



**METHODIST UNIVERSITY HOSPITAL**  
**SCHOOL OF RADIOLOGIC AND IMAGING SCIENCES**  
**RADIOLOGIC TECHNOLOGY PROGRAM**



**Student Handbook**  
**MAY 2026 - APRIL 2027**

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## INTRODUCTION

The Methodist University Hospital School of Radiologic and Imaging Sciences is in Methodist University Hospital, the largest component of Methodist Healthcare. The Program is located on 8 Service. The Program has been at Methodist University Hospital since 1947.

Methodist Healthcare is a six-hospital system with a licensed bed complement of 1650. It is the second-largest private hospital in the country. Chartered in 1918, Methodist Hospitals of Memphis with its parent company Methodist Healthcare Systems is owned by the North Arkansas, North Mississippi, and Memphis Conferences of the United Methodist Church.

The following hospitals make up the Methodist Healthcare six-hospital system:

- Methodist University Hospital – is in midtown Memphis and was formed in 2002 through the influential partnership of two healthcare leaders—Methodist Healthcare and the University of Tennessee Health Science Center. This 583-bed facility, formerly known as Methodist Central Hospital, is now the principal adult private teaching hospital for the University of Tennessee (UT) in the Shelby County area.
- Methodist South Hospital – is a 156-bed facility that has served South Memphis since 1973. Methodist South is certified as a Primary Stroke Center and is recognized as a Best Hospital for maternity care.
- Methodist North Hospital – is a 246-bed community facility that has served Raleigh, Bartlett, Frayser, Millington, and Tipton County since 1978. Methodist North is recognized as one of the best hospitals in the Memphis metro area and has earned the Magnet Designation, making it the only adult hospital in West Tennessee recognized for providing patients with exceptional nursing care.
- Methodist Le Bonheur Germantown Hospital – is a 319-bed community hospital serving Germantown and the surrounding areas. Methodist Germantown offers acute inpatient care and treatment, extensive surgical services, maternity services, children's services featuring a Le Bonheur unit, an Emergency department providing urgent and emergency care for adults and children, and an adult Cardiac Services department. It is also a certified stroke center.
- Le Bonheur Children's Hospital – is the Mid-South's premier pediatric hospital and operates the region's only pediatric emergency department and pediatric intensive care unit. A licensed, fully accredited 255-bed center, it is recognized as the region's pediatric specialty referral center. Now part of the Methodist Healthcare family, Le Bonheur serves a 95-county area in six states and has satellite facilities in East Memphis, Germantown, Cordova, and Southeast Memphis. Satellite facilities include an emergency pediatric unit at Methodist Le Bonheur Germantown Hospital, pediatric subspecialty clinics, a diagnostic center; two urgent care centers, and a same-day outpatient surgery center.

- Methodist Healthcare Olive Branch – is a 100-bed hospital designed to care for the community of North Mississippi. The five-story healthcare facility opened in 2013 and serves as a certified primary stroke center and a primary PCI STEMI receiving center.

The following clinical facilities make up the remainder of the clinical rotation sites:

- Campbell Clinic
- Cresthaven
- Diagnostic Imaging
- Le Bonheur East
- Methodist Germantown Diagnostic Center
- Methodist Midtown Diagnostic Center
- OrthoSouth Briarcrest
- OrthoSouth Germantown
- OrthoSouth Bartlett
- OrthoSouth Arlington

**METHODIST UNIVERSITY HOSPITAL  
SCHOOL OF RADIOLOGIC AND IMAGING SCIENCES  
RADIOLOGIC TECHNOLOGY PROGRAM**

**TO THE STUDENT OF THE RADIOLOGIC TECHNOLOGY PROGRAM:**

Methodist Le Bonheur Healthcare of Memphis, the Radiology Department, and the School of Radiologic and Imaging Sciences would like to welcome *you* as a Student in this Program. Radiologic Science is a unique and challenging field in the health professional team. It is one of which the technologist deals with the patient from day to day as they are coping with a possible life-threatening illness. It takes an incredibly special person to deal with the stress, personal patient contact, and clinical expertise required by the radiologist to perform the job of a radiologic technologist. You have chosen radiologic technology as your profession because you are one of those special people. It is the Program's purpose and responsibility to help you as a Student to learn about the interesting career you have chosen and the significant role it plays in the care of the patient.

