

# Penn State Schuylkill Radiologic Science Program – Rad Rules for Clinical

Program Handbook Vol. 2 – updated April 2026

Material in this manual is subject to change. Students will be informed of changes prior to implementation and will acknowledge changes in writing. Rad Rules will be reviewed and updated at the start of each academic year. RADSC students, program faculty, and clinical instructors are encouraged to suggest any modification of this manual that would improve any aspect of the RADSC Program.

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## Clinical Sites

This list includes main clinical sites and their off sites.

- Penn State Health Milton S. Hershey Medical Center – Hershey
  - PSH Hampden Medical Center – Enola
  - PSH Medical Group - Middletown
- Lehigh Valley Hospital Schuylkill – Pottsville
  - Lehigh Valley Health Schuylkill Medical Plaza – Pottsville
  - Lehigh Valley Health - Health and Wellness Center - Hazleton
- WellSpan Good Samaritan Hospital - Lebanon
  - WellSpan Imaging Services Helen Drive – Lebanon
  - WellSpan Ambulatory Services Center – Palmyra
- Penn State Health St. Joseph Medical Center – Reading
  - PSH St. Joseph Exter Ridge – Reading
  - PSH Urgent Care Muhlenberg – Temple
- St. Luke’s Miners Campus – Coaldale
  - St. Luke’s Tamaqua Medical Center - Tamaqua
- Geisinger St. Luke’s Hospital – Orwigsburg
- St. Luke’s Carbon Campus – Lehighton
- Penn State Health Lancaster Medical Center – Lancaster
  - PSH Lime Spring Outpatient Center – Lancaster

Each clinical site will provide:

- A general orientation to include the philosophy, purpose, and service of the clinical site; policies and procedures regarding safety at the clinical site
- A clinical instructor
- Adequate supervision of the students by the clinical instructor and staff
- Emergency medical care for injury or illness of students, at the student’s own expense, in the clinical site until provisions can be made for continued care

- Access to the dining facilities of the clinical site. Students are individually responsible for the cost of meals.
- A safe place for students to keep their belongings
- Parking
- A private area for advising and conferences
- A secure area to store student clinical files

## Clinical Site Assignment

All clinical site assignments are made by program faculty. Once a student is assigned to a clinical site, the assignment cannot be changed. Clinical site assignments are based on JRCERT approved capacity, student choice, and student/clinical site compatibility. The student will spend year 1 (semesters 1-3) at one clinical site and year 2 (semesters 4-6) at a different clinical site. All students spend one year (1-3 or 4-6) at Hershey Medical Center.

Prior to starting clinical, the following requirements must be met:

- Successful completion of basic medical terminology, vital signs, CPR certification, review of program policies and procedures, and basic radiation protection
- Clinical requirements uploaded to DISA Healthcare Technology
- Completion of clinical site paperwork
- Student must be approved by the clinical site before starting clinical
- Completion of hospital and/or radiology department orientation programs

## Clinical Rotation Schedule

The clinical rotation schedule is developed by the clinical coordinator each semester and is posted on CANVAS and at each clinical site. Schedules are created to offer an equitable (not necessarily equal) experience for students in completing clinical objectives for the semester. Rotations may be adjusted by the clinical coordinator or clinical instructor to provide the student with a more varied and pertinent learning experience.

## Mammography Rotation/Opposite Gender Exams

All students, male and female, will be offered the opportunity to participate in mammography clinical rotations. Male students will not be routinely scheduled in mammography, though an effort will be made to place a male student in a mammography clinical rotation if requested. Program faculty cannot override clinical setting policies that restrict clinical rotations in mammography to female students; therefore, male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate. Female students will be allowed to rotate in mammography regardless of a site's policy on male participation. Additionally, this policy may be applied to any imaging procedures performed by

professionals who are of the opposite gender of the patient (ex: hysterosalpingograms). All students will receive didactic instruction for mammography and gender specific exams.

This policy is based on the sound rationale presented in a position statement on student breast imaging clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting and updated 10/21. The JRCERT position statement is available at [https://www.jrcert.org/wp-content/uploads/2024/03/Updated\\_FINAL\\_Mammography\\_Statement.pdf](https://www.jrcert.org/wp-content/uploads/2024/03/Updated_FINAL_Mammography_Statement.pdf)

## Health Insurance Portability and Accountability Act (HIPAA)

Under HIPAA, measures have been taken to protect the identity and confidentiality of individuals receiving health care. Not only are health care professionals held more accountable for the storage and transmission of confidential information, but they also may face heavy penalties for failure to abide by specific ethical and legal standards. As a student radiographer, you must understand and abide by the standards set forth under HIPAA. Violating HIPAA is cause for immediate dismissal from the Program. HIPAA instruction is covered during the initial five-week period prior to the start of clinical and at clinical orientation.

## Confidentiality of Student Records

Under the Federal Family Educational Rights and Privacy Act of 1974, (Buckley Amendment), students have the right to inspect and review all records. The program will not permit access to or the release of education records without the student's signature. All student records are kept secure & confidential. Clinical records are kept secure at each clinical education site. Additional information is available in the University's policy AD11 on confidentiality of student records (<https://policy.psu.edu/policies/ad11>).

