 9160, only Service Animals are allowed to accompany people with disabilities to all areas of university facilities. Support animals and pets are not allowed in classrooms or labs. If a support animal is used by a student for a documented disability, the student will need to submit a request for accommodation through the Educational Access Center prior to bringing the support animal to campus.
4. https://www.boisestate.edu/policy/facilities-planning-campus-safety/animals-on-campus/
5. Do not bring a pet into the Health Sciences Riverside building while attending class or laboratory. Do not leave a pet in the care of another individual within the Health Science Riverside building while you attend class or to other academic responsibilities.
6. If a pet is brought in the Health Science Riverside building, for any reason, you will be asked to leave immediately and return the animal to its home. You are responsible for any missed academic experiences, and may not be allowed to make up missed work, per faculty class policy.
7. Continued violation of these requirements related to campus access will result in disciplinary action and/or dismissal from the program if the student causes continued disruption in the educational environment of all students.
8. No children, service animals, support animals, or pets are ever permitted, at any time, within the clinical sites. Federal, state, and institutional policies related to health and safety prohibits such practices within areas of patient care. Any violation of these policies will result in dismissal from the program.

g. Classroom Etiquette

1. Students are expected to adhere to the university Student Code of Conduct (policy 2020).
2. It is the responsibility of the faculty to promote a classroom environment conducive to learning. Student conduct which disrupts this environment will not be tolerated. The faculty may remove a disruptive student at their discretion. Disruption may include inappropriate behavior, the use of electronics for other than note taking purposes, use of gaming devices, and/or any type of communication device used inappropriately.
3. Entering or leaving a classroom during instruction is disruptive. Faculty will limit disruption if inappropriate habits develop. Issues such as parking, family emergencies, etc. must be discussed with the instructor prior to class.

4. Children are not permitted in the classroom (except in one-time, extreme circumstances and with prior permission of the instructor), laboratories, or clinical sites.
5. Pets are never permitted inside or outside the classroom, laboratories, or clinical sites.

h. Clinical Orientation/Onboarding Software

1. Most clinical sites affiliated with the Radiologic Sciences Department utilize third-party software to provide orientation to students prior to the start of a clinical experience at their facility. The subscription fee to utilize this software is included in course fees paid when registering for classes.
2. It is the responsibility of the student to create an account, upload required documents, and complete orientation training by the deadlines set forth by the Clinical Coordinator or Program Director.
3. Students who do not complete the orientation training or other onboarding requirements by the due date will not be allowed to attend clinical. This will result in missed clinical time that must be made up, and could have an impact on the final grade for the course.
4. Failure to complete the training or other onboarding requirements by the established due date could result in loss of clinical placement and dismissal from the program.

i. Clinical Recordkeeping Software

1. In order to foster better communication and transparency with regard to the many facets of clinical courses, the Radiologic Sciences department has implemented the use of a clinical recordkeeping software product, Trajecsys.
2. This software will be utilized to, among other tasks, document clinical time and attendance, record clinical competencies, performance evaluations, and track outcomes data for accreditation purposes.
    1. Students will be able to monitor their approved clinical competencies, clinical time, and other tasks.
3. The subscription fee to utilize this software will be included in course fees paid when registering for classes, starting with the 2025 academic year.
4. Once the student begins the clinical experience, it will be the responsibility of each student to record their clinical attendance each day via the Trajecsys app. Failure to sign in and sign out each clinical day will result in disciplinary action.

j. Communication Methods

1. The department utilizes various methods for communication:
    1. Direct meeting through appointment
    2. E-mail
    3. Student mailboxes (HSR 138)
    4. US postal service
    5. Canvas learning management system communication tools

2. It is the responsibility of the student to check these communication areas regularly. Please only check your student mailbox—retrieving information from other student

mailboxes may be considered cheating or stealing. Mail for faculty may be given to the department administrative assistant to put in their mailboxes. Faculty will use students' Boise State e-mail addresses—YOU need to be certain to check your Boise State email address often, or forward your Boise State email address to another personal email address. Individual faculty may have preferred methods of communication that will be stated in their course syllabus.

k. Credentialing Exam and Standardized Tests Policy

1. At the end of this program, based on graduation success, the student may apply and be approved to take the national credentialing examination for radiography through the American Registry of Radiologic Technologists. During the final semester in RADSCI 420, Senior Recitation and Integration, the certification application process will be discussed.
    1. If a student has been convicted of any misdemeanor or felony, they will need to submit to an ethics review through the ARRT. Please see the Program Director immediately.
2. In order for the Program Director to approve the application, the student must have the following:
    1. Apply for an ARRT account through the link provided by the Program Director. Once your account is approved, follow the directions on the website.
    2. Graduation evaluation by Boise State - AAR (students should apply for graduation during the first week of their final semester).
3. The program director WILL NOT affirm the ARRT application if the requirements have not been met.

l. Electronic Devices in the Classroom

1. The buzz, beep, tone or ring of a cell phone or other communication device can be disruptive to the instructor, as well as the student. All communication devices should be set to silent, and may not be allowed in certain circumstances. Phone calls should be limited to breaks. Students must use alternate telephone resources, not faculty or staff office phones.

m. Electronic Devices in the Clinical Setting

1. Cell phones/Smart Watches/Bluetooth Devices**: At NO time should cell phones/smart watches or other electronic devices be carried while in the educational clinical environment.**

2. Boise State is aware that most students possess and utilize personal electronic devices. At the same time, these devices are a distraction in the clinical setting and are disruptive to patient monitoring and employee communication devices used within the clinical facilities.
3. To ensure the effectiveness of the learning environments, students are asked to **leave electronic devices in their cars or turned OFF in their personal item locker while in the clinical environment**.

1. Once the student has recorded their arrival to the clinical site in Trajecsys, their electronic device shall be turned off and stowed in a safe location.

4. Electronic devices should NOT ring within the boundaries of the clinical agency; no text messaging should occur; no photographic feature should be used; no internet feature should be used.
5. Cell phones/electronic devices should only be accessed during the lunch break, and only in designated areas of the agency, according to agency policy.
6. As a courtesy, cell phones should not be used within 20 feet of another person; discussions should be private and not disruptive.
7. In the event of an emergency, the Radiologic Sciences Department will contact you. Please give the Radiologic Sciences number (208-426-1996) as an emergency contact.
8. **Computers in the Clinical Setting:** The clinical agencies have computers available for departmental use. The students are NOT to use departmental OR personal computers/cellular devices to access the internet while in the clinical agency as this increases a network's vulnerability to viruses and hackers.
9. **Failure to follow this policy may result in removal from the clinical setting and missed clinical time. Continued infractions will result in programmatic probation and could result in program dismissal.**

n. Enrollment

1. All students must be officially enrolled in all **didactic** and **clinical** courses prior to the first day of the semester.
    1. You will not be allowed to attend class or your clinical experience unless you are properly enrolled in all courses.
2. For all clinical courses, students must complete all required orientation modules and upload all required forms/documents to the clinical onboarding software before they will be permitted to begin their clinical experience.
    1. College of Health Sciences professional liability insurance is valid only during official enrollment. Students not registered for their appropriate assigned clinical course are not covered under the Boise State professional liability insurance. Due to liability insurance limitations, students may only attend and participate in clinic during specifically assigned hours for clinical experience. Scheduled hours for clinical experiences are assigned and arranged by the Clinical Coordinator.
    2. See Appendix 11 for the COHS liability insurance policy in effect on the date of this publication.

o. Equipment Checkout

1. The Department of Radiologic Sciences has equipment available for students to reserve and utilize at remote sites. Students are occasionally expected to check out equipment to perform research at remote sites. This equipment may include patient assessment tools, radiographic test tools, phantoms, and textbooks.
2. All equipment is reserved through the department administrative assistant. Equipment has a face value that may exceed $20,000. Students may be held responsible for gross

misuse of equipment and may be charged a full retail price for any lost or damaged items. Failure to pay assessed fees will result in a hold placed on registration.
3. Equipment may be sensitive to excessive heat or cold, water damage or physical abuse (dropping, etc.). In case of damage, please contact the department administrative assistant and the course instructor as soon as possible.
4. Unless otherwise arranged, check out is for a maximum of one day.
5. Federal law strictly forbids any commercial use or duplication of copyrighted material. Violators will be prosecuted.

p. Ethics

1. As a student of Boise State University, students are expected to adhere to the Boise State University Student Code of Conduct.
2. As a radiography student, students will develop their professional skills by adhering to the ARRT Standards of Ethics. www.arrt.org
3. Violation of either of the above will result in disciplinary action, from verbal counseling to program dismissal.

q. Faculty as References

1. If you wish for a faculty member to participate as an employment or academic reference, please contact him/her to give permission prior to listing the individual as a reference. Faculty are not obligated to do this; it is at their discretion to agree to act as a reference.

r. Grading Scale

1. Boise State University uses a 4.0 grading scale with a +/- grading system meaning letter grades including a "+" will increase the academic points associated with the letter grade by 0.3 academic points. Course letter grades including a "-" will decrease the academic point value associated with the letter grade by 0.3 academic points.
2. Instructors use letter grades to document their evaluation of student work and academic status in the class.
3. At the discretion of the course instructor, the minimum score for each letter grade may be more stringent than in traditional college courses. In all courses a minimum of 75% is required to pass the course. Please review each course syllabus to identify what total course percentage points must be accrued to receive specific course letter grades. The Boise State grading policy may be found at https://www.boisestate.edu/registrar/degree-requirements/grades/

s. HIPAA and Confidentiality of Patient Records

1. Students within the Diagnostic Radiology Program will abide by the policies of the agency, the State of Idaho, and the Federal Government ("Privacy Rule", Health Insurance Portability and Accountability Act—HIPAA) when accessing information or communicating with the patient or the public. The privacy rule regulates the way covered entities (healthcare groups, organizations, etc.) handle the individually identifiable health information, known as protected health information (PHI). This rule

establishes the conditions under which covered entities can use or disclose PHI for many purposes, including education and research. Although Boise State may not have to comply with the Privacy Rule for educational purposes, the manner in which the rule protects the patient information will affect how we use and access information to perform our educational duties. Students will always be under the direct supervision of an ARRT registered radiographer (i.e., agency employee) who will be responsible for mentoring the proper process of protecting patient information.

2. A patient's medical record includes diagnostic images and reports. These records are the property of the healthcare facility. They are maintained for the benefit of the patient, caregiver and healthcare facility. It is everyone's responsibility to safeguard both the record and its informational content against loss, defacement, tampering, and from use by unauthorized individuals.
3. The only medical information or patient history to be discussed with the patient is that which is needed to completely and accurately treat the patient. Students are to never allow a patient access to their record unless under the direct supervision of the agency staff. Students are to only access the patient record for information pertinent for the current case at hand.
4. Necessary conversation with other healthcare workers must take place outside the hearing range of any patient, their family, or visitors. Never converse about patient cases in the hallways, lounges, cafeteria, and especially away from the healthcare facility.
5. Students may not discuss the specific events, patients, visitors, staff, or locations relating to their clinical experience using any types of social media. Students may not ever utilize photographic imaging or audio recording devices during their clinical or critique experience, to include taking photographs or radiographs.
6. Patient information is not allowed to be given to any family member or friend.
7. Do not discuss healthcare facility incidents.
8. Refer any inquiries about medical information to the clinical preceptor.
9. Any information utilized for educational purposes will be de-identified according to the Privacy Rule. The Privacy Rule allows covered entities to de-identify data by removing all 18 elements that could be used to identify the individual or individual's relatives, employers, or household members. Any case studies or information shared during the educational process will have all of the 18 identifiers removed. (See: How Can Covered Entities Use and Disclose Protected Health Information for Research and Comply with the Privacy Rule?) Students are NOT allowed to print patient reports or copies of images even if de-identified unless required and approved by a faculty member.
10. Any violation of HIPAA regulations or institutional/programmatic patient privacy policies will result in immediate dismissal from the program.

t. Jury Duty

1. Boise State University expects students to participate in responsible citizenship. It is the policy of Boise State University to excuse students from class for jury duty and also facilitate their success in the program. Refer to the Boise State University Policy 3120, University-Recognized Student Absences regarding students on jury duty.

2. **Didactic Classes and Jury Duty:** Students must first contact their instructors, informing them of their jury commitment. Students are responsible for:
    1. Written notification of jury duty service. Provide a copy of the jury duty summons with the date, time and court they were summoned to appear at.
    2. Make arrangements to obtain course notes and assignments from other students (this is not the instructor's responsibility).
    3. Per University policy, times for make-up examinations and similar work are to be determined no later than two (2) days prior to the date of the absence, or within seven (7) days or returning from jury duty. Make-up work or examinations will be scheduled within the current term and at times mutually convenient for the student and Faculty member. If said absence occurs within the final two weeks of the semester, the student may receive an Incomplete grade.
    4. **Clinical and Jury Duty:** The student will notify their clinical preceptor, critique instructor and the clinical coordinator of their jury duty commitment when the student receives the initial jury summons. Provide written notification of jury duty service. Provide a copy of the jury duty summons with the date, time and court they were summoned to appear at.
        a. On the scheduled date of jury duty, the student will call their clinical preceptor to remind them of their absence. The student shall apprise the clinical preceptor of their absence on any additional missed days. The student will notify their critique instructor and clinical coordinator of these absences via email.
        b. Missed clinical time must be made up by the end of the semester, however it will not count toward a grade deduction.

u. Lead Positioning Markers

1. Students will utilize lead positioning markers for all radiographic exams. The markers must be approved by the department and will contain the students initials.

2. The department will buy one set of markers for each student at the start of the program. Students are responsible for purchasing additional sets of markers.

3. See Appendix 8 for details.

v. Learning Centers in Health Sciences Riverside

1. The Department of Radiologic Sciences has two distinct facilities established to assist students with skill and theory development.
2. The Health Science Riverside building computer kiosks provide students with computer hardware, software, a laser printer and digital scanner. There are cubicles and tables in the hallway of the second floor for study and collaboration. There is also a conference room available in HSR 101. This room is a first come, first serve room available to students for study or collaboration when no meetings are scheduled. Please use the conference room for gathering instead of the HSR first floor hallways.
    1. Students may request to reserve HSR 101 in advance by contacting the department administrative assistant.

3. It is the responsibility of students utilizing all areas to maintain low noise levels and cleanliness. If the areas are misused, the availability will be eliminated. The faculty office hallway is off limits for gathering due to the noise carrying over into faculty offices and so that conversations between students and faculty remain confidential.
4. The department has two energized x-ray rooms, and mobile equipment with digital capabilities for students to perform and perfect their clinical skills.
5. Children and pets are NOT to be brought into the classrooms or laboratory, as noise levels should be minimized and safety maximized. The computer kiosks and HSR 101 are shared environments and children's use of limited equipment is not permitted at any time.
6. Food and drink may be permitted in the hallways, study areas and classrooms. Refer to the Boise State website for current policies. Students are always responsible to clean up after themselves. Any violation of the current policy will result in disciplinary action.

w. Leave of Absence from the Diagnostic Radiology Program: Policy for Clinical and/or Didactic Education Leave of Absence

1. A student may make a written request for a leave of absence to the Program Director. The letter will indicate the following:
   1. The reason for requesting the leave of absence (i.e., medical, financial, personal)
   2. Specific dates or length of time requested for the leave of absence
   3. A proposed plan of how the student will complete the didactic/clinical education hours missed during the leave of absence.
2. The length of the absence must not adversely affect the student's status and the student's capabilities in completing the requirements of clinical education. Permission will be granted or refused after a meeting between the student, Program Director and the Clinical Coordinator concerning the student's reason for request, past record and the absence time requested.
3. In the event that the leave requested will adversely affect the student's status and capabilities in completing the requirements of the didactic and clinical education, the student may be asked to withdraw from the program courses and reapply for acceptance into the next program class.
4. Students with an excellent record of performance requesting termination from the Diagnostic Radiology Program will be encouraged to take a leave of absence for a contracted time period before a termination is finalized.
5. Leave requests due to undesirable clinical rotation schedules will not be granted.

x. Radiographic Laboratory

1. The department has two energized x-ray rooms, mobile radiography equipment, radiographic phantoms, stretchers, dosimeters, and miscellaneous equipment for students to utilize to perfect their radiographic positioning skills, perform basic research, and otherwise practice in a low-stakes environment.

2. You may work in the lab to practice positioning or work on course assignments any time the lab is not occupied by another class **and** you are not scheduled to be in class or clinical.
3. **An ARRT registered radiographer must be available when students are accessing the laboratory equipment. If no qualified individual is available, the laboratory equipment cannot be utilized. NO entering the lab to warm up equipment or otherwise prepare for any lab class until an ARRT registered faculty member is in the building.**
4. When the last faculty member leaves the building for the day, you must also be finished and ready to leave.
5. It is best to schedule additional time in the lab in advance. Schedule lab time with the course instructor teaching the class for which you desire lab access.
    1. While working, be cognizant of the time to ensure you will have adequate time to clean up.
6. **At no time shall any student irradiate another person or themselves.** All images created for laboratory assignments will be created by use of x-ray phantoms. Violation of this policy is cause for immediate program dismissal.
7. **Food and drink are NOT permitted in the laboratory**.
8. **Care of Labs:**
    1. It is expected that the rooms and equipment in the labs will be treated with care and respect.
    2. You are expected to leave the lab in better condition than you found it. This means all cassettes, phantoms, accessory equipment, writing utensils, etc. are cleaned/ disinfected and stored in their proper location.
    3. All tables, upright buckys and x-ray tubes will be disinfected and properly situated so they are not a hazard to others entering the rooms.
    4. All lead aprons and other radiation protection devices will be hung up or otherwise properly stored.
    5. Any trash is properly disposed of.
    6. Personal items have been collected and removed from the lab.
    7. The floors have been vacuumed.
9. Mechanical problems with the equipment should be reported to faculty <u>immediately</u>. Broken equipment should be brought to faculty <u>immediately.</u>
10. The student may be responsible for the cost to repair any broken laboratory equipment if it is determined they misused or intentionally damaged said equipment. In addition, they will lose access to the lab and may be subject to disciplinary action.
11. Failure to follow these policies will result in sanctions ranging from a zero grade for the assignment in question, failing the course, program dismissal and possible sanction by the ARRT.

y. Scholarships

1. The Department of Radiologic Sciences has some monies available on an annual basis to fund basic monetary scholarships. Students interested in applying for a scholarship

should access the online application at https://www.boisestate.edu/scholarships/ and follow the directions based upon your admission status. Apply early and pay attention to due dates. Applications for the following year are generally due by December 15 of the current year. Faculty will make decisions on awarding scholarships based on cumulative GPA, academic progress in the program and financial need. Scholarships are announced via your student account in myBoiseState prior to May each year.

2. All scholarship recipients of a donated award will write a thank you letter to the donor. Recipients may be invited to attend award ceremonies, and are strongly encouraged to attend.
3. Additional loan or financial information can be obtained through the financial aid office on campus.

z. Social Media and Ethical Considerations of Healthcare Professionals

1. As healthcare professionals, Diagnostic Radiology Program students must thoroughly consider the purposes and potential outcomes of participation in social media. Students must exercise professional judgment and adhere to professional standards and legal requirements in both private and public social media communications. Students must be mindful of their legal and ethical obligation to protect the privacy of patient health related documentation and imaging records.
    1. Consider carefully the potential ramifications before posting content that may reflect negatively upon yourself, clinical affiliates, or the university.
2. As a student in the Diagnostic Radiology Program, communication on devices and/or social media with other students, faculty, staff and/or clinical affiliate personnel must adhere to all professional and legal standards. Failure to adhere to policy will result in disciplinary action which could include dismissal from the program.

aa. Student Records

1. The department will follow Boise State and JRCERT policies in regard to the privacy of student records (FERPA).
2. The department will only release dates of attendance, full or part time status, current class standing and date/degree earned without permission from the student.
3. If a student would like to permit his/her record to be discussed with parents, spouses or others, please fill out the Privacy Release form during orientation.
4. The department will not release phone number or e-mail address without direction.
5. If a student has requested PRIVACY through the PeopleSoft system, staff may release NOTHING about the student without specific written permission or subpoena.
6. The department maintains academic and clinical files for five years after graduation, and will then destroy all information. Official transcripts are maintained at Boise State University Registrar's Office indefinitely.

bb. Student Representative to Faculty

1. Each class will elect a representative to the faculty as a communication method for students to bring issues or concerns to the faculty. This individual will also be invited to

attend meetings as necessary to represent the student body, such as individual meetings with the Program Director or group meetings with community leaders. Student representatives are expected to reflect their constituency by soliciting feedback and concerns from their peers.

2. Periodically, there will be other opportunities for students to serve on committees or represent the department at public events. The Program Director will e-mail those opportunities as they become available.

cc. Testing

1. Boise State University utilizes examination processes during the educational experience. Each faculty member will orient students to the particular testing procedures for their courses. The following are general department policies that apply to all program enrolled students.
2. Students must be present during scheduled testing times. Exceptional circumstances will be handled by the course instructor prior to the scheduled testing date(s). The university Official Student Absence Policy 3120 will be applied.
3. **Cell phones and smart watches WILL be turned OFF during all tests. Computers will be off and stowed away if the exam is not administered electronically.**
4. Student seating during tests may be assigned so as to minimize opportunities for cheating or academic dishonesty.
5. When the test officially begins, all communication among students is to stop.
6. Students should monitor their own behavior so they do not arouse any suspicion on the part of the test monitor or other students: keep your attention focused on your own work and protect your own work.
7. If academic dishonesty is questioned, the test monitor may use resources to validate suspicion.
8. Plagiarism will not be tolerated and may be cause for failure in the course or University dismissal (See Boise State University Student Code of Conduct for definitions, policies and judicial procedures). Academic dishonesty in any form may result in failure in a course or dismissal from the program and/or university. https://www.boisestate.edu/policy/student-affairs/code-of-conduct/
9. Falsification of academic records will result in dismissal from the program.

dd. Transportation & Parking

1. Students are responsible to provide their own transportation to and from school and to and from clinical assignments.
2. Some clinical agencies have parking regulations relating to student vehicles. Students will be notified of the parking regulations for each clinical facility prior to or during the first day of clinical rotation. Students are expected to follow clinical facility parking policies. Boise State is not liable for any parking ticket received or damage to a student's vehicle while parked in or around campus or a clinical facility's parking area. Students should follow the Boise State parking policy when on campus.

ee. Weekly Time Commitment to Program

1. The Diagnostic Radiology program is a fulltime learning commitment. Students will likely spend 30-40 hours per week attending didactic and clinical classes.
2. Expect to spend at minimum 2-3 hours per credit hour, per week studying outside class. In order to adequately prepare for your classes, expect to spend 6-9 hours of outside study time per week for a 3-credit class.
3. Per JRCERT 2021 Standards, students may spend no more than 10 hours per day in the clinical setting. If a student attends a clinical day for longer than 10 hours, this extended time will be voluntary, not mandated by program faculty or clinical staff.
4. Should a student desire to spend extended time in the clinical setting, they will request this in advance by making a formal written request to the Clinical Preceptor and Clinical Coordinator.
5. Students may not modify their schedules, clinical or didactic, unless the absence is a university-recognized absence, per policy 3120.

ff. Withdrawal from the Program

1. A Diagnostic Radiology Program student may be withdrawn via two mechanisms: student-initiated withdrawal or faculty-initiated withdrawal.
2. Student initiated withdrawal:
    1. A student may voluntarily withdraw from the Diagnostic Radiology Program. The program director will direct the student to submit a withdrawal letter to the program. Upon acceptance of the letter, the program director will notify the appropriate clinical or didactic faculty. The program director will assist the student with the withdrawal process through the university, following university deadlines and policies. The student must understand that withdrawal may have implications for progression within the program.
3. Faculty initiated withdrawal:
    1. Faculty members have the right to initiate a student withdrawal from a Radiologic Sciences course (See current university catalog—faculty-initiated withdrawal).
4. Readmission:
    1. Students withdrawn during the first semester of the professional program must reapply for admission using the currently accepted application process at the time of reapplication.
    2. Students who withdraw after successful completion of the first semester must apply for readmission through a letter of request to the Radiologic Sciences faculty.
    3. Depending upon the reason for withdrawal and the resolution of the contributing factors, faculty may choose to accept or not accept the request or accept the request with certain requirements. The availability of clinical placements at the time of readmission request will factor into this decision.
5. If a student has been dismissed from the program, depending upon the circumstances involved, they may request readmittance for the next year. In some circumstances, the student is not eligible for readmittance. The student will submit a letter requesting

readmittance to the department faculty. The faculty members will meet and consider the request. The student will be notified in writing of the decision.

6. All readmission is based on space availability.

IV. RADIATION SAFETY POLICIES: DIDACTIC & CLINICAL

a. To ensure the safety of the student, radiation safety regulations must be followed at all times.
b. An ARRT registered radiographer must be available for students to access the radiographic equipment in the departmental laboratory and/or in the clinical facilities.
c. Students will wear radiation monitoring devices at the collar level when participating in didactic laboratory and all clinical activities.
d. Never expose yourself, a fellow student, or any other person without a provider's order. This includes but is not limited to test exposures or for demonstration purposes.
e. Stay behind protective barriers during radiographic exposures.
f. Holding Image Receptors:
It is the policy of the Diagnostic Radiology program and the Joint Review Committee on Education in Radiologic Technology that students do not ever hold image receptors during x-ray exposures.
g. Holding Patients:
It is the policy of the Diagnostic Radiology program and the Joint Review Committee on Education in Radiologic Technology that students should not hold patients during procedures involving ionizing radiation when immobilization devices are available and appropriate for use.

h. It is recognized that there will be times when a student may be exposed to radiation due to participation in mobile, surgical, or trauma radiography. During those limited experiences, the following is required:
    1. Wear lead aprons and gloves.
    2. Keep your body as far away from the central ray as possible.
    3. No portion of the student's anatomy shall be in the primary radiation beam.
    4. Do not hold the image receptor.
    5. During fluoroscopic procedures, maintain as much distance as practical.
    6. Use the protective drape on the image intensifier if practical for the examination.
    7. Wear a lead apron of at least 0.25 mm of lead or equivalent and preferably 0.50 mm. If not actually assisting the radiologist, either stand in the control booth or behind the radiologist.

i. Radiation Monitoring Device
    1. All students accepted into the Diagnostic Radiology Program will have access to current radiation monitoring devices. Students will wear radiation monitoring devices at the collar level when participating in <u>clinical or laboratory activities</u>, and will be dismissed from these activities until the device is utilized.
        1. Any missed clinical or didactic laboratory experiences must be made up, and could contribute to a grade deduction for the appropriate course.

