

Bachelor of Science
Radiologic Imaging Sciences



**STUDENT
HANDBOOK
2023-2024**

**Division of Radiologic Imaging Sciences
Department of Imaging and Radiation Sciences
College of Health Professions
University of Arkansas for Medical Sciences**

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MISSION STATEMENT

The mission of the Division of Radiologic Imaging Sciences is to provide a progressive academic and clinical educational environment for qualified students and prepare them as competent and compassionate radiologic health care providers.

PROGRAM GOALS

Goal: Students will be clinically competent

Student Learning Outcomes: Demonstrate appropriate technical factors
Demonstrate positioning for non-routine patients

Goal: Students will demonstrate effective communication

Student Learning Outcomes: Demonstrate effective oral communication skills with patients
Demonstrate effective oral communication skills with faculty, staff, and colleagues

Goal: Students will develop critical thinking skills

Student Learning Outcomes: Demonstrate critical thinking skills in a trauma situation
Demonstrate general effective critical thinking skills

Goal: Students will model professionalism

Student Learning Outcomes: Determine the importance of continued professional development
Demonstrate professional behavior

PROGRAM ACCREDITATION

The program is accredited by the:

Joint Review Committee for Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Phone: (312) 704-5300, Fax: (312) 704-5304
E-mail: mail@jrcert.org.

The Standards for JRCERT accredited programs may be found at <http://www.jrcert.org/programs-faculty/jrcert-standards/> and are listed below.

The six standards set by the JRCERT and upheld by this program:

Standard One: Accountability, Fair Practices, and Public Information

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

Standard Two: Institutional Commitment and Resources

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

Standard Three: Faculty and Staff

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

Standard Four: Curriculum and Academic Practices

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

Standard Five: Health and Safety

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

Standard Six: Programmatic Effectiveness and Assessment

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

***ACADEMIC CALENDAR FOR 2023-2024**

FALL SEMESTER

Aug 14	New Student Orientation
Aug 15	CP IV orientation for second year students
Aug 16	First day of clinic for second year students
Sept 4	Labor Day Holiday
Sept 22	CP I orientation for first year students
Sept 25	Clinic begins this week for first year students
Nov 10	Veteran's Day Holiday observed
Nov 23, 24	Thanksgiving Holiday break
Dec 1	Last day of classes/clinic
Dec 4-6	Final examinations

SPRING SEMESTER

Jan 8	Classes begin
Jan 8	CP II orientation for first year students
Jan 9	First day of clinic for first year students
Jan 9	CP V orientation for second year students
Jan 10	First day of clinic for second year students
Jan 15	Martin Luther King Day Holiday
Feb 19	President's Day Holiday
Mar 18-22	Spring Break
May 3	Last day of classes/clinic
May 6-8	Final examinations
May 18	Commencement

SUMMER SEMESTER

May 28	Clinic Orientation & First day of clinic
Jul 4	Independence Day Holiday
Jul 24, 25	Last day of clinic

*These dates are subject to change. It is imperative that you check your UAMS student email often for changes to this calendar and for deadlines for preregistration materials, scholarship deadlines, and more.

PROGRAM OUTLINE

Bachelor of Science in Radiologic Imaging Sciences

The following 85 credits are required in the Bachelor of Science degree program. Please note that this program track is currently in development and the curriculum layout below is subject to change.

Course #	Title	Semester Credit
Year 1		
<i>Fall</i>		
RISP 2121	Basic Patient Care Lab	1
RISP 2123	Radiographic Procedures I Laboratory	1
RISP 2212	Radiologic Anatomy	2
RISP 2226	Clinic Practicum I	2
RISP 2322	Radiographic Procedures I	3
RISP 2331	Imaging Foundations I	3
RISP 2421	Basic Patient Care	4
		16
<i>Spring</i>		
RISP 2334	Image Production	4
RISP 2332	Radiographic Procedures II	3
RISP 2335	Clinic Practicum II	3
RISP 3352	Radiation Protection and Radiobiology	3
RISP 3351	Special Imaging Procedures	3
		16
<i>Summer</i>		
CHPI 4310	Multicultural Health	3
RISP 3213	Radiographic Sectional Anatomy	2
RISP 3541	Clinic Practicum III	4
		9
Year 2		
<i>Fall</i>		
CHPI 4301	Healthcare Systems in America	3
RISP 3253	Radiographic Procedures III	3
RISP 3554	Clinic Practicum IV	5
RISP 4394	Current Issues in Healthcare	3
RISP 43XX	Specialty I*	3
		17
<i>Spring</i>		
RISP 3461	Radiologic Pathology	3
RISP 3663	Clinic Practicum V	6

RISP 4381	Imaging of Special Populations	3
RISP 3242	Professional Development	2
RISP 43XX	Specialty II*	3
		17
<i>Summer</i>		
RISP 4382	Advanced Patient Care	3
RISP 4398	Managerial Leadership	3
RISP 45XX	Specialty Clinical Practice*	5
		11
TOTAL		85
*Student selects one area of specialty among diagnostic, mammography, vascular, cardiac interventional, computed tomography, and magnetic resonance imaging.		

*Transfer students from Associate of Applied Science Radiography programs need 40SC of upper-level BS degree completion course work (at least 30 of these from RIS program).

*Transfer students from certificate/hospital-based radiography programs need 47SC of upper level and BS degree completion course work (at least 30 of these from RIS program).

*BS DEGREE COMPLETION IMAGING ELECTIVES include:

Managerial Leadership, Mammography (Fundamentals, Procedures, Practicum), CT (Physics, Procedures, Practicum), MR (Physics, Procedures, Practicum), Cardiac Interventional (I, II, Practicum), Vascular Interventional (I, II, Practicum), Healthcare Systems in America, and others.

POLICIES AND PROCEDURES

All accepted applicants must consent to a criminal background check and drug screen prior to enrollment. Background checks and drug screens are required by most clinical sites during the didactic and clinical phase of the program. Matriculation into the program is contingent upon acceptable background check and drug screen results. Adverse results of a background check will be considered on an individual basis and may result in an inability to matriculate into the program. Enrolled students may be randomly drug tested throughout the curriculum and clinical sites may require updated background checks.

All students enrolled in the program are required to be covered for professional liability through the approved UAMS policy. This is covered by a mandatory student fee. Please see the Tuition and Fees section on the website for further information.

The policies and procedures as set forth for radiography student conduct incorporate those established at all clinical affiliate sites and in the courses. Violation of any of these policies will result in a written warning and or a loss of clinical hours. The student may be placed on disciplinary probation, unless otherwise specified. Further offenses may result in dismissal from

the program. Particularly severe, egregious, flagrant, or dangerous violations may result in immediate dismissal from the program.

CHP POLICIES

All CHP policies are found in the CHP Catalog on the CHP/UAMS website. Two important policies are repeated below:

PRIVACY AND CONFIDENTIALITY POLICY (HIPAA)

UAMS is committed to protecting the privacy of our patients' information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information due to the increased speed of information flow and the risks associated with protecting this information.

The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). HIPAA limits access to medical records to authorized individuals and for specific purposes. It is not possible to summarize HIPAA here; however, you will have received HIPAA training prior to being granted access to patient information. Additional information and training on HIPAA, including UAMS HIPAA policies, are available on the HIPAA Office web page HIPAA.uams.edu.

Please keep in mind that there are sanctions for inappropriate access to patient records. These include criminal penalties of up to one (1) year imprisonment and a \$50,000 fine; as well as disciplinary action up to and including dismissal from your program.

If you have any questions pertaining to HIPAA, you may direct them to the UAMS HIPAA office at 501-603-1379.

