



**Mary Washington Hospital**

School of Radiologic Technology

# **Program Handbook**

**2025-2026**

**Updated July 18, 2025**

**ALL POLICIES AND PROCEDURES HEREIN ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE SCHOOL OF RADIOLOGIC TECHNOLOGY FACULTY. STUDENTS WILL BE NOTIFIED IN WRITING OF ANY CHANGES.**

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## WELCOME

Welcome to the Mary Washington Hospital School of Radiologic Technology! We are excited you have chosen our program and will provide you with educational opportunities and clinical experiences that will enable you to become a competent radiologic technologist. The program faculty are dedicated to your success, and we depend on you to strive to do your best when studying as well as provide compassionate care to your patients.

The Mary Washington Hospital School of Radiologic Technology has a 34-year history beginning with the first class of seven students that were accepted in August of 1991 and subsequently graduated in July of 1993. During the past 32 years, the 216 individuals who graduated from the program had an overall first time ARRT ([American Registry of Radiologic Technologists](#)) pass rate of 93% and an overall job placement rate of 99%.

The first classes were held across from the old Mary Washington Hospital building at 2300 Fall Hill Ave in Fredericksburg, VA. As the school grew and more space became available, the school relocated to the General Washington Building at 2217 Princess Anne Street in Fredericksburg. In 2006, the Program moved to 2300 Fall Hill Avenue, Suite 260. We are currently located at 2216 Princess Anne Street, where we continue to strive for excellence in the imaging sciences.

The graduates who preceded you significantly shaped this radiography program by offering valuable observations, opinions, suggestions, and insight from a student's perspective. Your input as a student, and later as a graduate, is equally important to our program and our community. Mary Washington Healthcare values every student who attends the program and respects all student's rights and privileges. The program handbook has been prepared to allow you to carefully review the opportunities, rights, responsibilities, and policies that apply to you as a radiography student. Unless otherwise stated in a course syllabus, these policies apply to each radiography course in which you enroll. Should routine progression through the program be interrupted, the policies in the Student Handbook at the time of readmission will apply.

Each person in the organization is committed to your success as a student, a professional, and most importantly, as an individual. If you need additional assistance, our doors are always open to you. We welcome you to our program and wish you success throughout your career!

Shirley Cherry, Ed.D, R.T.(R)(ARRT)  
Program Director/Manager, MWH School of Radiologic Technology

Stacy Whittington, B.S.R.S., R.T.(R)(MR)(M)(ARRT)  
Clinical Coordinator, MWH School of Radiologic Technology

# **PROGRAM OVERVIEW**

## **PROGRAM MISSION AND GOALS**

### **Mission**

The mission of the Mary Washington Hospital School of Radiologic Technology is to provide the healthcare community with graduate, entry-level radiographers skilled in diagnostic imaging procedures and to provide safe and compassionate patient care.

### **Program Goals and Outcomes**

1. Students will be clinically competent.
  - a. Students will obtain high quality images.
  - b. Students will provide safe, appropriate care.
2. Students will communicate effectively.
  - a. Students will demonstrate oral communication skills.
  - b. Students will demonstrate written communication skills.
3. Students will demonstrate critical thinking skills.
  - a. Students will analyze problems.
  - b. Students will effectively adjust equipment and modify patient positioning for non-routine exams.

The program continually monitors program effectiveness through assessment and evaluation to ensure that the needs of the community are met.

## **PROGRAM ACCREDITATION AND CERTIFICATION**

The MWH School of Radiologic Technology is accredited by the:  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
e-mail: [mail@jrcert.org](mailto:mail@jrcert.org)

The MWH School of Radiologic Technology is certified to operate in the Commonwealth of Virginia by:  
State Council of Higher Education for Virginia (SCHEV)  
James Monroe Building  
101 North Fourteenth Street 9<sup>th</sup> Floor  
Richmond, VA 23219

## PROGRAM EFFECTIVENESS DATA

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. [Click here](#) to go directly to the JRCERT webpage.

**Credentialing Examination:** The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on 1 <sup>st</sup> attempt divided by number attempted within 6 months of graduation
Year 1 – 2021	4 of 7 - 57%
Year 2 – 2022	10 of 10 - 100%
Year 3 - 2023	3 of 4 - 75%
Year 4 – 2024	8 of 8 – 100%
Year 5 – 2025	6 of 6 – 100%
Program 5-Year Average	31 of 35 - 89%

**Job Placement:** The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year 1 – 2021	6 of 6 - 100%
Year 2 – 2022	9 of 9 - 100%
Year 3 - 2023	4 of 4 – 100%
Year 4 – 2024	8 of 8 - 100%
Year 5 – 2025	6 of 6 – 100%
Program 5-Year Average	33 of 33 - 100%

**Program Completion:** The number of students who complete the program within the stated program length. The annual benchmark established by the program is 85%

Program Completion Rate	number graduated divided by number started the program
Year 1 – 2021	7 of 7 - 100%
Year 2 – 2022	10 of 10 - 100%
Year 3 - 2023	4 of 5 - 80%
Year 4 - 2024	8 of 8 - 100%
Year 5 – 2025	6 of 9 – 67%
Program 5-Year Average	35 of 39 - 90%

## **PROGRAM ADMISSION**

The applicant must:

- Be a high school graduate or equivalent.
- Complete the minimum of an associate degree (in any academic area) or be within 6 credit hours of completing the degree requirements upon entering the program. Many applicants attend Germanna Community College and complete the AAS in general studies or pre-BSN. Students will have two semesters to complete the requirements for the degree. Failure to complete the associate degree by the end of the 2<sup>nd</sup> semester of the program will result in dismissal from the program. The overall cumulative GPA for the associate degree must be a 2.5 or higher.
- Complete college prerequisite courses with a grade of C or higher before the start date of the program. The prerequisite courses include: English Composition, Introduction to Computer Applications and Concepts, Math for Liberal Arts or higher, Medical Terminology, Anatomy & Physiology I with lab, and Anatomy & Physiology II with lab.
- International students must:
  - Present verification of college English and math placement tests or a passing score above 100 on the TOEFL test.
  - Submit proof that foreign transcripts have been evaluated by an academic credential evaluation service that is a member of AICE, CED, and/or NACES. This official evaluation must be submitted in lieu of the official foreign transcripts.

## **PROGRAM COMPLETION REQUIREMENTS**

To earn a certificate in Radiologic Technology there must be:

1. Successful completion (“C” or higher) in each course
2. Successful completion of all clinical competencies
3. Return Mary Washington Hospital identification badge and dosimeter
4. Compliance with all policies and procedures
5. Attend graduation and wear semi-formal attire with a graduation gown or lab jacket

Junior students are required to attend the graduation of the senior class unless the absence is excused by the Program Manager. The program manager will decide what requirements must be completed to make up for the absence. The clinical dress code must be followed.

## **ARRT CERTIFICATION**

Students successfully completing the program are eligible to apply for admission to write the certification examination administered by the [American Registry of Radiologic Technologists \(ARRT\)](#). Successful completion of the ARRT examination provides certification to practice as a registered radiographer. Students have the option to receive preapproval if they wish or if there is some doubt they would not be approved prior to graduation. Please see the Program Manager for instructions.

## FACILITIES

### School of Radiologic Technology

Students have access to the school located at 2216 Princess Anne Street, Fredericksburg, VA 22401 during normal business hours or when faculty is/are at the school, Monday through Friday. Students who need additional hours for study purposes may contact the Program Director/Manager or Clinical Coordinator to arrange for additional hours and/or tutoring. The school location has a classroom, study areas, computer lab, and a library. The program is not responsible for any personal property left or broken during classroom, laboratory, or clinical education while at the Princess Anne location or a clinical site.

### Libraries

Students have access to books and periodicals in the MWH Radiology Library, located in the Radiology Department at 1001 Sam Perry Boulevard. This is not a lending library; however, it is available for research and study. Students may also use the MWH School of Radiologic Technology library for lending purposes.