## RADSC Course Grading

Course grading is consistent throughout all RADSC courses. A percentage breakdown is available in the syllabus for each course. Students must achieve a letter grade of "C" in all components of the RADSC curriculum to pass and continue in the Program.

Clinical competency is a top priority for RADSC Students. The number of preliminary exams and competencies will vary with each semester. A grade of 85 is required to pass all clinical requirements and courses.

Letter Grade	Grade Point Value	Didactic Scale	Clinical Scale
A	4.00	96-100	96-100
A-	3.67	92-95	94-95
B+	3.33	89-91	92-93
B	3.00	85-88	90-91
B-	2.67	81-84	88-89
C+	2.33	78-80	86-87
C	2.00	75-77	85
D	1.00	70-74	80-84
F	0.00	0-69	0-79

## Deferred Grade Policy

Due to the physical aspect of clinical courses (RADSC 295), if, for reasons beyond the student's control, the student is prevented from completing a course within the prescribed time, the clinical coordinator may defer submission of the student's final course grade. The clinical coordinator would submit a DF for the course grade. Since clinical objectives dictate each RADSC 295 grade, the student must make up all clinical hours in excess of the allotted annual days and complete all required clinical objectives for the stated RADSC 295 course. Clinical makeup hours must be scheduled in advance with the clinical coordinator so that proper clinical supervision and opportunity to complete clinical objectives are available for the student.

A student may also elect to postpone clinical education due to health reasons. In this situation, the student may be permitted to continue attending didactic RADSC courses and return to the clinical course in a subsequent semester. A student who chooses this path will need to review the Returning Student Policy and contact the clinical coordinator to complete returning student objectives for clinical.

Any time a student has an extended illness or injury, the student must submit to the clinical coordinator a doctor's note indicating "no restrictions" before returning to clinical. A student cannot be in clinical with restrictions.

## Clinical Grading System (RADSC295)

Clinical grades are based on the satisfactory completion of clinical objectives each semester. The student starts with a grade of 100, and if all objectives are completed successfully, the grade remains at 100. Points will be deducted for unsuccessful, late, or incomplete objectives. Any demerits obtained are deducted from the student's grade. Each semester, a clinical objective worksheet (COW) is maintained in the student's file documenting deducted points. The focus at clinical is learning and developing good professional work habits, so individual items are not assigned a percentage grade. A passing grade for clinical is 85%; if more than 15 points are deducted in a semester, the student would be unsuccessful for that semester and would not be able to move forward in the program. If the student would choose to return to clinical in the future, the policy for returning RADSC students would be followed. This student would need to wait a year and return to the clinical course that was unsuccessful.

## Returning RADSC Student

A student who has been readmitted to clinical is responsible for contacting the clinical coordinator to determine a schedule for completing the following objectives. The program director and clinical facilitator may assist the clinical coordinator in completing the objectives with the student. The objectives must be completed prior to the semester of re-enrollment for clinical.

The returning student will:

1. Complete all pre-clinical requirements and be in complete status on DISA Healthcare Technology. This must be done prior to #3 below.
2. Successfully test out on all exams previously evaluated on during lab and clinical prior to #3.
3. Participate in clinical for a minimum of 10 days. The clinical instructor will maintain observation sheets concerning the student's clinical performance and will conference the student a minimum of twice during the clinical experience.
4. Review clinical policies and student status with clinical coordinator.
5. Complete clinical education objectives.

Guidelines and information:

1. The student will adhere to all policies of the program during the clinical re-entry process.
2. Though the student is allowed to participate in exams, the student may not acquire prelims or competencies during this period. The only exception would be if the student were lacking the minimum requirements.

3. Once the schedule is determined, the student will adhere to the schedule. Excessive absences may result in the student not being allowed to return to the program.
4. The student may incur additional costs during the re-enrollment process. Examples of possible costs include, but are not limited to, liability insurance premium, health requirements, background checks, and any University fees.

## Pregnancy Policy

In accordance with [NRC Regulatory Guide 8.13](#) a pregnant student has the option of declaring her pregnancy or remaining undeclared. An undeclared pregnant student would continue in the program with no special consideration. The declared pregnant student, after consulting with program officials, would choose one of the options listed below. To declare a pregnancy, the student must inform the program director in writing of her status. **Declared status may be revoked by the student at any time and must be undeclared in writing.** Depending on level of education, the pregnant student may not be in a position to make an informed decision concerning declaration and non-declaration of pregnancy; therefore, [NRC Regulatory Guide 8.13](#) offers the pregnant student information to review. The appendix contains questions and answers concerning prenatal radiation exposure and a form letter to use for declaring pregnancy. The pregnant student is encouraged to seek further consultation and information from program officials. Any consultation between an undeclared pregnant student and program officials would be educational and informative, not punitive, in nature.