As you continue in the education of radiologic and imaging sciences, you as a Student will acquire the skills, confidence, and expertise needed to perform the functions of a technologist. Personal and professional satisfaction can be obtained through the knowledge you acquire and the opportunities you take to learn during your educational experience.

This handbook has been compiled to acquaint Students with the policies and procedures utilized by the Methodist University Hospital School of Radiologic and Imaging Sciences' Radiologic Technology Program. It is your responsibility as the Student to read the entire handbook.

Students enrolled in the Radiologic Technology Program are responsible for observing all policies and procedures stated in this handbook, in addition to any rules and regulations that are contained in the Methodist Le Bonheur Healthcare Handbook. Failure to read this handbook does not excuse you from the requirements and regulations contained herein.

You are expected to adhere to the highest standards of medical ethics while in the clinical setting. Any infraction of medical ethics in the clinical setting will be dealt with under the appropriate disciplinary policy of Methodist Le Bonheur Healthcare and/or the Program.

## PREFACE

The Sponsor of the Program is Methodist Le Bonheur Healthcare.

It shall be understood that all rules and regulations in this manual are required by various organizations:

1. The **Joint Review Committee on Education in Radiologic Technology** (JRCERT) requires that all programs follow the Standards for an Accredited Educational Program in Radiography.
2. The **American Society of Radiologic Technologists** (ASRT) formulates the required curriculum outline of academic instruction.
3. The **American Registry of Radiologic Technologists** (ARRT) has requirements and deadlines that must be met.
4. **Methodist Le Bonheur Healthcare** (MLH) and the Radiology Departments of participating clinical sites have requirements and regulations that must be followed.
5. The faculty of this Program meets regularly to discuss the contents of this manual to meet the requirements of the above organizations.

## PROFESSIONAL ORGANIZATIONS

To create interest in the various concerns and problems of technology today, participation in national, state, regional, or local professional organizations is strongly encouraged.

The Student who is a member of regularly organized and authorized hospital activities (professional, local, state, and national organizations) is to be excused during the approved period of absence.

Following is an example list of these organizations:

- Tennessee Society of Radiologic Technologists, District. #1 (Local)
- Tennessee Society of Radiologic Technologists (State)
- American Society of Radiologic Technologists (National)

## WHAT IS A PATIENT?

What a patient means to the Student and the hospital:

1. Our **patient** is the most important person in the hospital.
2. Our **patient** is not dependent upon us; we are dependent upon them.
3. Our **patient** is not an interruption of work; they are the purpose of it.
4. Our **patient** is not an outsider to our business; they are our only business.
5. Our **patient** is a person, not a statistic; they have feelings, emotions, and desires.
6. Our business is to satisfy the **patient**.



**Methodist University Hospital  
School of Radiologic and Imaging Sciences  
Radiologic Technology Program**

**Program Mission Statement & Program Goals**

The Methodist University Hospital School of Radiologic and Imaging Sciences will graduate Students from the Radiologic Technology Program with the entry-level employment skills required of a registered radiologic technologist. The Program will fulfill its mission to the community through the evaluation and achievement of the following goals:

1. Students will demonstrate clinical competency.
  - Students/graduates will meet the required mandatory clinical competencies per semester.
  - Students/graduates will utilize proper positioning skills.
  - Students/graduates will practice radiation protection for the patient, self, and others.
2. Students will demonstrate problem-solving and critical thinking skills.
  - Students will adapt positioning for non-routine and trauma patients.
  - Students will adjust technical factors for routine exams.
  - Students will evaluate images for diagnostic quality.
3. Students will demonstrate the ability to communicate effectively.
  - Students will demonstrate oral communication skills as they pertain to healthcare.
  - Students will demonstrate written communication skills as they pertain to healthcare.

**Professional Duties**

Radiologic Technologists perform an important function in the ever-expanding field of medicine known as radiology. They are professional assistants to the radiologist. Radiologists are physicians who specialize in the use of X-rays and other imaging modalities that assist in the diagnosis and treatment of diseases and injuries. The technologist adjusts X-ray equipment to the correct settings for a specific examination, positions the patient, and produces radiographic images to demonstrate specific anatomical structures. The technologist also assists the physician in administering chemical mixtures to allow organs to better appear in x-ray examinations and is called upon to use mobile equipment at the patient's bedside in surgery, coronary care units, intensive care units, and emergency treatment rooms.