## PROGRAM FACULTY

Program Director/Manager, School of Radiologic Technology  
Dr. Shirley Cherry, Ed.D, R.T.(R) 540.741.1802

Clinical Coordinator, School of Radiologic Technology  
Stacy Whittington, B.S.R.S., R.T.(R)(MR)(M) 540.741.1926

## CLINICAL PRECEPTORS

### MWH

Shannon Farmer, R.T. (R)

### SH

Lukas Wickstrum, M.B.A., R.T.(R)(CT)  
William Rice, BS, R.T.(R)

### MWHC Radiation Oncology

Harvey Beltran, R.T.(T)

### MIKG

Kimberly McComas, R.T.(R)

### MIF

Sabe Hodge, R.T.(R)

### MILH

Simone Somers, R.T.(R)  
Jowanda Summers MBA, R.T.(R)(CV)(CT)  
Katy Bruning, R.T.(R)  
Amanda Walker, B.S.R.S, R.T.(R)(CT)

### MIEM

Jennifer Cox, R.T.(R)

### MIHC

Beth Kent, R.T.(R)  
Craig Burkholder, R.T.(R)(MR)

## CLINICAL SITES

Mary Washington Hospital (MWH)  
1001 Sam Perry Blvd.  
Fredericksburg, Va. 22401  
DR 540.741.1583  
CT 540.741.1615

Medical Imaging at Lee's Hill (MILH)  
10401 Spotsylvania Ave., Suite 100-1  
Fredericksburg, Va. 22408  
540.741.7745

Medical Imaging of Fredericksburg (MIF)  
1201 Sam Perry Blvd, Suite 102  
Fredericksburg, Va. 22401  
DR 540.741.7017  
CT 540.741.7018 or 7024  
MRI 540.741.7020 or 7033

MWHC Radiation Oncology (CCV)  
1300 Hospital Dr. Suite 101  
Fredericksburg, VA 22401  
540.741.0655

Stafford Hospital (SH)  
101 Hospital Center Boulevard  
Stafford, VA 22555  
DR 540.741.9309 or 540.741.9310  
CT 540.741.9157

Medical Imaging of North Stafford (MINS)  
125 Woodstream Blvd #109  
Stafford, VA 22556  
540-657-9729 ext 267

Medical Imaging at Harrison Crossing (MIHC)  
5501 Plank Rd, Ste. 100  
Fredericksburg, VA 22407  
DR 540.741.9729

Medical Imaging at Embrey Mill (MIEM)  
955 Wonder Rd D  
Stafford, VA 22554  
540-741-7894

Medical Imaging of King George (MIKG)  
11131 Journal Pkwy Suite B  
King George, VA 22485  
540-741-7422

## ADVISORY COMMITTEE

The purpose of the advisory committee is to maintain open lines of communication between the program and its communities of interest. Meetings are conducted on such occasions as deemed necessary by the Program Manager but at a minimum of once a year. The Advisory Committee for the School of Radiologic Technology is composed of the following individuals or their designee:

Program Manager  
Clinical Coordinator  
MWH Radiology Operations Manager  
SH Radiology Operations Manager  
Manager, MIF  
Manager, MIKG and MIEM  
First Year Class Student, as invited  
Second Year Class Student, as invited

Medical Director  
Director, Clinical Operations, Imaging, Pathology, and  
Laboratory Services  
Manager, MINS  
Manager, MILH  
Manager, MIHC  
Clinical Preceptors

# STUDENT SERVICES

## GUIDANCE

Students receive educational guidance from the faculty on an ongoing basis. Structured guidance sessions regarding academic and clinical progress are conducted by the Program Director/Manager and/or Clinical Coordinator as needed at mid-semester, at the student's request or at a faculty member's request. Students seeking personal counseling or educational disabilities can be referred to the Rappahannock Area Community Services Board (RACSB). It is committed to improving the quality of life for people with mental health, intellectual disability, and substance abuse problems.

## AMERICANS WITH DISABILITIES ACT

In accordance with the American with Disabilities Act of 1990, reasonable accommodations will be provided to applicants/students with disabilities. The applicant/student is responsible for contacting the MWHC Health and Wellness department at 540-741-3621 to process the appropriate paperwork.

## LIABILITY INSURANCE

All students enrolled in the Mary Washington Hospital School of Radiologic Technology are covered by a personal and professional liability insurance policy. Liability insurance coverage against medical malpractice is maintained as follows:

Professional Liability            \$2,000,000.00 each incident  
   \$7,000,000.00 each aggregate

## TUITION

**Tuition:** Total program tuition is \$10,000.00 and is divided into semester payments based on the number of credit hours (\$142.86 per credit hour).

### Tuition and Payment Schedule

Semester	CREDIT HOURS	TUITION
First Year Fall Semester	14	\$2,000.00
First Year Spring Semester	14	\$2,000.00
Second Year Summer Semester	15	\$2,143.00
Second Year Fall Semester	14	\$2,000.00
Second Year Spring Semester	13	\$1,857.00
Total	70	\$10,000

To diminish financial burden, students may elect to pay tuition in two payments each semester. Specific due dates are provided on the program academic calendar. Students who have not paid tuition by the due dates may not attend class, labs, or clinical until their tuition is paid. Extenuating circumstances may be considered by the program manager. Any absence will be made up in accordance with the attendance policy.

## Fees

Fee/Cost	Amount
Textbooks	\$1,000 approx.
Trajecsys Clinical Management Website	\$150
Clover Learning Website	\$200
Registration Fee	\$100 - nonrefundable
Uniforms	\$300 - \$500
Total	\$12,000 approx.
Associated Program Costs	HESI Exam Physical exam Immunization records Drug screening Health insurance Transportation to and from clinical assignments

### FINANCIAL ASSISTANCE

The program does not participate in state or federally funded financial assistance programs. Nevertheless, students are encouraged to contact banks or lending institutions for personal loans or use personal organizations for scholarships and grants. Students may acquire private funding or personal loans to finance tuition or other costs. Additionally, scholarships may be available through public organizations and private financial institutions. The student is responsible for paying for tuition, books and other program fees.

### TUITION REFUND POLICIES

**Rejection:** An applicant rejected by the school is entitled to a refund of all monies paid excluding registration and application fee.

**Three-Day Cancellation:** An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the \$100 non-refundable registration fee.

**Other Cancellations:** An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a tuition fee of \$100 and the \$100 non-refundable registration fee.

#### Withdrawal:

Students who withdraw from the MWH School of Radiologic Technology after the beginning of a semester will be given a refund for the tuition paid for that semester as follows:

- |    |   |                                     |
|----|---|-------------------------------------|
| a. | Withdrawal during the first week of the semester  | 90% refund of full semester tuition |
| b. | Withdrawal during the second week of the semester | 80% refund of full semester tuition |
| c. | Withdrawal during the third week of the semester  | 70% refund of full semester tuition |
| d. | Withdrawal during weeks 4-6 of the semester       | 50% refund of full semester tuition |
| e. | Withdrawal after week 6 of the semester           | no refund                           |

No tuition refund will be issued if a student is dismissed or has financial obligations to the MWH School of Radiologic Technology.

## **TRANSFER OF CREDIT**

The MWH School of Radiologic Technology may consider transfer of students from another radiography program or admission of international technologists who must meet educational requirements to take the ARRT exam. The program will treat each case on an individual basis and will adhere to ARRT eligibility requirements. Tuition will be prorated based on courses the student is required to complete. The program will deny admission if the possibility of course completion for an associate degree exceeds more than two semesters. All didactic and clinical education must be completed to graduate from the program. The program does not guarantee the transferability of credits to a college, university, or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether they should be accepted is the decision of the receiving institution.

## **WITHDRAWAL, LEAVE OF ABSENCE, AND REINSTATEMENT POLICY**

### **Withdrawal Policy**

A student must submit written documentation to the Program Manager in the form of a letter or e-mail of the intent to withdraw from the program. Students cannot withdraw from individual courses.

**Leave of Absence Policy** – for a student planning to be absent more than 5 consecutive business days

1. The student must submit written documentation to the program manager in the form of a letter or e-mail of their intent to take a leave of absence.
2. The School of Radiologic Technology reserves the right to deny or grant a leave of absence.
3. The leave of absence must be approved by the program manager.
4. Leaves of absence, up to one year, will be considered for students with medical, emergency conditions, or pregnancy. Verification is required. Students on a leave of absence for a period greater than one year must apply to the program as a new student.
5. Students requesting to return from a leave of absence must submit written documentation to the Program Manager in the form of a letter or e-mail of the intent to return as well as the intended date of the return. The written documentation must be submitted three months prior to the intended date of return. Students returning from a medical leave of absence must submit a release from their provider.
6. Students returning from a leave of absence are not guaranteed clinical placement. Every effort will be made to permit the return of the student on the return date requested.
7. Students who are unable to make up all time and course work from a Leave of Absence may receive an Incomplete for the course(s) until all makeup work and time are completed.
8. The student must complete all requirements for graduation.

### **Reinstatement Policy**

1. The student must submit written documentation of his/her intent to be reinstated to the program to the Program Manager in the form of a letter or e-mail. The written documentation must be submitted three months in advance of the intended date of return.
2. The School of Radiologic Technology reserves the right to deny or grant reinstatement to the program. Reinstatement will only be considered once. There must be clinical space available for the student to return.
3. The student must return at the semester in the program which he/she withdrew or failed a course. If the student withdrew in the middle of the semester, he/she will be required to return at the beginning of that semester. If a student failed one course, he/she must repeat the course the next semester the course is offered.
4. The student must demonstrate competency in procedures in which he/she was previously declared

competent and may be subject to additional clinical education rotations.

5. The student must complete all requirements for graduation.
6. Students absent from the program for a period greater than one year are not eligible for reinstatement and must apply to the program as a new student.
7. Students dismissed from the program, for reasons other than course failure, are not eligible for reinstatement and may not apply to the program as a new student.

# CURRICULUM

## PROGRAM OF STUDY

The MWH School of Radiologic Technology is five terms in length (21 months) and combines classroom, laboratory, and clinical experience with increasing emphasis as the student progresses through the program. All course material is maintained in the Canvas learning management system. Didactic courses are scheduled between the hours of 8:30 a.m. to 4:30 p.m. Monday through Friday. Clinical shifts are scheduled for an eight (8) hour period between the hours of 4:00 a.m. and 11:00 p.m. Days and shifts vary so students may experience a unique, equal, and equitable educational opportunity consistent with specific objectives. Total educational involvement does not exceed 40 hours per week.