The following options are available to the declared pregnant student to remain enrolled in RADSC 295 courses:

### Option 1

The declared pregnant student may continue in the RADSC curriculum with no special considerations or restrictions.

### Option 2

The declared pregnant student may continue in the RADSC curriculum with the following restrictions concerning clinical rotations.

The pregnant student will not participate in:

1. Fluoroscopic procedures (unless procedures are performed with remote control fluoroscopic equipment).
2. Portable and surgical procedures.

Substitute clinical rotations will not be provided. All clinical rotations missed by the student will be made up at the end of the program (which will result in a delay in program completion) or during semester breaks (by advance arrangement with the clinical coordinator). The declared pregnant student will complete all didactic course requirements prior to enrolling in the next semester RADSC course. This is necessary since the RADSC courses are sequential and prerequisite courses must be successfully completed prior to the start of the next course.

If the declared pregnant student chooses options 1 or 2, an additional dosimetry badge will be provided to monitor fetal exposure.

Other options are available for a pregnant student that does not wish to continue in clinical during her pregnancy.

### Option 3

A pregnant student may drop the RADSC courses in which she is currently enrolled and continue and complete all non-RADSC Courses for that semester. The University policy to drop a course can be found at <https://senate.psu.edu/policies-and-rules-for-undergraduate-students/34-00-course-scheduling/#34-89>. For the following semester, the student may continue enrollment in non-RADSC courses only or request a Leave of Absence from the University <https://www.registrar.psu.edu/enrollment/leaving/leave-absence.cfm> If the student chooses to return to clinical in the future, the policy for returning RADSC students would be followed.

### Option 4

A pregnant student may withdraw from all currently enrolled courses and the University <https://senate.psu.edu/students/policies-and-rules-for-undergraduate-students/56-00-withdrawal-and-leave-of-absence/> A “W” will be recorded for each course of that semester. If the student chooses to return to the program in the future, the policy for returning RADSC students would be followed.

## Supervision Policy

RADSC students are subject to direct supervision as defined by the JRCERT Standards. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement.

2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified radiographer is present during the performance of the examination.
4. A qualified radiographer reviews and approves the radiographs.

RADSC students are directly supervised for their clinical education until they have proven competency in radiographic procedures and then function under indirect supervision for those exams in which they have proven competency, with the following exceptions. Students must be directly supervised during all OR, C-arm, and portable exams regardless of competency level.

Indirect supervision is defined as supervision provided by a qualified radiographer immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This applies to all areas where ionizing radiation equipment is in use.

Clinical instructors may utilize indirect supervision for each student on an exam-by-exam basis if that student has successfully completed the Clinical Competency Evaluation Form for the specific exam.

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

Disciplinary action will result if a student does not comply with the supervision policy.

## Student Radiation Safety Policy / Dosimetry Monitoring

In accordance with 10CFR19, "all individuals who in the course of their employment are likely to receive a dose of more than 100 mrem (1 mSv) in a year, must receive adequate training to protect themselves against radiation. Also, these individuals have the right to know the amount of radiation to which they have been exposed". Since RADSC students are considered occupationally exposed, an effective dose (EfD) limit for whole body of 5 rem (50 mSv) is applicable. All students will wear a personnel dosimeter provided by the Program to monitor radiation exposure at clinical. Student radiation dosimetry records will be maintained on the secure Landauer website at myLDR.com. The program director will email the students when dosimetry reports are available on the Landauer website. Students will have access to their individual radiation dosimetry record at myLDR.com and will bring a summary of their record to their end of semester clinical conference conducted by the clinical coordinator and clinical instructor. Information for accessing myLDR.com is communicated to the students and is available on Canvas.

Each student will be responsible for:

1. Wearing their radiation dosimetry badge as designated (at collar level), at all times while in clinical, and will notify their clinical instructor if the radiation dosimetry badge is not in their possession while in the clinical setting.
2. Exchanging their radiation dosimetry badge within one week of the end of the bi-monthly badging period.
3. Storing their radiation dosimetry badge in a secure location at their assigned clinical site, away from water, excessive heat, ionizing radiation, or other environmental factors that may impact the dosimetry badge.
4. Immediately reporting the loss of a radiation dosimetry badge to program faculty and their clinical instructor. The students must obtain a spare radiation dosimetry badge from campus.
5. Becoming familiar with reading each of their bi-monthly radiation dosimetry reports at [myLDR - LANDAUER Client Portal](#).
6. Return radiation dosimetry badge to program director upon completing or withdrawing from the program.

In addition, a program action dose of 50 mrem (.5mSv) per 2-month period is identified. If the action dose is reached, the program director will meet with the student to discuss the significance of the reading, to review radiation safety procedures, and any follow-up activities.

## Holding Patients or Image Receptors

A student should not hold or restrain patients or support an image receptor during radiographic exposures. The student is encouraged to employ positioning devices such as tape, sandbags, sheets, etc.