## **General Information**

- The application window for the Program is from August 1<sup>st</sup> to November 1<sup>st</sup>.
- The Program start date is in May.
- The Program is twenty-four months.
- All didactic education is taught at Methodist University Hospital.
- Clinical education is conducted through multiple sites throughout Shelby and DeSoto counties. Personal transportation is required.
- Successful completion of the Program allows the graduated Student eligibility to take the ARRT Registry Examination. Passing this examination enables the graduated Student to use the title "Registered Technologist," Radiography, after their name as such: R.T.(R).
- An articulation agreement is established with both Saint Joseph's College of Maine and Arkansas State University. Students may pursue an Associate's or Bachelor's degree with these institutions or others, as needed.

## **Application and Admissions Requirements and Procedures**

- Applicants to the Program may qualify for admission in one of two ways:
  1. Applicants possessing a minimum of an Associate's degree from an accredited college or University. Courses taken towards the degree must include the 15 college hours below.
  2. Applicants who do not already possess a minimum of an Associate's degree must have a minimum of 15 college hours below.
    - If an applicant does not hold a degree at the time of Program completion, the applicant must obtain a minimum of an Associate's degree to be able to take the ARRT Registry Exam.
- 15 College Hours: All applicants must document that they have taken: **College Algebra** (or equivalent/higher Math), **Anatomy and Physiology** or **Biology**, and **English Composition** or **Oral Communication**. The remaining hours can be met with several different courses, such as Psychology, Sociology, Medical Terminology, Computer Science, Introduction to Radiology, any Natural Science, and any other Math. Other courses may be submitted for review and approval. A minimum of a C average is required in each course.
- To apply, the applicant must mail in:
  - A non-refundable application fee of \$50.00.
  - A short essay concerning their desire and decision to become a Radiologic Technologist.
  - The filled-out application packet.
  - An up-to-date resume.
- Other required documents needed for the application include:

- Official transcripts sent from attended high schools and colleges documenting a GPA of 2.0 or higher.
- Three (3) letters of reference to be mailed in only by the individual submitting the reference.
- Four (4) hours of touring (scheduled by the Program office). Tours are spent in the radiology department observing radiographers at work.

Qualified applicants will be scheduled for the pre-admission Health Profession Admission Assessment (A2) HESI exam, which will be taken at Methodist University Hospital between November and February.

Qualified applicants will be scheduled for an in-person interview with the admissions committee, which will be in February and/or March.

The final selection of admitted Students is based on a numerical points system used to score the in-person interview, the math, A&P, and biology portions of the HESI exam, and the scholastic career of the applicant. The Program notifies all applicants in writing whether accepted or rejected. Students accepted into the Program must pass a drug test, physical, and background check. The Program complies with all federal and state laws prohibiting discrimination in Student admissions practices concerning any legally protected status, such as race, color, gender, age, disability, national origin, or any other protected class.

The application packet must be **postmarked by November 1<sup>st</sup>**. Applications are accepted each year from August 1<sup>st</sup> to November 1<sup>st</sup>. Transcripts and reference letters must be in the School's office no later than November 1<sup>st</sup> to be considered for admission into the Program.

### **Dexterity and Health Standards**

**Each applicant must meet the following dexterity and health standards:**

- Ability to exert force and lift objects of fifty (50) pounds with assistance.
- Ability to perform simple motor skills for unrestricted periods.
- Ability to perform manipulative skills (positioning and assisting patients).
- Ability to perform tasks requiring hand-eye coordination.
- Sufficient eyesight to observe patients, read charts, computer screens, and equipment instructions.
- Sufficient hearing to maintain effective communication with members of the health care team and patients.
- Excellent communication skills.
- Protection from unnecessary radiation exposure.
- Good health to maintain the demands of the Program in attendance, punctuality, and progress.

**Website for:**

**The American Registry of Radiologic Technologists – [www.arrt.org](http://www.arrt.org)**

**The American Society of Radiologic Technologists – [www.asrt.org](http://www.asrt.org)**

## **ACCREDITATION & JRCERT STANDARDS**

The Program has an 8-year accreditation award from the Joint Review Committee on Education in Radiologic Technology. The standards for an accredited educational program in radiological sciences outline the Program's requirements for accreditation. If concerns regarding the Program's non-compliance with standards cannot be resolved at the Program level, Students may contact appropriate individuals at the:

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
Fax: (312) 704-5304  
[mail@jrcert.org](mailto:mail@jrcert.org)  
[www.jrcert.org](http://www.jrcert.org)

A copy of the JRCERT standards is always available on Trajecsyst, in the Program Director's office, or on the JRCERT website.