2. The Radiation Safety Officer (RSO) will post all new monitoring devices in the Boise State laboratory and notify students that they are available.
    1. Students have seven days to exchange the monitoring devices. If the exchange does not occur, the critique instructor for that student will be notified and the student verbally warned, along with one percentage point deducted from his/her clinical grade.
3. Students shall notify the RSO immediately if their monitoring device has been lost or damaged. Students are responsible for all costs incurred for shipping and/or replacement of lost or damaged monitoring devices.
4. A designated faculty member will facilitate the dosimeter exchange during the summer semester.
5. Monthly, students will be notified by email from the RSO once these reports have been posted to the student information bulletin board outside of the departmental main office. Students are responsible for accessing these reports, even during the summer months. The department has 30 days to post reports after the reports have been received from the dosimetry company.
6. Any reported ionizing radiation dose measurement level greater than 30 mREMs in one month will result in the following process:
    1. The RSO will notify the student in writing that his/her reported ionizing radiation exposure level exceeded the maximum monthly dose limit. The student is required to respond within 48 hours in writing to the RSO concerning probable causes. An appointment to meet with the RSO must be arranged by the student within one (1) week of the notification to discuss the dose concerns and proper radiation safety activities.
    2. The RSO will notify the clinical imaging department manager and clinical preceptor in writing of the excess exposure. The student must meet with the clinical preceptor with one (1) week of meeting with the RSO to discuss how to improve their radiation safety practices in the clinical setting. They will request the clinical preceptor communicate with the RSO in writing regarding the outcomes of this meeting.
7. Exceeding the Action Limit more than once while in the program.
    1. At any time while in the program, a second occurrence of a reported monthly radiation dose exceeding 30 mREM, will result in the student not being permitted to participate *in any medical imaging exams involving potential exposure to ionizing radiation, including but not limited to: fluoroscopy, portable procedures and surgical procedures*, for a period of one month following the notification. The student may attend clinical, and participate in clinical experiences that do not involve the potential for exposure to higher doses of ionizing radiation.
    2. In the event of a third occurrence of a reported monthly radiation dose exceeding 30 mREM, the student will *not be permitted to participate in the clinical experience* for a period of one month following the notification of the excess radiation dose.
    3. The procedures outlined in *vi.1* and *vi.2*, above, will be followed for a second or third event.

8. All missed clinical time will be made up by the student. The clinical absence and clinical grading policies will apply in this situation. Once these policies have been applied, the student may receive a failing grade for the course or a delay in graduation.

9. At the completion of the Diagnostic Radiology Program, each student will return his/her final monitoring device to the RSO. The RSO will forward a letter to each student stating his/her total radiation exposure.
    1. Failure to return the monitoring device may result in additional charges to the student account, a hold on release of grades, or delayed verification of graduation/ARRT exam eligibility until such time as the dosimeter has been returned or fee paid.

j. Radiation Exposure Policy for Pregnant Students

1. The National Council of Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. It should be noted, however, that the risks of probability of detectable effects induced by medical diagnostic exposure are very small. However, due to well-documented sensitivity of the fetus to radiation during the early stages of pregnancy, it is the policy of the Radiologic Sciences Program at BSU to communicate information to all incoming female students concerning this subject area so an informed decision can be made if necessary.
2. The policy of the Boise State University, Radiologic Sciences Department is to provide reasonable radiation protection to student radiographers occupationally exposed to radiation. Pregnant students are expected to follow the additional protective measures detailed below which have been developed to restrict the fetal dose below an effective dose limit as recommended to the NCRP and the United States Nuclear Regulatory Commission (USNRC).
3. While the program is independent in thought concerning pregnancy, any female student who becomes pregnant during the course of the program is encouraged to declare pregnancy in writing to the Program Director according to NRC guidelines (Federal Register, May 21, 1991, § 20.1004, 20.1208; http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/full-text.html#top . This is strictly at the discretion of the student to declare. Whether a student chooses to declare her pregnancy in writing or not, the student will be treated equitably by the program in all cases. (It should be remembered that a non-declared pregnant student is not considered pregnant and cannot ask for special considerations due to her health status unless pregnancy is actually declared).
4. All students declaring pregnancy will be given a copy of the USNRC Regulatory Guide 8.13 which concerns prenatal radiation exposure. The pregnant student must make the final decision as to their acceptance or non-acceptance of this minimal risk.
5. The following procedure will be followed:
    1. The program strongly encourages the student to notify the Program Director immediately upon medical verification of pregnancy to ensure that protective

measures for the fetus and mother are initiated. All students are to practice professional standards for radiation protection throughout the program.

2. Upon declaration, a second radiation monitoring device will be obtained for abdominal monitoring.
3. The Program Director and student will review all prior radiation exposure records. The student will be given a packet of information, including a copy of USNRC 8.13.3, and will review protective actions and the risks associated with radiation exposure to the fetus.
4. The Program Director will collaborate with the student to provide a curricular plan for the extent of the pregnancy.
5. Some possible options that may be considered in the curricular plan are:
    a. Continuation in the program with no special considerations made in any way. Generally, the student must minimally meet the requirements of the assigned clinical agency, which usually consists of limited exposure to live radiation for the first trimester of pregnancy.
    b. Rescheduling of potential high exposure rotations during the pregnancy taking into consideration other student's access to equitable clinical experience. A student may have to extend her clinical time if all required graduation requirements are not met in the normal timeframe.
    c. Reduction/change in clinical hours during the pregnancy per student and/or healthcare provider request. If a student does not return to clinic within 3 months following the end of pregnancy, the program reserves the right to require the student to demonstrate additional clinical and/or didactic competency.
    d. Take a leave of absence from the clinical portion of the program for any desired part of the pregnancy. If a student does not return to clinic within 3 months following the end of pregnancy, the program reserves the right to require the student to demonstrate additional clinical and/or didactic competency.
    e. Completely withdraw for the Diagnostic Radiology Program
    f. Other options or combinations of the above will be considered during the planning session.
    g. The Program Director will document the student's decision in regard to the curricular plan.
    h. The student shall complete and sign documentation acknowledging the receipt of all associated information regarding pregnancy (See Pregnancy/Radiation Safety Protection Form). All documentation will be kept in the student's permanent file.
6. A student may decide to un-declare their pregnancy at any time. Documentation must be completed and signed by the student and Program Director to formalize this process.
7. However, a female student chooses to handle the declaration of pregnancy or the associated curricular plan, the program is committed to equitable treatment of all students in the program no matter what their situation. Students will be expected to complete all clinical and didactic requirements of the program to become eligible for

graduation and national certification examinations. Program and clinical requirements cannot be skipped or shortened due to pregnancy status.

k. Statement on Gonadal and Fetal Shielding

Background
In 2019, the American Association of Physicists in Medicine (AAPM) published a position paper which recommended discontinuing the practice of patient gonad and fetal shielding, particularly for abdominal and pelvic examinations. By 2021, multiple professional medical imaging and radiation safety agencies issued statements in support of these recommendations, including the American Registry of Radiologic Technologists (ARRT), the Joint Review Committee on Education in Radiologic Technology (JRCERT), the American Society of Radiologic Technologists (ASRT), and the National Council on Radiation Protection and Measurements (NCRP).

Some local hospital systems have officially changed their shielding practices, while others have not modified their practices. These policy changes have led to confusion for students in regard to whether or not they should shield patients for diagnostic radiography examinations.

Current Recommendations of Regulating Agencies
Based upon statements by the NCRP, the ARRT (2021) has recommended that educational programs continue to teach the principles of shielding patients and the effects of fetal and gonadal radiation exposure on affected parties. This agency is a strong supporter of providing high-quality patient care while acting in the best interests of the patient. While the ARRT Radiography Certification Exam will not ask specific questions about shielding procedures, the agency has stated they will continue to test candidate knowledge of patient radiation exposure and patient radiation protection.

The ASRT convened a task force to both study how this change in practice has affected the practice of radiography and to educate technologists on best practices in regard to this new information. The task force has endorsed the elimination of shielding for abdominal and pelvic examinations. However, they continue to recommend shielding for other examinations. The ASRT has stated, "While shielding placed outside of the exposed field may offer only limited additional reductions to patient exposure, this low-risk practice is an important component of our comprehensive efforts to reduce excess radiation dose during our procedures." They advocate for shielding while performing other imaging examinations, when safe and appropriate, and when it may increase patient confidence and comfort.

Boise State Radiologic Sciences Department Position
The Radiologic Sciences Department faculty will continue to teach the principles of shielding patients for examinations that do not include the abdomen or pelvis. While faculty members will not teach students to shield for abdominal and pelvic imaging examinations, they will continue to demonstrate shielding for other examinations in which said shield has no potential to introduce an artifact in the image, will not block radiation from reaching the selected automatic exposure control ionization chambers (AEC), or otherwise interfere with the diagnostic quality of the examination or increase the potential for an unnecessary repeat exam.

Faculty encourage student radiographers to utilize well-established radiation safety practices to maintain the lowest possible exposure of patients and non-radiographers to ionizing radiation. These practices include:

1. Selection of appropriate exposure factors and AEC cells.
2. Pre-exposure collimation appropriate for the body part being imaged.
    a. Faculty will demonstrate and encourage the use of appropriate pre-exposure collimation for all exams.
3. Gonadal shielding for examinations in which the lead apron will not obscure relevant anatomy.
4. Gonadal shielding for patient comfort, provided the shield will not compromise the diagnostic quality of the radiographic exam.

References

American Association of Physicists in Medicine. April, 2019. *AAPM position statement on the use of patient gonadal and fetal shielding.* https://www.aapm.org/org/policies/details.asp?id=2552

ARRT. 2021. *ARRT Issues statement on gonadal and fetal shielding.* https://www.arrt.org/pages/r-t-update/rt-update-arrt-issues-statement-on-gonadal-and-fetal-shielding

American Society of Radiologic Technologists Patient Shielding Task Force. (n.d). https://www.asrt.org/promotions/task-force-on-patient-shielding

Joint Review Committee on Education in Radiologic Technology. (n.d). *Gonadal shielding position statement.* https://www.jrcert.org/program-resources/

National Council on Radiation Protection and Measurements. Statement No. 13. January 12, 2021. *NCRP Recommendations for ending routine gonadal shielding during abdominal and pelvic radiography*. https://efaidnbmnnnibpcajpcglclefindmkaj/https://ncrponline.org/wp-content/themes/ncrp/PDFs/Statement13.pdf

V. GENERAL ACADEMIC POLICIES

A brief reference to the following Boise State University policies is included due to their relevance. For current complete descriptions and all BSU policies, visit the BSU undergraduate catalog or university website.

a. Background Checks

1. See section II. Requirements for Program Admission and Progression

b. Drug and Alcohol Testing

1. See section II. Requirements for Program Admission and Progression

c. Incomplete Grades

1. To receive a grade of Incomplete, a student must meet the basic criteria specified in the current catalog for Boise State University under "Incompletes". Students have one year to rectify the incomplete or the grade will automatically be recorded as a Failure.
2. Students must submit an appeal to faculty if they feel circumstances outside of their control have impeded their ability to complete a course on time. The student and faculty will sign a contract stipulating the work the student must complete to receive a grade in the course. Continuation in the program may be hindered with incomplete grading status.

d. Graduation

1. In the first week of the final semester, students will apply to the university for graduation.
2. Students will meet with their academic advisor to verify all academic graduation requirements are met.
3. Students will work with their critique instructor and clinical preceptor to ensure all ARRT and BSU clinical competency requirements have been met. If these requirements have not been met by the last week of the semester, the student will need to return to their clinical site after final exams have been completed in order to obtain any outstanding competencies. The program director cannot verify credentialing exam eligibility with the ARRT until all competencies have been completed and verified.

e. Students with Disabilities

AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

1. Any student needing alternative accommodations or content please alert the instructor of the course and the BSU Educational Access Center at www.boisestate.edu/eac/
EDUCATIONAL ACCESS
2. Boise State University is committed to ensuring students with disabilities receive appropriate, timely accommodations pursuant to Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.
3. In accordance with University Policy 2080, Educational Access for Students with Disabilities, Boise State will provide academic adjustments and auxiliary aids and services to students with disabilities, including students with hearing and vision impairments.
4. The program has done its best to make courses accessible. However, students needing accommodations to fully participate in this class should contact the Educational Access Center (EAC). All accommodations must be approved through the EAC prior to being implemented.
5. To initiate the accommodations process, students must submit a request for academic accommodations on the EAC website. https://www.boisestate.edu/eac/ . Students requesting accommodations will be assigned an educational coordinator to engage in an individual consultation to determine reasonable and appropriate accommodations for the student. If a student requires certain academic adjustments or auxiliary aids that are not readily available for implementation, the University will use all reasonable alternatives to minimize the impact of the delay. Reasonable alternatives will be calculated to ensure that the student is not deprived of the opportunity to meaningfully participate in the classes, activities, or programs. For additional information about student accommodations, please contact the Educational Access Center.
6. Clinical Accommodations for Students with Disabilities
    1. Accommodations through the EAC do not extend to the clinical setting. A student with a documented disability will work with the Clinical Coordinator, Program Director, and Clinical Preceptor to determine what, if any accommodations can be made. There is no guarantee the clinical site can accommodate the student.

f. **Testing Center**

1. Students testing through the Testing Center shall understand, and must comply with the policies of the lab.
2. Testing Center policies of note (not all inclusive):
    1. Students must make an appointment for all exams.
    2. Photo identification (student ID card or valid government ID) is required to obtain access to the testing center.
    3. Students with accommodations documented through the Education Access Center must notify the testing center and instructor well in advance and provide documentation. This is a student-initiated process.
    4. Failure to schedule and take an exam prior to the due date set by the course instructor may result in a zero grade for the exam. Course instructors are not obligated to provide extra time for lack of student preparedness. Contact the testing center if you are experiencing challenges scheduling a test.
    5. Visit: https://www.boisestate.edu/testing/ for complete information.

VI. DISCIPLINARY PROCEDURES

1. A student is expected to adhere to the standards outlined in the University Code of Conduct, their program's policies and professional Code of Ethics, and the agency's rules and procedures during these learning experiences. Failure to do so will result in one or a combination of the following. The disciplinary process for didactic, academic, and clinical infractions will proceed in this order:
2. Verbal student counseling
3. Written warning
4. Disciplinary probation
5. Dismissal

b. Verbal Student Counseling

1. Student counseling is used to promote, assist and maintain superior student performance. Student counseling is also used to help students develop their abilities as professionals. The main purpose is to provide feedback to the student regarding their performance and to specifically identify areas of strength. It is also designed to deal with student deficiencies in performance and/or behavior.
2. The university faculty/clinical preceptor/program administrator will discuss the issue that has necessitated a meeting. The specific failure(s) regarding the established criteria in question will be discussed.
3. The student will be afforded the opportunity to address the issue and explain their actions, challenges, etc.
4. The university faculty/clinical preceptor/program administrator will provide suggestions as appropriate. If action is warranted, those actions will be determined by university faculty. The requirements of the student to correct the problem will be documented.

5. Goals for improvement, along with a timeline for successful implementation will be mutually agreed upon.
6. These suggestions will be documented and signed by the student and university faculty and then placed in the student's file. An email communication may serve as acknowledgement.
7. If, after verbal counseling, the student behavior in question continues, a written warning will be completed by the university faculty/clinical preceptor/program administrator and signed by the student and the program director. The student has the right to explain their actions in writing.

c. Written Reprimand

1. Depending on the seriousness of the behavior, a written reprimand may be given. This will be mandatory for all second occurrences.
2. The student will be required to meet with the appropriate faculty member and/or clinical coordinator or program director to discuss the issue. The specific issue(s) regarding the established criteria in question will be discussed. The student will be afforded the opportunity to address the issue and explain their actions, challenges, etc.
    1. This meeting may take place during clinical time. If it does, the clinical absence policy is in effect.
3. Each written warning or reprimand will include a brief description of: (it is recommended to use Student Occurrence Report Form, Appendix 13)
    1. The incident or behavior
    2. The policy involved- the specific failure(s) regarding the established criteria
    3. The action contemplated, if warranted, to be taken by the faculty and the requirements of the student to correct the problem.
    4. Procedures for the student to follow for review of this action as determined by the academic unit’s policy and procedure.
    5. Time limits for change and review of student progress
    6. Consequences if student behavior does not improve
    7. Student response
4. Students may be removed from clinical until such time as the issue has been remedied. The clinical absence and clinical grading policies will apply in this situation.

d. Probation

1. Disciplinary probation is designed to encourage the development of personal accountability and professional behavior. The goal of this process is to help the student learn how to change behaviors which are unprofessional or unacceptable in the workplace or university setting, and develop the skills to be a competent, highly skilled, employable professional.
2. A single serious occurrence or multiple less serious occurrences may result in disciplinary probation. This action, as well as student dismissal from the program will be the decision of the Program Director.

3. A student placed on probation will meet with the appropriate faculty member, clinical preceptor and Program Director to discuss the issue(s). Included will be a brief description of:
    1. The incident or behavior
    2. The policy involved- the specific failure(s) regarding the established criteria
    3. The action contemplated, if warranted, to be taken by the faculty and the requirements of the student to correct the problem.
    4. Procedures for the student to follow for review of this action as determined by the academic unit's policy and procedure.
    5. Time limits for change and review of student progress
    6. Consequences if student behavior does not improve
    7. Student response
4. Student may be removed from clinical until such time as the issue has been remedied. The clinical absence and clinical grading policies will apply in this situation. Once these policies have been applied, the student may receive a failing grade for the course.
5. The probationary period may vary from the remainder of the current semester to the remainder of the student tenure in the program.
6. Failure to meet the criteria of the probation contract within the timeframe specified in the contract will result in program dismissal.

e. Clinical Infractions

1. While the Department of Radiologic Sciences realizes that mistakes will happen, it is important that procedures are in place to protect the patient's health, to protect the rights of the student pertaining to due process and equal protection, and to comply with the rules and procedures of the clinical facility.
2. Clinical experience is a time for student learning. As such, students will make mistakes. During the process, University Faculty will work with students to help the student learn from those mistakes. *Such feedback will occur orally, during student\University Faculty critique and in writing by the clinical preceptor and the clinical staff.*
3. **Patient Safety:** A student progressing through the curriculum who performs activities not consistent with clinical practices, places the patient's health in jeopardy, or violates facility policies places her/himself in the position of being subject to discipline and possibly discharged from the program.
    1. If it is determined by the clinical preceptor that a patient's health is in jeopardy, or the facility procedures have been violated at such a level that the student's credibility has been seriously questioned, then the student may be suspended from the clinical setting. This termination may be temporary, if the department determines that the student can function in the setting satisfactorily, or it may be permanent. If the student is refused clinical placement, this will result in their dismissal from the program.
4. The student will receive a grade of F for the course if she/he does not, or is not allowed to, complete the course.

5. **Clinical Skills** If a student fails to show satisfactory progress in the attainment of clinical skills and competencies, the disciplinary process will be followed, up to program dismissal.

f. Conditions for Program Dismissal

Dismissal from the radiologic sciences program may occur for multiple reasons. Those listed below are the most common; this list is not all-inclusive.

1. Earning a C- or lower grade in any program course (RADSCI prefix).
2. A pattern of multiple behaviors in the clinical setting, didactic setting, or both, that are disruptive or unprofessional, for which the student has been counseled upon verbally and in writing. If the student does not demonstrate significant improvement in said behaviors within the timeframe established in written documentation, they will be dismissed.
    1. If there was improvement, but the behaviors returned, the student may be dismissed from the program.
3. Academic dishonesty in any form may result in failure in a course or dismissal from the program and/or university. (See Boise State University Student Code of Conduct for definitions, policies and judicial procedures). This includes, but is not limited to:
    1. Plagiarism
        a. Including submission of work that is substantially similar to that of another current or former student.
    2. Falsification of academic records.
4. Falsification of any clinical records. This includes, but is not limited to: competency cards, technologist evaluations, clinical preceptor evaluations, attendance forms, absence forms, clinical make-up forms. Examples of falsification: forging a signature, having a competency card signed before performing a competency, or logging clinical time when not present at the clinical site.
5. Loss of clinical placement for any reason, including
    1. Unsafe, unethical, unprofessional, inappropriate, or disruptive student actions
    2. Endangering the health or safety of patient(s) or hospital staff
    3. Failure to follow University/ Program/facility policies
6. **Removal from Clinical Site:** A student will be removed immediately from the clinical facility and subsequently dismissed (regardless of which disciplinary procedures have occurred) from the program if any of the following are committed in the academic clinical setting:
    1. Willful destruction of facility or Boise State property
    2. Possession/consumption of recreational drugs, including alcohol
    3. Use of prescription drugs which could impair physical and/or cognitive function putting self, patients, and/or others at risk
    4. Gross immoral conduct
    5. Willful insubordination
    6. Possession of firearms/explosives/weaponry
    7. Fighting and threatening behavior

8. Failure to report misdemeanor or felony charges to program director within 48 hours of arrest.

7. Failure to follow clinical supervision policy.
    1. Repeating a radiograph without a registered radiologic technologist present to directly supervise.
    2. Conducting a surgical case or mobile examination without an ARRT registered technologist present.
8. Irradiating another person in the radiographic laboratory or anyone without a provider's order in the clinical setting.
9. Violation of HIPAA regulations, institutional, or programmatic patient privacy policies.
10. Inability to demonstrate progression toward mastery of clinical skills. This includes the recission of clinical competencies.
11. Non-compliance with radiologic sciences department policy or clinical agency policy.
    1. Failure to complete clinical site training and document submission by established due dates on more than one occasion.
12. Non-compliance with University Code of Conduct.
13. Non-compliance with ARRT Standards of Ethics and Code of Ethics.
14. Repeated disruption of the learning environment after verbal and written warnings.
15. Disciplinary actions taken by the Dean of Students Office which would impede the student's ability to complete didactic or clinical course requirements.
16. Failure to meet the background check, drug screen, CPR, immunizations, clinical orientation process, or other University or clinical-related requirements. This includes completing tasks by due dates and passing any testing.
    1. Failure to pass initial or on-demand drug test without a documented medical reason.
17. For students with prior convictions: if the ARRT will not grant the student eligibility to sit for the radiography exam, the student will be dismissed from the program.
18. Re-admittance is not guaranteed. Readmittance will be determined by the department on a case-by-case basis, and the availability of space in the program. Re-admittance will follow the College of Health Sciences Dismissal Policy #315.

g. Program Dismissal Procedures

1. Once the disciplinary processes of verbal student counseling, written warning, and disciplinary probation (if instituted) have been followed without successful remedy to student behavior, the dismissal process will proceed.
2. The student will meet with the program director and clinical coordinator to discuss the student's continued lack of progress. The program director will provide the student with a written letter notifying them of their dismissal from the program. The letter will include at minimum:
    1. Description of behavior which led to dismissal.
    2. Listing of university, program, or clinical policies violated
    3. Discussion of student inability to remedy their actions
    4. Effective date of dismissal
    5. Potential (or not) for the student to petition for readmission at a later time

6. Statement to the student that readmission is not automatic and will be determined by the department on a case-by-case basis.
7. Rights to appeal the dismissal.

iii. Re-admittance is not guaranteed. Readmittance will be determined by the department on a case-by-case basis, and the availability of space in the program. Re-admittance will follow the College of Health Science Dismissal Policy, #315.

VII. DISCIPLINARY APPEALS & GRIEVANCE PROCESS

a. Students have the right to appeal any disciplinary action. The Boise State Student Code of Conduct outlines the appeal and grievance process. The appeals process has multiple steps, as outlined below that must be followed in order. Students must attempt to resolve the issue at the lowest level possible. The student shall appeal decisions they consider to be unsatisfactory in the following order:
    1. Didactic Classes:
        1. Course Instructor
        2. Department Chair
        3. Dean, COHS
        4. Vice Provost for Undergraduate Studies
    2. Clinical Courses:
        1. Clinical Preceptor
        2. Clinical Coordinator
        3. Program Director
        4. Department Chair
        5. Dean, COHS
        6. Vice Provost for Undergraduate Studies

b. When a student disagrees with **clinical or didactic evaluations, assignments/project grades, or other actions**, the student must:
    1. Write a statement explaining his/her disagreement and attach supporting documentation
    2. Meet with the instructor involved.
    3. Initiate this step of the process within 10 working days of identified incident.
    4. If the process does not resolve the conflict, the student shall:
    5. Meet with the program director for discussion of the process. The role of the program director is to facilitate conflict resolution.
    6. Initiate this meeting within 15 working days of the original, identified incident.
    7. At this point, if satisfactory resolution has not been reached, the student has the right to:
        1. Appeal to the Department Chair within 20 working days of the original, identified incident.
        2. If the above problem-solving method remains unsatisfactory and the student wishes to appeal the matter, the student must file a grievance petition in accordance with Boise State Policy. Please be advised that there are specific timelines when filing

an academic grievance. The process is clearly delineated in the Boise State Academic Grievance Policy 3140.

c. The Diagnostic Radiology Program adheres to the COHS Dismissal Policy, COHS policy 315. If it is determined by the academic unit or the placement agency that the actions of a student have violated the University Code of Conduct, their program's policies, professional Code of Ethics, and/or the agency's rules and procedures at such a level that the student's behavior and/or judgement has been seriously impaired, then the student may be suspended or dismissed from the setting.
d. When a student desires to appeal a **clinical internship dismissal and subsequent program dismissal**, the student must:
    1. Upon receiving written notification of being dismissed from the clinical experience course, the affected student may appeal the decision, in writing to the department chair. Within three (3) business days of the dismissal, the student may request the department conduct a hearing to review the dismissal. Any relevant information the student wishes to be considered at the appeal hearing shall be submitted with the written request for appeal.
        1. The chairperson will convene a review panel, consisting of Department of Radiologic Sciences faculty. The review panel is charged with conducting the student review process.
    2. **Convening the panel:** Within five (5) business days of receiving the written request from the student, a hearing will be convened. Written notification concerning the specific date, time and place of the hearing will be sent to committee members and the student requesting the review. If faculty schedules prevent this timely meeting, the panel will be convened at the earliest possible date. The student will be notified of any delay in writing.
    3. **Purpose and conduct of the hearing:** The review panel will determine whether or not the student should be readmitted to the clinical course and be reinstated to the program. To make a decision for retention in the course, the committee must have confidence that the student is capable of resolving the problem(s), which adversely affected performance, and has the potential to complete the course and program successfully at this time.
        1. Each case will be considered individually and solely on the basis of the student's performance, ability to modify unacceptable behaviors, and potential to succeed in meeting the established criteria for the course.
        2. Minutes of the appeal hearing will be recorded.
    4. There may be **extenuating circumstances** that could be considered by the review panel committee as explanation of unacceptable performance. These must consist of:
        a. Evidence that factors not controllable by the student prevented student performance at an acceptable level; and/or
        b. Evidence that evaluations which resulted in the unacceptable grade or grades deviated from the procedures and criteria used for evaluating other students taking the same course at the same time.
        2. In judging the merits of these factors all of the following must be considered:
            a. Documentation of the event(s) or situation(s); and,

i. The chronological relationship between the event or onset of the situation and the unacceptable performance. Evidence that when appropriate, the instructor has worked with the students to correct past deficiencies must also be present.