## Accidents

All student-related accidents that occur during clinical and result in patient, personnel, or personal injury, and/or equipment damage must be reported immediately to the clinical instructor and/or radiology management. Depending on the student's health care plan, the clinical education site may be requested to provide emergency medical care at the student's own expense. In a life-threatening emergency, the student should be taken directly to the emergency department. A copy of the clinical education site's accident report will be maintained in the student's file. Needle sticks are processed according to the clinical site policy.

## Clinical Orientation Safety Policy Review

Students are made aware of many restrictions/procedures concerning safety during clinical orientation and prior to any patient contact. Orientation material includes isolation procedures, infection control measures, standard precautions, and medical emergency preparedness. Hazard safety for fire, disaster, electrical, and chemicals are reviewed. Students adhere to the current clinical education center policy on blood and body fluid precautions. The clinical education centers have policies based on the guidelines recommended by the Communicable Disease Center (CDC).

## MRI Safety Policy

Students will rotate through MRI at clinical and need to be aware of the potential workplace hazards associated with magnetic fields. Students should be aware of the potential dangers of entering the MRI area if they have implants or foreign bodies in them. The following safety screening protocol assures that students are appropriately screened for magnetic wave or radiofrequency hazards.

The following is completed during the first five weeks of the program, before entering clinical.

1. A video entitled “Basic MRI Safety” is viewed by the students.
2. At the end of the presentation, students complete the MRI Student Safety Clearance Checklist and indicate they have watched the video. A copy of the checklist is maintained in the student’s clinical folder.
3. Any positive replies to the checklist will be further investigated with the MRI supervisor to determine student eligibility to participate in an MRI rotation.

Since students do not rotate through MRI until the 5<sup>th</sup> and 6<sup>th</sup> semesters, a review of MRI safety will occur again at the beginning of the 5<sup>th</sup> semester during the RADSC 206 class.

At any time after completing the initial MRI Student Safety Clearance Checklist, if a student’s status in regard to magnetic field and radiofrequency hazards changes, the student must disclose this information immediately to the clinical coordinator.

## Clinical Syllabus

Each clinical course has a syllabus that lists and explains all course objectives.

## Professional Conduct and Ethics

All students are expected to conduct themselves in accordance with the [ARRT Standards of Ethics](#). The primary goal of a radiology department is quality patient care. Quality care is

strongly influenced by the attitude and manner of the radiologic technologist who greets the patient and carries out the procedure or examination either individually, with peers, or by assisting the radiologist. It is important for the patient's well-being that your manner is always calm, friendly, mature, respectful, and helpful. It is important to maintain a courteous, professional attitude at all times in department work areas, which are in sight or hearing of patients and guests. Patients take their health problems seriously, and so must students and technologists.

Patients who are ill or injured can be anxious and afraid. They need reassurance and confidence. Some people act hostile, irritable, or angry when they are afraid. It is important not to personalize the remarks of such patients and to keep calm and do your best to communicate in simple, helpful terms. Respect the patient's dignity with your words, tone of voice, and actions. Never let your irritation show in response to an irritable patient, work pressures, or personal problems. It is ultimately the technologist's manner and attitude that provide the basis for patients to judge professional ability. Your courtesy and concern are the human elements that assure quality patient care.

In addition, students must:

1. Follow the University's [Student Code of Conduct](#).
2. Abide by all the pertinent policies and procedures of the clinical site. This information shall be provided by the clinical instructor.

## Zero Tolerance Policy (Demerit System)

In addition to proving clinical competency, students will be evaluated on affective, cognitive, and psychomotor skills in clinical. Positive, professional behaviors and attitudes are as important as clinical competency. Developing and maintaining professional behaviors will reward the student in future employment opportunities. Policies and procedures concerning these behaviors and attitudes are outlined in RAD Rules. Therefore, any infractions will result in disciplinary action.

Demerits are a numerical documentation of unsatisfactory performance, which will be subtracted from the student's clinical grade. Demerits are assigned by program faculty and clinical instructors. The number of demerits assigned will depend on the seriousness and frequency of the infraction. The number listed in the table below will be given for an initial infraction. Subsequent infractions of the same policy (even if it occurs in another semester) will increase the demerit by one unless indicated consistent. A master list of demerits will be maintained for each student.

In addition, a clinical instructor or program faculty member may remove the student from clinical until the infraction is remedied. Any time used while the student is away from clinical will be deducted from annual time or made up before proceeding to the next

semester. If the amount of time is less than 1 hour, the tardy policy will apply, and tardy points will be recorded.

The below list is not inclusive. Demerits may be assigned for other violations of policies not individually listed below. This list should be used as a guide to aid in maintaining consistency among clinical sites.