SCHOLASTIC MISCONDUCT AND PLAGIARISM

Scholastic dishonesty is defined as an act contrary to academic and/or professional ethics. Examples of scholastic dishonesty include, but are not limited to, cheating, plagiarism, collusion, submission for credit of any work or materials that are attributable in whole or part to another person or an artificial intelligence third-party service or site, taking an examination or submitting work or materials for another person, any act designed to give unfair advantage to a student, or the attempt to commit such acts. Additionally, submitting an assignment that was previously submitted in another course constitutes scholastic dishonesty, unless the resubmission was approved by the course director. The sanctions for scholastic dishonesty may include, but are not limited to, a failing grade on the test/assignment, failing grade for the course, probation, suspension, or dismissal from the college. Refer to CHP's Student Conduct and Discipline Policy, 02.15.01, located in the UAMS Academic Catalog, for details on matters related to scholastic dishonesty and other non-academic disciplinary matters.

Students are expected to submit original work for all assignments and exams. The CHP subscribes to a Web-based plagiarism detection and prevention system that has the ability to compare written work to a database of texts, journals, electronic and web sources, including web sites that provide pre-written essays or term papers. If a student is suspected of submitting work copied from another source, CHP reserves the right to use this plagiarism detection system, with or without the student's knowledge.

While Artificial Intelligence (AI) may serve as a learning resource for students, AI-generated content should not be submitted by students for assignments or exams, unless expressly permitted and approved by the course director. Doing so would constitute plagiarism, and disciplinary action outlined in the CHP Student Conduct and Discipline Policy, 02.15.01, would be enforced.

ASRT CODE OF ETHICS

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care. Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

- The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
- The radiologic technologist practices technology founded upon theoretical knowledge and concepts uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.
- The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and

demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- The radiologic technologist respects confidences entrusted in the course of professional practice respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

ATTENDANCE POLICY

Students are expected to attend all classes, laboratory, and clinical sessions. It is required that students be in the scheduled area (class, lab, or clinic) at the specified time and remain in the scheduled area (class, lab, & clinic) for the specified time. Students will be assigned classroom, laboratory, and clinical activities not to exceed forty (40) hours per week. Students are expected to be available for these hours and working is strongly discouraged during these hours. Students are expected to participate in all these activities. All appointments, medical and other, should be scheduled during times when they are not participating in didactic or clinical education experiences. For specific course attendance policies, please refer to individual class syllabi. Policies relating to clinical absence and tardiness are located in the clinical section of this handbook.

Classroom & Video Etiquette

The RIS Program recognizes the benefits and limitations of technology. Any type of technology, smartphones, video communication products (e.g. Zoom), or social media (e.g. Facebook, SnapChat, etc...) can be used to augment or interfere with learning, and can, in some circumstances interfere with relationships. Therefore, the Program does not allow video communication products to substitute for an unexcused absence. Some instructors will ask that you turn off cell phones in class, whereas others will use applications during class. Check your course syllabi for details. In no circumstances should students be on social media while in class unless necessary for a class-related activity.

Some faculty use pictures and information about real patients during class lectures and discussions. Therefore, you must receive permission from the instructor before making ANY recording of a class.

Participation is expected in all learning environments (classroom, clinic, case conference, etc.). A participatory student is one who listens, reads, completes assignments, asks questions, reflects, and shares with faculty and classmates their discoveries and insights.

Students connecting to classes via video are required to have:

- a working computer with virus protection;
- high-speed internet;
- Google Chrome or Firefox browser;
- an HD webcam; and
- a working microphone and speakers (earbuds with built-in microphone are highly recommended).

Video etiquette:

- Be dressed as you would if you were on site.
- Do not join classes or case conferences from coffee shops or other public places unless you have complete privacy (visual and audio).
- Be seated at a desk or table. If you are too sick or tired to get out of bed, do not join class by video. You will be considered absent from class. Student may have an excused absence with permission of the instructor.
- Remove distractions (visual and audio). This includes but is not limited to pets, messy closets or offensive posters/artwork in the background, etc. If there are distracting noises on your end, mute your microphone.
- You must be seen (video on & make sure the lighting is good so the other participants and instructors can see you). If you wish to turn your camera off, you must receive permission from the instructor, otherwise you will receive an unexcused absence.
- Look into the camera.
- Refrain from eating while on camera.

Each year the student receives the following breaks and holidays: Labor Day, Veteran's Day, Martin Luther King, Jr. Day, President's Day, Thanksgiving (2 days), Christmas break, Spring break (1 week), Memorial Day, and Independence Day.

STUDENT CONDUCT

1. Students are expected to behave in a professional and ethical manner at all times.
2. Students are expected to be in attendance, adequately prepared, and on time at all designated course sessions, including classes, laboratory classes, online sessions, and clinical sessions.
3. Students are expected to request and take make-up examinations (if permitted by the instructor) within the specified period of time for the given course.
4. Students are expected to refrain from eating or drinking in any classroom or laboratory room unless given prior permission.

5. The use of a cellular telephone while in the classroom or lab during class time is strictly prohibited and will be a violation of department policy. The use of electronic devices including, but not limited to, cell phones, laptop computers, tablets, iPods, and cameras is strictly prohibited in the clinical setting. All of these devices should be left at home or stored with personal belongings while in the clinic. Students who are seen with any of the prohibited devices by faculty, or reported by technologists, will be in violation of department policy which will result in a student action form and loss of eight (8) hours of allotted clinic time. These devices are not allowed in any area of the clinical setting, including break rooms. Repeated violations of this policy will result in further administrative action. In case of emergencies, please make sure others have the main department phone number. If someone calls 686-6510, faculty or staff will be able to get in touch with you at your clinic site.
6. Students are expected to act as a favorable role model for your health profession at all times.
7. Students are expected to become familiar with and conduct him or herself within the principles of the ASRT Code of Ethics and the Patient Bill of Rights.
8. The use of profanity or disrespectful actions is not permitted.
9. It is never acceptable to create or be part of a disturbance or physical violence on campus or at a clinical site.
10. Students are expected to observe the principle of mutual respect when interacting with others, including patients, visitors, employees, faculty, and other students.
11. Any action that jeopardizes the physical or emotional well-being of others is not permitted. Physical jeopardy is defined as any action or inaction which appears to directly threaten the physical safety or well-being of another person. Emotional jeopardy is defined as any action or inaction which appears to directly threaten the emotional or mental well-being of another person.
12. The student is expected to maintain and arrange class materials in a form that will be usable in the future as a professional reference.
13. The student is responsible for requesting instructor/student conferences when needed.
14. The student is expected to maintain an unbiased, open point of view.
15. All accidents occurring during an educational assignment or while on campus, whether involving a patient, visitor, staff and/or student, shall be reported within one hour of the incident for sharps injuries and within twenty-four hours of the incident for all other accidents. Appropriate medical treatment shall be obtained, and the proper incident forms shall be filled out completely.

PROFESSIONAL GUIDELINES AND RESPONSIBILITIES

Students in Radiologic Imaging Sciences are being educated for a professional career as health care providers, and as such, are expected to adopt a professional attitude. The student is expected to be perceived as knowledgeable and up-to-date in the field of medical imaging and on services offered by the institution. The student is expected to communicate effectively and positively with

patients, visitors, physicians, and staff. It is important that radiography students project professionalism, knowledge, and high standards through communication. It is all about the patient. The student is expected to understand the patient's anxieties/needs and exceed patient expectations. The student should be perceived by patients and others as a knowledgeable, understanding, helpful, and caring resource.

STANDARDS

The student is expected to set and adhere to high work standards that are noticed and regarded positively by others. To this end, it is suggested that the student will:

1. Join the local, state and/or national professional organizations.
2. Attend the local professional meetings and the state professional meetings when possible.
3. Attend professional seminars held locally when possible.
4. Devote a scheduled amount of time each month to the reading of professional literature and technological advances in *Radiologic Technology*.
5. Devote a scheduled amount of time each month to the reading of professional literature in other health care disciplines, i.e. allied health, nursing, medicine, etc.
6. Participate in service-learning education and service activities as available.