The program is based on a semester calendar. The fall and spring semesters are 16 weeks in length, and the summer semester is 11 weeks in length. One (1) credit hour represents one (1) hour of classroom study, four (4) hours of laboratory study, or four (4) hours of clinical education per week. The courses are arranged by semester and cannot be taken out of order. Part-time study is not available, and there isn't an early graduation option. To successfully complete the educational program, the student must achieve a grade of C (77%) or above in all courses. Graduates earn a certificate in Radiologic Technology at graduation.

<u>Fall Semester Year 1</u>	<u>Credit</u>	<u>Fall Semester Year 2</u>	<u>Credit</u>
RAD 106 Intro to Radiologic Sciences and Patient Care & Lab	5	RAD 214 Radiation Biology and Protection	4
RAD 120 Radiographic Procedures I	4	RAD 220 Radiographic Imaging III	4
RAD 121 Radiographic Procedures I Lab	1	RAD 232 Clinical Education IV	6
RAD 130 Clinical Education I	4	<b>Total</b>	<b>14</b>
<b>Total</b>	<b>14</b>		
<u>Spring Semester Year 1</u>		<u>Spring Semester Year 2</u>	
RAD 112 Radiographic Imaging I & Lab	5	RAD 216 Registry Review	4
RAD 122 Radiographic Procedures II	4	RAD 218 Seminar	3
RAD 123 Radiographic Procedures II Lab	1		
RAD 132 Clinical Education II	4	RAD 234 Clinical Education V	6
<b>Total</b>	<b>14</b>	<b>Total</b>	<b>13</b>
<u>Summer Semester Year 2</u>			
RAD 212 Radiographic Imaging II	4		
RAD 222 Radiographic Procedures III	4		
RAD 223 Radiographic Procedures III Lab	1		
RAD 230 Clinical Education III	6		
<b>Total</b>	<b>15</b>		
<b>TOTAL CREDIT HOURS</b>	<b>70</b>		

## COURSE DESCRIPTIONS

### First Semester

**RAD 106 Introduction to Radiography and Patient Care & Lab 5 credit hours**  
This course provides students with an overview of radiography and patient care. Topics include the history of radiology, professional organizations, legal and ethical issues, health care delivery systems, and introduction to radiation protection. This course also provides the student with concepts of patient care, standard precautions, pharmacology and cultural diversity. Emphasis in theory and lab is placed on assessment and considerations of physical and psychological conditions, routine and emergency. Upon completion, students will demonstrate/explain patient care procedures appropriate to routine and emergency situations. Upon completion, students will demonstrate foundational knowledge of radiologic science and patient care. (This course has 4 classroom credits and 1 lab credit)

**RAD 120 Radiographic Procedures I 4 credit hours**  
This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the thorax, abdomen, upper extremities, shoulder girdle, lower extremities, and hip/pelvis. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the didactic and laboratory settings.

**RAD 121 Radiographic Procedures I Lab 1 credit hour**  
This course provides the student with laboratory instruction in anatomy and positioning of the thorax, abdomen, upper extremities, shoulder girdle, lower extremities, and hip/pelvis. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the laboratory and clinical settings. (This course has 1 lab credit)

**RAD 130 Clinical Education I 4 credit hours**  
This course provides the student with the opportunity to correlate instruction with applications in the clinical setting. The student will be under the direct supervision of a qualified practitioner. Emphasis is on clinical orientation, equipment, procedures, image evaluation, pathology and department policies. Upon completion of the course, the student will demonstrate practical applications of specific radiographic procedures identified in RAD 120.

### Second Semester

**RAD 112 Radiographic Imaging I & Lab 5 credit hours**  
This course provides students with knowledge of basic physics and the fundamentals of imaging equipment. Topics include information on x-ray production, beam characteristics, and imaging equipment components. Upon completion, students will be able to identify imaging equipment as well as provide a basic explanation of the principles associated with image production. (This course has 4 classroom credits and 1 lab credit)

**RAD 122 Radiographic Procedures II 4 credit hours**  
This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the vertebral column, bony thorax, digestive system, cranium, and trauma radiography. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the didactic and laboratory settings.

**RAD 123 Radiographic Procedures II Lab 1 credit hour**  
This course provides the student with laboratory instruction in anatomy and positioning of the vertebral column, bony thorax, digestive system, cranium, and trauma radiography. Upon completion of the course the

student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the laboratory and clinical settings. (This course has 1 lab credit)

**RAD 132** **Clinical Education II** **4 credit hours**

This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct/indirect supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, image evaluation, pathology, and patient care techniques. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

**Third Semester**

**RAD 212** **Radiographic Imaging II** **4 credit hours**

This course provides students with the knowledge of factors that govern and influence the production of radiographic images and assuring consistency in the production of quality images. Topics include factors that influence receptor exposure, contrast, spatial resolution, and distortion as well as digital image detectors.

**RAD 222** **Radiographic Procedures III** **4 credit hours**

This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the urinary system. This course also provides the students with instruction in venipuncture, special procedures, pediatric & geriatric radiography, mobile & surgical radiography. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the didactic and laboratory settings.

**RAD 223** **Radiographic Procedures III Lab** **1 credit hour**

This course provides the student with laboratory instruction in anatomy and positioning of the urinary system and special procedures. Students also receive laboratory instruction in venipuncture, pediatric & geriatric radiography, and mobile & surgical radiography. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the laboratory and clinical settings. (This course has 1 lab credit)

**RAD 230** **Clinical Education III** **6 credit hours**

This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct/indirect supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, image evaluation, pathology, and patient care techniques. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

**Fourth Semester**

**RAD 220** **Radiographic Imaging III** **4 credit hours**

This course provides students with the knowledge of factors that govern and influence the production of radiographic images and assuring consistency in the production of quality images. Topics include factors that influence radiographic quality as well as fluoroscopy, quality assurance, sectional anatomy & CT, and interventional radiology.



If academic problems arise during any semester, it is the responsibility of the student to seek academic counseling from the course instructor. A grade below a C in any course is considered a failing grade. Any student who receives a course grade below a C during any semester will be dismissed from the program.

### **EDUCATIONAL IMPROVEMENT PLAN**

Students will be placed on an educational plan for reasons that include academic, clinical, or professional progress. Students who earn less than a 2.5 GPA in one semester will be placed on academic probation. Faculty will meet with the student and devise a plan of action that is signed and agreed upon by all parties. If a student is placed on an educational improvement plan, it may delay the program completion and graduation date. The educational improvement plan is used as a tool to help the student achieve success. Specific information about the educational improvement plan should not be shared. Failure to complete all requirements outlined in an educational plan will result in dismissal from the program.

### **ACADEMIC ADVISING**

Students are formally advised during mid-term evaluations each semester. Additionally, faculty are accessible to students for academic or course advising outside of regularly scheduled class hours. Students are encouraged to request tutoring.

### **CAREER ADVISEMENT**

Students receive notification from the MWHC Compensation office about job opportunities six months prior to graduation. Furthermore, jobs are posted on Workday. Finally, program faculty discuss career opportunities with the students informally during class as well as formally during mid-term evaluations in their senior year.

# **STUDENT RIGHTS**

## **ACCESS TO STUDENT RECORDS**

A student has the right to inspect his/her file in the presence of a faculty member. The Mary Washington Hospital School of Radiologic Technology will comply with a student's request to examine his/her file in a reasonable period of time, not to exceed 45 days. Program faculty must have written permission from the eligible student to release any information from a student's education record. Access to other parties and organizations may be granted in keeping with the Family Educational Rights and Privacy Act of 1974.

## **FERPA**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA provides parents with certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

## **ANTI-HARASSMENT**

All students have the right to attend the MWH School of Radiologic Technology and all its organizational affiliates free of harassment. Refer to Anti-Harassment in the policies and procedures database on myMWHC.com website.

## **CAMPUS SECURITY AND EMERGENCY PREPAREDNESS**

All Associates and students receive an introduction to Emergency Preparedness when they complete the MWHC Orientation in Workday. Additionally, the Security department provides flyers for how to respond to workplace violence as well as a tip sheet with resources. Both flyers are posted in the classroom.

## **NONDISCRIMINATION**

The program does not discriminate against any person on the ground of race, color, national origin, ethnicity, religion, culture, language, national origin, age, or on the basis of physical or mental disability, socioeconomic status, sex, sexual orientation, sex stereotyping, and gender identity/expression.