### Table of Infractions and Number of Demerits Earned

<b>Infraction</b>	<b>Number of demerits earned</b>
Failure to complete and submit required clinical paperwork in appropriate time frame (ex. objectives, evaluations, etc.).	See COW
Failure to follow proper call-in policy when absent from clinical	3 (consistent)
Tardiness	See tardy policy
Unexcused absences in excess of allowed annual days	3 plus make up amount of time missed (consistent)
Any violation of the dress code	1
Failure to have markers, dosimetry badge or hospital ID	1
On the computer inappropriately	5
Cell phone usage, including talking and texting, clinical site phone usage for personnel use, or smart device usage	3
Taking part in non-educational activities while in clinical (ex: knitting or sleeping)	1
Violation of clinical site smoking/vaping policy	3
Leaving assigned clinical rotation area without permission of supervisor or clinical instructor	1
Failure to effectively communicate	Determined on individual basis

Using inappropriate language in the clinical environment	3
Failure to take initiative	Determined on individual basis
Failure to successfully complete entire exam (ex. have images checked, release patient, finish paperwork, reschedule patient)	1
Failure to maintain cleanliness and stocking of assigned clinical area	2
Using someone else's markers or letting someone else use your markers	1
Mislabeled images	3
Failure to properly double ID patient	3
Failure to properly double ID patient that results in radiographing the wrong patient	5 plus paper
Radiographing the wrong body part	3 plus paper
Unsupervised repeat	5 plus paper
Indirect supervision when direct would be required	5 plus paper
Failure to employ good radiation protection practices (ex: determine pregnancy or LMP status, proper shielding for patient, self, others as required)	3
Holding the patient or the image receptor during an exposure	5 plus paper
Failure to function in stressful situations	Determined on individual basis
Failure to report any abnormal incident to supervisor pertaining to equipment, patient or self	3
Intolerance of others	5 plus paper

Inability to function as a team member	Determined on individual basis
Failure to act in a professional manner	Determined on individual basis
Failure to thrive in clinical setting	Determined on individual basis
Inconsistent performance in clinical setting	1
Showing no concern for patient well being	3
Failure to follow <a href="#">Standards of Ethics</a>	Determined on individual basis
Circumventing the chain of command	3
Violation of program privacy policy	3
Violation of patient privacy or HIPAA	5 with possible clinical suspension/expulsion
Falsification of records	5 with possible clinical suspension/expulsion, submission of report to DAA
Insubordination	5 with possible clinical suspension/expulsion
Lying either outright or by omission	5 with possible clinical suspension/expulsion, submission of report to DAA
Suspension	5

The actions below may cause immediate dismissal from the program.

1. Negligence, disorderly conduct, or inconsiderate treatment of patients, visitors, or hospital personnel.
2. Falsifying any records, reports, or information regarding patients or hospital operations.
3. Divulging confidential information regarding patients, hospital operations or program issues.
4. Interfering with the work performance of another student or employee, threatening, intimidating, or coercing another employee or student.

5. Theft, misappropriation, unauthorized possession, or use of property belonging to the hospital, or to any patient, visitor, fellow student, or staff member.
6. Willful / careless destruction, mishandling or defacing of hospital equipment or property.
7. Use or possession of intoxicating beverages on the hospital premises or reporting to class or clinical areas under the influence of such beverages.
8. Illegal use or possession of narcotics or drugs.
9. Unauthorized possession or use of a dangerous weapon on hospital property.
10. Gambling or possession of gambling devices on hospital property.
11. Willful or repeated violation of hospital safety, fire, disaster, and security regulations.
12. Unauthorized selling or soliciting on hospital property.
13. Soliciting or accepting tips, gifts, or gratuities from patients, relatives, or visitors.
14. Insubordination. Throughout the clinical period, students are supervised by staff technologists, radiologists, clinical coordinator, clinical facilitator, and clinical instructor. Failure to complete an assigned task or refusal to do the task is viewed as defiant and disobedient. Neither one of these actions is tolerable in the health care field, where the well-being of the patient always comes first.
15. Failure to demonstrate genuine interest in the patient's well-being. Part of the clinical education experience centers on patient evaluation and staff response. Patients entering the Radiology Department have some apprehension, uncertainty, and fear. They are also concerned about their modesty. Preserving the patient's well-being is a task incumbent to any health care worker.

## Program Privacy Policy

Information relating to student disciplinary actions and conferences are considered confidential and are not to be discussed outside the Program. Students who discuss program issues with clinical department staff other than clinical instructors are subject to disciplinary action to include demerits and possible suspension.

## Grievance Policy

The procedure outlined may be followed by a student who believes that there is information contained in his/her academic or clinical record that is inaccurate, misleading, or violates the privacy or other rights of the student.

1. If the questionable information concerns an academic grade received in a RADSC course, the student should first talk with the instructor to discuss the grade in question within 7 days of receiving the grade.
2. If the questionable information pertains to a clinical evaluation, the student should first discuss the evaluation with the member of the clinical education staff who evaluated the student or the clinical instructor within 2 days of receiving the evaluation. If the student is not satisfied with the outcome of that discussion, the clinical coordinator should be notified within 7 days of receiving the evaluation. If there is still dissatisfaction on the student's part, the student should make arrangements to discuss the matter with the program director within 7 days after receiving feedback. The program director will investigate the situation and meet with the student within 4 days of the student's request.
3. If after the student has discussed the questionable information, as indicated in steps 1 or 2, and there is still dissatisfaction on the student's part, the student can make arrangements to discuss the matter with the Director of Academic Affairs within 4 days. Once the student accesses the DAA, University policies and timelines are utilized. Documentation will be maintained and placed in the student's file.