PROFESSIONAL APPEARANCE

The student is expected to look and conduct him or herself in a manner perceived as positive by others. Create a work environment and work ethic that communicates excellence.

RIS CLASSROOM/LAB DRESS CODE:

Improper attire will be considered consistent with unprofessional behavior. Immodest, disruptive, or offensive clothing is not allowed. Hair should be well groomed. Students must wear scrub pants and a scrub top or UAMS t-shirt on class/lab days, along with athletic shoes. On these days, the scrub pants, tops, and shoes may be any color or style. Unclean or unkept clothing is not allowed. Jewelry should be worn modestly. Tattoos with offensive slogans, graphics, sayings or wording, or placement that is inappropriate or offensive for a professional work environment must be covered while on campus (e.g., sleeves, bandages, etc.). Radiologic Imaging Sciences faculty will determine, through discussion, if a tattoo is considered offensive or inappropriate. If the faculty determines that a tattoo is inappropriate, it must be covered while the student is on campus.

ADVISING

Students are required to meet with their faculty advisor to discuss his/her academic progress a minimum of twice per semester; at mid-semester and end-semester. Students should feel free to seek advisement by the division faculty at any time. The student should request an appointment

at a time that is mutually convenient. If a student meets with a faculty member and feels their need has not been met the student should meet with the program director. After meeting with the director of the program and still not having the need met, the student should meet with the Associate Dean of Academic Affairs.

GRADES

As a general rule, radiologic imaging sciences didactic and specialty clinical courses use the following grading scale:

A = 93-100

B = 84-92

C = 75-83

D = 65-74

F = 64 or less

As a general rule, radiography clinical practicums use the following grading scale:

A = 94-100

B = 87-93

C = 75-86

D = 70-74

F = 69 or less

Criteria for earning a particular grade will be discussed with students by the individual instructor at the beginning of each course. Successful completion of all courses requires a grade of “C” or higher. A course grade of “D” or “F” will result in academic dismissal from the program. Official transcripts must be requested from the CHP Registrar. For further information regarding grades and academic standing, see the specific course syllabus and the section on “Academic Regulations” in the College Catalog.

If a student lacks one (1) required radiographic procedure to successfully complete a clinical practicum course, he/she may petition to receive an Incomplete (I) in the course. If approved, the student will be given a set amount of time to complete the required procedure. A student can only receive an I for one clinical practicum course while enrolled in the program. If minimum requirements are not met in subsequent semesters following the assignment of the I, the student will not be allowed to progress in the program. The decision to assign an I to the student will be determined by the program faculty based on the student’s standing in the didactic portion of the program, along with overall strength in the clinical setting. If an I is given, the student will not be able to receive a grade higher than “C” for the clinical practicum course once the required procedure is completed.

REMEDIATION POLICY

A formal remediation plan has been developed by the Radiologic Imaging Sciences faculty to assist students in obtaining and retaining the basic principles required for successful completion of coursework.

The goal of remediation is to ensure mastery of essential concepts, important course content, and professional skills. Remediation plans are designed to assist students in the ongoing development and retention of knowledge and/or skill proficiency.

In-Course Remediation

A. The “prompt” for remediation while a course is in session will be a score of less than 75% on any exam, or any other high-stakes activity in the course as identified by the instructor.

B. Responsibility and Procedure

The course instructor will initiate the formal remediation process by notifying the student in writing. The student must meet with the course instructor to discuss a collaborative remediation plan that will define what is required for “successful” remediation. In all cases, “successful” remediation constitutes the acquisition of defined knowledge and/or skills measured objectively in a manner and at a time to be determined at the discretion of the course instructor. Failure to complete all remediation requirements will result in negative consequences as outlined by the instructor and/or program director.

C. Expectations

The following student and faculty expectations apply to remediation:

1. It is the student’s responsibility to schedule conferences with the course instructor as needed.
2. Students can expect course instructors to assist the student in remediation. This may take many forms, including (but not limited to) Blackboard remediation modules, one-on-one conferences, exam review, providing additional content resources, small group sessions, and identification of university or student resources that may be deemed appropriate.
3. Students are expected to closely adhere to the remediation details and deadlines as provided in the remediation plan.
4. Generally, students and faculty should expect that content knowledge and/or skill deficiencies will be remediated prior to sitting for the subsequent module examination.

5. Program faculty expect that students will not require excessive remediation within a single course or across multiple courses in the Radiologic Imaging Sciences curriculum.
 - a. Two (2) remediation prompts within a course is excessive.
 - b. Remediation occurring in two (2) or more courses during a semester is considered excessive.
 - c. Students meeting both criteria a) and b) are required to meet with the program director and will be placed on “**ACADEMIC ALERT**”. Academic Alert signifies the faculty’s concern for a student’s academic performance and progress. Students on Academic Alert are required to complete an academic action plan.
 - d. Students who meet criteria a) and b) **AND** who do not have an overall average of 75% in each of the courses will be placed on “**ACADEMIC PROBATION**”. Academic Probation signifies the faculty’s serious concern regarding academic progress, current standing in the program and the likelihood of future success.
 - e. Students who are placed on academic probation will be strongly encouraged to meet with a Learning Specialist in the UAMS Student Success Center once per week until the probation is lifted. Additional requirements may be assigned by the course instructor.
 - f. Academic probation may be lifted a) when the student achieves at least 80% average in all currently enrolled courses or b) at the end of the semester, providing all remediation plans and regular coursework are satisfactorily met. When a student is placed on academic probation near the end of a semester, probation may continue into the subsequent semester. All decisions are at the discretion of the program director and faculty.
6. Students are expected to adhere to the College of Health Professions (CHP) policies related to academics and non-cognitive performance standards, which can be located on the CHP website.

<https://healthprofessions.uams.edu/about-the-college/catalogs-and-handbooks/>

7. Course instructors have the right to revise a remediation plan at any time if a student fails to meet deadlines, submits incomplete work, demonstrates unprofessional behavior or otherwise demonstrates a lack of dedication or attention to the goals of the remediation plan. Failure to adhere to the remediation plan may lead to failure in a course and/or program dismissal.

D. Course Grading Effects

Points will not be awarded for completing the remediation plan, but may be deducted for incomplete work, therefore affecting the student's overall course grade. The points and/or percentage deducted may vary per course and/or instructor.

ACADEMIC/ADMINISTRATIVE WITHDRAWAL

The Division may initiate withdrawal of the student for:

1. A grade of less than a "C" is earned in a course.
2. Actions that place self or others in physical or emotional jeopardy.
3. Nonconformance with established legal standards, HIPAA violations, academic integrity or plagiarism policy, the principles of the ASRT Code of Ethics, and the items in the Patient Bill of Rights.
4. Failure to complete program requirements as assigned.
5. Violation of the integrity or security of the Trajecsys electronic documentation system.
6. Engaging in behaviors or actions contrary to the student responsibilities delineated in this document.

STUDENT GRIEVANCE PROCEDURE

The student grievance procedure is set forth to address violations, misinterpretations, or inequitable application of policy, procedure, or regulations not covered in the academic arena or discrimination policies.

Students may file a grievance with the JRCERT concerning allegations of non-compliance of the Standards. www.jrcert.org.

1. Basis for the Procedure

A. The Radiologic Imaging Sciences (RIS) program is committed to providing all students with a learning environment that is safe, inclusive, and supportive of academic success.

B. RIS students have the right to file a grievance if faculty, staff, other students, preceptors, or any other individual associated with UAMS demonstrate behavior that violates UAMS Code of Conduct, Harassment Policy, other relevant UAMS Student Policies, or if they encounter conditions that adversely impact their ability to successfully complete their program of study.

C. Retaliation against anyone involved with a student grievance is strictly prohibited. Incidents of perceived retaliation by students will be referred to the appropriate dean for investigation and potential disciplinary action.