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## **CRISIS NUMBERS**

For information on health and social welfare problems, call LINC at 415-2700

### **For specialized help:**

AIDS Switchboard	544-7575
Alcoholics Anonymous	454-1414
Cancer Hotline	516-7049
Child Abuse, Neglect	578-4184
City Information and Complaint Center	545-4584
County Assistance Center	576-4585
Community Services Agency,	
Emergency Utility Bill Assistance	528-4548
Deaf Interpreting	278-9308, or 278-9307
After 9:00 P.M.	274-7477
Emergency Medical Services	354-6720
Emergency Mental Health Services	577-9400
Family Service	416-7264
Mental Health Information	272-1111
Memphis Alcohol and Drug Council	274-0056
Narcotics Anonymous	276-5483
Poison Control	528-6048
Rape Crisis	272-2020
The Family Link/Runaway Shelter	276-SAFE
Shelby County Office on Aging	324-3399
Suicide and Crisis Intervention	274-7477
Wife Abuse Crisis Center	458-1611

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Through the Employee Assistance Program, Methodist Healthcare provides a major benefit to Associates and family members by making available independent and objective assistance and referral for marital, family, pastoral, legal, financial, emotional, and chemical dependency problems. The use of this service is also made available to the Program's Students. The EAP staff is dedicated to maintaining absolute confidentiality and ensuring that no one other than the EAP coordinator has access to information about the service inquiry or use of services without signed permission, and/or in certain situations when problems are life-threatening. For information, call EAP at 901-683-5658.