# **POLICIES AND PROCEDURES**

## **PROFESSIONAL CONDUCT POLICY**

Clinical assignments are a requirement of the academic program and provide practical experience and opportunities enabling the student to gain competency. During clinical assignments, students represent the program and profession to the public and health care communities; therefore, students are required to demonstrate professional behavior that includes but is not limited to:

- maintaining professional relationships with all associates and radiologists
- demonstrating punctuality, initiative, and enthusiasm in the accomplishment of program objectives
- being self-directed. Technologists should not have to prompt students to perform procedures and tasks
- exhibiting an attitude of maturity and responsibility
- being responsible for his/her own actions
- having non-patient connected distractions
- appropriate questioning of clinical staff/clinical preceptor. Questions should be constructive and geared to learning outcomes.
- studying only if there are no patient exams or outstanding tasks such as stocking/cleaning rooms. Students may take textbooks, workbooks, notebooks, and flash cards with them to clinic.
- refraining from gossiping, needless complaining, drama, horseplay, smoking, loud talking, boisterous laughing, gum chewing, or other distracting activities
- using appropriate telephone etiquette
- discussing complaints and/or grievances with the clinical preceptor, clinical coordinator, and/or program manager.
- reporting unauthorized persons loitering in or around a health care facility to the appropriate supervisor/manager
- having patient-centered conversations
- not falsifying information or misrepresenting facts. Misrepresentation of facts include but are not limited to:
  - Bribery in any form.
  - Deliberate falsifying or withholding information about a patient, patient care, or self
  - Falsification in any form including clocking in or out of Trajecsys for another classmate

### **Theft**

Employee and student cooperation is imperative to minimize theft. Students should ensure that supplies and equipment are stored in approved areas and maximum-security measures are observed. Excessive amounts of money or valuables at the health care facility or school are not recommended. The school is not responsible for the loss or theft of personal items at any MWHC facility.

### **Tips and Gifts**

Acceptance of money by students from a patient or other business associates of the health care facility is not permitted. Anyone wishing to make a donation or gift to the hospital should be referred to a supervisor or to administration. Solicitation of personal gifts or donations by students is prohibited.

### **Weapons**

Firearms, knives, or other weapons are forbidden at any MWHC facility. Violation of this policy or engagement in violence of any type is cause for immediate program dismissal.

## **Substance Abuse**

Students must meet the same standards as MWHC Associates. Refer to Drug/Alcohol Free Workplace in the policies and procedures database on myMWHC.com website.

## **Confidentiality**

All information concerning patients, or the health care facility's business must be kept in strict confidence and not discussed with non-concerned parties. Confidential information should never be discussed with individuals outside the health care facility. All students are required to abide by the provisions and regulations as contained in the 1996 Health Insurance Portability and Accountability Act (HIPAA) regarding health information.

## **ACADEMIC INTEGRITY/HONOR POLICY**

Students shall observe and sustain absolute and complete honesty in all academic affairs. Violations of the following Academic Integrity/Honor Code include, but are not limited to taking or attempting to take any of the following actions by definition:

- A. Cheating:** Using unauthorized material and/or collaborating with other students to complete an assignment, quiz, exam, mock registry, etc. Unauthorized materials may include but are not limited to notes, textbooks, previous examinations, papers, laptops, or prohibited electronic devices. Cheating may also include submitting work completed by another person. The duplication of test material in any form including, but not limited to handwritten, photocopy, video or tape recording is considered cheating.
- B. Plagiarism:** Using the ideas, data, or language of another without specific or proper acknowledgment. Receiving academic credit or submitting a commercially prepared research project, paper, or work completed by someone else for academic credit are examples of plagiarism.
- C. Fabrication:** Submitting fraudulent or altered information in any academic exercise. This includes citing non-existent articles, contriving sources, falsifying scientific results, using AI to prepare an essay or other assignment, etc.
- D. Multiple Submissions:** The act of submitting, without permission, any previous work submitted to fulfill another academic requirement.
- E. Facilitating Academic Dishonesty:** Knowingly helping or attempt to help another violate any provision of the Academic Integrity/Honor Code. This includes:
  - a. Providing false or misleading information regarding academic affairs.
  - b. Falsifying evidence, or intimidating, or influencing someone in connection with an honor violation, investigation, hearing, or appeal.
  - c. Selling or giving another student unauthorized copies of any portion of an examination or completed assignments receiving academic credit.
  - d. Rendering unauthorized assistance to another student by knowingly permitting him/her to see or copy all or a portion of an examination or assigned coursework and receiving academic credit.
  - e. Taking an examination for another student.
- F. Misrepresentation of Academic Records:** Misrepresenting or altering with or attempting to alter with any portion of a student's academic record or transcript, either before or after admission to the Mary Washington Hospital School of Radiologic Technology. This includes:
  - a. Falsifying or attempting to falsify class attendance records for self, or having another person falsify attendance on your behalf.
  - b. Falsifying material relating to course registration or grades, either for oneself or for another student.

- c. Falsifying reasons why a student did not attend a required class/clinical or take a scheduled examination.
- d. Making any unauthorized changes in any recorded grade or on an official academic record.

**G. Unfair Advantage:** Obtain prior knowledge of examination materials or use AI software in an academically dishonest manner.

Cheating, plagiarism, fabrication, or multiple submissions will result in a grade of 0” (zero) for the assignment, quiz, or exam. A second violation of cheating, plagiarism, fabrication, or multiple submission and/or other violations of the academic integrity/honor policy will result in automatic dismissal from the program.

## **STUDENT HEALTH POLICY**

The program attempts to maintain a safe environment for enrolled students. Precautions are discussed in the MWHC mandatory education within Workday and during the Introduction to the Radiologic Sciences and Patient Care class. Refer to the Communicable Disease Guidelines in the policies and procedures database on myMWHC.com website. The MWH School of Radiologic Technology does not assume responsibility for illness or injury sustained by a student while participating in offsite courses or activities, traveling to and from the courses or activity, or traveling to or from the hospital or school. Students are financially responsible for any medical treatment provided by a health care provider.

### **Standard Precautions**

Standard precautions, developed by the Center for Disease Control (CDC), are required for all patients and include but are not limited to proper handwashing technique and use of personal protective equipment (PPE). Some patients also require additional precautions because of specific communicable infections or conditions. Students in contact with isolation situations must observe the appropriate transmission-based precautions.

### **Communicable Disease**

A communicable disease is an acute illness that is contagious, and symptomatic students may not attend class or clinical; however, a student may elect to attend classes via Teams. The student can contact faculty for specific guidelines on returning to school. Students must not have illness related diarrhea or fever for 24 hours prior to attending classes or clinical. The student may be referred to their personal physician for care. Students must provide a release from their health care provider if they experience an illness that requires a visit to the ED, is hospitalized, or is absent three or more consecutive days.

### **Injury**

If a student sustains an injury, they must contact the Clinical Coordinator. The student will be referred to their personal physician for care. The student must submit a release from their health care provider to return to clinical.

### **Incidents**

If a student is responsible for or involved in any unusual incident in the clinical area, he/she must inform the Clinical Preceptor/Supervisor and contact the Clinical Coordinator. Examples of incidents may include, but are not limited to incidents or injuries involving:

- Self, patient, staff, or visitor.
- Formal complaints lodged against a student.
- Major equipment damage attributed to student misuse.
- Misadministration of procedures to correct patient.
- Any activities that may, or does, result in adverse consequences to patients or personnel.

The student will complete a Safe report as soon as possible but within 24 hours.

## **SOCIAL MEDIA POLICY**

Students are not permitted to engage in social media activities during clinical rotations. Photographs or videos taken on MWHC property or at an MWHC sponsored event cannot be posted unless specifically authorized by MWHC Marketing and Communications. Refer to Social Media/Electronic Communications in the policies and procedures database on myMWHC.com website.

## **EMPLOYMENT POLICY**

Employment may not interfere with the hours the student is scheduled to complete didactic or clinical education. Didactic nor clinical schedules are not altered to accommodate student's work schedules. Student employment at an MWHC facility is at the discretion or decision of the employer and the student. However, the student is not permitted to function as an employee while participating in clinical or didactic instruction. The School of Radiologic Technology is not held responsible for the students who are employed, and all burdens of service are transferred to the employer. Reference letters to employers for each student are available upon request to provide information regarding the courses completed and the current courses. The School of Radiologic Technology does not endorse any student or their ability while the student is in the program. Students are not permitted to wear school scrubs while working as an employee.

## **DIDACTIC ATTENDANCE POLICY**

The instructor must be notified by text, phone, or email by the start time of a class or lab if an absence that will occur. If the student fails to notify the instructor of an absence before the start time for the class or lab, a 1 point deduction in the final course grade will occur. Exceptions to this policy include illnesses, emergency, court appearances, or transportation problems that can be verified with paperwork submitted to the instructor.

Since life situations occur, one (1) absence and two (2) tardies (arriving for class or lab late) will be permitted for this course without a grade reduction. Each additional absence or tardy beyond the allowed one absence or two tardies requires that the student satisfy the professor that the absence or tardy is valid and include exceptions listed above. Verification of the reason for absence or tardy can be requested by the instructor in making a determination to excuse the absence or tardy. Absences or tardies beyond those allowed and excused absences and tardies with verification, will result in a one (1) point deduction for each absence and a .5 point deduction for each tardy from the final course grade. Students are responsible for material presented in their absence. No make-up quizzes or tests will be allowed unless previously arranged with the instructor.