5. **Duties and authority of the review panel are as follows**:
    1. To conduct an impartial hearing for the student who has been notified of dismissal from a clinical course and the program including listening to the student's appeal and University Faculty's charge;
    2. To consider all evidence upon which to base decisions regarding the disposition of case brought before it;
    3. To submit in writing to the department chairperson within three (3) business days after the hearing the findings of fact, decisions(s) and reasoning supporting the decision(s) regarding the disposition of the case.
    4. To maintain the confidentiality of all information collected at the hearing; and
    5. To provide one copy of the material presented at the hearing to the student.
6. **Attendance:** A student who is being reviewed after notification of dismissal from a course/program is entitled to appear at the hearing and to have an advocate selected from the University Faculty outside of the radiologic sciences department or student body to appear with the student but not speak for the student. The student may call witnesses on his/her behalf. The panel members may also request the appearance of witnesses.
7. **Hearing Procedure:** Panel members may meet prior to the formal hearing to receive instruction by the chairperson and to adopt procedures appropriate to the case to be heard. One person will be designated to record the minutes of the proceedings in writing.

   Taking of evidence may include:
    1. Testimony from the student and submission of documented information;
    2. University Faculty testimony on the student's performance and summary of student's academic record, if appropriate;
    3. Testimony from the student's advisor, if appropriate;
    4. Testimony from witness(es) appearing or providing information on behalf of the student;
    5. Testimony from witness (es) appearing at the request of the committee;
    6. Rebuttal by the student of any information presented to the committee; and
    7. Questioning by the committee of any witnesses.
8. **Post hearing closed review session:** Immediately after the formal hearing, the hearing committee members will meet in a closed-door session. The hearing committee will review and evaluate only the evidence and information presented at the hearing.
    1. Options available to the hearing committee in making a decision include the following:
        a. Dismissal of the student from a specific clinical course. This will result in:
        b. Dismissal of the student from the program.
        c. Suspension of the student from a specific clinical course/program for a specified time period with stipulations for action and/or accomplishments by the student to qualify for return.

d. Reinstate student in the class.

9. **Disposition of the hearing committee report:** The Committee must submit, in writing, to the department chairperson and the student, the findings of fact, recommendations and reasoning of the committee. Upon receipt of the review panel's report, the department chairperson takes one of the following actions within five (5) business days:
    1. Accept the review panel's recommendation;
    2. Accept the review panel's recommendation with modifications; or
    3. Reject the review panel's recommendation.
    4. The department Chairperson may meet with the student prior to the final decision if appropriate. The chairperson will communicate his/her decision, in writing to members of the review panel, the student, and the University Faculty.

e. Appeal to Associate Dean, COHS

1. If the student disagrees with the sanctions imposed by the academic unit, the student may appeal to the Associate Dean of the College of Health Sciences by following this process:
2. The student will deliver to the Associate Dean of the College of Health Sciences within five (5) business days of the date of issuance of the academic unit's decision, a written statement of the declaration to appeal the decision made at the academic unit level. The declaration should set forth the basis for the student's appeal of the academic unit's decision, and all supporting documents. The Associate Dean's office will provide the student with a receipt that their document was received.
    1. The Associate Dean will meet with the student to discuss the appeal within 7 business days.
    2. The student may bring a person of support (non-participant) to the meeting.
        a. Parties may have a representative present during a hearing if they so elect, however, representatives may not advocate on a party's behalf or otherwise participate in the proceedings.
        b. Any representatives allowed at a hearing must agree to protect the confidentiality of the proceedings.
    3. The Associate Dean will notify the student of the College of Health Sciences' final decision within five (5) business days after the meeting, by email to their Boise State email.
    4. A hard copy of the Associate Dean's decision will also be sent registered U.S. mail to the student's mailing address on file in the academic unit.

f. **Appeal to Office of the Provost:** Further appeal, limited to due process or the level of sanction imposed, can be made to the Office of the Provost using the following policies as a guide.
    1. University Policy 3140
    2. Student Code of Conduct

VIII. Program Curriculum

a. Students in the radiologic sciences program follow a sequential, cohort-based curriculum.

Course Number & Description	Fall Credits	Spring Credits
Year 1 (freshman)		
ENGL 101/102 Writing & Rhetoric I & II	3	3
BIOL 227/228 Human Anatomy & Physiology I & II	4	4
MATH 143 College Algebra or minimum ACT score 27	3	
MATH 254 Statistical Methods or MATH 153 Statistical Reasoning		3
PSYCH 101 Introduction to Psychology		3
HLTH 101 Medical Terminology	3	
CHEM 101/101L Intro to Chemistry or CHEM 111/111L General Chemistry		4
COMM 101 Fundamentals of Oral Communication	3	
Demonstrate Computer Competency: ITM 104, 105, 106 or COBE tests		
Year 2 (sophomore)		
UF 100 Foundations of Intellectual Life	3	
RADSCI 104 Patient Assessment	1	
RADSCI 105 Interprofessional Pt Care Skills Lab	2	
RADSCI 200 Principles of Radiographic Imaging I	3	
RADSCI 201 Principles of Radiographic Imaging I Lab	1	
RADSCI 222 Radiographic Positioning I	3	
RADSCI 223 Laboratory Practicum I	1	
RADSCI 234 Introduction to Clinical Experience	1	
UF 200 Foundations of Ethics and Diversity		3
RADSCI 202 Principles of Radiographic Imaging II		2
RADSCI 203 Principles of Radiographic Imaging II Lab		1
RADSCI 242 Radiographic Positioning II		3
RADSCI 243 Laboratory Practicum II		1
RADSCI 313 Fluoroscopic & Contrast Media Exams		2
RADSCI 285 Radiologic Sciences Clinical Experience		4
Summer (sophomore)		
RADSCI 375 Radiologic Sciences Clinical Experience (1st 5 weeks) (and 376 2nd 5 weeks)	8	
Year 3 (junior)		
FH - Foundations of Humanities or FA Foundations of Arts	3	
RADSCI 310 Pharmacology and Contrast Medias	1	
RADSCI 311 Radiobiology and Protection	3	
RADSCI 330 Introduction to Sectional Anatomy	2	
RADSCI 338 Information Technology in Radiologic Sciences	1	

PHYS 106 Radiation Physics	2	
RADSCI 385 Radiologic Sciences Clinical Experience (2 days/week) or 386 (2-3days/ week)	4/6	
RADSCI 314 Law and Ethics in Radiologic Sciences		2
RADSCI 350 Imaging Pathophysiology		3
RADSCI 392 Radiologic Colloquium		1
RADSCI 410 Health Promotion and Leadership		2
RADSCI 395 Radiologic Sciences Clinical Experience (2 days/week) or 406 (2-3days/ week)		4/6
RADSCI 420 Senior Recitation and Integration		1
Summer (junior)		
RADSCI 405 Radiologic Sciences Clinical Experience (2nd 5 weeks)	4	
Year 4 (senior)		
HLTH 210 Healthcare Delivery Systems	3	
HLTH 300 Pathophysiology	4	
RADSCI 425 Radiologic Sciences Clinical Experience (2 days/week)	4	
HLTH 382 Research Methods in Health		3
HLTH 365 Quality Improvement or HRM 305 Human Resource Mgt.		3
FH - Foundations of Humanities or FA Foundations of Arts		3
FS - Any Social Science course in second discipline		3
Total Credits	**124**	

IX. PROFESSIONAL APPEARANCE & UNIFORMS

Each student enrolled in the program is expected to maintain a personal appearance and dress appropriate to the professional setting of the health care area. Students are to be neat and well-groomed when in the clinical facilities. Please remember the dignity of your profession and the personal regard for your patients. Patients may feel threatened by extremes in appearance. No matter what the ends of the spectrum may be, moderation in appearance and action will engender the most confidence and impart the most comfort to the patient.

2023 Diagnostic Radiology BS Program
Radiologic Sciences Department
Boise State University

Purpose

The Diagnostic Radiology BS Program requires that students adhere to a professional dress code when they are in a clinical setting.

Uniform:

Uniform for general radiology units when providing patient care or performing procedures (approved uniform types and brands):

- ***MANDATORY:*** **Navy-blue Scrub tops** of the Greys Anatomy Brand and style number outlined below are required. No other color, brand, or style number uniform scrub top is acceptable. The designed BSU Radiologic Sciences logo is to be embroidered on the left breast pocket or side of the scrub top. Scrubs tops should be **loose fitting** and long enough to NOT show the midriff when arms are raised. There should be no characters, advertising, or ribbing on the scrub tops.

  - Grey's Anatomy Professional Wear
    - Women's mock wrap Riley Top #4153, color #23 Indigo
    - Women's V-neck Aubrey Top #71166, color #23 Indigo
    - Men's V-neck Evan Top #GRT091, color #23 Indigo
  - **No other brands or style numbers are acceptable**

- ***MANDATORY:*** **Black Scrub pants** that fit the following description. Two pouch pockets on the front by the waistband and pockets on the back are acceptable. A cargo leg pocket is acceptable provided that it is constructed in a way that is not baggy and apparent. Cargo pocket should lay flush with the leg and not be pleated or pouch style. There should be no seams running down the front of the pant. Pants should be loose fitting and lay below the ankle to the top of the foot. Scrub pants may not drag on the floor or be so short the ankles show. They are to be hemmed to hit the tops of the student's shoes. 'Jogger' style pants are not acceptable There should be no characters, advertising, or ribbing on the scrub pants. No "see through" material is acceptable. The scrub pants should be high enough around the waist to not allow undergarments to show when leaning over or bending down.

- ***OPTIONAL but recommended***: **Navy blue Scrub Jacket** of the Greys Anatomy brand and style number outlined below. Can be worn while in transition into and outside assigned clinical department and for warmth when department temperatures warrant. *Students should wear this jacket when cold versus other jackets or sweatshirts.* The designed BSU Radiologic Sciences logo is to be embroidered on the left breast pocket or side of the scrub jacket.
  - Grey's Anatomy Professional Wear
    - Women's Jamie Warm-Up jacket #4450, color #23 Indigo
    - Men's Cole Warm-Up jacket #0406, color #23 Indigo
  - **No other brands or style numbers are acceptable**

  OR

- ***OPTIONAL***: White lab coat. (To be worn while in transition into and outside assigned clinical department and for warmth when department temperatures warrant) This may include -
  - Bottom hem at level of inferior border of gluteus maximus
  - Long sleeved only

- Notched lapel
- Three pocket lab jacket
  - One breast pocket
  - Two front patch pockets
- Button front
  - No snaps
  - No zippers
  - *Example: Grey's Anatomy Women's #4425 Talia or Men's #0914 Noah*

OR

- Two pocket lab jacket
  - Two front patch pockets
- Button front
  - No snaps
  - No zippers
  - *Example: Cherokee 30-inch Lab Coat Style 1302, or 32-inch Lab Coat Style 1362*
- **Other brands, but no other style types are acceptable**

- ***MANDATORY:*** **Shoes** should be all white or all black, hospital type shoes with grip soles.
  - Leather shoes without advertising are acceptable.
  - Clogs, CROCS, open-toed shoes, sandals, canvas shoes (like classic Converse), heeled shoes, shoes with large holes on the top or boots **are not** acceptable.
  - Well-fitting, either tie or slip-on shoe with full back, non-skid sole
  - Must be in good repair, clean and matching shoelaces. *It is highly recommended* that students only wear uniform shoes for clinical and lab in order to keep clean and to minimize tracking microbes into the clinical and lab environment.
  - No logos of different color than shoe or colored prints on shoes permitted

- ***MANDATORY***: Solid white or black under-uniform attire. This may include -
  - Attire must be worn under the scrub top for modesty. Acceptable under-uniform attire:
    - Cap-sleeved crew neck t-shirt or mock turtle necks
      - Sleeves may not be longer than scrub sleeves
      - No tank tops, V-necks, high turtle necks, or spaghetti straps visible

      OR
    - Long-sleeved crew neck or mock turtle neck t-shirts
      - ¾ sleeves are permitted
      - No long underwear style or type knit permitted
- The approved scrub tops, pants and coats may be purchased online or at any of the local uniform stores. The following stores are familiar with BSU uniform policies and may offer various discounts for BSU students. Ask if they provide discounts.
  - Career Uniforms: 1603 S. Latah (corner of Latah and Overland), Boise, 208-342-8346
  - Uniformity: 3427 N. Cole Rd, (Corner of Cole and Ustick), Boise, 208-672-8821
  - Uniformity West: 1228 Caldwell Blvd, Nampa, ID, 208-463-4276

Equipment

Equipment necessary for student preparedness in the clinical setting includes:

- ***MANDATORY:*** Boise State University Student Photo ID badge and any agency required ID badge
- ***MANDATORY:*** Radiation dosimeter worn at collar level (provided by Department of Radiologic Sciences)
- ***MANDATORY:*** One set of lead right and left markers with individualized initials
- ***OPTIONAL but recommended***: small notebook and writing utensil

Shared equipment such as lead markers should be cleaned between patients. Those items that come into direct contact with the patient or environment should be disinfected, replaced, or eliminated.

Logo

Mandatory Uniforms must have the official Boise State University/Radiologic Sciences/Student logo embroidered on each scrub top and lab coat, in the below indicated color scheme (with approved BSU font).

(Scrub Top and Scrub Jacket)

(White Lab Coat)

- This service is provided by:
  - Career Uniforms: 1603 S. Latah (corner of Latah and Overland), Boise, 208-342-8346
  - Uniformity: 3427 N. Cole Rd, (Corner of Cole and Ustick), Boise, 208-672-8821
  - Uniformity West: 1228 Caldwell Blvd, Nampa, ID, 208-463-4276
  - McU Sports 822 W. Jefferson St., Boise, ID 83702, 208-342-7734
- **Scrub tops, jackets, and lab coats without the approved logo are not permitted.**

Appearance

Mandatory The following principles will apply to all university sponsored clinical rotations and observations:

- **Personal communication devices (i.e., cell phones, apple watches, etc.) are not allowed on your person while completing time in the clinical setting.**
- Draw string scrub pants are to be worn at the waist level and not the hip level to prevent slipping while students bend at the waist and knees.
- Conservative jewelry only (one ring and two ear piercings maximum).
- Jewelry must be worn in a safe manner and must be in compliance with clinical agency policy. Large hoop or dangling earrings are not permissible. Earrings will be limited to two (2) pairs

and no thicker than 16 gauge. Other than pierced ears, no other visible piercing is allowed. This includes – nose, lip, eyebrow, tongue, cheek, etc. ornamentation.

- "Revealing" underpants, bras, shorts, shirts, pants, skirts, dresses, etc. are not permitted.
- Boise State University Photo ID is required.
- Students are to be neat and well-groomed when in the clinical facilities.
- Make-up may be used appropriately and moderately.
- Fingernails are to be kept clean, rounded and short in length. Artificial nails and nail décor (including polish, decals, jewelry, etc.) of any type are not permitted.
- Perfume, aftershave or other scented cosmetics are not permitted in the clinical facilities.
- Use of antiperspirants and deodorants is suggested as necessary to prevent offensive body odor.
- Students may wear beards and/or mustaches provided they are well groomed and conservatively trimmed. Surgical hoods maybe be required in certain clinical areas. Students choosing to wear facial hair may not be able to participate in all clinical activities requiring PPE such as N-95 masks or may have to wear facial hair specific PPE if available.
- Tattoos need to be covered while in the clinical setting.
- Hair must be kept clean, neat, professional in appearance and a natural human hair color at all times. The hairstyle worn while in a clinical setting will not interfere with the delivery of patient care, which means hair must be pulled back and controlled away from the face and may not dangle or brush into the workspace when leaning over or working with patients.

Laundering

- ***Frequency****: Optimally, any apparel worn at the bedside that comes in contact with the patient or patient environment should be laundered after daily use.*
- ***Home laundering****: Use laundering recommendation provided on the clothing articles to ensure endurance of the material and yet be sure to remove stains and debris collected during wear.*

- **Students are to adhere to the department uniform policy at all times while in the clinical facilities and in select lab experiences. Students found not adhering to the policy will be asked to leave the clinical facility and return only when in adherence to the uniform policy.**

X. CLINICAL POLICIES

a. Clinical Program Objectives

1. Analyze the patient's body size, physical condition, age, and pathology to determine proper technical/exposure factors. Develop ethical practices in the selection of technical factors, collimation of the beam and application of the standards of the NCRP for minimizing radiation dose.
2. Effectively manipulate and operate complex imaging equipment in order to apply ionizing radiation for diagnostic radiographic and fluoroscopic examinations.

3. Utilize proper standard precaution measures dictated by each procedure to prevent disease transmission and protect the patient, staff and self. This includes maintenance of health status as required by the agency and Boise State.
4. Position and manage patients with a high degree of proficiency, care, tact, courtesy and patience.
5. Develop competent patient care techniques to include obtaining a thorough health history; appropriate consent for procedures; patient assessment prior to, during, and after the examination; patient education techniques prior to, during, and after the examination.
6. Position patients to obtain and affect the desired results as specified for each examination and with attention to patient's privacy, physical safety, radiographic order, and radiation safety.
7. Practice principles of radiation protection as they apply to patient, ancillary personnel, the general public, and self.
8. Evaluate the diagnostic quality of completed images and take remedial steps if necessary.
9. Communicate effectively and in a professional manner with patients, physicians, nurses, radiologic technologists, patient's family, and other members of the health care community. Follow HIPAA standards for professional health care communication.
10. Develop professional ethics, attitudes, and behaviors necessary for excellence as a radiologic technologist. Become positive models of health care advocacy for all patients served through communication, collaboration, caring, ethical behavior, critical thinking, and a commitment to life-long learning.

b. Description of Clinical Program

1. The clinical education program is competency-based. It is arranged in a format of one pre-clinical course and five to six clinical courses that are integrated with the student's academic preparation.
2. The pre-clinical course (RADSCI 234) is an orientation course that will be completed in the first fall semester. This is followed by five clinical rotation courses in which the student is assigned to various clinical sites to experience the delivery of health care from various perspectives.
3. During each clinical course, students will complete a number of required competency examinations for grading. In addition to the ARRT requirements, the student must also complete program graduation requirements consisting of a specific number of examinations of various technical competency.
4. Each clinical course has specific requirements. See Appendix 6, Clinical Syllabi or the RADSCI Clinical Resources Site on the Canvas LMS.

Semester	Clinical Progression	Total Hours
	RADSCI 234 Intro to Clinic	0
Spring	RADSCI 285	240
	15 weeks	2 days/week
Summer	RADSCI 375	200
	5 weeks	4-5 days/week
Summer	RADSCI 376	200
	5 weeks	4-5 days/week
Fall	RADSCI 386	300
	15 weeks	2-3 days/week
Spring	RADSCI 406	300
	15 weeks	2-3 days/week
	Total Clinical Hours	1240

c. GENERAL CLINICAL POLICIES

1. Work Period:

1. Students are required to be present at assigned clinical facilities during assigned times. The work period shall be an 8 to 10-hour period including the lunch period. Students may be scheduled any day of the week, Monday through Sunday.
2. Students are not allowed to be in clinic in excess of 10 hours per day. The base shifts at assigned clinical sites are typically as follows, although early and late morning rotations occur at some facilities (these may change due to clinical site requirements):
   a. Day shift 8:00 AM to 4:00 PM
   b. Evening Shift 1:00 PM to 9:00 PM
   *Select sites may have variations from the normal hours.
3. During summer rotations, many sites allow students to attend 10-hour days Monday to Thursday or Tuesday through Friday. The assignment of 10-hour days will be handled in an equitable manner.
4. The total required attendance in the clinical facility and the academic instruction shall not be more than forty (40) hours per week.
5. Assigned clinical days and times can only be changed with the approval of both Clinical preceptor and Clinical Coordinator.
6. Students can only come into the clinic during regularly scheduled hours. Students cannot be ‘on-call’ for exams or checkoffs.

2. Scheduled Clinical Time

1. Each semester, students will be assigned to a particular clinical site for a particular span of daily attendance. This attendance time required is called <u>scheduled time</u>; this is the time/dates that the student is expected to be at clinical as part of the curriculum.

2. The student should complete approximately 1,240 hours during their clinical experience.
3. The clinical coordinator will publish the clinical schedule for each site for the following semester, prior to the start of each semester. The schedule will be posted to the Canvas clinical learning management system website.
4. Changes to this schedule will only be made due to unforeseen changes in clinical site availability and other limited reasons. Students will not choose their clinical assignment, nor request changes to clinical assignments.
5. ANY time that one is NOT in the clinic during scheduled time is missed time. Missed time may be excused (pre-approved, educational activity) or unexcused.

3. Excused Absences

1. Students may be granted excused absence time from their clinical sites for any of the following situations:
   *Approved educational activities, i.e., conferences, and seminars.
   *Student functions as approved by the University Faculty.
   These are the only instances considered to be "excused".
2. Pre-Approval Required: Release time requires a "Clinical Absence Request Form" filled out by the student prior to the activity, signed by the clinical preceptor, and approved by the Program Director or Clinical Coordinator.
3. Make-up time may not be required for pre-approved excused absences. In certain circumstances makeup time will be required.

4. Unexcused Absences

1. Unexcused absences are defined as:
   a. Any absence that has not been preapproved by the Clinical Coordinator or Program Director.
   b. Absence due to illness, or any other reason that is not related to their college education.
2. The student is allowed to miss one (1) clinical shift per semester, either eight (8) hours or ten (10) hours, depending upon the clinical shift to which the student has been assigned. Students are no required to make up this time.
3. All other unexcused absent and tardy times must be made up by the last scheduled day of clinical at that site, or of the semester in which the clinical time was missed.
   a. If a student rotates to more than one site in a semester, time missed at a particular clinical site should be made up at that clinical site.
   b. If the missed clinical time is not made up by the end of the semester, there will be a 1% grade reduction given for each 8-hours or fraction thereof that was missed and not made up.
   c. Make up will be scheduled with the clinical preceptor and approved by the clinical coordinator. An incomplete will be given until all make up time is completed.
4. If more than 24 hours of the scheduled time-unexcused is missed, a reduction of THREE (3) PERCENTAGE POINTS FROM THE FINAL GRADE will result FOR

THE FIRST 1-8 HOURS beyond 24 hours, plus ONE (1) PERCENTAGE POINT for each additional eight hours or fraction thereof.

5. Regardless of the reason, ALL unexcused clinical time after the initial free 8 or 10 hours must be made-up. Missed time in excess of 24 hours will result in a grade reduction (as described above), even if the missed time is made up.
6. Habitual tardiness or poor attendance will result in application of the disciplinary policy as described in this document.

5. **Absence due to Illness/Injury/Childbirth**
    1. Any student who feels that his/her personal health endangers patients or other students should immediately consult a physician.
    2. Twenty-four hours (16 must be made-up) are available per semester for illness; therefore, the student should not attend the clinic while ill.
    3. If a clinical preceptor requests that a student leave due to illness, the student will be required to make-up the missed time.
    4. Extended illness (hospitalization/significant trauma/post-partum recovery) will be handled on an individual basis upon written request to the faculty.
    5. Absences due to minor injuries or chronic illness may be subject to a grade deduction if missed time is in excess of 24 hours, as described above.
    6. Students are not allowed to attend clinical with any type of immobilizer/ splint/wound etc. The student must be capable of full participation in the clinical experience so as not to risk injury to self, patients, or other healthcare workers.
    7. Students are not able to return to clinic after serious or extended illness, injury, childbirth, or surgery until they have received medical documentation from their provider that states that the student can return to clinic with no physical restrictions.

6. **Absence Due to Vacation:**
    1. The professional phase of the Radiologic Sciences curriculum is a two to three-year period, which includes two semesters during the summer. The University academic calendar will be the basis for all didactic and clinical courses.
    2. Students wishing to take vacations are to schedule them around this calendar to avoid grade reductions due to excessive missed time.
    3. Extended vacation time is highly discouraged, as the student may miss out on valuable clinical experiences, and may receive an Incomplete (I) grade for a clinical course if clinical time is not completed by the end of the semester in question. This could have ramifications for continual progression, graduation, and financial aid.
    4. Clinical time missed due to a vacation is considered unexcused. All time must be made up after the first free eight hours. Missed time in excess of 24 hours will result in a grade deduction as described above.

7. **Holidays and Clinical Time**
    1. Holidays observed by the University will also be holidays from clinical time.
        a. If the University is closed, students may not attend clinical; liability insurance is not in effect if the University is closed.

b. If the University is open for business, but classes are not in session, these days may be utilized for clinical make up time provided a faculty member is available.

2. Consult with the clinical coordinator or program director if you desire to utilize a holiday date for make-up time.
3. Holidays observed by individual clinical facilities will be time off for students at that facility only and will not require make-up time.