D. Any intentionally false accusations and/or misleading complaints against faculty, staff, other students, or administrators by students will be subject to appropriate disciplinary action.

2. Types of Grievances

Examples of grievances covered by this procedure include, but are not limited to, issues such as the following:

A. Being subjected to verbal abuse, threatening behavior, bullying, bias, or any form of discriminatory treatment by faculty, staff, other students, preceptors, or any other individual associated with UAMS.

B. Any deliberate attempt to delay student progression toward degree attainment, including expectation of excessive work hours, or unreasonable interpretation of time-off policies.

C. Unsafe campus conditions.

D. Violation or inappropriate application of any published UAMS student policy resulting in detrimental effects on a student.

E. Other issues not covered by specific UAMS policy or procedure that are perceived as detrimental to a student's education or personal well-being.

3. Procedure

All efforts will be made to make the grievance process efficient and timely for all parties involved. All grievance procedures are considered closed and will remain private to only those involved. A grievance must be initiated by the student directly affected. It is required that a student progress through each level of the grievance process in a timely manner. Once a decision is made at one level of the grievance procedure, the student will have two (2) business days to progress to the next level if the student so chooses.

At each grievance level, the school official(s) has two outcome options:

1. No relief given and decision at lower level is confirmed, or
2. Relief given and detailed by the school official(s).

At each grievance level, the student has two response options:

1. Accept the decision and end the grievance procedure, or
2. Do not accept the decision and continue the grievance procedure until all steps are exhausted.

If a student accepts the decision at any level of the grievance procedure, the student will not be eligible to forward the grievance to a higher level at a later date.

Level One: Complaint

The first course of action is to submit a Student Complaint Report and discuss the complaint with the faculty member involved to attempt to reach a resolution. If a resolution is not achieved, program-related complaints should be then discussed with the program director. If it is a clinical complaint, it should be discussed with the clinical coordinator first, and then the program director if the student feels the complaint was not resolved. Student Complaint Reports received

by faculty and the clinical coordinator are to be forwarded to the program director for review. The report is located on the RIS program website under Policies.

Level Two: Formal Grievance

If a mutually acceptable resolution to the complaint is not achieved, or if the student wishes to appeal the decision of the program director, the student may submit a written request to the Associate Dean for Academic Affairs to review the merits of the student's appeal. This initiates the formal grievance procedure. The request must be submitted within 2 business days of the program director's decision. The Associate Dean will review the student's appeal and may solicit other information deemed appropriate for resolving the matter. The Associate Dean will inform the student and the program director in writing of their decision within 2 business days following the final meeting with concerned parties. The decision of the Associate Dean will be final and may not be appealed.

Note: Timeframes in the appeal procedures are recommended intervals and may be modified as a result of weekends, holidays, vacation periods, and other circumstances.

The written appeal should include:

1. Date
2. Student's name
3. Specific details relating to the nature of the grievance
4. Any documentation relative to the points of the appeal

4. Maintenance of Written Grievance Records

The program director will maintain a log of Student Complaint Reports and a permanent file of all formal grievances and their resolution. Complaint Reports will be reviewed to determine if a pattern exists.

The information in the record should include:

1. The name of the student filing the complaint
2. The name of the person or issue against which the complaint was filed
3. The date the complaint was filed
4. The date the issue was resolved
5. The finding
6. Remedy or sanctions applied, if any

ADMISSION

Students seeking admission to the division must complete a current application and participate in the admission process. Students must meet the current admission and curricular requirements at the time of the application.

GRADUATION

1. Satisfactory completion of all courses of the Pre-Professional, Professional, and Bachelor's Degree Curricula as outlined in the current CHP Catalog.
2. A grade of "C" or higher in each course of the Professional Curriculum and an overall GPA of 2.00 or higher.
3. Satisfactory achievement of all clinical requirements. No student will graduate until he/she has satisfied all program and college requirements. See the College Catalog for further information. The University of Arkansas for Medical Sciences, College of Health Professions reserves the right to dismiss a student at any time on grounds the University and College judge to be appropriate. Each student by his own admission to the College recognizes this right of the University and College. The continuance of any student on the roster of the College, the receipt of academic credit, graduation, and the granting of a degree rests solely within the powers of the University and College.

WITHHOLDING OF GRADES AND TRANSCRIPTS/CERTIFICATION EXAM ELIGIBILITY

The Registrar is authorized to withhold grades and transcripts and refuse registration to any student or former student who fails to return athletic, library or other University property entrusted to his or her care, or who fails to comply with rules governing the audit of student organization accounts, or who has failed to pay any fees (such as dosimeter late fees or parking ticket fees), tuition, room and board charges, fines or other charges assessed against him or her by a University official, any clinical education center, or by the campus judicial system. Students who satisfactorily complete all University clearance procedures prior to the date of the registry examination and are eligible for graduation will be **certified eligible** to sit for the registry examination. Students may determine their eligibility for certification with the American Registry of Radiologic Technologists by calling (651) 687-0048. A Pre-Application Review of Eligibility for Certification is also available online at www.arrt.org. Students who have been convicted of a crime, including a felony, a gross misdemeanor or a misdemeanor (with the sole exception of speeding and parking violations) and all alcohol and/or drug-related violations should contact the ARRT to determine certification eligibility.

CLINICAL PRACTICUM INFORMATION AND POLICIES

The clinical education phase of the program is designed to enhance student learning. This learning is achieved through observation, assistance, practice, and evaluation of radiographic and patient care. The curriculum offers a wide range of learning experiences and patient contacts by providing clinical rotations through different health care institutions.

Students are assigned to clinic sites that have both an affiliation agreement and Joint Review Committee on Education in Radiologic Technology approval. Clinic schedules will be posted

each semester by the Clinical Coordinators. Clinic days will consist of a minimum of seven and one-half (7.5) hours per day in clinical learning activities (excluding lunch and breaks). Evening and weekend clinical rotations are not required, but may be allowed in some instances. Students will be responsible for their own transportation to and from distant clinic sites. All clinic sites are located within 40 minutes from the student's respective campus.

CLINICAL SUPERVISOR CONTACTS

Ms. Deziree Arnett, Clinical Director, Little Rock(501) 686-6512
 Ms. Leslie Spurlock, Clinical Coordinator, Fayetteville.....(479) 684-5105

CLINICAL INSTRUCTOR CONTACTS

Clinical affiliates may have multiple clinical instructors. Their names and phone numbers are listed on the Trajecsys site.

CLINICAL ATTENDANCE

An absence is defined as not being present for an assigned educational experience. Students are expected to participate in all clinical education experiences. Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical education experiences.

Students are allowed a limited number of absences each semester for personal business, personal illness, or illness in the immediate family. Each Clinical Practicum syllabus will outline the policy for that semester. Missed time in excess of the allotted days must be made-up immediately following the last day of the semester.

Approval regarding extenuating circumstances will require submission of physician documentation stating the student is unable to attend clinic on specified days. The student must make-up these days missed (covered by the physician's documentation) immediately following the last day of the semester, but with no effect on the student's semester grade. (Written physician documentation must indicate that the student is unable to attend class/clinic on a specific date and can return to class/clinic on a specific date.)

Students absent more than two days in a row due to personal illness must submit a written physician's certification that the student is fit to resume clinical activities. The program director reserves the right to request a physician's certification at any time.

Students who are required to make up days at the end of the semester cannot use the time to raise their grade for the current semester. The grade earned by the last day of the regular semester will be the grade the student will receive for the semester. All makeup days must be completed immediately following the conclusion of the semester. Makeup days will be scheduled by the

clinical coordinator and must be completed according to the schedule. Any days missed while making up days will be added onto the total days to be made up (Ex: If making up 3 days and miss 1, you now must make up 4 days). Clinical attendance policies will still be in effect during makeup time. A record will be kept by the student of all examinations performed on each makeup day. The record must be initialed by the supervising technologist and turned in to the student advisor at the end of the makeup period.