### **Didactic Attendance Point Deductions**

	<b>At which occurrence will deductions begin</b>	<b>Deductions from the final clinical grade each semester</b>
Tardiness (1 or more minutes late)	3 <sup>rd</sup>	.5 point
Absence	2 <sup>nd</sup>	1 point
Failure to follow call-in procedure	1 <sup>st</sup>	1 point

## CLINICAL ATTENDANCE POLICY

Clinical attendance cannot exceed 10 hours per day, and students are not assigned to clinical settings on holidays recognized by Mary Washington Hospital. Students may clock in 10 minutes early for their clinical shift and must be in their assigned rotational area at the scheduled time and be prepared to complete exams. Students are required to access Trajecsyst on a PC at the clinical site to clock in and out for their clinical shifts; cell phones and laptops may not be used.

### Personal Time Off (PTO)

Students are permitted PTO each semester:

RAD 130, RAD 132, and RAD 230	16 hours
RAD 232 and RAD 234	24 hours

PTO may only be taken in 4 or 8-hour blocks and must be requested at least 24 hours in advance. To request PTO, students must e-mail the clinical site's preceptors and/or supervisor and copy the Clinical Coordinator.

Students may opt to use PTO in lieu of making up missed clinical time. Unused PTO may not be saved or banked for future semesters.

### Call-In Procedure

In the event of an unscheduled absence:

- Contact the Clinical Coordinator at (540)741-1926 or by personal cell-phone number, at least 30 minutes prior to the scheduled report time. If unable to speak to a faculty member, the student must leave a voicemail including their name, type of absence, the time of their call, and their telephone number.
- Notify the site of their clinical rotation at least 30 minutes prior to their scheduled report time, speaking with a clinical preceptor or the supervisor of the department if a clinical preceptor is not available.
- Submit a time exception in Trajecsyst.

In the event of being tardy:

- If the student anticipates being more than 10 minutes tardy, he/she must contact the Clinical Coordinator at (540) 741-1926 or by personal cell-phone number as soon as possible. If unable to speak to a faculty member, the student must leave a voicemail including their name, type of absence, the time of their call, and their telephone number.
- Notify the site of their clinical rotation as soon as possible, speaking with a clinical preceptor or the supervisor of the department if a clinical preceptor is not available.
- Clock into Trajecsyst upon arrival to assigned department. Do not submit a time exception forms for a tardy.
- If a student forgets to clock-in, but less than an hour has passed, they must follow the procedure for a tardy.

In the event of a missed clock-in or clock-out:

- Notify a clinical preceptor or the supervisor of the department if a clinical preceptor is not available.
- Contact the Clinical Coordinator at (540) 741-1926 or by personal cell-phone number.
- Submit a time exception in Trajecsyst. Provide the name of the clinical preceptor or department supervisor that will be able to verify your arrival or departure time.
- If a student forgets to clock-in, but more than an hour has passed, they must follow the procedure for a missed clock-in.
- If a student forgets to clock-out on time, they must submit a time exception form.

In the event of a missed clock-in and clock-out on the same day:

- The Clinical Coordinator will notify the student that there is no record of attendance for the scheduled day.
- The student must provide documentation within 5 business days of the notification, or they will be assigned eight (8) hours of make-up time and the incident will be documented as a no-call/no show.
- Submit a time exception form in Trajecsys.

### **Make up Time Policy**

All clinical time that must be made up includes:

- Unscheduled absences not covered by PTO
- Each occurrence of missed clinical time of one (1) or more hours. For example: no make-up time is required if a student is 45 minutes late. If the student is 60 minutes late, then 60 minutes must be made up.

All make up time must be completed before the beginning of the next semester. Make-up time must be completed at the facility and during the hours for which the original clinic shift was scheduled. If the student cannot complete the work in the designated timeframe, he/she will be required to withdraw from the program and apply for readmission the following year.

Make up time must be approved by the clinical preceptor and the Clinical Coordinator.

### **Clinical Attendance Point Deductions**

	<b>At which occurrence will deductions begin</b>	<b>Deductions from the final clinical grade each semester</b>
Unscheduled absences	2 <sup>nd</sup>	1 point
Tardiness (1 or more minutes late) or no clock in	3 <sup>rd</sup>	.5 point
Failure to follow call-in procedure	1 <sup>st</sup>	1 point
Clocking in or out of Trajecsys on an unauthorized device	1 <sup>st</sup>	2 points
Early clock out (1 or more minutes early)	2 <sup>nd</sup>	1 point
Leaving clinical early (beyond 15 minutes) without contacting CP or CC	1 <sup>st</sup>	5 point
No show/no call	1 <sup>st</sup>	10 point
No clock out	2 <sup>nd</sup>	1 point

Missed clinical time due to extenuating circumstances will be addressed on a case-by-case basis and must be verified with paperwork. Students are encouraged to avoid lengthy absences from the program and, if possible, postpone elective surgery until a break or completion of the course of study. A doctor's excuse must include the date and time missed for an absence to be excused. Routine doctor's appointments or lab work will not be excused.

### **Lunch and Breaks**

Dependent on workload, a 15-minute morning or afternoon break may or may not be possible. All students are required to take a 30-minute lunch break. Lunch and breaks will be assigned by the Clinical Preceptor or supervising technologists at each clinical site. If the student chooses to leave the clinical site; they must inform a supervisor/faculty member, clock out using Trajecsys, and clock back in when they return. Students may not take their break and/or lunch at the end of the day and leave early.

## **BEREAVEMENT LEAVE**

Students must notify the program manager and clinical coordinator of the need for bereavement leave. Students are allowed up to three consecutive days leave for the death of an immediate family member (spouse, domestic partner, parent, stepparent, child, stepchild, sibling, parent-in-law, son-in-law, daughter-in-law, grandchild, grandparent). Students are allowed up to one day leave for the death of a family member (aunt, uncle, niece, nephew, brother-in-law, sister-in-law, grandparent-in-law, great grandparent-in-law). Clinical time missed does not have to be made up.

## **INCLEMENT WEATHER POLICY**

In case of inclement weather, the program will follow Germanna Community College for closings and delays of laboratory and/or clinical education. Classroom education will be held as originally scheduled on Teams.

## **CLINICAL/LAB DRESS CODE POLICY**

Students are expected to be neat, clean and professional at all times. Questions regarding appropriate attire should be directed to the Clinical Coordinator.

- Scrub attire must meet the following criteria:
  - Clinical: Eggplant solid color with no colored piping
  - Lab: Eggplant or black solid color with no colored piping. Approved radiology t-shirts may be worn.
  - Scrub tops and pants must fit
  - No low-rise scrub pants
  - Eggplant scrub jackets are permitted
  - MWHC approved black fleece/polyester jacket are permitted
- Shirts worn under designated uniform must be white or black with no graphics or printing. No thermal shirts are permitted. The shirt can be long-sleeved with the cuff going to the wrist or short-sleeved if the sleeve length does not go past the sleeve length on the scrub top.
- Uniforms are to be kept neat, clean, and in good repair.
- Students must wear non-skid, closed-toe and closed-heel shoes of strong construction. Uniform shoes should be white or black and should be well maintained and polished as needed. Athletic shoes, nursing shoes, and closed topped clogs are permitted per department standards. Croc style shoes are not permitted. Footwear is to be worn with socks or hose.
- Nails should be neat and clean, no more than a one-quarter inch from the tip of the finger. Light-colored nail polish is acceptable. No chipped nail polish is acceptable. No bold or bright color is acceptable. Artificial nails, including dip nails, extenders, wraps, acrylics, tips, tapes, and other appliquéés are NOT to be worn.
- Hair must be cleaned and confined so that it does not interfere with patient care. Hair must be kept off the shoulders and collar. If hair can be worn up, it must be done. Hair color must be naturally occurring to humans and style should be within accepted societal norms.
- Good oral and body hygiene are required. The use of an antiperspirant or deodorant is required. The use of fragrances, scented soaps and lotions is unacceptable due to allergies.
- Males must be clean-shaven and/or facial hair must be neatly maintained and trimmed.
- Display of jewelry in body piercings other than pierced ears is not acceptable. No oral body jewelry may be worn. Students are permitted to wear two pairs of small stud-type earrings that should not exceed the natural border of the ear lobe. No visible plugs or gauges may be worn at any time.
- Students may not wear rings with stones, necklaces or bracelets. Watches may be worn.

- Visible tattoos are discouraged. Tattoos must be covered up if there is an excessive number or if they are deemed offensive by program faculty, management, associates, or patients.
- The student identification badge with the retractable holder is part of the uniform and shall be worn at all times. It must be visible with the student's picture facing forward and worn on the upper torso.
- The dosimeter is part of the uniform and shall be worn at all times. Refer to the [Radiation Safety Policy](#).
- Smoking is prohibited at all Mary Washington Healthcare facilities. Students that smell of smoke will be sent home. Any absence will be made up in accordance with the attendance policy.
- Students are not allowed to eat, drink or chew gum in clinical areas.
- Students will purchase two sets of personal (initialed) lead markers at the beginning of the program of study. Mitchell markers (with beads) must be purchased. Right markers must be red, and left markers must be blue. Students are expected to bring their markers to clinic at all times.

### **ELECTRONICS USAGE POLICY**

Electronic devices (including iPads and laptops) must be secured in a locker and silenced during clinic. Cell phones are allowed in work areas but must be kept on silent. Texting is only permitted for communication with MWH SoRT personnel during clinical hours. No personal calls can be made or accepted while in the work area. If there is an emergency call, the student must first notify their clinical preceptor or supervising technologist and then make the call in an approved break area. A cell phone must NEVER be visible to a patient. No pictures are allowed to be taken in confidential work areas or of patient information. If there are reports of excessive or inappropriate cell phone use, the student will be subjected to the disciplinary action policy.