8. Absence due to University Recognized Activities

1. In alignment with Boise State University policy 3120, students are granted an 'official absence' from clinic for a university recognized reason when they provide the clinical coordinator and clinical preceptor with written notification of the excused absence at least ten (10) days in advance of the absence.
2. Examples of these include music, theatre, athletics, and observance of any religious holiday among many other events. Students have the right and responsibility to make up any missed clinical time during the 'official absence' and the absence will not be counted against any absence limit.

9. Absence due to Inclement Weather

1. Inclement weather can impact the clinical experience in two ways, below:
2. In the event of inclement weather conditions when travel is unsafe or unadvised, the student is expected to call the assigned clinical preceptor. If the clinical preceptor advises against travel, the student is not permitted to attend clinical and it will be an excused day from both make up and the 24 hours prior to a grade drop.
3. In the event that Boise State cancels classes on a clinical day, the student is not permitted to attend clinical and it will be an excused day from both make up and the 24 hours prior to a grade drop.
4. Students are still responsible to meet their semester requirements.
5. Those students who are not on track to meet their requirements during the last two weeks of clinical may be required to make up the time.
6. In the event a student determines roads are not manageable, the student must follow the Clinical Absence Request Policy. This time will need to be made up and is subject to the 24-hour grade deduction as described above.
7. In all instances, the student is also expected to submit a Clinical Absence Request Form within one week. Failure to submit will result in the absence counted as an unexcused absence.

10. Absenteeism: Who to notify of missed clinical time:

1. **A student who is going to be absent (or late) is <u>required</u> to call the clinical preceptor <u>each day</u> prior to the time they are expected in the clinical site.**
2. The faculty member assigned as the student's critique instructor and the Clinical Coordinator must also be emailed on the day(s) of absence/tardiness. Failure to do so will result in disciplinary action and/or a grade reduction.
3. Each semester, students have a maximum 24 hours (16 must be made up) of missed time available prior to a grade deduction.

a. The student grade will be reduced THREE (3) percent for the first eight (8) hours over the 24-hour maximum allowed and ONE (1) percent for each additional eight hours or fraction thereof.

4. The clinical coordinator and the program director will review special circumstances.
5. All absences require a clinical absence report form to be completed with appropriate make-up day(s) and time specified.

11. Make-up Time

1. All unexcused absence time will be made up.
2. **All** clinical make-up time must be pre-authorized, verified by the clinical preceptor, noted on the absence request form, and then completed prior to the last day of clinical experience for the semester, or at that site.
3. Clinical time must be made-up as a block of time (i.e., a minimum of 4 hours but no more than 10 hours) and not in small increments throughout the semester. (i.e., 1/2- or 1-hour period, coffee breaks, or lunch periods.)
4. Partial days missed due to tardiness, appointments, etc. cannot be made up on the same day as the absence. It is not acceptable to "stay late" to make up missed clinical time.
5. Failure to complete all make up time by the last day of clinic will result in a 1% grade reduction in the final grade for each 8 hours or portion thereof, AND the clinical make up time is still required.
6. The following is a list of times not appropriate for make-up time (it is not an inclusive list—please ask Clinical Coordinator if there are questions):
   a. *During official Boise State holidays unless pre-approved by Clinical Coordinator and a designated faculty member is accessible
   b. during any holiday at the clinical site
   c. prior to 8 AM or after 9 PM
   d. during scheduled didactic courses
   e. when participation would interfere with another student's clinical experience
   f. when participation would not meet JRCERT supervision requirements.

12. Attendance and Absence Documentation

1. The student is expected to document their presence or absence in the clinical site through completion of the clinical attendance form and/or clocking in and out with Trajecsys.

2. The student will be responsible for maintaining this form and completing it on a daily/weekly basis.

a. At the end of the semester, the student will complete the time calculations listed at the end of the attendance form. The form will be signed by the student.

b. The clinical preceptor will sign the form to verify attendance. Failure to have the form signed by the clinical preceptor for all sites visited in a semester could result in late submission of the form and a final grade deduction as described above.

c. When using Trajecsys, the clinical preceptor will verify attendance via the app.

3. Clinical Absence Request Form

a. ALL absences will require completion of a Clinical Absence Request Form. Note whether the absence is requested as an Excused or Not Excused absence.
b. An Unexcused Absence is any loss of clinical time beyond the first 8 hours that has not been pre-approved. Make-up time is required and approved through the clinical preceptor. All unexcused absences must be made up by the last day of scheduled clinic or a grade deduction will be applied.
c. Excused Absence is the first 8 or 10 hours of unexcused absence that does not have to be made-up, or any absence for educational or university-related purposes. Requests for excused absences must be submitted to the University Faculty/Clinical Coordinator/Program Director prior to the expected absence for approval.
d. Extenuating circumstances are those times, such as death in the immediate family or hospitalization. Each request will be handled on an individual basis.
e. All absence request forms will be attached to the student time sheet and submitted at the end of the semester.

4. The current attendance form will be accessible on the clinical learning management course site. A sample is included in the appendix.

13. Orientation to Clinical Site

1. Orientation to the clinical site is a multi-step process. Once assigned to a clinical site, the student will complete the pre-clinical onboarding tasks as required by the clinical site they will attend.
   a. Most onboarding tasks will be completed online through MyClinical Exchange.
   b. Students will need to upload several documents and complete certain learning tasks as assigned in MyClinical Exchange.
   2. Students must complete clinical onboarding tasks by assigned due dates. These due dates are typically 2-6 weeks prior to the start of the semester.
3. All required orientation modules and all required forms/documents must be uploaded to the clinical onboarding software before the student will be permitted to begin their clinical experience.
4. A student that does not meet an assigned due date will receive a written warning. Further missed assigned due dates will result in sanctions ranging from clinical grade reduction to dismissal from the diagnostic radiology program.

5. Orientation at the Clinical Site

a. The next step in the orientation process begins on the first days the student attends clinical at a new site. Clinical affiliates are expected to provide an orientation to the facility in general and to the department in detail.
b. The student will work with the clinical preceptor or their designee to complete the Student Clinical Orientation Form (available on Canvas RADSCI Clinical resources Site). It is required to complete this form during the first two weeks of the clinical rotation.
   i. This form is required for each new clinical experience, and for all minor rotations to new sites (patient care site, outpatient imaging site).
   ii. The student will sign and submit this form to their clinical critique class instructor for inclusion in their student file.

c. Orientation Period:

i. Students in their first clinical rotation (RADSCI 285) may not obtain any competencies until week three (3) of the semester.

ii. In subsequent semesters when starting at a new site, the student may not obtain any competencies during the first two days (16 hours) at a new site while completing site orientation.

iii. Note that students completing a patient care rotation through the Primary Health system need only do one site orientation and are then eligible to obtain competencies at all Primary Health sites.

d. SUPERVISION IN CLINICAL EDUCATION

1. The clinical phase of the Diagnostic Radiography Program provides an environment for supervised, competency-based instruction and experience in medical imaging. It offers a sufficient and well-balanced variety of radiographic examinations, patient care skills, and equipment.
2. There are two levels of clinical supervision: **Direct** and **Indirect**
    1. **Direct supervision** means that an ARRT registered technologist is physically present with the student at all times during an examination.
    2. **Indirect supervision** means that an ARRT registered technologist is readily available to assist the student if required. The technologist must be within the vicinity, or "shouting distance" of the student.
    3. Students will sign a memorandum of understanding outlining the requirements of direct and indirect supervision (Memorandum of Understanding, Student) each year. It is the joint responsibility of the student and technologist to demand appropriate supervision.
    4. Students may not complete radiographic examinations when under the supervision (direct or indirect) of a non-registered technologist.

3. **Direct Supervision is required when:**
    1. The student has not demonstrated initial competency on an exam.
        a. Students will perform examinations under direct supervision until clinical competency has been demonstrated. A student is not eligible to demonstrate competency in the clinical setting until they have demonstrated competency in the university radiographic lab on that particular exam or category of exams.
    2. All repeat radiographs will be done under direct supervision.
    3. All surgical exams will be done under direct supervision.*
    4. All portable exams will be done under direct supervision.*

    *Per JRCERT: regardless of the level of competency

e. CLINICAL COMPETENCY PROCEDURE

1. Clinical competency is a 4-tiered process.
    1. After learning anatomy and positioning skills, they will demonstrate competency in the laboratory setting through the performance of simulated examinations on fellow students.

2. They will perform the examination on a patient in the clinical setting to establish initial competency. Competencies include radiographic examinations and patient care skills.
3. Each competency will be verified by university faculty at regularly scheduled critique sessions.
4. At a later date, they will reconfirm their competence through the execution of a continued competency exam on another patient.

2. Initial Competency:

Student responsibilities

1. The **student** will request to demonstrate his/her ability to perform a radiographic examination or patient care skill without direct assistance (obtain competency).
2. Before beginning the examination, the student will present a properly filled out competency card to the supervising technologist for verification.
3. The technologist is expected to be present during this procedure. The technologist is also expected not to interfere with the student's performance unless an obvious safety error is being made.
4. The student is expected to do the entire examination (from retrieving patient to dismissing patient) without assistance. (Repeated breaches in examination competency should be noted on the technologist-student evaluation form.)
5. The technologist then evaluates the images to ensure proper completion of the protocol and then checks/signs the appropriate answers on the card to assess examination completion.
6. The reverse of the card is designed to be used by students to document examination details and for technologists to add additional comments. (See Check-off Card Form)
7. If the examination is a specialized procedure or one without technologist generated images, the student is required to write up the procedure.
8. The student now has an examination ready for critique.
9. Check-off cards have patient information attached. These cards will be stored in a secure place at all times and destroyed after critique sessions.

Supervising Technologist Responsibilities

10. Reviews the request for the radiographic examination to:
    a. Make a decision as to whether or not the student can perform the examination with reasonable success.
    b. Determine that the condition of the patient does not contradict performance of the examination by the student.
11. For all **competency and repeat imaging demonstrations, direct supervision** by an ARRT registered technologist is required.
12. Critiques completed radiographs with the student and approves the radiographs prior to dismissal of the patient.
13. Evaluates the student's overall performance utilizing the "Technologist-Student Performance Evaluation" form. Completes the check-off card upon the request of the student to validate competency performance.

14. Stays in the vicinity of the radiographic area and is available for immediate assistance to the student during clinical education time. This is indirect supervision.
15. Must possess an ARRT Radiography (R) credential and be in good standing with the ARRT.
16. Signs the Memorandum of Understanding, Supervising Technologist.

3. Continued Competency

Students should attempt to obtain continued competency on all examinations for which they earned initial competency. Advanced clinical classes will have a required number of continued competencies that must be obtained over the course of the semester. Failure to obtain the required number of continued competencies will result in a grade deduction as discussed in the *clinical grade determination* section.

1. The student will ask a registered technologist for the opportunity to perform a continued competency.
    a. This exam may be performed under either direct or indirect supervision, depending upon the type of exam and patient acuity. Refer to direct supervision section to determine if indirect supervision is allowed.
2. Before beginning the examination, the student will present a properly filled out competency card to the supervising technologist for verification.
3. The student is expected to do the entire examination (from retrieving patient to dismissing patient) without assistance.
4. The technologist then evaluates the images to ensure proper completion of the protocol and then checks/signs the appropriate answers on the card to assess examination completion.
5. The reverse of the card is designed to be used by students to document examination details and for the technologist to add additional comments. (See Check-off Card Form)
6. If the examination is a specialized procedure or one without technologist generated images, the student will not need to write a paper, but will be required to discuss the exam in detail when it is presented during the critique session.
7. If the examination is a patient care skill, the student will not need to write a paper, but will be required to discuss the procedure, indications for the procedure, equipment used, etc. in detail when it is presented during the critique session.
8. Check-off cards have patient information attached. These cards will be stored in a secure place at all times and destroyed after critique sessions.
9. AT ANY TIME IF A CLINICAL PRECEPTOR CONSIDERS THE STUDENT TO LACK COMPETENCY, THEY MAY RESCIND A PREVIOUSLY EARNED COMPETENCY.
    a. The student will be counseled by the clinical preceptor, clinical coordinator, or program director in regard to their performance. This meeting will be documented and placed in the student file.
    b. An action plan will be established for the student to obtain competency. This plan will outline expected behaviors, timeframe for improvement, and any other situation-specific items.

4. **Competency Requirements for Specialized Examinations**
    1. Specialized examinations include: patient care skills, specialized procedures, routine examinations without student-generated radiographs or without protocol images. These competencies have a different procedure for grading.
    2. The student will write a report about the exam. This report will be typewritten. A printed copy will be brought to the critique session for review by the critique instructor. The written reports for these exams should include the information listed in each category below—

    3. **Specialized Procedures:**
        a. All examinations should have at least one saved image and/or physician generated fluoroscopic image(s) to discuss.
        b. Describe the indication for the procedure and informed consent process.
        c. Describe the room set-up/materials required for the procedure.
        d. Describe the general condition of the patient on arriving in the imaging department and any special patient prep that was required. Review department protocols.
        e. Describe the department protocol/physician protocol for the examination from the protocol manual, and any adaptations from normal.
        f. Describe the type of contrast media utilized and any issues associated with the administration of the contrast media (may need to review packet insert).
        g. Describe the procedure step-by-step. Explain in detail why things were done.
        h. Describe the patient assessment prior to, during, and after the procedure, including any post-procedure instructions given to the patient.
        i. Describe the quality of the images produced (including images taken by the radiologist). Identify all relevant anatomy and visible pathology on the images during the critique session.
        j. State the diagnosis (may need to review the radiologist's report) and describe the pathologic process.
        k. Explain any unusual circumstances concerning this procedure including how the outcome will be utilized for patient health improvement.
        l. Verbally present a summary of this report to the critique group, correlate examination activities with images, and give the written copy to the university faculty member.
    4. Routine examinations without student generated radiographs or not inclusive of all protocol images:
        a. Any routine examinations without images OR the appropriate image protocol per department requires a typewritten report that should include relevant information discussed in *Specialized Procedures* (above) and detail the following:
        b. The indication of the procedure and the extent of the procedure completed with the radiologist.
        c. Discussion of the protocol images not completed by the student technologist to include:
        d. Positioning process to include centering and possible adaptations
        e. Image receptor size and orientation

f. Exposure factors
g. Quality points on completed image (student must find fluoroscopic images that have position with anatomy and/or bring an image from the internet or textbook to discuss)
h. Reports must include discussion on all routine views listed in Appendix 10, Fluoro exams protocol images
i. This report will be presented during the critique session.

5. **Patient Care Skills**
   a. All examinations require a competency card signed by a qualified health care professional and a typewritten report to include at minimum:
   b. Indicate the patient history and associate why the test was ordered.
   c. Describe how the test was completed including errors that could change the result.
   d. Describe the equipment utilized for the examination including the operational parameters.
   e. Discuss the normal and abnormal values of the test and in what instances this test would likely be ordered
   f. Describe the test results and how the results will be used to improve or change the patient care plan.
   g. Discuss any patient education or post-care instructions given to the patient.
   h. Verbally present this report to the critique group and give the written copy to the university faculty.
6. Patient Care Skills and Examinations without student-generated radiographic images will be accepted as **pass/fail**.
7. Examinations with student-generated images (other than scout) or multiple fluoroscopic images will be assigned a percentage grade.

f. EXPLANATION OF COMPETENCY EXAMINATIONS

1. ***See Appendix 9A for the Master Plan of Competencies and list of views that are required for each exam.***

2. Each examination performed for a competency has a minimum number of projections or required activities to be considered acceptable for competency. The competency must include the minimum views, but the actual department protocol will be used for grading purposes and examination completion.
3. **Each competency, although cited as an anatomical part, is graded as a reflection on the total examination process, initiated with the requisition request and ending with the dismissal of the patient. Therefore, each competency examination should be a separate, individual patient; patients are not to be "shared" amongst students to obtain competency.**
4. **A maximum of one competency and one continued competency examination can be completed on a single patient.**
5. **The ONLY waivers to this policy are that two skull/facial examinations can be completed on one patient, the L-Spine series (3 View and Obliques or Flex/Ex) can**

be completed on one patient, and two Crosstable Laterals can be completed on one patient (ex: Swimmers and Crosstable C-spine).

g. STUDENT PERFORMANCE EVALUATION

1. Clinical evaluation of student progress and performance will be the responsibility of three different categories of individuals: 1) supervising registered radiologic technologist, 2) clinical preceptor, 3), university faculty critique instructor.
2. **Supervising technologists** (ARRT certified staff technologists)
    1. Staff technologists will evaluate the student periodically using a performance evaluation form. The student is advised to engage the technologist with whom they have spent the most time with over the course of the last evaluation period.
    2. Non-certified student technologists are not eligible to validate initial exam competency and continuing exam competency performance.
    3. Non-certified student technologists are not eligible to complete performance evaluations on students, especially if both are in the same cohort.
    4. Recently graduated technologists are not eligible to complete performance evaluations on students of the same cohort. If there are no other available technologists to complete the performance evaluation due to shift staffing, the new graduate may complete the evaluation after approval from the clinical preceptor.
3. The **Clinical Preceptor** will complete a midterm and final evaluation and evaluate the student with ongoing formative evaluation as necessary.
4. The **University Faculty (Critique Class Instructor) will:**
    1. The critique class instructor will grade competency and continued competency examinations during image critique sessions
    2. assess the student at both the midterm and final periods.
    3. Establish due dates for all evaluations.
5. Evaluation forms will be distributed by the student to the appropriate parties in the clinical setting. The student should be cognizant of the many obligations of their clinical preceptor and supervising technologists and should distribute evaluation forms at least one week before the due date.

h. CLINICAL FORMS

1. Copies of all current clinical forms will be available on the RADSCI Clinical Resources Site on the Canvas learning management website.
2. **Student Clinical Orientation Form**: described above
3. **Radiographic Check-off Card**
    1. This form is designed to document the student performance of an examination. The student is expected to fill out the upper part of this card. The observing registered radiologic technologist is expected to answer the ten questions, validate his/her presence, and sign the card if the technologist attests that the student is competent at the exam.
    2. The reverse of the card is designed for the student to record technical factors and the patient's history (COLDAR/COLDSPA).
    3. The student will present this card with his/her images for critique. It must be filled out completely and only utilize patient information sufficient to obtain examination.

a. Falsification of signatures is serious and will lead to dismissal from the program. These blank cards are available at the clinical agency or through the BSU Radiologic Sciences Office. Presented examination cards will be destroyed after each critique session or at the end of each semester according to agency policy.

4. Patient Care Skills Check-off Card

1. This form is designed to document the student performance of a patient care skill. The student is to record the patient's history using an accepted method, for example the COLDAR/COLDSPA method. The reverse side of the card is used to record the results of the procedure.
2. The card must be filled out completely and signed by a facility-employed, credentialed health care provider (MD, PA, RT, RN, LPN). The clinical preceptor should review and initial each card.
3. These blank cards are available at the clinical agency or through the department office. Presented examination cards will be destroyed after each critique session or at the end of each semester per agency policy.

5. Radiographic Examination Critique Form

1. This form is used to grade examinations brought to critique class. It is the physical confirmation that a competency was achieved by the student.
2. The top of the Radiographic Examination Critique Form will be completed prior to the beginning of the critique session by the student for all examinations to be presented during the session. These completed forms are handed to the University Faculty at the beginning of the critique session.
3. Students are expected to come prepared to present the case study with information provided on the check off card and the images.
4. Students should be able to present with little prompting. It is expected that the cases have been reviewed and the student is prepared to discuss each case presented.
5. Student radiographic examinations will be evaluated in terms of image quality and their knowledge of all factors pertinent to the creation of the examination.
6. All examinations will begin with 100 points. Deductions will be made from any or all of the categories. Deductions will be made in the best judgment of the evaluator.
7. If an examination (one or more images) is not diagnostic or the student is unprepared to discuss the examination, the evaluation will be discontinued and the student will be asked to either repeat the examination at a later date or will be given a failing grade.
    a. Grade deductions will be given to those students who exhibit a repeated lack of preparation for the critique session.
8. The critique form is the instrument designed to measure the knowledge and clinical competency of the student. It has six major sections:

Image Quality	Student Knowledge
Identification Markers	Alignment of Part on IR
Positioning	Anatomy/Other

    a. Image Quality:
        i. Brightness/Exposure Indicator: The student will be able to select the proper technical factors (or utilize AEC appropriately) for radiographic

examinations in the production of the necessary brightness with lack of quantum mottle on the finished image, or have appropriate exposure indicator numbers within range.

ii. Contrast: The student will be able to select the proper kilovoltage/protocol for all radiographic examinations in the production of optimum contrast resolution or exposure indicator desired on the finished radiograph, including patient safety advocacy. Appropriate scatter reduction will be utilized.

iii. Definition (resolution): The student will be able to control the definition, spatial resolution, and other geometric factors of all images.

iv. There will be NO post-processed cropping of the image field to obstruct anatomy, or change of exposure indicator number.

1. Cropping out any anatomy is a reportable ARRT ethics violation.

b. Positioning:
   i. The student will correctly identify and place the required anatomical part in the proper radiographic position for the desired radiographic results. Radiation protection techniques will be used.
c. Alignment to the Part on Image Receptor:
   i. The student will select the proper IR or field size required by the exam and place it correctly in the Bucky or to the part being radiographed.
   ii. Then, the student will properly align the part to the table or imaging device. Appropriate beam limitation will be instituted.
d. Identification Markers:
   i. Students will use his/her own lead markers with personal initials to accurately mark each radiographic image. (Images with no lead marker present will not be accepted to demonstrate competency; there may be exceptions for no lead markers in surgery and fluoroscopy exams.)
   ii. The student will make certain that the image is correctly identified with the correct patient's name.
   iii. The student will correctly identify the image in relation to the patient and use correct identification markers for the anatomical part.
e. Anatomy:
   i. Must be clearly demonstrated on the radiograph.
   ii. The student must be able to identify all pertinent anatomy.
f. Other:
   i. This section will allow the evaluator to ask questions related to the examination in general or in regard to a specific image.
   ii. The evaluator will also utilize this section to reflect an assessment of the student’s preparedness and thoroughness in the presentation of the examination.
   iii. The student will discuss the radiologist’s report and describe pathology present.
   iv. The student will define medical terms noted on the radiologist report.
g. Student Knowledge:
   i. This is an area for the University Faculty member to evaluate the student's knowledge of the examination (including anatomy and physiology,

contrast media, special equipment, special techniques, etc.). In situations where the radiographs are of less-than-optimal quality, the evaluator may grant the student points for their knowledge.

h. Comments:
    i. The evaluator is expected to comment positively and provide constructive feedback. Excellent images should be noted. Radiographs that result in point deduction should have comments explaining the situation.

6. Technologist-Student Evaluation Form

a. This form includes nine areas in which the student's radiography skills, psychomotor skills, communication, and patient care skills are evaluated. The student should present this form to the technologist who mentored the student. The form, after completion by the supervising technologist, should be returned to the clinical preceptor and the student for review. In turn, it is then passed on to the University Faculty.
b. Included is a section for comments by the technologist. All areas graded as "O", or "1" must include comments. There should also be comments on a student's strengths. Students may also comment if desired.
c. The last section is used to validate that all parties have reviewed the evaluation. This form is to be reviewed by the University Faculty with the student, and validate all signatures.
d. Five technologist-student evaluations are required for semesters of 3 days per week. Three technologist-student evaluations are required for semesters of 2 days per week. A minimum of two are required for each summer semester.
e. When possible, it is expected that students will have evaluations from several different technologists. Evaluations must be completed and submitted in the interval outlined by the critique class instructor.
f. Grading Scale for the Technologist-Student Evaluation:

Grade Scale		
Points	**% Grade**	**Grade**
63	100	A
61-62	99	
59-60	98	
57-58	97	
55-56	96	
53-54	95	
51-52	94	
49-50	93	B
47-48	92	
45-46	91	

43-44	90	
41-42	89	
39-40	88	
37-38	87	
35-36	86	
33-34	85	C
31-32	84	
29-30	83	
27-28	82	
25-26	81	
23-24	80	

7. Clinical preceptor's Evaluation of Student Form

a. This form is designed to evaluate a student's clinical performance and behavior. It is to be completed by the clinical preceptor after seeking input from the supervising technologists who have worked with the student.
b. This form will be presented to the clinical preceptor by the student at mid-term and at the end of semester. The summer sessions will require only a single CI evaluation at the end of the semester.
c. Using the ten areas on the reverse of the form as a guide, there should be three noted areas where the student excels and three areas where the student should consider improvement.
d. The clinical preceptor, along with the student, should set three goals for improving performance.
e. The Clinical preceptor will assign a grade to the student based on their performance considering the ten suggested items. Students may also comment if desired. When completed, the clinical preceptor will discuss it individually with each student. The student will submit the evaluation(s) by the due date established by the critique class instructor.
f. The University Faculty will review the results with the student and validate that all parties have discussed the evaluation. It is to be signed and dated by a University Faculty member and included in the student's master file.

8. University Faculty Evaluation of Student Performance during Clinical Education

a. The assigned University Faculty awards 10 percent of the student's clinical grade. This is given in two five percent increments; one at mid-term and the other at the end of semester.
b. These University Faculty evaluations will be based on student performance and behaviors during critique class as well as attendance for critique sessions.
c. Points are deducted for not completing any of the following:
    i. Reflection journal entries
    ii. Specialty rotation assignments in the second year.

iii. Timely submission of assignments, etc.
iv. Timely exchange of dosimeters.
v. Note: Students are expected to demonstrate a willingness to do or participate in all non-required examinations.

d. Although there are some suggested areas that may be used for evaluation, this is primarily a subjective judgment by the University Faculty. The total points awarded are then recorded on the student's semester grade sheet. This form is to be signed by the University Faculty member and the student.
e. Students with failing grade performance will be considered for removal from the program.

9. Specialty Rotation Request Form

a. See *Second Year Clinical Experiences* section for more information.