Tardiness adversely affects the student's grade. Tardiness is 10% of the student's clinical grade. Tardiness is defined as clocking in 5 minutes after the scheduled start time. A student is allowed two (2) tardy incidents during the semester. All subsequent tardies will result in a loss of points. The tardy classification will end 30 minutes after the scheduled start time. Students unable to clock in within 30 minutes of their scheduled start time will lose four hours of their allotted clinical time. After the thirty-minute mark, the student may still clock in and attend clinic or return at 12:00 p.m. to clock in. (See section 4.1 of this document.) Students who are tardy to clinic more than eight instances are not eligible to receive a grade higher than a "C" for the semester. If the student is tardy more than eight times, they are in violation of the Noncognitive Performance Standards located in the CHP handbook. This will result in administrative action and require the student to make up four hours of clinic time for each subsequent tardy.

After the successful completion of Clinical Practicum I, students may receive two half days from clinic that may be utilized to interview for imaging positions and/or onboarding for a new job. All time off must be approved by the program director **before** the actual interview date by submitting an Employment Interview Request form or a New Employee Onboarding Request form. Both of these forms can be found on Trajecsyst. When possible, students will attend their clinical assignment before or after their scheduled interview time. Documentation of the student's presence at the interview, which is located on Trajecsyst, must be completed by the interviewer and submitted to program faculty within three (3) days of the interview/onboarding. Failure to provide proper documentation will result in the missed time being deducted from the student's allotted clinic time for that semester.

CLINICAL CONDUCT

1. **STUDENTS WILL CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES.** The student should demonstrate respect, concern, and courtesy to all patients, their families, all other health professionals, and hospital personnel. This should be done in a professional and diplomatic manner.
2. Students must adhere strictly to the clinical dress code.
3. Students will clock in and out at each clinical site using *Trajecsyst*.
4. The student must contact the clinical site by telephone within 30 minutes of the scheduled start time on the day of each absence. The student must also notify the clinical site before taking a half day from clinic. Also, an e-mail must be sent to the student's faculty advisor and clinical coordinator at least 30 minutes prior to the scheduled start time for each absence or before a half day. Students will not leave the clinical assignment without notifying faculty.

5. Eating or drinking is not permitted in the front offices, hallways, or imaging rooms.
6. During periods of inactivity, the reading of textbooks and professional literature is encouraged. Novels or crafts are not permissible in the clinical area. Students may not congregate in break rooms or hallways.
7. Student lunch breaks will be assigned at the clinical site or will be taken with the student's assigned staff technologist as dictated by the clinical supervisor/associate or faculty. Lunch breaks are thirty (30) minutes.
8. The use of electronic devices including, but not limited to, cell phones, laptop computers, tablets, iPods, smartwatches, and cameras is strictly prohibited in the clinical setting. All of these devices should be left at home or stored with personal belongings while in the clinic. Students who are seen with any of the prohibited devices by faculty, or reported by technologists, will be in violation of department policy which will result in a student action form and loss of eight (8) hours of allotted clinic time. These devices are not allowed in any area of the clinical setting, including break rooms. Repeated violations of this policy will result in further administrative action. In case of emergencies, please make sure others have the main department phone number. If someone calls 686-6510, faculty or staff will be able to get in touch with you at your clinic site.
9. No gum chewing will be allowed while in the clinical area.
10. Smoking is prohibited.
11. Being under the influence or in possession of intoxicating drugs or beverages is prohibited in the clinical assignment areas.
12. Gratuities may not be accepted from patients, patient family members, or visitors.
13. Students will not leave patients unattended, nor will students engage in non-patient activities when patients are waiting to have their examinations performed.
14. Students will perform radiographic procedures at the appropriate level of supervision. Direct supervision is required prior to competency attainment. Indirect supervision is required after competency attainment.
15. All repeated radiographic procedures will be performed with direct supervision and documented by the student and supervisor.
16. Students will practice within the scope of clinical objectives, as referenced in each clinical syllabus.
17. Students will not divulge confidential patient information to a third party without just cause (refer to the Health Insurance Portability and Accountability Act).
18. All accidents occurring during an educational assignment or while on campus, whether involving a patient, visitor, staff and/or student, shall be reported within one hour of the incident. Appropriate medical treatment shall be obtained, and the proper incident forms shall be filled out completely.
19. All students must maintain current cardiopulmonary resuscitation (CPR) certification during enrollment in the Professional Curriculum. Students must present a current valid CPR pocket credential documenting acceptable CPR competencies and issued by an approved agency prior to the beginning of Clinical Practicum I. The CPR pocket credential must not expire prior to the student's completion of the program.

20. Personal dosimetry badges are required by Arkansas regulations for all personnel who are directly involved in radiological examinations. Dosimeter users are responsible for the care and timely exchange of these devices. Students shall wear dosimeters during all clinical and laboratory assignments. Students will wear the dosimeter at collar level, between the thyroid gland and x-ray beam, outside the lead apron, or outside of the thyroid shield if it is available.
21. The student's radiation dosimeter badge shall be changed monthly. The division receives the new dosimeters for the students by the first of each month. **The student is responsible for exchanging his or her old dosimeter for the new dosimeter by 1:00pm on the 5th day of that same month.** In the event that the 5th of the month falls on a weekend or holiday, the dosimeter is to be changed on the next business day. Failure to exchange the personnel dosimeter by the 5th day of the month will result in the automatic deduction of four (4) hours of clinical time and a \$20 late fee.
22. Students may not return to the clinical area at night or on weekends, unless for specific pre-approved assignments.

CLINIC DRESS AND APPEARANCE

Students must wear approved uniforms in the clinical area. Approved uniforms consist of the following:

1. All white (closed toe and heel) leather athletic shoes and white socks
2. Current radiation dosimeter, at collar level
3. UAMS ID badge at collar, readily visible
4. Radiographic markers
5. Watch (capable of measuring seconds, no smartwatches)
6. Uniforms will be neat, pressed, and clean at all times. The pant length will cover the top of the shoes. Uniforms will remain in good repair. No rips, stains, tears, or holes will be tolerated.
7. Uniforms must not be binding or constricting, but allow for ease of movement while bending or reaching.
8. Conventional undergarments are required. Plain white or skin tone hose must be worn with uniform scrub skirts. A clean, solid white long- or short-sleeve shirt must be worn under the uniform top and tucked into the pants.
9. A lab coat matching the uniform may be worn. Lab coats will be kept clean, stain-free, and neatly pressed.
10. One small plain band-type ring (with no gemstones) may be worn on one hand.
11. One earring per ear, no loops. No other pierced jewelry on any visible part of the body is permitted during clinical rotations.
12. One simple necklace may be worn close to the neck.
13. Fingernails must be kept clean and neatly trimmed. To avoid patient injury, fingernails may not extend beyond the fingertips. Nail polish is NOT permitted (not even clear).

14. The hairstyle chosen must be neat and well groomed. Unless hair is cut short enough to remain close to the head and off the collar, it must be pulled away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face. Hair will be secured with plain black, brown, Caribbean blue, or white clasps or elastic (ponytail) bands. Bows, cloth hair bands, and ribbons are not acceptable.
15. Make-up and cologne will be applied very sparingly.
16. Proper personal hygiene (breath and body) must be practiced at all times.

Any violation of program policies will result in a written warning and a possible loss of hours from the allotted clinical time.

You may purchase your scrubs from any vendor or source as long as they are approved.

HOSPITAL GOWNS

The wearing of hospital gowns for any purpose other than the following is not permitted: Mobile radiography, Nursery, Isolation, or Morgue.

HOSPITAL ISSUED SCRUB SUITS

Scrub suits, other than the uniform, will be worn only when required by the individual rotation. Lab coats or appropriate institutional coverings must be worn over scrub suits when the student is not present in the surgery areas (operating room). Shoe covers and masks may not be worn outside the surgery areas (operating rooms) unless specifically instructed to do so. Hospital-issued scrub suits of any kind are not for personal use and may not be worn outside the assigned area of use. If an issue arises in which clean scrubs are needed to complete the day's rotation, please contact faculty.