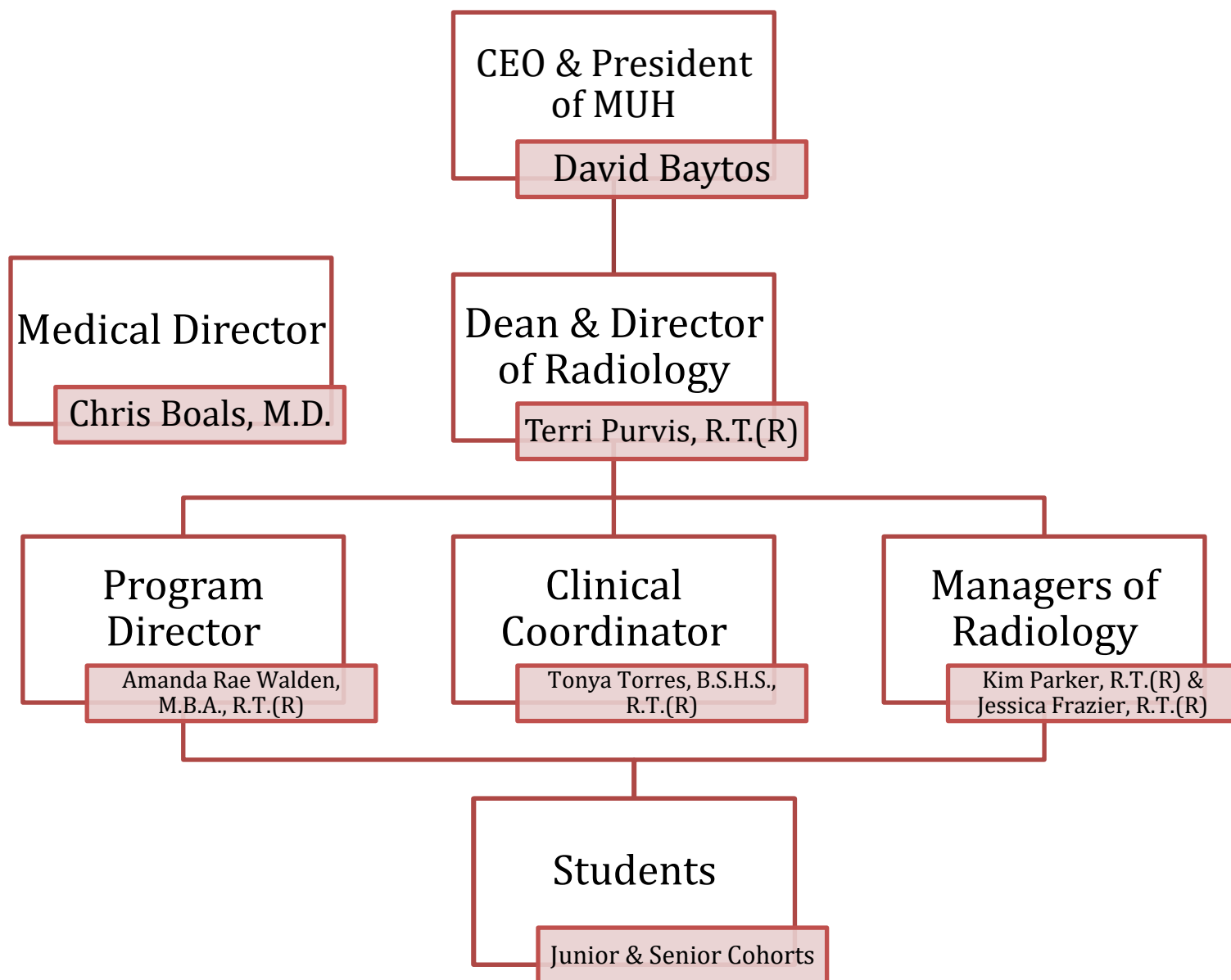
## **STUDENT SERVICES**

The following services are offered by Methodist Le Bonheur Healthcare to the Students of the Program, free of charge:

- EAP (Employee Assistance Program)
- Computer Access
- Internet Access
- Hepatitis B Vaccine
- Flu Vaccination
- COVID Vaccination
- Library Access
- Tutoring
- Parking
- Bereavement Leave
- Health Consultation/Physical
- Break Room with Kitchen
- Personal Locker
- CPR Certification
- Graduation Invitations
- Graduation Awards
- Graduation Certification

Revised 7/1/2025

**School of Radiologic and Imaging Sciences  
Radiologic Technology Program  
Organization Flow Chart**



# **FINANCIAL POLICIES**





## FEES & EXPENSES

- A \$50.00 non-refundable application fee must be submitted at the time of application.
- Tuition is \$7,000 per Program year. Tuition does not include other personal expenses. Total tuition is to be paid by October 1<sup>st</sup> of the Student's second year.
- The total cost of books during the two years is approximately \$1,000. All books must be purchased before the first day of the Program.
- A \$25 annual malpractice insurance fee.
- A \$150 Trajecsyst fee. This is paid directly to the Program's paperless system, Trajecsyst.

Fees due upon **admission** into the Program include (February/March):

- A \$2,000 tuition payment.

Fees due on the **first day** of the Program include (May):

- A \$150.00 non-refundable Student Fee.

Other personal expenses for the Student:

- Uniforms are the responsibility of the Student. It is suggested that three (3) complete uniforms would be adequate at the beginning of the first year; however, this number is up to the Student.
- Lodging, food, transportation, and personal expenses as needed or required are solely the Student's responsibility.
- The Student will need a laptop or tablet to use in class.
- The Student must carry personal health insurance coverage while enrolled in the Program.
- The Student is responsible for any medical expenses incurred while enrolled in the Program.
- The first set of image markers is free. \$21.00 charge for each additional set ordered by the Program.

A Student wishing to pursue loan options is advised to closely consider all conditions related to loans. The Program does not endorse any particular loan option.

Revised 7/1/2025

## TUITION PAYMENT POLICY

Tuition for the Methodist University Hospital School of Radiologic and Imaging Sciences Radiologic Technology Program is \$7,000.00 per Program year. Since the Program is 23 months in length, the total tuition for the entire educational curriculum is \$14,000.00. A \$2,000 tuition payment is due on admission into the Program. The remaining \$12,000 balance will be divided into three (3) semester payments over the length of the Program. The Student is required to pay tuition in full before graduation to receive his/her certification of Program completion.