Below are links to pertinent University policies.

- [Grade Mediation and Adjudication](#)
- [Academic Integrity](#)

## JRCERT Complaint Resolution Policy

Any student with a complaint related to the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography has the right to contact the JRCERT.

JRCERT

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

312-704-5300

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

## Clinical Dress Code Policy

The purpose of the student clinical dress code is to ensure that students maintain an acceptable and professional standard of appearance and promote safety. This policy is intended to be inclusive; revisions will be determined by the program faculty. The dress code is based on dress code policies from all clinical sites.

## Uniform

Top: Approved uniform top with RADSC Program logo. An all-white, long-sleeved shirt may be worn underneath for warmth or to conceal tattoos. The shirt must be free of logos.

Pants: Navy scrub pants must be worn. Most styles are acceptable.

Warm-up jacket: Navy or ceil jacket with RADSC Program logo. Students cannot wear sweaters or sweatshirts at clinical. This is an option and is not a mandatory part of the uniform.

Footwear: Shoes can be professional shoes or athletic shoes. Shoes must be all white and all leather or leather-like material. Clog type shoes are acceptable if they have a full back. Socks should be white or black. Shoes should be clean and polished.

Hospital scrubs: Scrubs are worn for OR, cath lab, and CVIR rotations only. Students in these areas will report to clinical in their uniforms and change into scrubs upon arrival. At the end of the day, students should change back into their uniforms prior to leaving the department and deposit the scrubs into the appropriate receptacle. If a shirt is worn under the scrub top, it must be all white with no logos.

Badges: Students must always wear a hospital ID badge and radiation dosimeter.

## General Statements

1. All clothing should be loose fitting, neat, clean, and wrinkle-free.
2. Appropriate undergarments will be worn. Undergarments that show through the clothing are inappropriate.
3. Make-up should be subdued and kept to a minimum.
4. Patients may be sensitive to scents so students should be mindful in selecting grooming products that are scent-free or lightly scented.
5. Gum chewing is always prohibited.
6. Breath and body should be free of any offensive odors.
7. Hair should be clean and neat. Hair longer than collar length should be restricted in a bun or at the base of the neck. Color should be a natural tone. No “trendy” hairstyles, including spikes and sculpting. Headbands and barrettes / fasteners used to restrict hair can be blue, white, black, or brown.
8. Hands should be clean and fingernails trimmed below the length of the finger. Nail polish of any type (clear included) is not permitted.

9. Jewelry should be kept to a minimum. A total of two rings is allowed (wedding sets count as one). Bracelets are not allowed. Only post earrings are permitted; no dangle or hoops are allowed. One single thin chain necklace is allowed. The necklace can be no longer than 22” and can have one small pendant. No other visible body jewelry is permitted (ex: eyebrow, nose, tongue). Plastic spacers may be worn.
10. Smart watches are allowed but should not be used for texting or other personal uses.
11. Tattoos may be visible if they are free of offensive content. Offensive content must be covered.

## Communicable Diseases

Students should not be in clinical if they are ill and should refer to the annual time and call-in policies. Evaluation by their personal physicians may be recommended. If illness arises while at clinical, a student should leave early and use annual time. This is necessary to protect patients who are already in a state of debilitated health. A communicable disease is defined as a disease that may be transmitted directly or indirectly from one individual to another, such as the flu and conjunctivitis (pink eye). If a student is exposed to a communicable disease, such as tuberculosis, while at clinical, the clinical site communicable disease exposure policy will be followed.

## COVID Impact for Clinical

Students are not allowed to have direct contact with known COVID patients or patients under investigation. A student can participate in an exam while not having direct contact. Students will be provided appropriate PPE (personal protective equipment) by the clinical sites and will be expected to abide by clinical sites policies, including daily screening and mandatory use of face masks. Failure to do so may result in the student’s permanent removal from the clinical site and possible dismissal from the Program. A student exhibiting any COVID symptoms should not attend clinical.

## Annual Time

Clinical annual days are designed primarily for sick time; however, students may use annual days for personal reasons. Students will "call in" to the clinical instructor at the clinical site. Tardiness is not applicable for annual days; a separate policy exists. The annual days form and the program attendance form are maintained in the student’s clinical file and will be the official documents determining number of days used. Four annual days are given for semesters 1-3. Unused days will carry over to year two. Four more annual days are given for semesters 4-6. Annual days are taken in half or whole day increments (4 or 8

hours). When a student takes a half day, lunch is not taken. A total of 8 hours can be used in one-hour increments.

Any excess of annual days must be made up before the start of the next semester. No make up time is arranged until the number of annual days has been exceeded. All clinical objectives must be completed by the last day of the semester, unless extenuating circumstances allow an extension. This will be determined by the clinical coordinator.

Use of annual days is not permitted during evening and midnight assignments. Absences during these assignments will be rescheduled during the time frame missed and before the end of the semester in which they occur.