CLINICAL SAFETY PROCEDURES

1. Properly check the identification of the patient before performing a radiographic examination.
2. Properly verify and perform the correct radiographic examination on the patient. Procedures are only to be performed with a physician's expressed order.
3. Review the possibility of pregnancy of a patient within the guidelines of each clinical site prior to performing a radiographic examination.
4. Students **may not** hold patients during radiographic exposures.
5. Radiographers who operate mobile radiographic units are responsible for the safety of themselves and others in the immediate area of the patient. As a minimum requirement, the radiographer will: 1.) wear or provide lead aprons for personnel less than 6 feet from the patient; 2.) assure that only the patient is within the primary x-ray beam; and 3.) remove all others to a distance of 6 feet from the patient during actual exposure.

The University has established an “Investigational level” for any individual who receives a monthly whole body effective dose of 100 mRem or greater.

6. Collimation is to be used to restrict the primary beam to the area of clinical interest. At no time should the beam be larger than the image receptor.
7. Grids are to be used ONLY when specifically indicated.
8. Lead aprons are to be worn by personnel conducting or assisting in fluoroscopic examinations; lead gloves are to be worn if the hands must be within 6" of the primary beam.
9. Doors to radiographic and fluoroscopic rooms are an integral part of the shielding required for these facilities. Doors are to be closed during all x-ray exposures.
10. Radiographers are responsible for seeing that lead aprons are available for all persons involved in fluoroscopic procedures.
11. Clean and neat floors and workbenches are not only to be expected in a hospital setting, it is the responsibility of the radiographer in charge of a room to see that equipment is clean and in good working condition. Any soiling or unsafe condition which cannot be immediately corrected must be reported to the senior radiographer on duty.
12. Imaging cassettes must be cleaned and dried before returning them to use when they become soiled. Cassettes must be protected from body fluids.
13. The quality of procedures and the safety of personnel and patients are of the highest priority, and it is the personal responsibility of each member of the staff to identify, notify, and assist in correcting deficiencies as they occur.
14. Heart rate, blood pressure, and respiration rate should be recorded for every patient prior to undergoing injection of an iodinated contrast medium.
15. Students may not inject an iodinated contrast medium without direct supervision of a registered technologist.

EYE/FACE SHIELD POLICY FOR INTERVENTIONAL CLINIC SITES

Due to the increased risk of splash exposure from blood, body, and procedural fluids, eye protection or a face shield must be worn by students in the interventional clinic sites. This includes the cardiac interventional areas and vascular interventional areas.

Eye protection must always be worn while in an exam room for any reason. This includes scrubbing, assisting, circulating, or monitoring if you are physically in the procedure room. Failure to comply with this policy will result in a student action form that will be placed in the student's permanent record and a loss of four (4) hours of allotted clinic time. Repeated violations of this policy will result in further administrative action.

Students will be issued eye protection supplied by the RIS program before their clinical rotation. If this device is damaged or lost, it is the student's responsibility to immediately replace/repair the device. Students are allowed to purchase alternative eye protection at their own expense. Eye protection must cover/protect the front and sides of each eye at a minimum.

You must appropriately disinfect each device after each use or exposure to blood or body fluids. If exposure occurs, please contact the clinical coordinator at the time of exposure and follow the reporting guidelines located in the RIS handbook.

STUDENT REPORTING OF EXPOSURE TO OR CONTRACTION OF COMMUNICABLE DISEASE

Exposure to or contraction of infectious diseases must be reported immediately. The student will assume the responsibility of disclosure to minimize the risk of contagion to patients, personnel, and others. Confidentiality will be preserved within the required investigative, treatment, and notification limits of the disease process.

Notify Student/Employee Health by completing an Incident and Accident Report for describing the exposure to or contraction of a communicable disease. Treatment or prophylaxis will be initiated based upon the degree of exposure or contact.

Casual exposure (minimal patient contact) to the following diseases will not require treatment: chickenpox, pneumonia, diarrheal disease, poliomyelitis, hepatitis A, hepatitis B, rabies, gonorrhea, staphylococcus, herpes simplex, streptococcus, influenza, syphilis, leprosy, tetanus, measles, tuberculosis, meningitis, typhoid fever, mumps, whooping cough. Casual exposure to the following diseases will require management as indicated: diphtheria, rubella.

Intimate exposure (prolonged physical contact or contact with blood or body fluids) will require a report to Student/Employee Health or the clinical site Emergency Division within one (1) hour of the incident. Examples of such exposure include needle sticks with used needles, aspiration of blood or blood products into the mouth, mouth-to-mouth resuscitation, splashing of body fluids into the conjunctiva or mouth, exposure to cerebrospinal fluid.

Intimate exposure to the following diseases will require management as indicated: Hepatitis A, B or C, AIDS or HIV infection, rabies, meningitis (meningococcal), syphilis, tuberculosis.

CLINICAL INFECTION CONTROL PROCEDURES

Clinical infection control procedures are printed and available at each clinical location. Since some variation exists from site to site it is strongly recommended that the student review the procedures applicable to a given area in order to maintain division policies. The student is to follow standard precautions at all times.

CLINICAL EDUCATION GUIDELINES

Clinical Education Overview

The clinical education component of the program is divided into six (6) semesters. Each clinical education course emphasizes the mastery of specific procedural competencies as outlined below:

Fall I	RISP 2226	Orientation, chest, extremity, abdomen, *electives
Spring II	RISP 2335	Orthopedic, chest, assessments, contrast, CT, MR, CC, IR, Mammo
Summer III	RISP 3541	Orthopedic, head, chest, peds, OR, contrast, assessments
Fall IV	RISP 3554	Chest, orthopedic, peds, mobile, trauma, assessments
Spring V	RISP 3663	Orthopedic, **elective rotations, specialty rotation
Summer VI	RISP 45XX	Specialty clinic rotation

*Elective procedures will also be required during each clinical semester. **These competency requirements may be assigned to a subsequent semester based on the availability of clinical rotation sites.

COMPETENCY EVALUATION

Whenever an evaluation of clinical competency is performed, a specially tailored form (found on the Trajecsyst site) will be used to document student performance. Each form is divided into three major criteria sections: performance, image evaluation, and anatomy/pathology recognition. Each criterion section must be addressed for every competency procedure assessed.

For the sake of organization and readability, some of the criteria for performance have been abbreviated on the competency evaluation on the electronic clinical records program, *Trajecsyst*.

REQUISITION INTERPRETATION, FACILITY READINESS

1. Clean and prepare radiographic table/stand and other accessory equipment.
2. Check/obtain pregnancy information on all women aged 12-55.
3. Review requisition and previous images, if any.

PATIENT CARE

1. Approach the patient in a friendly/professional manner (introduce yourself).
2. Provide a clear and complete explanation of the procedure.
3. Ensure the patient's comfort and physical safety.
4. Ensure the patient's privacy and dignity.
5. Recognize and react to unusual patient conditions.
6. Complete exam within a time interval consistent with the patient's condition.

CLINICAL EDUCATION/CLINICAL SKILLS PROBATION

As the clinical education component is competency-based and somewhat self-directed, students should be aware of their strengths and weaknesses. Identified weak areas may be improved by requesting assistance from any faculty member. However, if improvement does not occur, a formal mechanism must exist for this purpose. A student may be placed on clinical education probation if there is found to be skill levels persistently below those of the minimum requirement as described in the appropriate Clinical Practicum syllabus. If a student obtains two (2) unsatisfactory evaluations for competency in any one type of procedure, this indicates below minimum performance levels in any or all of the following areas: positioning, protection, patient care, technique, or image evaluation. The student will be assigned remedial activities that may include, but not be limited to any of the following: completion of additional radiographic procedures, review of audiovisuals, written report of proper procedures, radiographic critique, modeling, or simulation (radiographs of phantom). Upon satisfactory completion of the remedial activities, the student may continue with the clinical competency program and attempt to pass the originally failed competency. Continued unsatisfactory completion of the competency will result in a counseling session with the student's clinical advisor and the student will undergo a Clinical Skills Review (CSR).