10. Student Occurrence Report Form

a. This form is designed to be a documentation of events that involve a student. Any time a clinical facility incident form is required this form should also be used.
b. If the student receives some honor, praise for exceptional work, or any other positive experience, this form may be used for documentation.
c. A copy of this form is available on the Canvas Clinical Resource Site and in Appendix 13 of this handbook.

11. Student Injury--Exposure Report Form

a. This form is designed to assist the student in case of injury or exposure to communicable diseases. See section on *Student Injury-Exposure* for more information.
b. A copy of this form is available on the Canvas Clinical Resource Site and in the appendix of this handbook.
c. The most current information is located on the BSU risk management website: https://www.boisestate.edu/rmi/

i. CRITIQUE CLASS

1. Students are scheduled to attend critique class every 2-3 weeks depending upon the course. The master critique class schedule will be determined by the clinical coordinator. Dates of critique classes will be determined by the critique class instructor.
2. The University Faculty scheduled for critique sessions will communicate with the students at the beginning of the semester to discuss the process they utilize for critique, discuss grading criteria, and review dates/times they will be hosting critique evaluation.
3. The class will be held during normal clinical hours, and is considered to be a portion of the clinical day. Missing critique class is considered an unexcused absence and must be made up by the end of the semester. Students will be given time to travel to the university (or home) from their clinical site.
4. Prior to each critique session, the student will prepare to present new and continued competencies. Students are responsible for preparing for these evaluations prior to clinic—no clinical time will be given to prepare.
5. Students will follow the guidelines established by their University Faculty concerning numbers of examinations to bring for each session as well as grading expectations.

6. Students should have all paperwork completed prior to each critique session including competency forms, technologist evaluations, clinical preceptor evaluations and any student papers written for competency.
7. Students should have access to their clinical notebook—clinical notebooks should be kept at the clinical site in a secure place.
8. Students should bring their attendance form, any absence/ make-up forms to each critique session for review by the faculty.
9. All check-off cards will be shredded at the end of each session. No student will take check off cards out of the agency except for university-based critique sessions.
10. All grading forms should be signed by the student prior to submitting them to faculty.
11. Any breach of HIPAA requirements for de-identification of information will result in a "0" letter grade for the examination. (See Appendix for HIPAA de-identification information).
12. In class, the student will present a properly completed Radiographic Check-off (or Patient Care Skills Check-off) card and Radiographic Examination Critique Form(s) to their critique instructor for each examination to be graded.
13. The student will present each case, discussing the history, exposure factors, exposure indicators, anatomy, positioning criteria, etc. The critique instructor will determine the grade earned for each exam, and provide the student an opportunity to review the Radiographic Examination Critique Form after grading has been completed. The student is expected to initial each form to acknowledge they read and understand the grade.
14. **Critique classes held remotely** will follow the above process, with these modifications:
    1. Critique instructor will create a google folder for each student, and share this folder with the student. Only the student and faculty member have access.
    2. Student will upload legible copies of attendance, absence requests, written papers, competency cards, technologist and clinical preceptor evaluations, and any other paperwork prior to each critique session.
        a. Shred competency cards after uploading them.
    3. Students should have their cameras on during critique sessions, and actively engage in the class.
    4. Students may attend the remote session at home or another location in which they can have privacy (hospital conference room, library or university study room, etc.).
        a. They will be afforded enough time to travel and set up for their critique class, usually 30-45 minutes. Any extra time taken to "run an errand", pick up children, buy lunch, etc. is considered personal time that will count against the free 8-hours or need to be made up before the end of the semester.
    5. At the end of the semester, the student will deliver all handwritten paperwork to the critique instructor for inclusion in their student file.

15. **Rationale for Image Grade Deductions:**

    No ID markers = no competency
    -2 to -6 points per image for minor errors
    -7 to -21 points per image for major errors

A major error would necessitate a repeat. Correction of a minor error would improve the examination. The evaluator has the option of returning points for student knowledge. These additions may not be more than one-half the points deducted.

16. **Failure of an examination competency:**
    1. Students are not only expected to provide quality images for competency presentation, but to also discuss the theory and knowledge surrounding the examination. Students are expected to understand/perform at an 80% acceptability limit.
    2. Grades **below 80% are deemed failing**; acceptance of an examination by a supervising technologist does not guarantee passage of the competency. The student will need to remediate concerning the examination, and then provide another acceptable competency examination of that procedure.
    3. The repeat will be given a pass, but the semester grade recorded will be the original failing grade.
    4. A student must provide documentation of successful completion of any failed examination prior to graduation.
    5. No failed examination will be considered for semester requirements until successfully repeated.

17. **The student is advised that all images submitted for critique must have been performed by the student. Furthermore, all images will be evaluated in relation to the ideal/optimal radiograph in alignment with departmental procedure.**
    1. **No post processing cropping or post processing Exposure Indicator Number change shall be evident.**

j. Reflection Journal Guidelines

1. Periodically, each student will be responsible to access the clinical learning management website from a non-agency computer to complete reflection journal entries.
2. The student will reflect upon their recent experiences in the clinical environment and respond to the posed question(s).
3. The reflection will not be graded on content, <u>but will be graded on participation and effort via the midterm and final evaluation of the university faculty.</u>
4. This forum is also a means for the student to communicate with the University faculty in a comfortable and secure manner, allowing frank evaluation of negative and positive qualities in themselves and the experience. This format not only allows the University faculty to be more informed about student needs, but also allows the student to share their personal thoughts concerning their performance.
5. The reflection journal is not meant to be a dialogue, but can promote dialogue between the student and university faculty.
6. The journal is not intended to be an hour-by-hour account of what is seen or done, but a conscious reflection of one's progression through the program, about what is being learned or experienced during the clinical education, and where they desire to focus efforts to improve their professional performance.

7. The presentation and length of the entry is for each student to decide, but please keep in mind that if well done, it can be a very useful resource for personal growth and development.
8. Again, there is no grade placed on the content, but participation and honest reflection will be rewarded.

k. CLINICAL GRADE DETERMINATION

1. The grading policy for the clinical education program is based on several areas of evaluation.
    1. Competency Examination Grades
    2. Continuing Competency Examination Grades
    3. Technologist Evaluation Grades
    4. Clinical preceptor Evaluation Grades
    5. University Faculty Evaluation Grades
    6. Attendance
    7. Obtaining all required competencies and continued competencies
    8. Timely submission of documents, evaluations, surveys, written work
    9. Monthly exchange of radiation dosimeter
2. Student clinical performance is graded and formally discussed with the student at midterm and final. Grades are based upon demonstrated clinical competency, initiative, attitude, dependability, ethical behavior, attendance, and maintenance of records.
    1. The Clinical preceptor and the University Faculty will bring unsatisfactory clinical progress to the student's attention. Continued unsatisfactory progress will result in a meeting with the Clinical Coordinator and/or Program Director with implementation of student counseling procedures and disciplinary action.
3. Clinical grades are weighted in relation to the differing requirements for each semester. Typically, the competencies/continued competencies will equate to about 80%, the Technologist/Clinical Preceptor evaluations will be about 10% and the University Faculty grades will be about 10%.
    1. The 10% for the Technologist/Clinical Preceptor evaluations will be calculated in the following manner:
        a. 60% from student-technologist evaluations
        b. 40% from clinical preceptor evaluations

4. The final letter grade will be based upon the following scale:

95-100	A		87-89.999	B-
94-94.999	A-		80-86.999	C
92-93.999	B+		BELOW 80	F
90-91.999	B			

i. **Grade Deductions:** Deductions from the final grade will be assessed for breach of attendance policy, failure to obtain all required competencies and continued competencies, or failure to submit required end of semester paperwork.

a. **Competencies:** Three percentage (3%) points will be deducted from the final grade for each competency examination or continued competency examination not completed by the last clinical day of the semester if special arrangements have not been made.
b. **Make-up Time:** One percentage point (1%) for every eight (8) hours, or fraction thereof, of clinical time that has not been made up by the last day of the semester.
    i. Make up time will still be required and will be scheduled through the clinical coordinator. An incomplete will be given until all make up time is completed.
c. **Absences:** Three percentage points (3%) for the first 1-8 hours beyond 24 hours of missed, unexcused clinical time.
d. **Absences:** One percentage (1%) point for each additional eight hours or fraction thereof after 32 hours of missed, unexcused clinical time.
e. **Evaluations:** One percentage (1%) point for each clinical site, clinical preceptor, and faculty evaluation not submitted by the due date.
f. **Radiation Dosimeter Exchange:** One percentage (1%) point for each time the student does not return their radiation dosimeter within the required period. The RSO will notify the appropriate critique instructor when a student does not exchange their dosimeter in a timely manner.
g. Timely Onboarding: Deductions for missed deadlines for clinical onboarding activities. Clinical Coordinator and/or Program Director will determine the amount of deduction based on frequency or severity of instance(s).

l. END OF SEMESTER REQUIRED PAPERWORK

1. The student is expected to turn in the following completed forms no later than the first day of finals week unless otherwise stated or requested by critique instructor. All forms must have appropriate signatures or they will be considered late.
    1. Clinical Attendance Form with all absence request forms/specialty rotation forms attached.
    2. Technologist-Student Evaluation Forms (one for each two/three weeks)
    3. Evaluations by Clinical preceptor: Midterm and/or Final
    4. Radiographic Critique Form for each examination graded with required reports attached.
    5. University Faculty Evaluation: Midterm and/or Final
    6. Specialty Rotation/Advanced Modalities report for each modality visited.
    7. Evaluations of clinical site and clinical preceptors:
        a. The following confidential evaluations are distributed electronically by the department managerial assistant each semester. Evaluations MUST be completed for each clinical site attended and each clinical preceptor by a designated deadline.
            i. Student Evaluation of Clinical Preceptor(s)
                1. This form is designed to record the student's anonymous impression of the facility clinical preceptor.
            ii. Student Evaluation of Clinical Facility
                1. This evaluation form has a two-fold purpose. First, it gives the student an opportunity to share their experiences at the facility. Secondly, it

provides the department recognition of both superior performance by facility staff and areas for improvement from the student perspective.

8. Student Evaluation of University Faculty
    a. End-of-course evaluations on department faculty will be distributed via student email notification from Boise State University.
    b. This anonymous evaluation is completed by the student to give feedback on the performance of the University Faculty. The results of this evaluation will be included in faculty annual evaluation and promotion/tenure decisions. Faculty will utilize this information for self-improvement.
9. Failure to turn in these completed forms by the due date established when notified via email that the surveys are available will result in a grade deduction of 1% per form from the final grade.
    a. IF the student forgets to complete these evaluations, they will not be reopened, and there will be a deduction from the final grade.

m. SENIOR YEAR/SECOND YEAR CLINICAL EXPERIENCES

1. **Specialty Rotations (Advanced Modalities):** In the final two clinical courses, the student will rotate to specialty imaging areas that are available through their *current clinical site* (see table below). Each site may not have the same rotational opportunities or may not have the same types of equipment. For example, some centers may have Nuclear Medicine, but not PET; some may have Special Procedures but not Cardiac Cath. *Students are only allowed to complete specialty rotations at their regularly scheduled clinical facility.*
    1. The purpose of these rotations is to:
        a. Understand the inter-relationship of all modalities to diagnostic imaging.
            i. Be able to give a brief explanation to the patient about the modality.
    2. Broaden the student's knowledge of the medical imaging profession to provide complete patient care.
    3. Each student will visit three different imaging modalities, spending no less than 4 hours and no greater than 8 hours per modality. For any time less than 8 hours per day, the student will return to the diagnostic imaging department to complete their clinical day.
    4. Process:
        a. The student will complete the top portion of the imaging request form and submit it to the Clinical Coordinator by the due date communicated.
        b. The form will then be returned to the student and the Clinical Coordinator will communicate student preferences to the site clinical preceptor.
        c. The student will attend the modalities at the pre-arranged date/time and complete the specialty rotation attendance form.
        d. The student will submit a written document to the university faculty at a critique session including the following:
            i. List of the imaging studies observed during the observation.
            ii. Description of the types of imaging studies best performed by that modality—how the modality "fits" into the medical imaging profession.

iii. Discussion of the critical issues regarding how this modality would interface with diagnostic imaging, such as prep, scheduling, etc.
iv. The specialty rotation attendance form will be turned in at the end of the semester attached to the semester time sheet.
v. Faculty member will grade this reflection paper with a standard rubric (found on RADSCI clinical resources Canvas site).
vi. The final university faculty grade will reflect attention to this requirement.

SITE	US	CT	MRI	IR	Cardiac Cath Lab	Mammo	NM/PET	Rad T	Radiology Nursing
SARMC	xx	xx	xx	xx	xx	xx	xx	xx	xx
SAMC Nampa	xx	xx	xx	xx		xx			xx
SAMC Ont.	xx	xx	xx			xx	xx		
SLRMC	xx	xx	xx	xx	xx	xx**	xx	w/SLCI	xx
SLMMC	xx	xx	xx	xx	xx*	xx**	xx	w/SLCI	xx
SLNMC	xx	xx	xx					xx	xx
SL Eagle	xx	xx	xx						
SL Elmore	xx	xx	xx						
SLFMP	xx	xx	xx				xx	w/SLCI	
VAMC	Limited	xx	xx				xx		
WVMC	xx	xx	xx	xx	xx	xx	xx		xx
IMI	xx	xx	xx			xx			

*Rotation starts at 7am
**scheduled through Dawn Hunter and student completes rotation at SL Meridian

ii. Guidelines for Extended Clinical Time Due to Incomplete Graduation Requirements

a. During the terminal clinical course, the student will remain in an assigned clinical site until all graduation requirements are completed (See Guidelines for Extension of Time for Graduation Requirements).
b. Students who do not complete the required graduation and/or ARRT requirements by the normal end of clinical will be required to continue in a clinical agency (shift and location determined by the Clinical Coordinator) utilizing the following criteria:
c. No clinical time will be allowed during finals week until all scheduled final examinations are completed.
d. Students are not allowed to be "on-call" for examinations.
e. When the final requirement is completed, the student will be responsible to complete the total assigned shift for that day.

f. Any missed clinical time during this extension period will count towards the semester limit for absenteeism. Grades will be reflective of normal absenteeism plus the absenteeism of the time extension. No additional excused absence time will be given during the extension. Extensive abuse of the attendance policy will be reviewed by the clinical coordinator.
g. Once the last competency has been accomplished, the student must attend a special clinical critique session to grade remaining exams.
h. All policies and procedures of Boise State University and the agency will be enforced during the time extension.
i. Requirements for large time extensions into the summer will be established by the clinical coordinator on an individual basis.

n. Graduation Requirements: Clinical Competencies

1. **The student must obtain at least 50 routine competencies, 10 specialized exam competencies, and 7 patient care skills competencies by the end of their final semester in order to graduate and become eligible to take the ARRT certification examination in radiography.**
2. The Master Plan of Competencies (appendix 9) outlines the ARRT and Boise State competencies required for graduation.

o. MRI Safety Screening Policy

Radiologic Sciences Department
Safety Screening Policy for Student Access to the MRI Department

Purpose:
To ensure Diagnostic Radiology students are properly educated on MRI safety, and are screened for magnetic field or radiofrequency hazards prior to entering the clinical setting. Students are only permitted access to the MRI departmental zones III and IV after required screening has been completed. This document is based upon the 2020 The American College of Radiology (ACR) *Manual on MR Safety*. https://www.acr.org/Clinical-Resources/Radiology-Safety/MR-Safety

Policy:

It is the policy of the Diagnostic Radiology Program and the Joint Review Committee on Education in Radiologic Technology that students will be properly oriented to the MRI department environment prior to their first clinical rotation, and annually thereafter.

Students will not enter the MRI zones III and IV until after it has been deemed safe through the required screening process for the student to enter those zones.

MRI Safety Zones

- Zone I: All areas freely accessible to the general public without supervision. This area is typically outside the MR environment itself and is the area through which patients, health care personnel, and other employees of the MR facility access the MR environment.

- Zone II: Public area located between the unregulated zone I and regulated zone III. MRI patient screening and preparation typically occurs here. Patients and personnel can freely move about this area, under the supervision of MR personnel.
- Zone III: Area near the magnet room where the fringe, gradient or RF magnetic fields are sufficiently strong to present a physical hazard to unscreened patients and personnel. Entrance to this area is restricted. Non-MR personnel must be accompanied and directly supervised by Level 2 MR personnel. Students may not enter this area unsupervised.
- Zone IV: MR magnet room. Has the highest magnetic field and greatest risk from which all ferromagnetic objects must be excluded. Entrance to this area is restricted. Non-MR personnel must be accompanied and directly supervised by Level 2 MR personnel. Students may not enter this area unsupervised. Note: THE MAGNET IS ALWAYS ON.

Definition of MRI Personnel

- Individuals who have been successfully educated regarding general and facility-specific MR safety policies and procedures. These staff members have undergone annual MRI safety training and do not represent a danger to themselves or others in the MRI environment. Typically, these are MRI technologists or other personnel with appropriate training.
- Students who have not had such training are *Non-MR Personnel* and must follow facility procedures for non-MR personnel.

Supervision in the MRI department

- Non-MR Personnel must be accompanied by, or under the immediate supervision of and in visual contact with, an individual from Level 2 MR Personnel throughout their stay in Zones III or IV, except in the changing room and/or bathroom, where verbal communication is sufficient.
- Diagnostic Radiology Program students may only gain access to the MRI departmental zones III and IV after required screening has been conducted and it is deemed safe for the students to enter those zones.

MR Screening

- This form will be reviewed by a DR program faculty member.
- Students are required to notify the Clinical Coordinator of any changes to their responses to the screening form as soon as possible. Note: any changes to the responses on the screening form must be disclosed to prevent injury to the student, other personnel, or equipment while in Zone III or Zone IV of the MRI department.
- Currently, there are no known biological effects of MRI on fetuses. However, adverse effects from electromagnetic fields interacting with developing fetuses is possible. Cells undergoing division, which occurs during the first trimester of pregnancy, are more susceptible to these effects. While not required, it is strongly encouraged that any student with a definite or possible pregnancy discuss the potential risks of being in the MR environment with a Boise State faculty member.
- While in the clinical setting, the student will complete a facility-specific MRI screening form. This form will be reviewed by MRI department personnel prior to entering Zone III or IV.
- The student will complete the attached screening form and submit it prior to due dates specified by the responsible faculty member. Failure to complete this form will result in forfeiture of the MRI department learning experience. The student may be removed from the clinical site until this form has been completed and returned to the Clinical Coordinator. All clinical absence policies will apply.

Second Year Specialty Rotation in MRI

- During the final two semesters of the program, students will conduct observational experiences in advanced imaging modalities. Should the student desire a specialty rotation to the MRI department, the following is required:
    - Students will make specific requests to the Clinical Coordinator to conduct a specialty rotation in the MRI department using the specialty rotation request form.
    - The Clinical Coordinator will submit these requests to the clinical affiliate's clinical preceptor.
    - The clinical preceptor will contact the MRI department to set up a four- or eight-hour observational experience for the student.
    - The student will arrive on the specified date and time of the MRI observation. Prior to MRI departmental zones III and IV access being granted, the student will complete the required MRI safety forms and review the safety regulations and requirements with the supervising MRI technologist.

p. Affiliate Agency Policies

1. Agency policies will be presented to the student during orientation which is generally during the first few days of the clinical rotation. The student is expected to be aware of these policies and to adhere to them.
2. The patient always reserves the right to refuse the student access to the examination.
3. The welfare of patients and their families takes precedence over the learning needs of students. When a student demonstrates conduct that is clinically unacceptable, unethical, or unsafe, he/she may be denied further clinical involvement. This can be for a single severe incident or for a pattern of repetitive behaviors.
4. Each affiliate agency will have an individual employed by that agency designated as a clinical preceptor. This clinical preceptor will be responsible for the student while in the agency. This includes monitoring attendance, orientation of student, answering any questions, evaluating the student (formative and summative), mentoring, assuring comparable educational experiences, and communicating questions or concerns with Boise State. Attendance and rotational assignments are controlled by the Clinical Coordinator at Boise State.
5. **Disclaimer: Clinical affiliates may change policy or increase requirements in order for students to attend their facilities. Boise State will abide by these changes in policy. Boise State may need to change clinical rotation assignments for a variety of reasons. Students will need to be flexible to adapt to possible clinical rotation assignment changes with minimal notice.**

q. Student Employment in Clinical Affiliates

1. The clinical experience should be regarded as a learning experience. Students are not to be substituted for staff radiologic technologists. They shall not take the responsibility or the place of qualified technologists.
2. Students may be employed in a clinical setting outside of regular education hours, provided the work does not interfere with regular academic responsibilities. The work must be non-compulsory, paid and subject to employee regulations. Administrative responsibility for this process shall be external to the program. If employment requires a radiation monitoring badge, the student will NOT substitute their student badge for an employer sponsored monitor.

3. Academic responsibilities are the first concern of the student and the first concern of the University Faculty. Consequently, students will be counseled if excessive work hours or untimely work hours are affecting their performance.
4. The student may perform clinical competency examinations only during assigned clinical periods. Examinations done during employment periods are not allowed.

r. Infectious Diseases

1. Each clinical facility is expected to practice standard precaution procedures in the care
2. of patients. The student technologist is educated in, and is expected to be knowledgeable about the practice of these precautions and care for patients.
3. Clinical grades are awarded according to student performance. Refusal to render care to any patient may result in dismissal from the program.

s. State of Idaho Worker's Compensation Insurance Coverage

1. **As required by Idaho State Code Title 72 all students enrolled and participating in** clinical education activities are covered by Boise State University's worker's compensation insurance coverage. This means that a student who sustains an injury while participating in a regularly scheduled clinical activity, after completing the necessary care addressing the emergent situation, must notify the Clinical Coordinator or Program Director immediately to report the accident and begin the insurance review process. Working with the site's clinical preceptor, the student will complete the Worker's Compensation Accident Report form (Appendix 12) in addition to any agency forms required by the clinical site. The Worker's Compensation Accident Report form will be delivered to the Clinical Coordinator or Program Director within 24 hours. The Clinical Coordinator/Program Director will assist the student to route the information to the appropriate BSU agency for review. Submission of a report does not mean that the insurance vendor will approve the request.

t. Student Injury

Purpose:

1. Students participating in Boise State University College of Health Sciences programs may be at risk for injury or exposure to communicable diseases in a variety of clinical situations. The goal of the University Faculty is to preserve the health and safety of students, clients, and University Faculty in any clinical setting.
2. The purpose of this policy is to provide guidance to both the student and the clinical University Faculty regarding procedures, rights and responsibilities in the event of student injury/exposure in the clinical setting.
3. Definition: An exposure is an occurrence in which a person is subjected to an infectious agent in such a way that could lead to acquisition of a disease.
4. Procedures

Injury Sustained in the Clinical Setting:

1. Should a student be injured while in the clinical setting, the following procedure applies:

2. The student will immediately notify the clinical supervising faculty member of the incident.
3. The student will notify the agency staff (clinical preceptor) responsible for the student in that agency.
4. The student will follow the agency policy for reporting an injury, which may include completion of an incident or occurrence report, evaluation of the injury by the agency's employee health service or emergency department.
5. The clinical preceptor will assist the student in reporting and accessing agency resources necessary for risk assessment, referral for screening, testing and/or treatment.
6. The clinical University Faculty will complete the Student Injury-Exposure Report form (available through the Office of Risk Management website) obtain the student's signature on the form, and place the completed form in the student's program file. Boise State University
    a. A copy of this form is available on the Canvas Clinical Resource Site and in the appendix of this handbook.
    b. The most current information is located on the BSU risk management website: https://www.boisestate.edu/rmi/
7. Go to University Health Services or St. Luke's Occupational Health Clinic if medical attention is needed.

5. Prevention of Transmission of Communicable Disease with Accidental Exposure
    1. Exposure
        a. Should exposure to infectious disease (such as TB) occur, the clinical University Faculty and/or agency clinical supervisor (Clinical preceptor) will supply information regarding the appropriate protocol. Should a puncture wound or other body fluid exposure to mucous membrane/open skin area occur, the student should implement the following procedures:
    2. Procedure of Accidental Exposure to Blood or Body Fluid
        a. All contaminated needle sticks or body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.
        b. If the student sustains a puncture wound:
            i. Withdraw needle or to the object immediately.
            ii. Immediately wash hands/area of puncture wound using soap and water; follow with an application of Povidone iodine and/or alcohol.
            iii. Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
            iv. Wipe away any blood.
    3. If the student receives a spray or splash of body fluids:
        a. To eyes, nose, or mouth – irrigate with a large amount of water.
        b. To a break in the skin, follow procedure for puncture wound.
        c. The student will report the incident immediately to the clinical preceptor, to the agency clinical supervisor, and to the agency Infection Control Practitioner/Safety Office/Employee Health Services. The student must complete an exposure form according to the policy of the clinical agency.

    d. Most agencies will charge a fee for any testing or health care. If there is a fee for any services, the student will be responsible for the cost.
4. The student will follow the clinical agency's procedures for reporting and follow-up of the exposure. Any required incident report should be completed before leaving the facility.
5. Go to University Health Services or St. Luke's Occupational Health Clinic if medical attention is needed.
6. The most current information is located on the BSU risk management website: https://www.boisestate.edu/rmi/

6. Injury—Exposure Report form, available at the Office of Risk Management web site –
    1. The student should seek advice, screening and/or treatment within 24 hours at any of the following agencies:
        a. University Health Services
        b. St. Luke's Occupational Health Clinic
    2. The student should seek information regarding the need for serum globulin (HBIG-hepatitis B immune globulin), Hepatitis B Vaccine, HIV testing, and tetanus immunization or other recommended treatment.
    3. The student may seek counseling or referral regarding implication of the exposure, risks and/or treatment for the following agencies:
        a. Boise State University Counseling Center 208-426-1459
        b. Private provider
7. Rights and Responsibilities Regarding Injury - Exposure
    1. Student Rights
        a. The student has the right to receive accurate information with which to make informed decisions.
        b. The student has the right to decide on the course of action regarding an injury/ exposure.
        c. The student has the right to privacy of information regarding any injury/ exposure.
    2. Student Responsibilities
        a. The student has the responsibility to follow the clinical agency policy regarding injury/exposure.
        b. The student has the responsibility to protect patient/public safety.
    3. University Faculty
        a. The clinical preceptor will assist the student in completion of required reports and evaluation as required by the clinical agency policy. If needed, the University Faculty will assist the student in completion of a risk assessment regarding the accidental exposure.
    4. The University Faculty will:
        a. Ensure that the student is informed of his/her rights and responsibilities and the required procedures as described above.
        b. Inform the student regarding and may assist the student in accessing resources for risk assessment, screening, advice, referral for testing, treatment, and counseling.

c. Assist the student to analyze the occurrence regarding implications, if any, for future practice. d. Assure that the Student Injury –Exposure Report form is completed, including student signature, and placed in the student's program file.