### **CLINICAL FACILITY PARKING POLICY**

Students are provided parking at MWHC facilities at no cost. Students may park behind Mary Washington Hospital in one of the lots designated for Associates or in the parking garage. Students are not to park in the emergency lot or any other visitor lots. Approved parking locations for students assigned to Lee's Hill is in the large parking lot on the left side of the building, and for Stafford Hospital at the far end to the parking lot, behind the yellow line that is marked "Caregivers." Information will be provided when attending classes at 2216 Princess Anne. Students are never allowed to park temporarily while clocking-in.

### **RADIATION SAFETY POLICY**

The student is required to exercise sound radiation practices at all times to ensure safe working conditions for physicians, staff, faculty, other students and patients. Students receive a radiation protection inservice prior to being assigned to clinical rotations.

- Students must not hold image receptors during any radiographic procedure.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- Students are required to collimate.
- Students must wear lead aprons while performing mobile procedures

#### **Dosimetry**

- Mary Washington Hospital provides dosimetry badges for the students each month. These badges are to be used at all clinical sites. Between rotations, the student may take the badge home so they can take it with them to their next rotation. Otherwise, student badges must be stored at their assigned clinical site.

The radiation dosimeter is worn at the collar level and should not be left inside any radiographic or fluoroscopic room. During mobile or fluoroscopic procedures, the student must wear a lead apron and wear the radiation monitor outside the protective apron at the collar level. Students are required to turn in their radiation dosimeter badges monthly to the breakroom at MWH.

- The most recent dose report is available for students to view on the whiteboard in the MWH SoRT classroom within thirty (30) days following receipt of the data. The Clinical Coordinator can provide previous reports to students upon request.
- The annual dose limit for students <18 years of age is 1 mSv, and the annual dose limit for students 18 years or older is 50 mSv.
- Students who have dosimeter readings exceeding 125 mrem per quarter will be interviewed by the Clinical Coordinator and may be counseled by the Radiation Safety Officer. Higher levels may result in an investigation by the Radiation Safety Committee to determine appropriate action.

### **MRI SAFETY POLICY**

Students complete an MRI orientation and screening prior to entering the clinical setting. This ensures that students are appropriately screened for magnetic field or radiofrequency hazards. Furthermore, students are mandated to notify the program should their status change.

### **PREGNANCY POLICY**

A student may provide a written voluntary declaration of pregnancy to the Program Manager. The student will be assigned a fetal badge to monitor dose to the embryo/fetus. The dose limit for the embryo/fetus will be 5 mSv for the entire gestational period and 0.5 mSv per month. The student will be referred to the Radiation Safety Officer (RSO) for additional counseling in protective measures to assure radiation exposure to the student and fetus are kept as low as reasonably achievable.

A student who voluntarily declares pregnancy has the following options:

- Continue in the program without modification** – The student would continue to attend both clinical and didactic classes as scheduled with no accommodations made. The student is required to meet the academic requirements and clinical objectives to continue in the program
- Continue in the program with modification** – The student would continue on a full-time basis with reassignment of rotations (as requested by the student) and scheduled with the Clinical Coordinator. Any clinical rotations or requirements not completed as a result of pregnancy must be made up before graduation and before being permitted to take the registry.
- Request a leave of absence** – Refer to the [Leave of Absence Policy](#)

The pregnant student may, at any time, withdraw her declaration of pregnancy. This action requires written notification to the Radiation Safety Officer and the Program Manager.

Should the student choose to remain in the program during the pregnancy, absences due to pregnancy or childbirth are excused for as long as the student's doctor says she has to be absent. At the conclusion of that period, the student is required to provide a physician's statement that verifies:

1. returning to routine class, lab, and/or clinical activities does not pose undue risk or harm to the student or others with whom the student will come in contact.
2. compliance with the Essential Functions.

At that point, the student will be reinstated to the status which she held when the leave began. She will have to make up any clinical time that she missed and must meet with the Clinical Coordinator to make up a plan.

She will also have to make up any class or lab missed and must meet with the class/lab instructors to develop a plan.

### CLINICAL SUPERVISION POLICY

The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

**Direct Supervision:** Students must be directly supervised until competency is achieved. Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

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

**Indirect Supervision:** Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

- Example of inappropriate indirect supervision: A technologist is in one room with a patient, and a student is in an adjacent room with a different patient.
- Example of appropriate indirect supervision: A student is in a room with a patient, and the technologist is within voice range of the student while completing paperwork or other duties that can be stopped immediately.

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

- evaluates the previous image and discusses with the student how to correct the image
- is physically present during the procedure
- reviews and approves the repeat image(s)

### DISCIPLINARY ACTION POLICY

Disciplinary actions are applied equally and equitably. The degree of discipline depends on the severity, frequency, and circumstances under which the offense occurred. A student may be removed from clinical education due to investigation of action and may not return until approved by program faculty. Any absences must be made up in accordance with the Attendance Policy. Students who do not abide by the following policies or procedures are subject to corrective action:

2 <sup>nd</sup> occurrence of absence: Written warning by CC	Clinical attendance policy
After every 5 <sup>th</sup> occurrence of tardiness: Written warning by CC	
5 <sup>th</sup> occurrence of clocking error (i.e., early clock out, no clock in, no clock out, or no submission of time exception form): Written warning by CC	

1 <sup>st</sup> – 3 <sup>rd</sup> offense: Verbal warning by CC 4 <sup>th</sup> and all subsequent offenses: Written warning by CC and 1-point deduction from final clinical grade	Clinical policy
1 <sup>st</sup> offense: Verbal warning by CC 2 <sup>nd</sup> and all subsequent offenses: Written warning by CC and 1-point deduction from final clinical grade *Student will be sent home to correct dress code violation and may return to clinical	Dress code policy
Each offense: Written warning by CC and 2-point deduction from final clinical grade	Radiation Safety Policy Professional misconduct
1 <sup>st</sup> offense: Written warning by CC 2 <sup>nd</sup> and subsequent offenses: Conference with CC and PD and 5-point deduction from final clinical grade	Social Media Policy Electronics usage policy
1 <sup>st</sup> offense: Written warning by CC and 5-point deduction from final clinical grade 2 <sup>nd</sup> offense: Conference with CC and PD and 5-point deduction from final clinical grade 3 <sup>rd</sup> offense: Conference with CC and PD and 25-point deduction from final clinical grade	Insubordination Sleeping while clocked-in during clinical education Clinical Supervision policy Incorrect patient, part, or side imaged
Conference with CC and PD and 25-point deduction from the final clinical grade:	Misrepresentation of facts (refer to Professional Conduct Policy) Unprofessional, unsafe, and/or unethical conduct Violation of patient confidentiality or HIPAA violation Substance Abuse Policy Hostile actions Harassment

Any absence must be made up in accordance with the Attendance Policy.

## DUE PROCESS POLICY

### Types of Grievances:

#### A. General complaints:

Students may address complaints with the appropriate faculty member (i.e., Clinical Coordinator and/or Program Manager) at any time. This will not invoke the grievance procedure outlined below.

#### B. Academic grievance procedure:

This is a formal process through which a student can appeal through his/her course instructor, the school's administrative leadership (academic policies), or the student's final grade in a course. A final course grade appeal must be based on at least one of the following claims: capricious action on the part of the faculty member that affects the student's final grade; prejudicial treatment of the student by the faculty member with respect to the application of the course syllabus, thereby affecting the student's final grade; or a documented error in calculating the student's final grade. A capricious action is defined as one made on a whim or without justifiable reasons. Prejudicial treatment is defined as treating the student lodging the final grade appeal differently than other students in the

course with respect to the instructor's application of the course syllabus. It is the intent of the School of Radiologic Technology to provide each student a means to resolve any issue arising from the application of the school's policies, procedures, or rules.

### **C. Non-academic grievance procedure:**

This is a formal process through which a student or student group can appeal a non-academic decision made by a faculty or clinical staff member that negatively affects a student/student group's standing with the school. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the quality of instruction, the fairness of instructor, and/or quality/fairness of clinical education. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the interpretation and/or application of the policies and procedures, student governance issues, student activities, and other concerns that a student might present for redress. A non-academic grievance may be based on one of the following claims: arbitrary and/or capricious actions by a Clinical Preceptor, Competency Evaluator, Clinical Coordinator or Program Manager; prejudicial treatment of a student by a Clinical Preceptor, Competency Evaluator, Clinical Coordinator or Program Director/Manager; or an administrative error in the application of a policy by a Clinical Preceptor, Competency Evaluator, Clinical Coordinator or Program Manager.