Clinical Skills Review (CSR): A student will be placed on Clinical Skills Review for a maximum period of two weeks in order for the student to document appropriate performance skills. During this CSR period, the student's clinical assignment schedule may be revised to limit their clinical participation until such time that the clinical deficiency is corrected. During the CSR period, the student may not attempt to meet other clinical curriculum procedural objectives. The CSR will consist of the student performing and documenting three (3) satisfactory examinations conducted under the supervision of a radiographer; two (2) satisfactory examinations conducted under the supervision of a faculty member; and one (1) satisfactory evaluation of competency conducted by a faculty member. Upon satisfactory completion of the Clinical Skills Review period, the student may continue with the clinical competency program and attempt to pass the originally failed competency. Continued unsatisfactory completion of the competency will result in the student being placed on Clinical Education Probation.

A student placed on Clinical Education Probation will have two (2) opportunities to satisfactorily complete the originally failed competency. During this Clinical Education Probation period, the student's clinical assignment schedule may be revised to limit their clinical participation until such time that the clinical deficiency is corrected. During the Clinical Education Probation period, the student may not attempt to meet other clinical curriculum procedural objectives. Upon satisfactory completion of the Clinical Education Probation period, the student may continue with the clinical competency program.

Should the student be unsuccessful in the two attempts to pass the clinical competency during Clinical Education Probation, a grade of "F" will be given for the semester Clinical Education course.

A student who is placed on Clinical Education Probation for a third time in the same semester will receive a grade of “F” for the semester Clinical Education course.

CLINICAL EDUCATION PROBATION PROCESS

1 st event	student receives a written notice
2 nd event	student receives a written notice and is placed on Clinical Conduct Probation
3 rd event	student receives a written notice and remains on Clinical Conduct Probation
4 th event	student receives a written notice and is administratively withdrawn

A student placed on Clinical Conduct Probation will remain on Clinical Conduct Probation for the duration of one semester or its equivalent. If the student has no further events during the period of Clinical Conduct Probation, the student will be removed from Clinical Conduct Probation.

CLINICAL SUSPENSION

A student violation of such magnitude that potentially causes an immediate physical injury or results in placing themselves or others in immediate emotional or physical jeopardy (such as a HIPAA violation) shall be immediately removed from all clinical assignments. The decision regarding resolution or termination from the program will be made following a review of the incident.

STUDENT EMPLOYMENT POLICY

Students may not begin working as a student radiographer until successful completion of Clinical Practicum I. Students who accept employment situations while enrolled in the division may do so during hours in which the student is not engaged in assigned educational activities. During work assignments, students may not wear the approved student identification badge, and may not wear the student radiation dosimeter. Students working in an affiliated clinical education site may not supervise other students. Students are advised that their work schedule may not interfere with their classroom or clinical performance or activities. If a student is hired at a clinical site that is not located on the main campus of UAMS, they will no longer be assigned to that site for clinical rotations. Students cannot be paid while in clinic as a student.

STUDENT PREGNANCY POLICY

If a student becomes pregnant while enrolled in the educational program, she may voluntarily inform the program director. Such disclosure will allow observation of proper radiation safety practices for the fetus by restricting some clinical rotations during pregnancy. Exposure to the unborn child needs to be kept as low as practicable. With the supervision of the program director and radiation safety officer, clinical rotations may be assigned to ensure that exposure to the mother will not exceed 500 mRem during the period of pregnancy. Disclosure will be held in confidence, at the student's request, limited to the program director and radiation safety officer.

As a student radiographer, you may be exposed to more radiation than the general public. Clinical facility radiation levels are required to be kept as low as reasonably achievable and because of this, there is no significant health risk to individual adult students.

The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells: embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity of the unborn fetus, the National Council on Radiation Protection (NCRP), report number 105, p.13, 1989 has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to five hundred (500) millirem for the entire pregnancy.

It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicate that you are a “declared pregnant student” and list the expected delivery date. The student may withdraw this declaration of pregnancy, in writing, at any time.

The advice of the radiation safety officer may be obtained to determine whether the radiation levels are high enough that the unborn child could receive five hundred (500) millirem or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

1. You may continue in your current status as a student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to five hundred (500) millirem during the nine (9) month gestation period. This option may be selected only if prior badge readings indicate that less than five hundred (500) millirem should be accumulated over the nine (9) month period. You should reduce your exposure as much as possible by decreasing the amount of time you spend in the clinical radiation areas, increasing your distance from the radiation source, and using proper shielding.
2. You could decide not to continue assignments or modify assignments in the areas where radiation is present which could affect your graduation date. Should you choose this option, you may ask the program director or clinical coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation.
3. If the above options are not possible, you might consider taking a leave of absence until the child is born which, again, could affect your graduation date. You may also choose to withdraw from the program until such time as your physician permits you to return. You will be allowed to re-enter the program at the point in which you left, providing no more than one year has passed since the time you left or withdrew. If you desire to continue your education after the one year has elapsed, you will have to re-apply for admission to the program.

Whatever alternative you select, you should do so without delay. The unborn fetus is more sensitive to radiation during the first three (3) months of your pregnancy.

PATIENT BILL OF RIGHTS

Here you will find a summary of the Consumer Bill of Rights and Responsibilities that was adopted by the US Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1998. It is also known as the Patient's Bill of Rights.

The Patient's Bill of Rights was created to try to reach 3 major goals:

1. To help patients feel more confident in the US health care system; the Bill of Rights:
 - Assures that the health care system is fair and it works to meet patients' needs
 - Gives patients a way to address any problems they may have
 - Encourages patients to take an active role in staying or getting healthy
2. To stress the importance of a strong relationship between patients and their health care providers
3. To stress the key role patients play in staying healthy by laying out rights and responsibilities for all patients and health care providers

This Bill of Rights also applies to the insurance plans offered to federal employees. Many other health insurance plans and facilities have also adopted these values. Even Medicare and Medicaid stand by many of them.

Key Areas of the Patient's Bill of Rights

Information for patients

You have the right to accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, help should be given so you can make informed health care decisions.

Choice of providers and plans

You have the right to choose health care providers who can give you high-quality health care when you need it. Access to emergency services if you have severe pain, an injury, or sudden illness that makes you believe that your health is in danger, you have the right to be screened and stabilized using emergency services. You should be able to use these services whenever and wherever you need them, without needing to wait for authorization and without any financial penalty.

Taking part in treatment decisions

You have the right to know your treatment options and take part in decisions about your care. Parents, guardians, family members, or others that you choose can speak for you if you cannot make your own decisions.

Respect and non-discrimination

You have a right to considerate, respectful care from your doctors, health plan representatives, and other health care providers that does not discriminate against you.

Confidentiality (privacy) of health information

You have the right to talk privately with health care providers and to have you the right to ask that your doctor change your record if it is not correct, relevant, or complete.

Complaints and appeals

You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals, or other health care personnel. This includes complaints about waiting times, operating hours, the actions of healthcare personnel, and the adequacy of healthcare facilities.

Consumer responsibilities

In a health care system that protects consumer or patients' rights, patients should expect to take on some responsibilities to get well and/or stay well (for instance, exercising and not using tobacco). Patients are expected to do things like treat health care workers and other patients with respect, try to pay their medical bills, and follow the rules and benefits of their health plan coverage. Having patients involved in their care increases the chance of the best possible outcomes and helps support a high-quality, cost-conscious healthcare system.