XI. FACULTY ROLES

a. Program Director

Position Summary

Manages delivery of educational services to assist individuals in the educational process of becoming a radiologic technologist. Works with the institutional administrators for financial, physical and human resources to provide instructional services in radiographic imaging. Exercises professional judgement in performance of duties and maintains a demeanor complimentary to medical ethics. Monitors program/department operations to assure compliance with governmental regulations and standards established by accrediting services. Teaches appropriate course curriculum essential for successful completion of program objectives.

Responsibilities

1. Plan the structure, delivery and daily operations of the program in accordance to the overall mission and goals of the institution, college, school and department.
2. Recommend short- and long-term goals, developing objectives and maintaining the program's master plan of education.
3. Administer program goals and demonstrates the ability to develop and organize plans of instruction and evaluation.
4. The development and administration of an assessment plan with periodic outcome review and evaluation of program strength/areas of improvement, plans for continued development, and analysis of program curricula effectiveness.
5. Ensure the program activities operate within the policies and procedures of the university accreditation and the JRCERT accreditation standards.
6. Ensuring the effectiveness of all clinical affiliates is maintained via overseeing, monitoring, and communicating with the clinical coordinator regarding equity/quality of student clinical rotations and access for students to meet the clinical learning objectives.
7. Coordinate development and revision of course descriptions, outlines and lesson plans; in addition to didactic, laboratory, and clinical education.
8. Organize and oversee student recruitment, application, interview, selection and retention process for program.
9. Ensure students are meeting programmatic learning outcomes, following institutional and programmatic policies, adhering to ARRT Code of Ethics, and are operating within the standards set by the university and the JRCERT.
10. Report program effectiveness outcomes and assessment outcomes to the university, department chair and the JRCERT.
11. Coordinate and complete all required steps/processes for data collection, report drafting, and site visits associated with annual reports, interim self-studies, and request for continued accreditation through the JRCERT.
12. Coordinate and complete the required steps/processes for data collection, report drafting, and responses for university program assessment report and program prioritization processes in conjunction with the department chair.
13. Maintain adjunct personnel and student records, respecting confidentiality and established policy.

14. Provide for methods of recruitment and retention adjunct staff.
15. Maintain knowledge of subject matter via continuing education or professional development, maintain professional credentials and proffers a positive attitude toward students and teaching.
16. Attends department/school/college meetings, conducts clinical preceptor meetings and serves on assigned committees.
17. Coordinate and/or participate in department/school/college/university student recruitment events.
18. Participates in university/school/college research and publish papers in accordance with university policies/standards.
19. Teach didactic courses.
20. Mentor new adjuncts and faculty members.

Qualifications

1. Be an appointed faculty member or institutional equivalent
2. Possess a minimum of a Master's Degree
3. Have course work in instructional methodologies, evaluation and assessment
4. Possess the appropriate credential(s) specific to one or more of the concentrations(s) offered
5. Have documented experience in supervision, instruction, evaluation, student guidance and in education theories and techniques thus demonstrating proficiency in curriculum development
    a. Documentation of experience in educational theories and techniques may include completed college courses, seminars, or in-service sessions on topics including, but not limited to: learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.
6. Possess a minimum of three years of full-time experience as a ARRT registered radiographer in the professional diagnostic radiology field. Full-time is defined as 35 hours per week.
7. Document's two years' experience as an instructor in a JRCERT-accredited program.

b. Clinical Coordinator

Position Summary

Oversees the delivery of clinical education. Assists students as they acquire skills to image the human body and assist with treatment and procedures using diagnostic radiology. Works in concert with the program director to design a well-rounded, equitable rotation of clinical assignments for students and assists with the identification and cultivation of new clinical relationships for the program. Monitors clinical facility operations to assure program curriculum maintains consistency and compliance with facility requirements and standards. Ensure student clinical participation and access meets programmatic accreditation standards. Teaches and evaluates student clinical performance in collaboration with the program director. Exercises professional judgment in performance of duties and maintains a demeanor complimentary to the ASRT professional code of ethics and scope of practice.

Responsibilities

1. Maintains familiarity with program goals and understands clinical course materials.
2. Coordinates clinical education requirements with didactic education in concert with the program director.
3. Assists in maintaining student records respecting confidentiality and established policy.
4. Assures the recording of continuing student health records, CPR competency and insurance status. Communicates these with clinical affiliates each semester.

5. Works with clinical affiliate education departments to schedule student clinical rotations through third-party software and ensures that students have completed all clinical orientation tasks in accordance with clinical affiliate policies.
6. Participates in department meetings and serves on assigned department, school, college, university committees consistent with goals of the educational program.
7. Participates in student recruitment, interview and selection process for program entrance and retention requirements.
8. Assists with the evaluation and selection of clinical educational material and equipment.
9. Assists the program director in the maintenance of JRCERT program accreditation.
10. Assists the program director to identify and cultivate relationships with new clinical sites.
11. Creates a balanced and equitable clinical rotation schedule for each student.
12. Maintains a regular schedule of clinical preceptor visits and reports findings to the program director in order to ensure the effectiveness of clinical experiences.
13. Acts as the first line of communication between program and clinical affiliates.
14. Provides guidance to clinical preceptors when clinical questions or concerns arise.
15. Reports to the program director and provides a periodic student performance appraisal.
16. Provides clinical instruction while conducting image critiques and evaluates procedure techniques with students.
17. Assures students attain the learning objectives/outcomes of each clinical course.
18. Evaluates and documents the assessment and progression of clinical performance to demonstrate a student's practical ability to perform procedures and exhibit clinical competence during the remediation process.
19. Maintains and applies good interpersonal and communication skills.
20. Facilitates clinical preceptor meetings, annually at a minimum.
21. Coordinates continuing education opportunities for clinical preceptors.
22. Exhibits a positive attitude toward students and clinical teaching.
23. Maintains knowledge of diagnostic radiology through professional practice and/or continuing medical education.
24. Forwards department meeting minutes to adjunct clinical course instructors and assesses student clinical progress on a monthly basis.
25. Teach didactic courses.
26. May act as "acting" program director as necessary.

Qualifications

1. Be an appointed faculty member or institutional equivalent
2. Possess a minimum of a Bachelor's degree
3. Maintains ARRT certification and demonstrates competency within the discipline for which they have responsibility.
    a. Holds the appropriate credential(s) specific to the concentration(s) coordinated.
4. Qualified through academic preparation and experience to teach clinical and appointed radiography coursework.
    a. Has documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques
5. Possess a minimum of two years of full-time experience as a ARRT registered radiographer in the professional diagnostic radiology field. Full-time is defined as 35 hours per week.
6. Document's one year's experience as an instructor in a JRCERT-accredited program.

c. University Faculty

Position Summary:
As an employee of Boise State, provides instruction of programmatic courses.

1. Duties and Responsibilities:
    1. Provides instruction for assigned courses based on workload, programmatic and departmental needs.
    2. Creates course learning objectives, lecture materials, course assignments, course examinations and maintains the course management site using the programmatic curricular plan, most current ASRT radiography curriculum guide, current radiography practice standards, current scope of practice for radiographers, current literature/research and requiring higher orders of learning such as critical thinking, problem solving, analysis and evaluation.
    3. Makes time available to meet with students outside class time via open office hours and/or appointment.
    4. Provides regular, timely feedback on student progress and successes.
    5. Reports back to the program director with student concerns and/or concerns with student success.
2. Qualifications:
    1. Hold current ARRT(R) certification and registration in radiography, in good standing with the ARRT.
    2. Holds at minimum a Bachelor's degree.
    3. Proficient in course development, instruction, evaluation, and academic advising.
    4. Qualified to teach assigned subjects.
    5. Documents at minimum two years' clinical experience in radiography.

d. Critique Instructor

Position Summary:
On a regular basis and as an employee of Boise State, provides evaluation of student clinical competencies, listens and attends to student problems, and provides for student clinical needs. Must possess an ARRT(R) credential and be in good standing with the ARRT, and an employee of Boise State.

1. Duties and Responsibilities:
    1. Negotiates a meeting time/day/room with the department chair for critique evaluation of student-performed examinations.
    2. Conducts critique evaluation sessions on a scheduled basis with all students assigned to the clinical section.
    3. Observes student performance and behavior. Ten percent (10%) of the student's final grade is based on these observations and specified performance areas.
    4. Maintains cumulative records of student-performed examinations and is responsible for calculating final grades. Paperwork for student's files must be completed no later than the middle of finals week.
    5. Reports current clinical site information and student clinical progress/issues to Clinical Coordinator.
    6. Contacts the clinical coordinator to report/discuss student issues.

7. Regularly reviews reflection entries.

2. Qualifications
    1. Hold current ARRT(R) certification and registration in radiography, in good standing with the ARRT.
    2. Documents at minimum two years' clinical experience in radiography.

e. Clinical Preceptor

Position Summary:

1. In the clinical setting, as an agency employee, provides education and supervision for the radiologic sciences student, consistent with the established standard of medical care in the community.
2. Must possess an ARRT(R) credential and be in good standing with the ARRT.
3. Requires two years' experience as a registered Radiologic Technologist.
4. Certain clinical sites may have Assistant Clinical Preceptors under the supervision of the Clinical Preceptor, allowing mentoring and supervision of students. The same credential and experiential requirements apply.
5. Duties and Responsibilities:
    1. Demonstrates knowledge of program goals, clinical objectives and clinical evaluation systems and ensures these are communicated with site technologists.
    2. Provides appropriate and adequate clinical supervision, both direct and indirect in accordance with documented student competencies and/or repeated images.
    3. Provides students with appropriate and adequate clinical instruction and assures that students have access to a variety of examinations.
    4. Performs affective evaluations on all students at least twice during each regular semester and communicates these evaluations in both a written and verbal format.
    5. Exhibits a positive professional attitude toward students and the teaching process.
    6. Participates in continuing education to improve and maintain competence in evaluation and professional skills.
    7. Communicates regularly with the university faculty to communicate student progress, strengths, and weaknesses.
    8. Provides a positive role model for students through application of the ASRT practice standards and the ARRT Code of Ethics.
    9. May participate in the student selection process.
    10. Attends clinical preceptor meetings as scheduled in order to maintain competency in instruction and department policy. Also attends seminars and conferences as supported by the department.
    11. Arranges student specialty rotations as requested by students.
    12. Monitors student attendance.
    13. Assures students are supervised by a professional meeting both the program and JRCERT standards.

f. Supervising Technologist

1. Must possess an ARRT(R) credential and be in good standing.

2. When a student makes the request to earn a competency:
    1. Reviews the request for the radiographic examination to:
        a. Make a decision as to whether or not the student can perform the examination with reasonable success.
        b. Determine that the condition of the patient does not contradict performance of the examination by the student.
        c. Completes the check-off card upon the request of the student to validate competency performance.
    2. Ensure patient safety at all times.
    3. For all competency and repeat imaging demonstrations, provides **direct supervision of the student**.
    4. Critiques completed radiographs with the student and approves the radiographs prior to dismissal of the patient.
    5. Ensures the exam has been properly post-processed and delivered to PACS.
    6. Evaluates the student's overall performance utilizing the "Technologist-Student Performance Evaluation" form.
    7. Stays in the vicinity of the radiographic area and is available for immediate assistance to the student during clinical education time. This is indirect supervision.

XII. CLINICAL AFFILIATES

a. Boise State University maintains affiliation agreements with various clinical sites. These agreements outline the objective of the collaboration for clinical participation as well as the responsibilities of each party. Each participating site has been approved by the JRCERT as appropriate to provide clinical education. As each clinical agency has different patient volumes and a different mix of examinations, students will rotate to multiple facilities throughout their tenure in the program. Students will complete a rotation at a patient care skills facility where the primary focus will be obtaining competency with patient care skills.

b. There are five major objectives of student clinical rotations:
    1. Since each agency differs in size and volume, all students will receive comparable educational experiences.
    2. Health care is all about change. By rotating to various sites, students will become adept at adapting to change efficiently and effectively.
    3. Radiographers are employed in multiple types of clinical environments. The rotations through agencies will allow an increased exposure to many career options.
    4. Each agency offers insight to the health care environment beyond the radiographic images. Students should understand the constraints of different health care delivery systems.
    5. Students should experience a variety of diagnostic equipment and digital imaging/PAC systems.

c. Current list of clinical agencies affiliated with Boise State: Available on Canvas clinical resource site as a Google doc and on the JRCERT website.

XIII. SUGGESTIONS FOR SUCCESS

Ten Commandments for Effective Study
by Larry M. Ludwig, Kilgore College (TX)

1. THOU SHALT BE RESPONSIBLE, AND THOU SHALT BE ACTIVE - FOR THERE BE NO OTHER PASSAGE TO ACADEMIC SUCCESS!

Responsibility means control. Your grade in a class is relatively free of any variable other than your own effort. Sure, you may have a lousy professor. It happens. But remember: you are the one who has to live with your grade. It goes on your grade report, not your instructor's. If you are seeking a way of increasing learning and improving grades without increasing your study time, active classroom participation is your answer. Look at it this way: classroom time is something to which you are already committed. So, you can sit there, assume the "bored student position" - arms crossed, slumped in the chair, eyes at half-mast - and allow yourself an "out-of-body" experience. Or, you can maximize your classroom time by actively listening, thinking, questioning, taking notes, and participating totally in the learning experience.

II. THOU SHALT KNOW WHERE THY "HOT BUTTONS" ARE, AND THOU SHALT PUSH THEM REGULARLY!!

The next time you seat yourself in class, ask yourself these questions:

- What am I doing here?
- Why have I chosen to be sitting here now?
- Is there some better place I could be?
- What does my presence here mean to me?

Your responses to these questions represent your educational goals. They are the "hot buttons," and they are, without a doubt, the most important factors in your success as a college student. College is not easy. Believe it or not, there will be times when you tire of being a student. And that's when a press or two on the hot buttons can pull you through!

III. IF THOU HATH QUESTIONS, ASKETH THEM. IF THOU HATH NO QUESTIONS, MAKETH SOME!

Just as a straight line usually indicates the shortest distance between two points, questions generally provide the quickest route between ignorance and knowledge. In addition to securing knowledge that you seek, asking question has at least two other extremely important benefits. The process helps you pay attention to your professor and helps your professor pay attention to you.

IV. THOU SHALT LEARN THAT THOU AND THY PROFESSOR MAKETH A TEAM - AND THOU SHALT BE A TEAM PLAYER!

Most instructors want exactly what you want: they would like for you to learn the material in their respective classes and earn a good grade. After all, successful students reflect well on the efforts of any teacher; if you learned your stuff, the instructor takes some justifiable pride in teaching.

V. THOU SHALT NOT PARKETH THY BUTT IN THE BACK!

Suppose you pay $50 to buy concert tickets for your favorite musical artist. Do you choose front row seats or the cheap seats at the rear of the auditorium? Why do some students who spend far more money on a college education than on concerts willingly place themselves in the last row of the classroom? In class, the back row gives invisibility and anonymity, both of which are antithetical to efficient and effective learning.

VI. THOU SHALT NOT WRITE IN THY NOTES WHAT THOU FAILETH TO UNDERSTAND!

Avoid the "whatinthehellisthat" phenomenon experienced by most college students. This unique reaction occurs when students first review their notes for a major examination. Being unable to read, decipher, or comprehend the mess that passes for notes, students are likely to utter the expression that grants this particular phenomenon its name.

VII. IF THINE INTEREST IN CLASS BE GONE, FAKETH IT!

If you are a good actor, you may even fool yourself into liking the lecture. How do you fake interest? You simply assume the "interested student position": lean forward, place your feet flat on the floor in front of you, maintain eye contact with your professor, smile or nod occasionally as though you understand and care about what your instructor is saying, take notes, and ask questions.

VIII. THOU SHALT KNOW THAT IF SILENCE BE GOLDEN -RECITATION SHALT BE PLATINUM!

Recitation is not only good for checking whether or not you know something; it's perhaps the best method for learning it in the first place. Reciting unquestionably provides the most direct route between short-term and long-term memory.

IX. THOU SHALT KNOWETH THAT CRAM IS A FOUR-LETTER WORD!

If there is one thing that study skills specialists agree on, it is that divided periods of study are more efficient and effective than a single period of condensed study. In other words, you will learn more, remember more, and earn a higher grade if you prepare for Friday's examination by studying one hour a night, Monday through Thursday, rather than studying for four hours straight on Thursday evening.

X. THOU SHALT NOT PROCRASTINATE - AND THOU SHALT BEGINNETH NOT DOING IT RIGHT NOW!

An elemental truth: you will either control time or be controlled by it! There is no middle ground. It's your choice: you can lead or be led, establish control or relinquish control, steer your own course or have it dictated to you. When I ask students which they prefer, choosing their own path or having it chosen for them, they almost uniformly select the first option. In spite of this response, however, failure to take control of their own time is probably the number one study skills problem of college students.

Source: By Larry M. Ludwig, the Teaching Professor, 1992, 6(10), 3-4. Reprint with permission from Magna Publications

BECOME THE MOST SUCCESSFUL STUDENT YOU CAN BE
Guidelines and Thoughts for Academic Success

Successful students exhibit a combination of successful attitudes and behaviors as well as intellectual capacity.

Successful students . . .
1) . . . are responsible and active. Successful students get involved in their studies, accept responsibility for their own education, and are active participants in it! .
2) . . . have educational goals. Successful students have legitimate goals and are motivated by what they represent in terms of career aspirations and life's desires.
3) . . . ask questions. Successful students ask questions to provide the quickest route between ignorance and knowledge.
4) . . . learn that a student and a professor make a team. Most instructors want exactly what you want -- they would like for you to learn the material in their respective classes and earn a good grade.
5) . . . don't sit in the back. Successful students minimize classroom distractions that interfere with learning.
6. . . . take good notes... Successful students take notes that are understandable and organized, and review them often.
7) . . . understand that actions affect learning. Successful students know their personal behavior affect their feelings and emotions which in turn can affect learning. Act like you're disinterested and you'll become disinterested.
8) . . . talk about what they're learning. Successful students get to know something well enough that they can put it into words.
9) . . . don't cram for exams. Successful students know that divided periods of study are more effective than cram sessions, and they practice it.
10) . . . are good time managers. Successful students do not procrastinate. They have learned that time control is life control and have consciously chosen to be in control of their lives.
Paraphrased from an article by Larry Ludewig called Ten Commandments for Effective Study Skills which appeared in The Teaching Professor, December 1992.

ARRT Code of Ethics

Students will adhere to the code of ethics as described by the American Registry of Radiologic Technologists.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registered Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.
    www.arrrt.org

Outcomes Assessment Plan

Diagnostic Radiology Bachelor of Science Program
Fall 20__ – Spring 20__

Goal 1: Students will be clinically competent.					
Outcome	**Measurement Tool**	**Benchmark**	**Timeframe**	**Responsible Party**	**Results**
Students will position the patient and imaging system to perform radiographic examinations and procedures.	RADSCI 223 Radiographic Positioning I Mid-Term and Final Examination Scores	Average score of 80 or higher (100-point scale)	Soph. Year – Fall semester	Course Instructor to report results to the Program Director during mid-term and finals weeks	
	RADSCI 313 Fluoroscopic & Contrast Medias Final exam scores	Average score of 80% or higher	Soph. Year – Spring Semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 285/375 and 376/386/406 Clinical Experience Final Clinical Competency Forms -Random Sampling of three competencies per student	Average score of 85 or higher (100-point scale)	Soph. Year – Spring/Summer Semester Jr. Year – Fall Semester	Clinical Coordinator to collect and compile data	
Students will determine exposure factors to obtain diagnostic radiographs of optimal quality with minimal radiation exposure	RADSCI 201 Radiographic Imaging Laboratory -Technique Chart Creation Lab	Average score of 80% or higher	Soph. Year – Spring Semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 285, 386 and 406 Clinical Experience Average of Bi-weekly Student/Technologist evaluations, section H.	Average of 2 or higher (0-3 point scale) No “0” scores	Soph. Year – Spring Jr. Year – Fall Final Year – Spring (final semester)	Clinical Coordinator to collect and compile data	

Students will provide a safe environment for patient, self and others through application of body mechanics, radiation protection procedures and standard precautions	RADSCI 105 Interdisciplinary Patient Care Skills; check-off scores for Patient Transfer, Donning/Doffing PPE, and Sterile Procedures skills	95% of students will pass these competencies on the first attempt.	Soph. Year – Fall Semester	Radiography Course Instructor to report results to the Program Director during finals week	
	RADSCI 311 Radiobiology -Comprehensive Final Exam Grades	Average score of 80% or higher	Jr. Year – Fall Semester	Course Instructor to report results to the Program Director during finals week	
	Employer Assessment Survey	Average score of 3.5 or higher (5point scale)	5 months post-graduation	Program Director	

Goal #2: Students will communicate effectively.					
Outcome	**Measurement Tool**	**Benchmark**	**Timeframe**	**Responsible Party**	**Results**
Students will use effective oral communication skills.	RADSCI 420 Senior Recitation & Integration Student-led Review Session: Oral presentation and visual aid rubric	Average score of 90 or higher (100-point scale)	Final Year – Spring Semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 285, 386 and 406 Clinical Experience Average of Bi-weekly Student/Technologist evaluations, section C and D each course	Average of 2 or higher (0-3point scale) No "0" scores	Soph. Year – Spring Jr. Year – Fall Jr. Year – Spring	Clinical Coordinator to collect and compile data	
Students will use effective written communication skills.	RADSCI 311 – Primary Research paper discussing such topics as reduction in ionizing radiation exposure. Grading rubrics – final paper score	Average score of 85 or higher on rubric (135-point scale)	Jr. Year - Fall Semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 410 Health Promotion and Leadership Final Presentation Score, written portion Grading rubric – final paper score	Average score of 85 or higher (100-point scale)	Final Year – Spring Semester	Course Instructor to report results to the Program Director during finals week	

Goal #3: Students will use critical thinking and problem-solving skills.					
Outcome	**Measurement Tool**	**Benchmark**	**Timeframe**	**Responsible Party**	**Results**
Students will modify standard procedures to accommodate for patient condition, equipment changes and other variables	RADSCI 223 and 243 Radiographic Positioning I and II Random Sampling of three trauma simulations per student.	Average score of 80 or higher (100-point scale)	Soph Year – Fall and Spring semesters	Course Instructor to report results to the Program Director during finals week	
	Final Clinical Rotation Form, RADSCI 406	Average score of 85 or higher on each trauma competency (100-point scale)	Sr. Year – Spring Semester	Clinical Coordinator to collect and compile data	
Students will recognize emergency patient conditions and initiate first aid and basic life support procedures	RADSCI 105 Interdisciplinary Patient Care Skills Vital Signs Competency Check-off	Active participation in patient care competency skills check-offs 95% of cohort will pass simulation	Soph. Year – Fall Semester	Radiography Course Instructor to report results to the Program Director during finals week	
	RADSCI 310 Unit 3 Adverse Events Examination Score	Average score of 80% or higher	Jr. Year – Fall Semester	Course Instructor to report results to the Program Director during finals week	

Goal #4: Students will evaluate the importance of professional growth and development.					
Outcome	**Measurement Tool**	**Benchmark**	**Timeframe**	**Responsible Party**	**Results**
Students will understand and appreciate the community of service, both professional and local, and the needs of individuals in a community	RADSCI 234-Introduction to Clinic-Unit 2 test	Average score of 80 or higher (100-point scale)	Soph. year – Fall semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 410 Health Promotion and Leadership attendance of three cultural events and reflection papers written on professional and personal growth concepts learned from the events	Average score of 85 or higher (100-point scale)	Jr. year – Spring semester	Course Instructor to report results to the Program Director during finals week	
Students will reflect upon and explore professional pathways in the medical imaging profession in preparation for employment and career advancement.	RADSCI 392-Final grade on resume/ cover letter assignment	Average scaled score of 80 or higher (100-point scale)	Final year – Fall semester	Course Instructor to report results to the Program Director during finals week	
	RADSCI 406 Clinical Experience Advanced Modality Rotation Reflection essays	Average score of 85% or higher on all three advanced modality reflections (30-point scale grading rubric)	Final year – Spring semester	Course Instructor to report results to the Program Director during finals week	

Program Effectiveness Measures					
Outcome	**Measurement Tool**	**Benchmark**	**Timeframe**	**Responsible Party**	**Results**
Students will pass the ARRT national certification exam on the 1st attempt.	ARRT 1st Time Pass Rates	90% or higher	September of Every year	Program Director	
Graduates actively seeking employment will be employed within 3 months of graduation	Graduate Survey	90% or higher	September of Every Year	Program Director	
Students will complete the program within 45 months.	JRCERT Program Annual Report	85% or higher	September of Every Year	Program Director	
Students will be satisfied with the education received via the program	Graduate Survey	3.0 or higher (5 point scale)	May of Every Year	Program Director	
Employers will be satisfied with each graduate's performance	Employer Survey	3.5 or higher (5 point scale)	October of Every Year	Program Director	

BOISE STATE UNIVERSITY
COLLEGE OF HEALTH SCIENCES

CHS-313
Effective 06-29-12
Revised 03-31-17
07-15-21
06-13-22

313.0 STUDENT BACKGROUND CHECK POLICY

Purpose:
To establish policy and procedure for requirement of student background checks, and to inform students of criminal background checks required for admission into and progression through programs and courses that include the direct and indirect delivery of patient care services at facilities where background checks are required as part of an affiliation agreement with the university or is required for licensure or certification in the field of study.