#### **Grievance process:**

1. This process must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal.
  - a. **Academic grievance:** The student may address the issue in writing to the course instructor within five business days of the occurrence in writing outlining his/her issue. The instructor has five business days to respond. If the student is unsatisfied with the instructor's written response and wishes to further pursue his/her issue, then the student should advance to step two in the grievance procedure.
  - b. **Non-academic grievance:** The student may address the issue in writing to the Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue. The Clinical Coordinator has five business days to respond. If the student is unsatisfied with the instructor's written response and wishes to further pursue his/her issue, then the student should advance to step two in the grievance procedure.
2. The student may address the issue in writing to the School of Radiologic Technology Program Director/Manager. The Program Director/Manager will discuss the issue with the course instructor, meet with the student, review the issues in the grievance, and respond to the student in writing within five business days. If the student is unsatisfied with the Program/Director/Manager's written response and wishes to further pursue his/her issue, then the student should advance to step three in the due process procedure.
3. The student may send a written request to schedule a meeting with the Director, Clinical Operations, Imaging, Pathology, and Laboratory Services within five days. The student may request that the Senior Vice President & Chief Human Resources Officer or designee be present at this meeting. The School of Radiologic Technology Program Director/Manager will also be in attendance. The Director, Clinical Operations, Imaging, Pathology, and Laboratory Services will prepare a written response to the student within five business days. If the student is unsatisfied with the response, the student should advance to step four in the due process procedure.
4. The student may send a written request to schedule a meeting with the Senior Vice President & Chief Human Resources Officer or designee. The Executive Vice President or designee reviews all

documentation involved and renders a decision, in writing, within 10 business days. The decision of the Senior Vice President & Chief Human Resources Officer or designee is final. The Senior Vice President & Chief Human Resources Officer or designee has the responsibility to interpret the grievance in light of established policies, procedures, and rules but does not have the right to formulate or change school policies or procedures.

### **JRCERT Noncompliance**

A complete copy of the JRCERT Standards can be found at <https://www.jrcert.org/programs-faculty/jrcert-standards/>. If at any time during enrollment in the Radiography Program a student feels the program is not in compliance, these noncompliant issues must be in writing and first discussed with the Program Director/Manager. The Program Director/Manager has 5 business days to respond. If the student is not satisfied, the discussion should be taken to the Administrative Director of Hospital Imaging Services. The Administrative Director of Hospital Imaging Services has 5 business days to respond. At any time, the student can contact the JRCERT at the address provided on page 2 in this handbook. The student's written allegation of noncompliance and resolution will be filed and held in the strictest confidence.

### **Complaints to SCHEV**

Complaints that cannot be resolved by direct negotiation with the school in accordance with its written grievance process may be filed with the State Council of Higher Education for Virginia (SCHEV), 101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.

No student will be subject to unfair actions due to initiating a complaint to the JRCERT or SCHEV.

# CLINICAL EDUCATION

## CLINICAL COMPETENCY REQUIREMENTS

The clinical competency requirements include:

- Ten mandatory general patient care procedures
- Thirty-nine mandatory imaging procedures
- Fifteen elective imaging procedures selected from a list of 34 procedures. One of the 15 elective imaging procedures must be selected from the head section, and two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.
- Ten terminal competencies

One patient may be used to document more than one competency; however, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

### 1. General Patient Care Procedures

**Requirement:** The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

General Patient Care Procedures	Date Completed	Competency Verified By
CPR/BLS Certified		
Vital signs – Blood pressure, temperature, pulse, respiration, pulse oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		
Assisted Patient Transfer (e.g., Slider board, mechanical lift, gait belt)		
Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)		

\*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting a needle into an artificial forearm or suitable device.

### 2. Imaging Procedures

Students must demonstrate competency in all 39 procedures identified as mandatory (M). Students must demonstrate competency in 15 of the 34 elective (E) procedures. One elective must be from the head section. Two of the electives must be selected from the fluoroscopic studies section. A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the competency list.

Institutional protocol will determine the positions or projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate: patient identity verification, examination order verification, patient assessment, room preparation, patient management, equipment operation, technique selection, patient positioning, radiation safety, image processing, and image evaluation.

## Master List of Competencies

Imaging Procedure	Mandatory/ Elective	Eligible for Simulation
<b>Chest and Thorax</b>		
Chest Routine	M	
Chest AP (WC or Stretcher) and Lateral	M	
Ribs	M	✓
Chest Lateral Decubitus	E	✓
Sternum	E	✓
Upper Airway (Soft Tissue Neck)	E	✓
Sternoclavicular Joints	E	✓
<b>Upper Extremity</b>		
Thumb or Finger	M	✓
Hand	M	
Wrist	M	
Forearm	M	
Elbow	M	
Humerus	M	✓
Shoulder	M	
Clavicle	M	✓
Scapula	E	✓
AC Joints	E	✓
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M	
Trauma: Upper Extremity (Nonshoulder)*	M	
<b>Lower Extremity</b>		
Toes	E	✓
Foot	M	
Ankle	M	
Knee	M	
Tibia-Fibula	M	✓
Femur	M	✓
Patella	E	✓
Calcaneus	E	✓
Trauma: Lower Extremity*	M	
<b>Head – select one elective procedure from this section**</b>		
Skull	E	✓
Facial Bones	E	✓
Mandible	E	✓
Temporomandibular Joints	E	✓
Nasal Bones	E	✓
Orbits	E	✓
Paranasal Sinuses	E	✓
<b>Spine and Pelvis</b>		
Cervical Spine	M	
Thoracic Spine	M	✓
Lumbar Spine	M	

Imaging Procedure	Mandatory/ Elective	Eligible for Simulation
<b>Spine and Pelvis (cont.)</b>		
Cross Table Lateral Spine (Horizontal Beam)	M	✓
Pelvis	M	
Hip	M	
Cross Table Lateral Hip (Horizontal Beam)	M	✓
Sacrum and/or Coccyx	E	✓
Scoliosis Series	E	✓
Sacroiliac Joints	E	✓
<b>Abdomen</b>		
Abdomen Supine	M	
Abdomen Upright	M	✓
Abdomen Decubitus	E	✓
Intravenous Urography	E	
<b>Fluoroscopy Studies –Select 2 procedures from this section</b>		
Upper GI Series, Single or Double Contrast	E	
Contrast Enema, Single or Double Contrast	E	
Small Bowel Series	E	
Esophagus (not swallowing dysfunction study)	E	
Cystography/Cystourethrography	E	
ERCP	E	
Myelography	E	
Arthrography	E	
Hysterosalpingography	E	
<b>Mobile C-Arm Studies</b>		
C-Arm Procedure (more than one projection)	M	✓
Surgical C-Arm Procedure (Manipulation around sterile field)	M	✓
<b>Mobile Radiographic Studies</b>		
ICU Chest	M	
Abdomen	M	
Post-op Upper or Lower Extremity	M	
<b>Pediatrics (age 6 or younger)</b>		
Chest Routine	M	✓
Upper or Lower Extremity	E	✓
Abdomen	E	✓
Mobile Study in NICU	E	✓
<b>Geriatric Patient**</b>		
Chest Routine	M	
Upper or Lower Extremity	M	
Hip or Spine	E	
<b>CT Procedures</b>		
CT Head	M	
CT Chest	M	
CT Abdomen/Pelvis	M	

The definition for *geriatric* is that the patient is at least 65 years old and is physically or cognitively impaired as a result of aging. A geriatric exam requires:

- the use of immobilization devices or modifications in positioning, such as a cross-table lateral extremity or spine OR
- that the patient has symptoms of dementia that necessitates modification in communication or positioning.

The definition for *trauma* is a modification in positioning due to injury with monitoring of the patient's condition. The procedure must be performed on an ER patient and with:

- trauma of upper/lower extremities: there must be an obvious deformity with a dislocation or fracture. A cross table lateral must be performed due to patient condition.
- trauma of shoulder/humerus: there must be a recent injury with dislocation or fracture. The ARRT requires that "the exam include a scapular Y, transthoracic lateral, or axial view."

It is acceptable to cancel a trauma comp if there is no fracture visualized on images.

### Imaging Procedure Competencies to be Completed By the End of Each Semester

RAD 130 Clinical Education I	6 competencies
RAD 132 Clinical Education II	18 competencies
RAD 230 Clinical Education III	30 competencies
RAD 232 Clinical Education IV	48 competencies and may complete terminal competencies
RAD 234 Clinical Education V	54 competencies and 10 terminal competencies

### Terminal Competencies

Ten (10) terminal competency exams may begin in Clinical IV but must be completed by the end of Clinical Education V. Students must complete all mandatory and elective competencies prior to starting terminal competencies. Exceptions include trauma and CT competencies. Students must successfully complete all terminal competencies with a minimum grade of 90%. Technologists will select the exams for terminal competencies.

Terminal competencies include:

• 2 mobile studies	• 1 chest exam (not mobile)
• 1 fluoroscopy study	• 1 abdomen exam (not mobile)
• 1 multiple study with 3 or more exams	• 3 extremity exams (not mobile)
• 1 C-arm study	

## ACHIEVING CLINICAL COMPETENCY

To achieve and document competency on an exam a student must:

1. Learn about the procedure during class
2. Verbally request to test for competency on the exam prior to the start of the exam
3. Participate in any other x-ray exams that are ordered on the patient
4. Have one performed exam that is documented in Trajecsys.
  - a. **Observe** – Student watches the technologist perform the exam while in the room with the technologist (not standing behind the control panel). Student did not set technique or assist with positioning.
  - b. **Assist**- Student assists the technologist and/or performed less than 50% of the exam. The images are marked using the technologist's ID markers.
  - c. **Perform**- Student performed the exam under direct or indirect supervision and completed more than 50% of the exam. The images are marked with the student's ID markers.