SCHOLARSHIPS

College and program scholarships are awarded annually. The Associate Dean of Student Success, will alert the students during the late spring/early summer of the scholarship application availability as well as the submission deadline. CHECK YOUR UAMS EMAIL. College scholarships are listed at <http://healthprofessions.uams.edu/financial-assistance/scholarships/> on the CHP website.

PROGRAM SCHOLARSHIPS

JOSEPH R. BITTENGLE SCHOLARSHIP (*Fayetteville, Little Rock*)

Joseph R. Bittengle joined the faculty of the University of Arkansas for Medical Sciences in Little Rock, Arkansas, as the Chairman of the Department of Radiologic Technology in 1993. One of his first responsibilities as chairman was to guide the establishment of the Diagnostic Medical Sonography Program, the first in Arkansas. He also provided oversight for extending the radiography and sonography programs to the UAMS Area Health Education Centers in Texarkana and Fayetteville. He received tenure in 1998 and was promoted to Associate Professor in 2007. He was the Director of the Division of Radiologic Imaging Sciences, the largest division within the department of Imaging and Radiation Sciences, at his untimely death in 2008.

BROOKSHER SCHOLARSHIP (*Fayetteville, Little Rock*)

In 1958, the Arkansas Medical Society established the “Dr. and Mrs. W.R. Brooksher Jr. Student Loan fund” in honor of Dr. Brooksher, Jr., to aid students training as medical technologists, radiologic technologists, physical therapists, occupational therapists, and medical social workers. As a loan fund under the Arkansas Medical Society Alliance Chairpersons Amelia Martin for 12 years, and Eulalia Araoz another 12 years, the moneys benefited a number of students in their endeavors to become professionals in ancillary medical fields. The Arkansas Medical Society Alliance approved the conversion of the fund in 1992 from a loan to a scholarship, and endowed at UAMS in 2009.

JEREMY L. OVERSTREET SCHOLARSHIP (*Fayetteville only*)

As a memorial to Jeremy, who died from cancer in March 2011 at the age of thirty-five. The Overstreet family set up the Jeremy L. Overstreet Memorial Scholarship Fund in his memory to help other radiography students who, like Jeremy, work hard, like what they are learning, and come up a little short financially.

KENNETH C. PEDERSEN SCHOLARSHIP (*Little Rock only*)

As a memorial to an alumnus, the Kenneth C. Pedersen Scholarship was founded in 1971. It is awarded each year to a student entering the second year of the program. Award is based on academic standing, clinical growth, and professional potential. Financial need is also considered. Applications are provided to each student. The application deadline is 1 October each year.

STUDENT AWARDS AND HONORS

Each year various awards may be given to graduating students who meet certain criteria. Among those awards are:

Academic Award (*Little Rock, and Fayetteville*):

This honor is awarded for the highest grade point average in professional coursework.

Award of Excellence (*Fayetteville*):

This honor is awarded for excellence in clinical performance. Students currently on clinical education or clinical conduct probation are not eligible to receive this award.

CHP graduation honors (*Little Rock, and Fayetteville*):

At commencement, students with a GPA of 3.500 - 3.699 for all courses required for the degree or certificate will be designated as graduating *with honors* and students with a GPA of 3.700 - 4.000 for all courses required for the degree or certificate will be designated as graduating *with high honors*.

Dr. Lee and Beverly Parker Award (*Fayetteville only*):

This honor is awarded to the student who not only achieves excellence in academics and clinical performance, but belongs to and participates in radiologic technology professional organizations.

Faculty Gold Key (*Little Rock, and Fayetteville*):

This honor is awarded for outstanding achievements in academics, professional involvement, and service to others. Among other criteria, students must provide suitable documentation of being a member in good standing of their respective professional society at the time of applying for this award and of having engaged in approved professional extracurricular activities.

Lambda Nu (Arkansas Chi Chapter) (*Little Rock, and Fayetteville*):

Lambda Nu (LN) is a national honor society for the radiologic and imaging sciences. Membership is by invitation and dependent upon prerequisite gpa.

Outstanding in Clinic Award (*Little Rock*)

Voted on by clinical instructors.

Vickie Lynn Ables Memorial (*Little Rock only*):

This honor is awarded for overall achievement in patient care and consideration of others.

Quinnie Jo Young Award of Student Professional Excellence (*Little Rock only*)

This honor is awarded to the student voted by the faculty and clinic radiographers as consistently displaying a professional demeanor with patients, staff, and fellow students.

University of Arkansas for Medical Sciences
College of Health Professions
Department of Imaging and Radiation Sciences
Division of Radiologic Imaging Sciences

Student Handbook Signature Page 2023-2024

Print student name

Date

I have received a copy of the Division of Radiologic Imaging Sciences Student Handbook 2023-2024.

I have:

- received an explanation of the contents of the Division of Radiologic Imaging Sciences Student Handbook
- had my questions answered concerning the contents of the Division of Radiologic Imaging Sciences Student Handbook.

I agree to abide by the policies and procedures in the current Division of Radiologic Imaging Sciences Student Handbook.

By signing this statement, I am agreeing that I understand that a copy of this signature page will be placed in my student file.

Student signature

Date

PREGNANCY POLICY SIGNATURE PAGE

**University of Arkansas for Medical Sciences/College of Health Professions
Department of Imaging & Radiation Sciences/Division of Radiologic Imaging Sciences**

STUDENT PREGNANCY POLICY

As a student radiographer, you may be exposed to more radiation than the general public. Clinical facility radiation levels are required to be kept as low as reasonably achievable and because of this there is no significant health risk to individual adult students.

The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells: embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity of the unborn fetus, the National Council on Radiation Protection (NCRP), report number 105, p.13, 1989 has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to five hundred (500) millirem for the entire pregnancy.

It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicate that you are a “declared pregnant student” and list the expected delivery date. The student may withdrawal this declaration of pregnancy, in writing, at any time.

It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. The advice of the radiation safety officer may be obtained to determine whether the radiation levels are high enough that the unborn child could receive five hundred (500) millirem or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

You may continue in your current status as a student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to five hundred (500) millirem during the nine (9) month gestation period. This option may be selected only if prior badge readings indicate that less than five hundred (500) millirem should be accumulated over the nine (9) month period. You should reduce your exposure as much as possible by decreasing the amount of time you spend in the clinical radiation areas, increasing your distance from the radiation source, and using proper shielding.

You could decide not to continue assignments or modify assignments in the areas where radiation is present which could affect your graduation date. Should you choose this option, you may ask the program director or clinical coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation.

If the above options are not possible, you might consider taking a leave of absence until the child is born which, again, could affect your graduation date. You may also choose to withdraw from the program until such time as your physician permits you to return. You will be allowed to re-enter the program at the point in which you left, providing no more than one year has passed since the time you left or withdrew. If you desire to continue your education after the one year has elapsed, you will have to re-apply for admission to the program.

Whatever alternative you select, you should do so without delay. The unborn fetus is more sensitive to radiation during the first three (3) months of your pregnancy.

I have read and understood the above information and have received a copy of the NRC guide # 8.13. I further understand the potential health risks to my unborn child should I become pregnant and choose to remain in the program. I have received a copy of the NRC guide #8.13.

_____	_____	_____
(Student Name – PLEASE PRINT)	(Date)	(SSN)
_____	_____	
(Student Signature)	(Estimated Delivery Date if applicable)	

Reference: UAMS Administrative Guide Number 11.4.10 Pregnant Employees Working with Radiation

UAMS Photography Release Agreement

I, the undersigned, hereby give the University of Arkansas for Medical Sciences, their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or videotape recording taken of me by the University of Arkansas for Medical Sciences or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations. I understand that the photographs, film and/or video may be used in news releases, newspapers or magazine articles, television, the UAMS website or social media sites (e.g., Facebook, YouTube).

I hereby release, discharge, and agree to save harmless the University of Arkansas for Medical Sciences, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____