When time is used other than as sick days, prior notification by the student is preferred. It is the student's responsibility to complete the proper form before or after using annual time and submit it to clinical instructor within 24-48 hours. Each time a student uses annual time, it is documented on the annual day form and attendance form. Both forms are reviewed with the student during the end of semester conference. Students can request access to their file at any time to review attendance status.

Students should be aware that attendance is typically addressed in job references. Students should use annual days with prudence and good judgment.

Any time a student has an extended illness or an injury, prior to returning to clinical, the student must submit to the clinical coordinator a physician's written permission note indicating "no restrictions".

## Call In Policy

Any event which causes a student to be late or absent should be reported to the clinical instructor prior to the clinical start time. If you are unable to speak to the clinical instructor directly, leave a message and document the time you called and the person you spoke with. You should then call back between 8 and 8:15 and speak with your clinical instructor. If you are unable to reach the clinical instructor, the student should contact the clinical coordinator. This is important so your RADSC Clinical Attendance Record will be accurate. If a student is absent for three consecutive clinical days, a doctor's release form must be presented to the clinical coordinator before the student can return to clinical. This is necessary to protect the health of other students, staff and patients.

## Tardy Policy

A radiographer should be ready to perform duties at the scheduled start time. This tardy policy will aid the student radiographer in the development of good attendance habits, reliability, and teamwork. With this system, the student will acquire demerits and tardy points for each episode of tardiness according to the schedule below. Once 4 tardy points are documented, an automatic deduction of ½ annual day will occur. Tardy point collection will be ongoing for the entire 24 months, meaning the count does not reset at the start of

each semester. A tardy tracking sheet will be utilized and will be maintained in the student's clinical file. After the accumulation of 4 tardy points, a conference form will be completed to document the ½ day of annual time deduction. If no annual time is available from which to deduct the ½ annual day, the four hours will be made up prior to the start of the next semester with no more deductions for unexcused absence or no annual time. Make up time is at the discretion of the clinical instructor. Demerits will be applied to the semester in which the tardy occurred.

### Table showing amount of time tardy, demerits earned, and tardy points earned

Amount of time tardy	Demerits earned	Tardy points earned
Up to 15 minutes late	1	1
15-30 minutes late	2	2
30-60 minutes late	3	3
>60 minutes late	4	4

Guidelines and examples for the table:

- The numbers apply for each occurrence; there isn't an increase for each subsequent event
- The amount of time the student is tardy does not have to be made up; eventually a half annual day will be deducted
- At four points, the half day deduction is made and the count returns to zero. If accumulated points are greater than 4, the half day annual time deduction is applied, and 4 points are subtracted from the tardy point total.
- Example 1: Student has 2 tardy points and is 25 minutes late, resulting in 2 demerits earned and 2 tardy points added to the current 2 for a total of 4 which triggers a conference form and the half day annual time deduction. Counter resets to zero points.
- Example 2: Student has 2 tardy points and is 45 minutes late, resulting in 3 demerits earned and 3 tardy points added to the current 2 for a total of 5, which triggers a conference form and the half day annual time deduction. In this example, the 4 points representing the half day annual time deduction are subtracted from the total of 5, which resets the counter to 1.

### Inclement Weather Policy

The guideline for students to follow for clinical will be that of Penn State Schuylkill Campus. If Schuylkill Campus cancels classes for a partial or full day due to inclement weather, clinical will follow the closure. Students do not have to call the clinical site. The

clinical coordinator will notify the clinical sites when classes are delayed, cancelled, or if there is an early dismissal. Clinical hours missed due to inclement weather do not have to be made up.

Students should sign up for the [PSU text alert system](#) to receive campus alerts. Students may also refer to the [Penn State Schuylkill](#) website for campus weather delays/closings. Students should follow the campus [Inclement Weather Policy](#).

Students are reminded to make their own decision with regards to their own safety when no campus delays/cancellations have been called, utilizing annual day time when appropriate. When there is an early dismissal, the student can stay at clinical if it is not safe to drive home.

## Smoking Policy

All clinical settings associated with the Program are smoke and drug free institutions. Vaping or use of e-cigarettes is also not allowed.

## Competency Based Education

The student begins clinical by first observing a qualified radiographer in the execution of his/her duties. This participation then moves from the passive mode of observation to a more active mode of assisting the radiographer with radiographic procedures. The student will eventually be capable of performing radiographic studies independently while developing efficiency and proficiency. The rate of student progress is dependent upon the ability of the student to comprehend and perform the various tasks assigned to him/her.

Clinical rotation assignments allow the student to perform with direct and indirect supervision to gain independence and self-confidence. Gradually, with proper supervision the student develops efficiency and judgmental decision making. Ultimately, the student will possess the skills necessary to obtain employment as an entry level staff radiographer.