Scope:
The College of Health Science requires a Background Check (BGC) as defined below on all students enrolled in courses involving the direct and indirect delivery of patient care services where facilities require a BGC based on an affiliation agreement. Students are expected to have and maintain a clean background, with no record of conviction of any of the crimes identified in Section III of this policy and no pattern of behavior deemed to be unprofessional, or that is believed to put patients, faculty and/or students at risk, as they are admitted to and progress through programs and courses that require a BGC. Such determinations related to behavior or risk are in the sole discretion of the responsible party. Failure to pass a background check may prevent the student from participating in the clinical experiences and may delay the student's completion of the degree program requirements or prevent the student from completing the degree program.

Responsible Party:
The department/school chair or designee of each program, offering courses that involve the direct and indirect delivery of patient care services.

Definitions:
Clean Background Check or BGC: No convictions of crimes listed in Section III, and no pattern of behavior deemed to be unprofessional (that is believed to put patients, faculty and/or students at risk).

Conviction, for purposes of this policy, shall mean:

- Guilty plea or verdict (regardless of the form of the plea or disposition of the case)
- Withheld judgment
- Plea agreement

Note: Arrest (pending charges) until the verdict is rendered, dismissals and acquittals are not considered convictions, but may be considered in the assessment of patterns of behavior.

CHS-313
Effective 06-29-12
Revised 03-31-17
07-15-21
06-13-22

I. Policy Statement

A. All students in the College of Health Sciences enrolled in courses that involve the direct and indirect delivery of patient care services where an affiliation agreement exists between the facility and Boise State which requires a BGC are covered under this policy.
B. Prior to admission into a program or course involving the direct and indirect delivery of patient care, all students ~~will~~ may be required to have a recent BGC. Recent is defined as no older than 6 months prior to the start of the class/experience. Failure to undergo the BGC will result in dismissal from the program or course.
C. A criminal background check may also be required based on certain program requirements related to licensure or certification specifications.
D. Once admitted into a program or while participating in courses which include the direct and indirect delivery of patient care subject to an affiliate agreement:

1. Students will have a BGC conducted approximately every six months, within 120 days of placement within facility.
2. Students are required to immediately self-report ALL ARRESTS for any misdemeanors or felonies to the appropriate Department/School Chair regardless of type and match to those listed in Section III.
3. Departments/Schools may check arrest records of students without notification.
4. Failure to immediately (within 48 hours of arrest) notify the Department/School of an arrest is grounds for dismissal from the program.
5. Failure to undergo the BGC will result in dismissal from the program.

II. Procedure

A. BGCs will be performed by and results obtained from the company selected by the College and will include the following:
    1. Social security number and identity verification.
    2. Criminal search (7 years) national and county including maiden and alias names for any felony or misdemeanor convictions.
    3. National Sex Offender Registry
    4. Office of Inspector General (OIG) List of Excluded Individuals/Entities
    5. General Services Administration (GSA) List of Parties Excluded from Federal Programs.
    6. US Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN).

7. The company must make an electronic copy of the report available to the Department/School representative.

B. Depending upon the admission process of each program, students may be conditionally admitted to their educational program prior to passing their background check. All conditionally admitted students will be given a copy of the information sheet describing the procedure used to obtain a BGC. Students will request and pay for the standard College of Health Sciences BGC through the company selected by the College.
   1. Results of the BGC will be available through secure electronic access to the company website for review by the School/Department/Program designee of the admitting program.
   2. Results of the BGC will be available to the student through access to the account created by the student when they initiated the background check process.

C. A designee of the School/Program/Department will access and review the results of each student's background check. Students will be notified if their background check will be printed.

D. The student will be fully admitted to and retained in the program/course if the BGC result contains:
   1. No convictions
   2. Only minor misdemeanor charges that do not violate the policies of the admitting program or professional Code of Ethics.
   3. No pattern of behavior deemed to be unprofessional, believed to put patients, faculty and/or students at risk, or creates concern for the appropriateness of the individual to work in a health care setting.

E. If a BGC result contains convictions for an offense or offenses listed in Section III, or demonstrates a pattern of behavior deemed to be unprofessional, or that is believed to put patients, faculty and/or students at risk, the student will be provided the CHS-313 policy and notified in writing that his/her admission to the program/course has been withdrawn. If the student wishes to appeal this decision and continue the admission process or retain admission to the program, the student must:
   1. Follow the COHS Clinical/Non-Clinical Internship/Practicum Suspension/Dismissal Policy process.

F. Results of BGCs will be securely maintained by the background check company designated by the COHS for program access.

G. Results of a BGC performed for hire at a local health care agency may not be used for affiliation with Boise State University due to variances in quality of the background checks.

H. Students who leave the program, regardless of reason, will need to repeat the BGC before being readmitted.

I. Students who have an arrest for any crime listed in this policy while in the program will be removed from clinical. In order to return to clinical, students must follow step E, and abide by the decision of the COHS Clinical Affiliation Committee.

J. All affiliated agencies have the ability to request copies of any student's BGC when the student is scheduled for clinical participation at that specific agency.

III. Conviction Categories, Crimes and Time Periods

A. A pattern of behavior deemed to be unprofessional, or that is believed to put patients, faculty and/or students at risk or which will preclude licensure or certification, may result in dismissal from the program or class which has a direct or indirect patient care requirement. As stated in the Scope, such determinations related to behavior or risks are in the sole discretion of the responsible party.

B. Felony or misdemeanor convictions, plea agreement or withheld judgment as defined in this policy, for any crimes listed in this section will result in notification to the student that his/her admission to the program/class has been withdrawn. If the student wishes to appeal this decision and continue the admission process or retain admission to the program, the student must follow the process outlined in Section II.E.

C. The time period for the following crimes is not limited:

1. Sexual assault, rape, indecent exposure, lewd and lascivious conduct, or any crime involving nonconsensual sexual conduct committed at any time.
2. Child abuse, sexual exploitation of children, child abduction, child neglect, contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants committed at any time.
3. Reckless endangerment
4. Homicide or manslaughter committed at any time.
5. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly) committed at any time.
6. Drug trafficking
7. Kidnapping
8. Mayhem, as defined by Section 18-5001, Idaho Code.
   a. Reference: http://www.legislature.idaho.gov/idstat/Title18/T18CH50SECT18-5001.htm
9. Poisoning

D. The time period for these crimes is the past seven years:

2. Assault or Battery

3. Offenses involving substantial misrepresentation of any material fact to the public or an employer including embezzlement, bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes.
4. First or second degree arson.
5. Forgery or fraudulent use of a financial transaction card.
6. Forgery and counterfeiting.
7. Insurance fraud
8. Grand theft

E. The time frame for these crimes is the past 5 years:
   1. Misdemeanor theft (all categories, including willful concealment).
   2. Any charge related to alcohol, narcotics, controlled substances, or illegal drugs such as (but not limited to) possession of drugs or paraphernalia.
   3. More than one, felony or misdemeanor driving under the influence (DUI) which is not a first offense.

F. The time frame for these crimes is the past 3 years:
   1. First offense DUI.

IV. Additional BGCs required by affiliated clinical agencies

A. Clinical sites and other agencies may require additional BGCs. The criteria used may be more stringent than used by the College of Health Sciences and students may be charged an extra fee for this BGC by the agency. This may prohibit some students from being allowed into some sites.

B. If a student is accepted into a program based on the required College of Health Sciences BGCs, but is denied clinical agency entrance based on the outcome of an agency BGC, no guarantee can be made as to clinical placement and will result in dismissal of the student.

C. Students may be required to obtain an additional BGC or obtain a copy of the agency BGC to continue in the program. Additional information discovered will be considered in determining if the student may continue in his/her program.

BOISE STATE UNIVERSITY

COHS Policy 314

STUDENT DRUG AND ALCOHOL TESTING POLICY

Effective Date

Effective Date: 09-27-2013

Last Revision Date

Revised Date: 07-19-22

Responsible Party

The department/school chair, or designee of each program, offering courses that involve the direct and indirect delivery of patient care services.

Scope and Audience

In order to comply with health care industry partners' and/or clinical agencies' requirements and/or affiliation agreement requirements, the College of Health Sciences requires that drug and alcohol testing will be conducted in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines and as defined below for students enrolled or participating in clinical courses, experiences, or internships involving the direct and indirect delivery of patient care services where an affiliation agreement is established with the university. Safety in the delivery of care to patient/client populations is the basis for drug and alcohol testing required by industry partners and/or clinical agencies.

Additional Authority

COHS Clinical Affiliation Committee

1. Policy Purpose

To establish policy and procedure for the requirement of student drug and alcohol testing, and to inform students of drug and alcohol testing required for admission into and progression through programs that include the direct and indirect delivery of patient care services at facilities where background checks and testing are required as part of an affiliation agreement with the university.

2. Policy Statement

Students in the College of Health Sciences who will be enrolled in or participate in courses, experiences or internships that involve the direct and/or indirect delivery of patient care services are covered under this policy.

3. Definitions

To ensure accuracy and fairness, all collection and required testing will be conducted in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines by a qualified agency designated by the College.

Negative test result: Test result contains no evidence of drugs or alcohol, or the concentration of drugs and/or alcohol is no greater than the cut off concentration identified by the Medical Review Officer (MRO) in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines.

Positive test result: Test result contains evidence of drugs equal to or greater than the cut off concentration(s) identified in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines. A positive test result for alcohol results from a blood test or other scientifically acceptable testing procedure which shows a breath, saliva, urine or blood alcohol concentration of .04% or more.

An important note: Per SAMSHA, studies have shown that some CBD (cannabidiol) products' labeling does not accurately reflect their content as this is unregulated by the Federal Drug administration. As such, drug test may be positive for the THC metabolite, delta-9-tetrahydrocannabinol-9-carboxylic acid (THC), due to THC in the CBD product, even when products are labeled as containing none.

4. Drug and Alcohol Testing

Certain programs require that drug and alcohol tests be completed prior to admission and then at minimum, annually thereafter.

4.1 Consent

If the program or course requires drug screening prior to the delivery of direct and/or indirect patient care, students will be required to consent to drug and alcohol testing, submit to testing and have a negative drug and alcohol test.

4.1.1. Test Results

A student will not be permitted to participate in clinical activities or will be suspended from all clinical activities until the negative test results are received by the College. Any suspension may jeopardize programmatic progression. Negative test results will allow the student to participate in clinical activities.

4.1.2. Discipline/Dismissal

Student conduct sufficient to provide grounds for discipline, up to and including dismissal from courses, experiences, or internships and/or the program include:

- Failure to report for a test in a timely manner; or
- Refusal to take a test; or
- Tampering with a test specimen; or
- Receiving a positive test result; or
- Failing to provide an adequate specimen volume without a verified medical explanation

4.1.3 Additional testing

a. If a student has been reported with behaviors, actions, appearance, speech, body odors, or conduct while participating in courses, labs or clinicals that is indicative of the use of drugs, alcohol or other controlled substances, a drug screen test may be required. Program administrator or supervisor consultation is required prior to requiring additional drug screening except for as noted in 4.1.3b.

b. Clinical facilities may require additional drug or alcohol testing without prior notification based on facility policies. These tests may be more or less stringent than this policy, and may include testing for additional substances. If a student is accepted into a program based on the required drug or alcohol test by the College with negative results, but is denied clinical agency entrance or is later removed from the experience based on the outcome of an agency drug or alcohol test, the student may be dismissed from the program as clinical access is required for programmatic progression, and no alternative clinical assignment will be offered.

c. Upon the report of suspicious behavior that leads to a request for additional testing, a student will be suspended from all clinical activities until the negative test results are received by the College. Any suspension may jeopardize programmatic progression. Negative test results will allow the student to return to participation in

clinical activities.

5. Testing Process

The initial and subsequent drug and alcohol tests will be conducted by a qualified agency chosen by the College. To ensure accuracy and fairness, all collection and testing required by the College will be conducted in accordance with SAMHSA guidelines.

5.1 Testing Panel

Each program will determine substances which will be included in the drug test. Substances to be tested for could include, and are not limited to: alcohol, amphetamines, barbiturates, benzodiazepines, opiates, marijuana, codeine, and cocaine. The College shall have the authority to change the panel of testing without notice to include other substances as suggested by local and/or national reports or circumstances or affiliation contract requirements. In the event of changes to the substances tested, students will be notified within 30 days.

5.1.1. Consent

After signing a Consent to Drug and Alcohol Testing form, all students will submit to a drug and alcohol screen at a designated time and place and at the expense of the student.

5.1.2. Specimen

a. The testing policies and procedures of the testing facility will be followed for specimens. Collected specimens, either urine, blood, or saliva will be sent to the company or laboratory for testing.
b. The laboratory will test the primary specimen, and if it tests positive based on cut-off levels established by the lab, the lab will perform a confirmation test of the primary specimen.
c. Dilute results unable to determine a positive or negative result will be reported as such and repeat testing will be performed at the students' expense.

5.1.3. Positive Results

a. If the confirmation test is positive, the lab will report the positive test result to the MRO describing which drugs or alcohol were detected. The MRO will contact the student who tested positive, and the student may provide an explanation for the positive test result. The MRO may request verification for any prescription medications.
b. The student may elect by verbal or written request to have the remaining portion of his or her split specimen sample tested, at his or her own expense. The student must request this testing from the MRO within 72 hours of being notified of his or her confirmed positive test result, unless the MRO concludes that the student had a

legitimate explanation for failing to do so.

c. If the student declines the opportunity to discuss a positive test result with the MRO or fails to contact the MRO within 72 hours of notification, the MRO may report the drug test as positive to the College. If the MRO is not able to contact the student within ten calendar days of the date on which the MRO received the confirmed positive test result from the laboratory, the MRO may report the drug or alcohol test as positive to the College.
d. If a student provides an explanation for a positive drug or alcohol test result, the MRO will determine whether a valid medical explanation exists. If a determination is made by the MRO that there is a legitimate medical explanation in accordance with SAMHSA guidelines, the drug or alcohol test results will be recorded as negative and reported to the College.
e. If the MRO determines that there is not a legitimate medical explanation in accordance with SAMHSA) guidelines, the drug or alcohol test results will be recorded as positive and reported to the College. By participating in the drug and alcohol screening process, the student is authorizing release of the drug and alcohol test results in accordance with this policy.

5.1.4. Results

a. Results of drug and/or alcohol tests will be available to the student through access to the account created by the student when they initiated the drug screen process.
b. Results of the drug screen test will be available through secure electronic access to the company website for review by the School/Department/Program designee of the admitting program. Students will be notified if their drug screen test results will be printed.
c. If the tests are negative, the student may be fully admitted to and/or remain in the program.
d. If the tests are positive, see 6.1.3

5.1.5. Duty to Report Positive Results

If the student is a licensed/registered health professional, the chair/designee of the Department/School will follow licensure and/or State required reporting guidelines, which may include reporting to the state licensing board and/or any clinical agencies to which the student may be assigned.

6. Student Grievance Process

Prior to admission to a program and at minimum annually thereafter, students will request and pay for the department or program required drug and alcohol tests through the designated agency. Results of the drug and alcohol test will be released to the Department/School Chair (or designee) of the admitting program and to the student.

6.1 Notification to student

If a drug or alcohol test is positive, the student may be notified in writing that his/her admission to the program or internship has been withdrawn. If the student wishes to grieve this decision and remain in the program or internship, the student must:

Follow the COHS Clinical/Non-Clinical Internship/Practicum Suspension/Dismissal Policy Process.

6.1.1. Consultation

A representative from University Health Services (UHS) or the Office of General Counsel may provide consultation on appeals as a non-voting member.

6.1.2. Access to Results

a. Results of drug and/or alcohol tests will be available to the student through access to the account created by the student when they initiated the drug screen process.
b. Results of drug screening tests will be securely maintained by the company designated by the COHS for program access.
c. Results of a drug and/or alcohol test performed for hire at a local health care agency may not be used for affiliation with Boise State University.

6.1.2. Program Progression

Students who are out of progression or leave the program, regardless of reason, will need to repeat the drug and alcohol tests before being readmitted.

6.1.3 Readmission

Students are advised to refer to department specific readmission policies.

7. Forms

N/A

8. Related Information

COHS Background check policy

Revision History

(Maintained by COHS Dean's Office – Revision Dates: Oct. 2021)

Boise State University
Radiologic Sciences Department

N-95 Mask Fit-Testing

Radiologic technologists will, on occasion, care for patients with highly contagious respiratory diseases. When caring for these patients, healthcare professionals must take additional precautions for their own safety. These precautions extend beyond the standard precautions used when caring for all patients, requiring the use of additional personal protective equipment (PPE). This PPE includes the use of a NIOSH approved N95 respirator. In order to ensure the effectiveness of these respirators, the healthcare professional must be fit tested on an annual basis, or more frequently if they have incurred a significant change in body weight (20 lbs.).

Diseases that require the use of N95 respirators include tuberculosis, chicken pox (varicella), measles (rubeola), SARS COVID-19, bacterial meningitis, Influenza A or B, anthrax, MERS. This list is not all-inclusive. Students should follow clinical facility policy when caring for patients who are under airborne, droplet, or contact precautions.

In order for student technologists to have the opportunity to work with these patients, all students will need to be fit tested for N95 respirators. Per OSHA rules, this is an annual requirement.

- Students will need to be fit tested in the fall of their first year of the program.
- Students will renew their fit test in the fall of their second year of the program, prior to the expiration date of the previous N-95 fit test. Failure to do so will result in removal from clinical placement until the student completes this requirement.

Over the course of the fall semester, and before the current test expires, students will independently be fit-tested through the St. Luke's Respiratory Protection Program. https://www.stlukesonline.org/health-services/specialties/programs/respiratory-protection-program

How to get fit-tested:

- Follow this link for locations: https://www.stlukesonline.org/health-services/specialties/programs/respiratory-protection-program
- Call the location of your choice for an appointment. They are open Monday-Friday 0800-1700.
- Inform the scheduler that you are a healthcare provider and need to schedule an appointment for an **N95 FIT TEST**.
- Bring a credit card to pay the $40 testing fee (current cost, subject to change).
- When you arrive at your appointment, they will ask you to fill out a health questionnaire. This is common practice, and only used to determine if it is safe for you to wear an N95.
- Submit a copy of the results listing the size and type of mask for which you were fitted to the department administrative assistant before December 1.
- Preparing for your fit test:
    - Facial hair may cause the test to fail. We suggest that you be clean shaven or have facial hair that is neatly trimmed.
    - Arrive 15 minutes early to fill out the health questionnaire.

If the fit-test results conclude the student cannot wear an N95 respirator, they will refrain from caring for patients under airborne precautions unless and until they have been trained on the proper use of a Powered Air-Purifying Respirator (PAPR). Training on PAPR use is at the discretion of the clinical facility.

If you are a current healthcare facility employee and have been tested by your employer within the last 12 months, you do not need to test again. Provide documentation of your fit test date and mask size to the department administrative assistant. It is your responsibility to provide up-to-date documentation.

Boise State University
Department of Radiologic Sciences
Physical and Sensory Requirements

Listed below are the physical and sensory standards identified for students in the Radiologic Sciences clinical programs. Read each standard and respond that you meet the standard 100% or are unable to meet the standard by signing your initials in the appropriate column. Also sign your name to the second page of this document selecting the option that applies to you. If you choose option #2, you must schedule an appointment with the Diagnostic Radiography Program Director to discuss your situation.

Activity	Physical Requirements	Able to meet standard 100%	Unable to fully meet standard
Standing & Walking	Stand and walk for up to 8-10 hours. Stand unassisted for long periods.		
	Walk without assistance for long distances through the hospital.		
	Transport patients via wheelchair, stretcher or bed, and assist patients into dressing/exam rooms. Walk to other areas of the department and hospital to do exams.		
Lifting	Move loads of up to 45 pounds, 25 times per hour.		
	Lift and move a maximum of a 290-pound patient in a two-person/three-person transfer.		
Pushing/ Pulling	Push heavy mobile radiographic equipment throughout a hospital		
	Push and pull (Transfer) patients to and from a radiographic table while utilizing good body mechanics		
	Push and move stretchers and wheelchairs with patients from patient areas to procedure room		
Carrying	Carry various medical equipment, up to 20 pounds throughout the clinical setting.		
	Sufficient strength to wear lead aprons during imaging examinations.		
Bending	Bend at the waist, crouch, or stoop 20 times per hour. Stoop to position patients for exams, assist patients into and out of wheelchairs, move or adjust equipment, among other tasks.		
Reaching	Reach above shoulders up to six hours throughout an eight-hour shift.		
	Reach forward 18 inches holding an object up to 15 pounds, while maintaining balance.		
	Frequently work with arms overhead.		

Motor Coordination	Good manual dexterity, gross and fine motor skills, and eye-hand coordination to manipulate equipment and respond to patient needs.		
	Perform repetitive motions with any part of the body: to enter computer data, move equipment back and forth/up and down		
	Grasp: To position patients for exams and procedures, lift and place imaging plates behind or underneath patients.		
Vision	The ability to see fine lines and distinguish gradual changes in blacks, grays, and whites is necessary to: • distinguish clear liquid levels in a container • be able to read numbers on a small dial		
	Able to see computer monitors and x-ray control panels.		
	Be able to see indicator lights and distinguish when lights are turned off or on.		
Hearing	To perceive the nature of sounds at normal range.		
	Respond to patient questions, concerns, and needs.		
	Hear faint or muffled sounds when the use of surgical masks is required.		
	Hear faint or muffled sounds since operator control areas are separated from the x-ray table and patient.		
	Monitor equipment operation or dysfunction which may be indicated by low sounding buzzers or bells.		
	Hear through a stethoscope or augmented listening device.		
Smell	Perceive abnormal smells, such as burning linens or wiring.		
Speech & Communication	Provide clear verbal instructions to patients face to face and from the radiography control area, which is a distance away from the patient.		
	To speak clearly and concisely with patients, co-workers, and physicians in English when applicable using standard medical terminology.		

	The ability to provide effective written, oral, nonverbal communication with patients and their families, colleagues, health care providers, and the public.		
Comprehension	The ability to understand and follow basic instructions and guidelines.		
	The ability to understand, remember, and communicate routine factual information.		
	The ability to understand complex problems and to collaborate and explore alternative solutions		
	The ability to calculate technical factors using algebra.		

DISCLAIMER

The above statement of criteria is not intended as a complete listing of behaviors required for a Radiologic Sciences student, but is a sampling of types of abilities needed to meet program objectives and requirements. The Department of Radiologic Sciences or its affiliated clinical agencies may identify additional critical behaviors or abilities needed by students to meet program or clinical agency requirements. The Department of Radiologic Sciences reserves the right to amend this listing based on the identification of additional standards or criteria for departmental program students.

*Note for those interested in MRI – certain implanted electronic devices, such as pacemakers, may not be considered safe in the MRI environment. If you have any of these devices, or have questions about these devices, please schedule an appointment with the MRI program director before applying.

STUDENT ACKNOWLEDGEMENT OF PHYSICAL DEMANDS

Directions: Read the declarations below and sign one only. If you are unable to fully meet any standard, you will need to make an appointment with your Program Director to discuss your individual situation.

Option 1:
I have read the technical standards and to the best of my knowledge, I currently have the ability to fully meet these standards.