- d. **Competency** – Student performs the entire exam under direct supervision without technologist assistance (lifting and immobilization assistance is permitted). Students are required to use their personal markers. There are items that can result in an automatic failure.
5. After the technologist submits a passing competency in Trajecsyst or the lockbox, the student may perform the procedure under indirect supervision. The student does not have to wait for the clinical coordinator to validate the competency.
6. After completing competencies, the student must continue performing procedures.

### **Trauma Competencies**

Prior to testing for competency on trauma procedures, the student must first have successfully achieved competency on a routine procedure of the same type.

### **Submission of Clinical Competencies**

The technologist or clinical preceptor must submit the competency in Trajecsyst or on paper via the lockbox at MWH within 10 business days of the completion of the procedure. The student must also complete the competency information form within 10 business days. Any competencies and/or competency information forms submitted beyond 10 business days will not be reviewed by the clinical coordinator.

### **Evaluation of Competencies by Clinical Coordinator**

The clinical coordinator will review each competency and competency information form submitted in Trajecsyst or in the lockbox at MWH and may deduct points for errors. The competency may be revoked if the grade drops below 80% or it is found that the student did not complete the necessary prerequisites. Once the grade is finalized, the competency will be validated in Trajecsyst and added to the student's master clinical file. The clinical coordinator also reserves the right to revoke competencies based on clinical performance and to assign clinical remediation as necessary.

## **CLINICAL EXAM DOCUMENTATION**

Students are required to document all procedures in Trajecsyst. The student will document the date, skill, level, repeats, repeat reason, # of images, associate, and include in comments, the patient's initials and last five digits of the procedure accession number. When working with more than one associate, log the associate who supervised/approved final images and repeats.

## **CLINICAL ROTATIONS**

Students are assigned to the clinical sites on a rotational basis. Schedules are given to students and the clinical preceptors prior to each semester. Students are expected to stay in the clinical area assigned. If there are no cases in the assigned area, then they may rotate to other areas; however, the students assigned to the other area will have priority in completing procedures/competencies. Students may not "swap" assignments. Clinical assignments can be modified on a case-by-case basis at the discretion of the Clinical Coordinator. In Clinical Education V, students may select four elective rotations. If a student decides to discontinue an elective rotation, they must provide written notification to the clinical coordinator by the end of the first day.

Trajecsyst is used by technologists to complete performance evaluations and rotational objectives. Hard copies are only available in the MWH work core for those associates to complete and then submit in the lock box. Evaluations must be submitted within 10 business days or a 0 will be assigned. Students must maintain an overall rotation evaluation average of 80% or above at both the mid-term and end of each semester. If a student's evaluation average falls below 80%, an educational improvement plan will be developed as deemed appropriate by school faculty.

## WET READINGS/DISCHARGE INSTRUCTIONS

Students are not permitted to approach radiologists for wet reading results or provide discharge instructions to patients unless they are accompanied by an ARRT registered technologist.

## EXAM ACCURACY

- Prior to taking radiographs on any patient in an MWHC facility, students under direct and indirect supervision must verify that the:
  - patient's identity is confirmed by using two identifiers. All patients must be identified by two identifiers prior to any clinical treatment or procedure.
  - correct patient identification information is selected in the Electronic Medical Record (EMR) for exam tracking.
  - outpatient electronic prescription is signed by the ordering provider (MD, PA, NP).
  - outpatient written prescription is scanned into media files and verified for accuracy.
  - physician's name on the ancillary orders tab located in the electronic medical record is the ordering physician whose name appears in the patient's chart or on the prescription.
  - correct patient identification information is selected on the procedure worklist on any imaging system being used, regardless of whether the information can be corrected prior to sending images to the Picture Archiving and Communication System (PACS).
  - exam accession number matches the exam being performed.
  - correct side/part is imaged
  - anatomy is not masked
  - images are marked correctly with ID markers
  - date and time of the order are appropriate. Timed exams or preordered exams must be completed at the appropriate time.
  - prescription is not expired and has been signed. Student is responsible for verifying the expiration date as appropriate by the facility.
- In the EMR, the student must be documented as a participant in the exam.
- Students may end exams but are not permitted to present studies (in the EMR) to the radiologist.

## SENSITIVE PROCEDURES

To establish guidelines that protect patient privacy and prevent both male and female radiology students from being placed in potentially compromising situations, the following policies will be adhered to in all MWHC clinical sites. Student participation in any procedure is subject to the approval of the patient.

- **Barium Enemas (BE)** – Male students are restricted to inserting and removing enema tips on male patients and female students are restricted to inserting and removing enema tips on female patients. Students are not authorized to insert or to remove enema tips for BE studies except under the direct observation of an ARRT registered technologist. Students must complete the enema tip insertion competency for BE procedures. The competency will consist of one documented observation of a BE tip insertion procedure, one documented practice with the technologists hand placed on the hand of the student while inserting the enema tip, and one documented insertion of the enema tip by the student under the direct observation of an ARRT registered technologist. If resistance is met during the insertion of an enema tip, the technologist will take over the tipping procedure. Students are never permitted to inflate the balloon of the enema tip.
- **Hysterosalpingograms (HSG)** – Are considered an exam of opportunity and may only be observed with permission from the patient.

- **Voiding Cystourethrograms (VCUG)** - Male students may participate in VCUG studies on male patients, and female students may participate in VCUG studies on female patients. Both male and female students may participate in exam preparation and set up prior to the patient entering the exam room.
- Neither male nor female students are permitted to enter a room in which the patient is not clothed or draped unless a radiology or hospital associate is also present.

## ACADEMIC CALENDAR 2025-2027

New class orientation cohort 34	August 6, 2025
Tuition payment due	August 15, 2025
Fall semester begins	August 18, 2025
Labor Day	September 1, 2025
Tuition payment due	October 3, 2025
Fall break	November 24, 2025 - November 28, 2025
Final exam week	December 8, 2025 - December 12, 2025
Semester break	December 15, 2025 - January 2, 2026
Tuition payment due	January 2, 2026
Spring semester begins	January 5, 2026
Tuition payment due	February 20, 2026
Spring break	March 9, 2026 - March 13, 2026
Final exam week	April 27, 2026 - May 1, 2026
Graduation cohort 33	May 1, 2026
Semester break	May 4, 2026 - May 15, 2026
Tuition payment due	May 15, 2026
Summer semester begins	May 18, 2026
Memorial Day	May 25, 2026
Tuition payment due	June 19, 2026
Independence Day	July 3, 2026
Final exam week	July 27, 2025 – July 31, 2026
Semester break	August 3, 2025 - August 14, 2026
New class orientation cohort 35	August 5, 2026
Tuition payment due	August 14, 2026
Fall semester begins	August 17, 2026
Labor Day	September 7, 2026
Tuition payment due	October 2, 2026
Fall break	November 23, 2026 - November 27, 2026
Final exam week	December 7, 2026 - December 11, 2026
Semester break	December 14, 2026 - January 1, 2027
Tuition payment due	December 31, 2026
Spring semester begins	January 4, 2027
Tuition payment due	February 19, 2027
Spring break	March 8, 2027 - March 12, 2027
Final exam week	April 26, 2027 – April 30, 2027
Graduation cohort 34	April 30, 2027
Semester break	May 3, 2026 - May 14, 2027
Tuition payment due	May 14, 2027
Summer semester begins	May 17, 2027
Memorial Day	May 31, 2027
Tuition payment due	June 18, 2027
Independence Day	July 5, 2027
Final exam week	July 26, 2027 – July 30, 2027
Semester break	August 2, 2027 - August 13, 2027



**Mary Washington Hospital**

School of Radiologic Technology

### **PROGRAM HANDBOOK AGREEMENT**

By signing below, I verify the following:

1. I read the handbook and agree to abide by the program's policies and procedures.
2. I understand that I must comply with the student supervision policy.
3. I understand that that all patient information is confidential and can only be used for educational purposes.
4. I had an opportunity to ask questions about the content, and my questions were answered.
5. I understand that failure to follow any of these policies may result in disciplinary action.
6. I understand that changes in policies/procedures can be made during the course of the program, and I will be made aware of changes.
7. I understand that I am a guest at the clinical sites and will conduct myself accordingly. All rules and regulations will be followed. When I have a question or concern, I will contact my clinical preceptor, clinical coordinator, or program manager for clarification.
8. I understand that I can access additional Mary Washington Healthcare policies and procedures by going to the myMWHC.com website, scroll to the bottom of the page, and click on policies and procedures.
9. I give permission to release photographs taken for the purpose of identification of my status as a student enrolled in the program to the affiliated clinical facilities where I will be assigned as well as for any school events and activities for marketing purposes or school use in instructional materials, class photos, or graduation presentation.
10. I grant permission for the program faculty to send an evaluation to my future employer as part of the program's assessment process. I understand that this information will be kept confidential and will be used solely for the purpose of evaluating the effectiveness of the program meeting its goals.

Print Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_