## Competency Evaluation Process

1. The exam is covered in the didactic setting. This includes lecture and lab demonstration.
2. The student practices the exam in lab. They practice based on what they learned in class and how the exam is performed at clinical.
3. After practicing in lab, the student may perform the exam on patients and acquire prelims under the direct supervision of a qualified radiographer. A prelim means the student performs 85% or more of the exam; the supervising technologist initials the prelim sheet.

4. After practicing in lab, the student tests out on the exam with program faculty, using a classmate as a patient. The students are evaluated to be sure they understand theory and procedure before obtaining competency. This bridges the classroom and clinical components of the RADSC courses.
5. After the student successfully completes test out on the exam and receives the required number of prelims, he/she can request a competency examination.
6. When a student successfully completes a competency, the student can perform the exam with indirect supervision. The only exceptions to indirect supervision are repeats, OR/C-arm, and portable exams. These always require direct supervision.

## Competency Guidelines

- Prelims can be administered by any qualified (ARRT) radiographer. The radiographer initials the appropriate area on the competency evaluation record. A student needs to obtain a certain number of prelims each semester.
- Competencies can be administered by clinical instructors and clinical evaluators, who utilize the clinical competency evaluation form and clinical competency guide. The guide is derived from the ARRT competency list and department routines.
- Specific competencies are required each semester, and they must be completed prior to advancing to the next semester. Students can obtain more than the required competencies; these would carry over to the next semester.
- Most competencies must be performed on patients; some can be simulated in the 5<sup>th</sup> semester.
- If a student is unsuccessful on a competency evaluation, the unsuccessful competency form is completed, and the student will be required to demonstrate additional clinical participation in the problem area before requesting a second competency. The number of preliminary competencies needed before requesting a second competency will be determined by the clinical instructor and clinical coordinator based on the student's performance in the problem area.

## RADSC295-06 Evening and Midnight Assignments

The goals of evening and midnight assignments are to:

1. Offer the student radiographic experience he/she cannot obtain during daytime clinical education, especially in the emergency department, portables, and operating room.
2. Offer the student a feel for evening and midnight technologist responsibilities.
3. Learn how to function with reduced staff.

4. Be aware of evening and midnight limitations of the radiology department (i.e. on call procedures).
5. Acquaint the student with any additional responsibilities the technologist assumes during evening and midnight hours.
6. Learn to work more independently in a new environment, which is the focus of RADSC 295-06.
7. Appreciate the interaction with hospital staff members outside the radiology department. (i.e. ER physicians viewing images, ambulance personnel).
8. Learn to improvise and use non-traditional positioning methods to obtain quality radiographs when working with trauma patients (i.e. cross-table laterals).

## Guidelines

- hours are 4-12 PM and 12-8 AM and will take place at Hershey Medical Center
- Students receive one 30-minute dinner break. The technologist in charge will designate the students' dinner break time.
- Two students are assigned at a time
- All absences taken during PM hours will be made up during PM hours at a later date
- competency evaluations may only be completed by designated clinical evaluators
- All program policies are in effect during evening and midnight rotations
- Each student will receive a 3-day evening and a 3-day midnight rotation assignment
- The technologist in charge assumes responsibility for student supervision, guidance, and direction. All students should be under the indirect supervision of a staff radiographer who is "immediately available" to the student.
- Exceptions to the indirect supervision policy are repeats, OR, and portables. All repeat exposures must be performed under the direct supervision of a registered radiographer. Students need direct supervision in the OR and on portables.
- Complete journal entries for each rotation. The student's narrative of the evening and midnight experience should include observations, comparisons, contrasts, new/different encounters, and what was learned from the experience.
- One of the staff technologist evaluations for this semester will be completed for each evening and midnight rotation.
- The clinical coordinator / clinical instructor will meet with the evening and midnight staff prior to the 295-06 semester to review the student guidelines and policies.

## Anecdotal Form

The anecdotal form has been developed to document student behavior. The form may be used by clinical staff, program faculty, or other students to record incidents that may be either positive or negative about student behavior. All anecdotal forms will be kept in the student's file. Positive records will be used in writing letters of reference. Negative records may be used to substantiate behavior before taking disciplinary action.

## Clinical Conferences

At the end of each semester, the clinical coordinator and clinical instructor conduct an end of semester conference with each student. Students are notified in advance of each conference session. Clinical progress, attendance, policies, grades, evaluations, dosimetry reports, and any weaknesses or strengths are reviewed.

Depending on the semester, each student will meet with the clinical instructor once or twice to review clinical evaluations and progress. The types of clinical evaluations are clinical instructor, staff technologist, and self-evaluations. Students are constantly being evaluated in clinical, so it is important that the instructor knows how the student perceives his/her own experience and ability.

A student can also arrange a clinical conference with the clinical coordinator or clinical instructor at any time during the semester to discuss clinical progress. Documentation of conferences is maintained in the student's clinical education file.

## Clinical Site Evaluations

Students will complete clinical site evaluations at the end of each semester. This evaluation will give the student the opportunity to rate the clinical site, staff technologists, clinical instructor, and make additional comments. This will help program faculty identify any issues at the clinical sites. If issues are identified the program will work with the clinical site to remediate the problem for a better student experience.