_____ _____ _____
Name (Print) Signature Date

Option 2:

I have read the technical standards and to the best of my knowledge, I currently am unable to fully meet the items indicated without accommodations. I am requesting the following accommodation(s):

_____
_____
_____
_____

_____ _____ _____
Name (Print) Signature Date

++

FOR UNIVERSITY FACULTY USE ONLY
_____Accommodation provided (attachment required)
_____Unable to provide accommodation (attachment required)

_____ _____ _____
Signature

Clinical Syllabi, Diagnostic Radiology Program

RADSCI 285 Radiographic Clinical Experience (0-16-4) (SP)

This four-credit clinical course is required for and limited to students in the diagnostic radiology program. The students are expected to:

a. Complete 240 hours of clinical participation
b. Complete the following examinations presented for grading during critique sessions:
    i. Complete 10-15 routine radiographic competencies from list.
    ii. 7 patient care skills may be substituted as radiographic competencies requirements or completed in addition to the 15 required radiographic competencies

    Students in RADSCI 285 may not obtain any competencies until week three (3) of the semester.
c. Submit 3 student/technologist evaluations (completed by at least two different supervising technologists as appropriate).
d. Be evaluated at mid-term and the end of the semester by the Clinical Preceptor and the university faculty member.
e. Complete reflection journal entries on Canvas according to progression policy.
f. Adhere to all program and clinical site policies and procedures.
    i. Complete and submit all required clinical site orientation documentation
    ii. Accurately report time and attendance using required documentation
    iii. Complete all competency/critique session requirements
    iv. Complete all **end of semester** evaluations of clinical sites and Clinical Preceptors

RADSCI 375 Radiographic Clinical Experience (0-40-4) (SU)

This four-credit clinical course is required for and limited to students in the diagnostic radiology program. The students are expected to:

a. Be present 200 hours in the summer
b. Complete the following examinations presented for grading during critique sessions:
    i. Complete 10-15 routine radiographic competencies from list.
    ii. 7 patient care skills may be substituted as radiographic competencies requirements or completed in addition to the 15 required radiographic competencies
c. Submit 2 student/technologist evaluations (completed by at least two different supervising technologists as appropriate).
d. Be evaluated at the end of the session by the Clinical Preceptor and the university faculty member.
e. Complete reflection journal entries on Canvas according to progression policy
f. Adhere to the program student policies and the clinical site policies and procedures.
    i. Complete and submit all required clinical site orientation documentation
    ii. Accurately report time and attendance using required documentation
    iii. Complete all competency/critique session requirements
    iv. Complete all **end of semester** evaluations of clinical sites and Clinical Preceptors

RADSCI 376 Radiographic Clinical Experience (0-40-4) (SU)

This four-credit course is required for and limited to students in the diagnostic radiology program. The students are expected to:

a. Be present 200 hours in the summer
b. Complete the following examinations presented for grading at critique sessions:
    i. Complete 10-15 routine radiographic competencies from list.
    ii. 7 patient care skills may be substituted as radiographic competency requirements or completed in addition to the 15 required radiographic competencies
    iii. 5 continuing competency examinations
c. Submit 2 student/technologist evaluations (completed by at least two different supervising technologists as appropriate).
d. Be evaluated at the end of the session by the Clinical Preceptor and the university faculty member.
e. Complete reflection journal entries on Canvas according to progression policy
f. Adhere to the program student policies and the clinical site policies and procedures.
    i. Complete and submit all required clinical site orientation documentation
    ii. Accurately report time and attendance using required documentation
    iii. Complete all competency/critique session requirements
    iv. Complete all **end of semester** evaluations of clinical sites and Clinical Preceptors

RADSCI 386 Radiologic Clinical Experience (0-20-6) (F)

This six-credit clinical course is required for and limited to students in the diagnostic radiology program. The students are expected to:

a. Be present approximately 300 hours.
b. Complete the following examinations presented for grading at critique sessions:
    i. Complete a minimum of 10 or a maximum of 20 radiographic competencies
    ii. Complete 10 continued competency examinations
    iii. Complete 7 patient care competencies if necessary
c. Submit 5 student/technologist evaluations (completed by at least three different supervising technologists as appropriate).
d. Be evaluated at midterm and end of the semester by the Clinical Preceptor and university faculty.
e. Complete reflection journal entries in Canvas according to progression policy
f. Adhere to the program student policies and the clinical site policies and procedures.
    i. Complete and submit all required clinical site orientation documentation
    ii. Accurately report time and attendance using required documentation
    iii. Complete all competency/critique session requirements
    iv. Complete all **end of semester** evaluations of clinical sites and Clinical Preceptors

RADSCI 406 Radiologic Clinical Experience (0-20-6)(SP)

This six-credit clinical course is required for and limited to students in the diagnostic radiology program. The students are expected to:

a. Be present approximately 300 hours
b. Complete the following examinations presented for grading at critique session:

i. Complete a minimum of 5 and maximum of 15 competencies
ii. Complete 10 continued competency examinations
iii. Complete 7 patient care competencies if necessary

c. **Complete all graduation requirements** to be presented for grading during critique sessions
d. Be evaluated at midterm and the end of the semester by the Clinical Preceptor and university faculty.
e. Complete reflection journal entries on Canvas according to progression policy.
f. Adhere to the program student policies and the clinical site policies and procedures.
    i. Complete and submit all required clinical site orientation documentation
    ii. Accurately report time and attendance using required documentation
    iii. Complete all competency/critique session requirements
    iv. Complete all **end of semester** evaluations of clinical sites and Clinical Preceptors

COMPETENCY REQUIREMENT SUMMARY:

COURSE	DAYS (HOURS)	COMPS	CONT COMPS
RADSCI 285 SPRING	2 (240)	10-15	0
RADSCI 375 SUMMER	5 (200)	10-15	0
RADSCI 376 SUMMER	5 (200)	10-15	5
RADSCI 386 FALL	2-3 (300)	10-20	10
RADSCI 406 SPRING	2-3 (300)	CGR (5-15)	10
PATIENT CARE SKILLS		7	
TOTALS	**(1240)**	**67**	**25**
	Total to Graduate = 79 comps CGR—COMPLETE ALL REQUIREMENTS FOR GRADUATION		

RADSCI 285 = 3 Student-Technologist evaluations, Mid-Term and Final from Clinical Preceptors and University Faculty

RADSCI 386 & 406 = 5 Student-Technologist evaluations, Mid-Term and Final from Clinical Preceptor and University Faculty

RADSCI 375 & 376 = 2 Student-Technologist evaluations, Final from Clinical Preceptor and University Faculty

18 Elements Necessary for De-identification of Patient Data Before Presenting the Case in Class

The following data must be removed for de-identification:

- Name
- Location; all geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes.
- Dates (all dates related to the subject of the information, e.g. birth dates, admission dates, discharge dates, encounter dates, surgery dates, etc.)
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate / license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

We include patient sex and age unless necessary for examination. You can use descriptors such as middle age, elderly, 60's, adolescent, etc.

ANY ASSIGNMENT NOT DEIDENTIFIED WILL BE GIVEN A ZERO UNLESS THERE IS A NEED TO KNOW FOR THE ASSIGNMENT.

Technologist Identification Markers

The Department of Radiologic Sciences provides the student with one set of identification markers. If these markers are lost, it is the student's responsibility to replace them as soon as possible.

Identification markers may be ordered from:

PB Marker

(954) 447-5137

pbmarkers@yahoo.com
8090 W 23 Ave, Unit 6
Hialeah, FL 33016

http://www.pbmarker.com

Please only order style: 12A or 13A depending if you would like 2 or 3 of your name initials included. NO markers with embellishments allowed.

Please order 'Solid Style' Blue color for your left marker
Please order 'Solid Style' Orange color for you right marker.

PLEASE CONTACT PB MARKERS DIRECTLY FOR CURRENT PRICES AND SHIPPING COSTS.

EXPLANATION OF COMPETENCY EXAMINATIONS

Each examination performed for a competency has a minimum number of projections or required activities to be considered acceptable for competency. The competency must include the minimum views, but the actual department protocol will be used for grading purposes and examination completion.

Each competency, although cited as an anatomical part, is graded as a reflection on the total examination process, initiated with the requisition request and ending with the dismissal of the patient. Therefore, each competency examination should be a separate, individual patient; patients are not to be "shared" amongst students to obtain competency.

A maximum of one competency and one continued competency examination can be completed on a single patient.

The ONLY waivers to this policy are that two skull/facial examinations can be completed on one patient, the L-Spine series (3 View and Obliques or Flex/Ex) can be completed on one patient, and two Crosstable Laterals can be completed on one patient (ex: Swimmers and Crosstable C-spine).

Routine Examinations (50 required)			
Upper Extremity		**Chest & Thorax**	
Examination	**Minimum Projections Required**	**Examination**	**Minimum Projections Required**
FINGERS/THUMB	PA, Oblique, Lateral	CHEST	PA, Lateral
HAND	PA, Oblique, Lateral	CHEST (WHEELCHAIR OR STRETCHER) 2V	AP, Lateral in wheelchair or on stretcher in dept.
WRIST	PA, Oblique, Lateral	RIBS	Min 3 views, department routine
FOREARM	AP, Lateral	Chest Lateral Decubitus	Right or Left Lateral Decubitus
ELBOW	AP, Oblique/Mod. Greenspan, Lateral	Sternum	RAO, Lateral
HUMERUS	AP, Lateral	Upper Airway/Soft Tissue Neck	AP, Lateral Soft tissue neck
		Sternoclavicular Joints	Bilat Obliques
Shoulder Girdle		Trauma Chest	AP/PA on incapacitated patient
SHOULDER	Min 2 views: AP Internal & External OR AP and Grashey	**Head/Craniofacial** (at least 1 required for ARRT)	
CLAVICLE	AP, AP Axial	Skull/Cranium	Min 2 views: AP/PA, Lateral, Townes
Scapula	AP, Lateral	Facial Bones	PA/AP, Lateral, Waters
AC Joints	AP without Weights, AP with Weights	Paranasal Sinuses	PA/AP, Lateral, Waters

TRAUMA SHOULDER	3 vw: AP with either: Y, Axillary, or Transthoracic Lat.	Mandible	Min 2 views: AP/PA, Axiolaterals, AP/PA Axial, Townes
TRAUMA UPPER EXTREMITY[1]	2 view orthogonal exam with adaptation	Nasal Bones	Min 2 vw: Waters, Bilat. Laterals, PA/AP
Lower Extremity		Orbits	Min 2 vw: PA/AP, Waters, Lateral, Rhese
Toes	AP, Oblique, Lateral	TMJ	Min 2 vw: Open-Closed Axiolaterals, AP axial
FOOT	AP, Oblique, Lateral	Panorex Mandible	Panogram/panorex
ANKLE	AP, Oblique, Lateral	Zygomatic Arches	Min 2 vw: Waters, Townes, SMV
KNEE	AP, Lateral, One Add. View	MRI Orbits	Department protocol
		Shunt Series	Min. 2 views
TIBIA/FIBULA	AP, Lateral	**May obtain 2 competencies with one exam with images that apply to two procedures—i.e. PA, Waters, Lateral with SMV can be both facial bones & zygoma*	
FEMUR	AP, Lateral	**Spine**	
Patella	PA/AP, Lateral , Sunrise	CERVICAL (3 view)	AP, Lateral, Odontoid
Calcaneus	Axial, Lateral	Cervical Flexion/Ext. Lateral	Neutral, Flexion & Extension Laterals
TRAUMA LOWER EXTREMITY[1]	2 view orthogonal exam with adaptation	THORACIC	AP, Lateral, Swimmers
Abdomen, Pelvis & Hip		LUMBAR (3 view)	AP, Lateral, Spot
ABDOMEN SUPINE (KUB)	Supine KUB	[3]Lumbar Obliques or Flexion-Ext Lateral	Both Obliques or Neutral, Flexion, Extension Lateral
ABDOMEN UPRIGHT	Erect Abdomen	[3]C-T-L SPINE CROSSTABLE LATERAL	Horizontal Beam (crosstable) Lateral & possible swimmers
ABDOMEN SERIES	AP supine & Upright	[3]Crosstable Lateral Swimmers	Crosstable Lateral Swimmers
Decubitus Abdomen	Lateral Decubitus Abdomen	Sacrum & Coccyx	AP Axial Sacrum & Coccyx, Lateral
PELVIS	AP	Scoliosis Series	AP/PA, possible Lateral
HIP	AP Hip/Pelvis, Lateral	**Mobile Examinations**	

TRAUMA CROSSTABLE LATERAL HIP	AP Hip/pelvis, Crosstable (horizontal beam) Lateral	MOBILE CHEST	AP or PA
Sacroiliac Joints	AP Axial, Both Obliques	MOBILE ABDOMEN	KUB
PELVIS	AP	MOBILE UPPER or LOWER EXTREMITY	Minimum 2 view extremity
HIP	AP (pelvis ok), Lateral	**Pediatric (≤ 6 y/o)[2]**	
TRAUMA CROSSTABLE LATERAL HIP	AP (pelvis ok), Crosstable (horizontal beam) Lateral	CHEST	PA/AP, Lateral in department
Contrast & Fluoroscopic Examinations[4]		Upper or Lower Extremity	AP, Lateral (min. 2 vw)
Upper GI	Department routine acceptable for all contrast and fluoro exams.	Abdomen	KUB or Erect
*Colon (Contrast Enema) single or double contrast		Mobile Pediatric	Any mobile examination
*Esophagram		NICU Chest	Portable AP in NICU
*Small Bowel Series or Enteroclysis	*A minimum of contrast media administration with fluoroscopic images of anatomy in multiple planes or at various time intervals, with radiologist interpretation of exam	**Geriatric (≥ 65 y/o)[2]**	
*Adult Cystogram/VCUG /Urethrogram		CHEST	AP/PA and Lateral
*Child Cystogram/ VCUG (<12 y/o)		Upper or Lower Extremity	Min. 2 view orthogonal
^ERCP	^student required to set up sterile tray, room, control panel, provide patient education, lead exam.	Hip	AP Pelvis/Hip, Lateral
^Myelogram		Spine (C, T, or L)	AP, Lateral
^Lumbar Puncture			
^Hysterosalpingogram	Fluoro other can be any procedure that meets above objectives		
^Fluoroscopic Other			
^Arthrogram (diagnostic)		**Miscellaneous**	
^Extremity Joint Injection		Cast, Upper or Lower Extremity	AP/PA, Lateral
^Spine Pain Injection			
*Intravenous Urogram		Closed Reduction	Pre- & Post-reduction images, min. 2 views each
Surgical Examinations[4]			
Hip in Surgery	Facility protocol for each exam accepted.	OR C-ARM MULTIPLANAR	Must move C-arm in different planes more

	Must include at least one image of procedure for validation of exam. Elective C-arm procedures must be different examinations		than once during procedure
Cholangiogram (OR Chole)		ORIF Extremity	Includes upper or lower extremity, hip. NOT included: osteotomy, leg lengthening, external fixators.
Elective C-arm in OR			

1. Trauma: Acute injury (within 48 hours) that requires adaptation in the "normal" radiographic routine. Examples may include but are not limited to: cross table laterals, additional or different views from BOISE STATE standards. **Bony fracture need not be present as well as a bony fracture alone does not constitute trauma extremity. Does not include iatrogenic trauma, such as post-operative procedures.**
2. Pediatric means 6 years old or younger. Geriatric means a minimum 65 years old AND cognitively/physically impaired as a result of aging.
3. May obtain two competencies if lumbar spine series includes minimum 3 views plus obliques or flexion/extension. May obtain two crosstable competencies if exam includes a crosstable lateral cervical and swimmers.
4. Any examination that does not include student-generated images, fluoroscopy exams, and surgical exams all require a written paper.

Patient Care Skills (7 required)

All patient care skills require an accompanying written paper.

OXYGEN ADMINISTRATION	Blood Glucose
PULSE OXIMETRY	Body Systems Assessment
STERILE PROCEDURE	Quick Strep
TRANSFER OF PATIENT	Splint Application
VITAL SIGNS (resp., pulse, temp, Bp, O2 sat.)	Suture Removal
Autoclave Technique	Urinalysis
	Wound Cleaning

Master Plan of Competencies 2024-26

	ROUTINE EXAMINATIONS (50 Exams)	Date	Grade
1	**CHEST ROUTINE**		
2	**CHEST(WHEELCHAIR/STRETCHER)-2V**		
3	**RIBS**		
4	Lateral Decubitus Chest		
5	Sternum		
6	Upper Airway (soft tissue neck)		
7	SC Joints		
8	**FINGERS OR THUMB**		
9	**HAND**		
10	**WRIST**		
11	**FOREARM**		
12	**ELBOW**		
13	**HUMERUS**		
14	**SHOULDER**		
15	**CLAVICLE**		
16	Scapula		
17	AC Joints		
18	Toes		
19	**FOOT**		
20	**ANKLE**		
21	**KNEE**		
22	**TIBIA-FIBULA**		
23	**FEMUR**		
24	Patella		
25	Calcaneus		
26	**ABDOMEN SERIES (KUB&ERECT) or**		
27	**ABDOMEN (KUB)**		
28	**ERECT ABDOMEN**		
29	Decubitus Abdomen		
30	**CHEST (MOBILE)**		
31	**MOBILE ABDOMEN**		
32	**MOBILE UPPER EXTREMITY**		
33	**MOBILE LOWER EXTREMITY**		
34	**PELVIS**		
35	**HIP**		
36	**GERIATRIC CHEST (≥65 y/o)**		
37	**^^GERIATRIC UPPER EXTREMITY (≥65 y/o)**		
38	**^^GERIATRIC LOWER EXTREMITY (≥65 y/o)**		
39	Geriatric Hip (≥65 y/o)		
40	Geriatric Spine (≥ 65 y/o)		
41	**PEDIATRIC CHEST (≤ 6 y/o)**		
42	Pediatric Upper Extremity (≤ 6 y/o)		
43	Pediatric Lower Extremity (≤ 6 y/o)		
44	Pediatric Abdomen (≤ 6 y/o)		
45	Pediatric Mobile (≤ 6 y/o)		
46	NICU Portable Chest		
47	Extremity Cast Upper		
48	Extemity Cast Lower		
49	Closed Reduction		
50	Trauma Chest		
51	**TRAUMA SHOULDER OR HUMERUS (Y, transthoracic or axial req'd)**		
52	**TRAUMA UPPER EXTREMITY (not shoulder)**		
53	**TRAUMA LOWER EXTREMITY (not hip)**		
54	**TRAUMA HIP (AP/CROSSTABLE LATERAL)**		
55	**C-SPINE (3VIEW)**		

	ROUTINE Cont'd	Date	Grade
56	C-Spine Flexion & Extension		
57	Crosstable Lateral Swimmers		
58	**THORACIC SPINE W/SWIMMERS**		
59	**LUMBAR SPINE (3 VIEW)**		
60	Lumbar Spine (Obliques or Flex/Ext)		
61	**C-T-L SPINE CROSSTABLE LATERAL**		
62	Sacrum & Coccyx		
63	Scoliosis Series		
64	Sacroiliac Joints		
65	***Cranium/Skull**		
66	Paranasal Sinuses		
67	Facial Bones, Mandible		
68	Orbits, Nasal Bones, TMJ		
69	**MRI Orbits or Shunt Series		
70	**Mandible Panorex or Zygomatic Arches		
71	**^Upper GI (single or double contrast)**		
72	**^Colon (single or double contrast)**		
73	**^Sm. Bowel (or Enteroclysis)**		
74	**^Esophagram (not swallow dysfunction)**		
75	**^Adult Cystogram/Urethrogram**		
76	**^Child VCUG (<12 y/o)**		
	SPECIALIZED EXAMS (10 exams)		
	Surgical		
1	**Hip in Surgery**		
2	**OR Chole**		
3	**ORIF Extremity**		
4	**Elective C-Arm in OR**		
5	Elective C-Arm in OR		
6	**OR C-ARM MULTIPLANAR**		
	Specialized Fluoroscopy		
7	**^Arthrogram (Diagnostic)**		
8	Extremity Joint Injection (Therapeutic)		
9	Spine Pain Injection		
10	**^Myelogram**		
11	Lumbar Puncture		
12	**^Ercp**		
13	**^Hysterosalpingogram**		
14	Fluoroscopic Exam--Other		
15	Fluoroscopic Exam--Other		
	PATIENT CARE SKILLS (7 Exams)		
1	**OXYGEN ADMINISTRATION**		
2	**PULSE OXIMETRY**		
3	**STERILE PROCEDURE**		
4	**TRANSFER OF PATIENT**		
5	**VITAL SIGNS(resp, pulse, temp, BP, O2)**		
6	**Venipuncture**		
7	Autoclave Technique		
8	Blood Glucose		
9	Body System Assessment		
10	Quick Strep		
11	Splint Application		
12	Suture Removal		
13	Urinalysis		
14	Wound Cleaning		

Color coding legend: Blue--can be completed in RADSCI 285;
Green completed after RADSCI 285

^ ^Mandatory to complete upper OR lower Geriatric Extremity

^Mandatory to complete 2 fluoroscopy studies

***Mandatory to complete one C-Arm in OR and one OR Multiplanar C-Arm

* Mandatory to complete any one Craniofacial Study

**MRI Orbits, shunt series, zygomatic arches, panorex do not count toward the mandatory Craniofacial Study

Exams in all-caps and bold are ARRT Mandatory

Boise State University
Diagnostic Radiology Program

Routine Examinations, protocol post fluoroscopy images when no post contrast administration radiographs are completed AND a routine is not listed at your clinical site. Please discuss each of the positions and include images that are labeled.

EXAMINATION	**BSU ROUTINE VIEWS**	**FIELD SIZE**
UPPER GASTROINTESTINAL EXAMINATION	AP, PA, RAO, LATERAL	10X12
DOUBLE CONTRAST BARIUM ENEMA	**MOST DEPARTMENT ROUTINES HAVE SOME SORT OF OVERHEAD IMAGES REQUIRED DUIRNG BE'S.** IF NOT, THEN YOU WRITE ABOUT: AP, PA, RPO, LPO, RIGHT LATERAL DECUBITUS, LEFT LATERAL DECUBITUS, ERECT AP ANGLED SIGMOID, CROSS TABLE LATERAL RECTUM	14X17 10X12
SINGLE CONTRAST BARIUM ENEMA	**MOST DEPARTMENT ROUTINES HAVE SOME SORT OF OVERHEAD IMAGES REQUIRED DURNG BE'S.** IF NOT, THEN YOU WRITE ABOUT: AP, PA, RPO, LPO, ANGLED SIGMOID, LATERAL RECTUM	14X17 10X12
SMALL BOWEL	**YOU MUST HAVE IMAGES; THERE MUST BE A MINIMUM OF 2 KUB IMAGES OTHER THAN SCOUT**	
ESOPHAGRAM	AP, RPO,LPO, LATERAL	7 X 17
CHILD VCUG	AP, RPO, LPO, LATERAL	8X10
ADULT CYSTOGRAM	AP, RPO, LPO, LATERAL	10X12
IVP/IVU	**YOU MUST HAVE IMAGES; EXPECT MINIMUM OF 3 TIMED IMAGES**	

HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance

OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 5/24/2023

The application for the Policy and any and allsupplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0127262494	From: 08/26/23 to 08/26/24 at 12:01 AM Standard Time

Named Insured and Address:

Boise State University
1910 University Dr
Boise, ID 83725-0002

Program Administered by:

Nurses Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
1-800-986-4627
www.nso.com

Medical Specialty: **Code:**

School Blanket - Healthcare Provider Students 80998

Insurance Provided by:

American Casualty Company of Reading, Pennsylvania
151 N. Franklin Street
Chicago, IL 60606

Professional Liability $ 1,000,000 **each claim** $ 5,000,000 **aggregate**

Your professional liability limits shown above include the following:

* Personal Injury Liability

Coverage Extensions

Grievance Proceedings	$ 1,000	per proceeding	$ 10,000	aggregate
Defendant Expense Benefit			$ 10,000	aggregate
Deposition Representation	$ 1,000	per deposition	$ 5,000	aggregate
Assault	$ 1,000	per incident	$ 25,000	aggregate
Medical Payments	$ 2,000	per person	$ 100,000	aggregate
First Aid	$ 500	per incident	$ 25,000	aggregate
Damage to Property of Others	$ 250	per incident	$ 10,000	aggregate

Total $ 11,674.00

Base Premium $11,674.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board **Secretary**

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date: **Endorsement Date:** Master Policy: 188711433

WORKER'S COMPENSATION - SUPERVISOR'S ACCIDENT

Date: _____

Employer: **Boise State University** Department/Unit**:** _____
Name of Student: (Please Print/Type) _____
Address: _____ City _____State_____ Zip _____
Occupation:_____Radiologic Sciences Student_____
Location of Accident: (Be specific) _____
Date of accident: _____ Time: _____Date Clinical Coordinator notified: _____ Time: _____
Was student on duty at time of accident: ___ YES ____ NO
Did student leave clinic? ___ YES ____ NO Date: _____Time: _____
Did student return to clinic? ___ YES ____ NO Expected Return Date: _____ Time: _____

How did accident happen? (state specific job being done, machinery, tools or objects involved and factors contributing to the accident.)

Names of witnesses: (1) _____
(2) _____
(3) _____

Nature of injury: (cuts, bruise, strain, etc.) _____
_____
_____ Part of Body: _____

Name and address of treating physician or hospital: _____

Did non-company person or faulty equipment cause accident: ____ YES _____ NO

If yes, identify: _____

Were mechanical guards or other safety guards provided? ___ YES ___ NO Was student using them? ___ YES ___ NO

What corrective action has been taken to prevent similar accidents?

Date report filed: _____ Clinical Coordinator (PRINT NAME): _____

RMAS Office Use Only

Reviewed by: Position: Date:

Boise State University
Radiologic Technology Program

Clinical Internship Occurrence Form
(Can be adapted for student use)

Student _____ Date _____

Assigned Clinical Education Center _____

Person completing report _____

I. Area of concern & description of event: (briefly stated: circumstances contributing to event, person(s) involved, relevant information)

II. Student Response (briefly stated)

III. If applicable, plan for Resolution (actions taken to resolve the situation and prevent recurrence)

IV. If applicable, follow Up (date to meet and evaluate student progress)

Signatures and copies to student, Clinical Preceptor, and Clinical Coordinator:

Student _____ Date _____

Staff member: _____ Date _____

Clinical Preceptor _____Date _____

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

***NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date _____/_____/_____ Name _____ Age _____
month day year Last Name First Name Middle Initial

Address _____ Telephone (home) (_____) _____-_____

City _____ Telephone (work) (_____) _____-_____

State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ❒ No ❒ Yes
   If yes, please indicate date and type of surgery: Date ____/____/____ Type of surgery_____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? ❒ No ❒ Yes
   If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ❒ No ❒ Yes
   If yes, please describe: _____

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

❒ Yes ❒ No Aneurysm clip(s)
❒ Yes ❒ No Cardiac pacemaker
❒ Yes ❒ No Implanted cardioverter defibrillator (ICD)
❒ Yes ❒ No Electronic implant or device
❒ Yes ❒ No Magnetically-activated implant or device
❒ Yes ❒ No Neurostimulation system
❒ Yes ❒ No Spinal cord stimulator
❒ Yes ❒ No Cochlear implant or implanted hearing aid
❒ Yes ❒ No Insulin or infusion pump
❒ Yes ❒ No Implanted drug infusion device
❒ Yes ❒ No Any type of prosthesis or implant
❒ Yes ❒ No Artificial or prosthetic limb
❒ Yes ❒ No Any metallic fragment or foreign body
❒ Yes ❒ No Any external or internal metallic object
❒ Yes ❒ No Hearing aid
❒ Yes ❒ No Other implant_____
❒ Yes ❒ No Other device_____

IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ Date _____/_____/_____
Signature

Form Information Reviewed By: _____ _____
Print name Signature

❒ MRI Technologist ❒ Radiologist ❒ Other _____

Safety Screening Policy for Student Access to the MRI Department

Acknowledgement

I have read and understand this policy. The information disclosed on the screening form is confidential, and will be used only for the purpose of initial safety screening to assess if it is safe for me to conduct a clinical experience in the MRI department. The form will be kept in my student file, and will not be accessible to anyone except the Radiologic Sciences Department faculty, and only on a need-to-know basis. Per individual clinical facility policy, I understand that I will be screened again at the clinical facility prior to entering the MRI suite. If the MRI department staff deem it is unsafe for me to enter Zones III or IV, I will return to the diagnostic radiology department and will have the opportunity to visit another department at a later date.

Any changes to the status of my health and responses on the screening tool must be disclosed to the MRI technologists prior to entering Zone III or IV of the MRI department. I agree to follow this policy while performing clinical rotations as a student in the Boise State Diagnostic Radiology Program.

_____ _____

Student Signature Date

_____

Printed Name

Boise State University
Diagnostic Radiologic Sciences Program

I have read and studied the Radiologic Sciences Programs Student Handbook, and I understand my obligation to abide by these program policies and procedures during my enrollment in the Boise State University Radiologic Sciences Programs.

Name: (Please print)_____

Signature:_____

Date:_____