Admission (Mar. 2026)	October 1 <sup>st</sup> , 2026	April 1 <sup>st</sup> , 2027	October 1 <sup>st</sup> , 2027
\$2,000.00	\$4,000.00	\$4,000.00	\$4,000.00

### Requirements of payment:

- The three (3) semester payments of \$4,000.00 are due on October 1<sup>st</sup> and April 1<sup>st</sup> of each year the Student is in the Program. Payments are made directly to the School's office by cash, checks, or credit cards.
- The Student beginning the Program can pay monthly towards the October 1<sup>st</sup> due date. A tuition payment of \$667 each month will result in a \$4,002 payment by October 1<sup>st</sup>. The same payment can be made each month towards the preceding semester's payment.
- If the Student has not paid tuition by the required date(s), the Student will be suspended until tuition is paid. The suspension day(s) will be made up during a semester break.
- The Student can pay a year in advance or the entire tuition in advance, if able.

For Students enrolled in the MAAP program through Methodist Le Bonheur Healthcare, a promissory note will be signed after acceptance into the program. Methodist Le Bonheur Healthcare will pay the Student's tuition in one-year increments.

## TUITION REFUND POLICY

Tuition for the Program is \$14,000. This tuition is **non-refundable**. Any Student entering the Program is responsible for the full tuition. If a Student withdraws or is dismissed at any point during the Program, the Student is still required to make tuition payments to the Program. In the event the Student stops making payments to the Program before full repayment, all costs of collections, enforcement, and litigation will also be the responsibility of the Student.

Revised 7/1/2025

# STUDENT POLICIES



**Methodist University Hospital  
School of Radiologic and Imaging Sciences  
Radiologic Technology Program**

**April 2026 – April 2027**

No academic classes or clinical assignments are conducted on official hospital holidays.

*These holidays are as follows:*

New Year's Day  
Martin Luther King Day  
Good Friday  
Memorial Day  
July 4<sup>th</sup>  
Labor Day  
Thanksgiving Day  
Christmas Day

**Academic Calendar**

April 27, 2026	Start of Third Clinical Semester – Seniors
May 18, 2026	First Day of Class – Junior Students
May 25, 2026	<i>Memorial Day Holiday</i>
June 9, 2026	Start of Third Semester Class – Seniors
	Start of First Semester Clinical – Juniors
July 4, 2026	<i>Independence Day Holiday</i>
July 20 – July 24, 2026	Summer Break
September 7, 2026	<i>Labor Day Holiday</i>
October 9, 2026	End of First and Third Semesters
October 12 – 16, 2026	End of Semester Break
October 19, 2026	Start of Second and Fourth Semesters
November 26 & 27, 2026	<i>Thanksgiving</i>
December 21 – January 3, 2027	Winter Break
January 18, 2027	<i>Martin Luther King Holiday</i>
March 4 & 5, 2027	Spring Break
March 26, 2027	<i>Good Friday Holiday</i>
April 15, 2027	End Second and Fourth Semesters
April 16, 2027	Graduation
April 19-23, 2027	End of Semester Break

**Methodist University Hospital  
School of Radiologic and Imaging Sciences  
Radiologic Technology Program**

**April 2027 – April 2028**

No academic classes or clinical assignments are conducted on official hospital holidays.

*These holidays are as follows:*

New Year's Day  
Martin Luther King Day  
Good Friday  
Memorial Day  
July 4<sup>th</sup>  
Labor Day  
Thanksgiving Day  
Christmas Day

**Academic Calendar**

April 26, 2027	Start of Third Semester Clinical – Seniors
May 17, 2027	First Day of Class – Junior Students
May 31, 2027	<i>Memorial Day Holiday</i>
June 7, 2027	Start of Third Semester Class – Seniors
	Start of First Semester Clinical – Juniors
July 5, 2027	<i>Independence Day Holiday Observance Day</i>
July 19 – July 23, 2027	Summer Break
September 6, 2027	<i>Labor Day Holiday</i>
October 8, 2027	End of First and Third Semesters
October 11 – 15, 2027	End of Semester Break
October 18, 2027	Start of Second and Fourth Semesters
November 25 & 26, 2027	<i>Thanksgiving</i>
December 20 – January 2, 2028	Winter Break
January 17, 2028	<i>Martin Luther King Holiday</i>
March 2 & 3, 2028	Spring Break
April 13, 2028	End Second and Fourth Semesters
April 13, 2028	Graduation
April 14, 2028	<i>Good Friday Holiday</i>
April 17 – 21, 2028	End of Semester Break

**Methodist University Hospital  
School of Radiologic and Imaging Sciences  
Radiologic Technology Program  
DISCIPLINARY ACTION GRID**

<b>MAJOR OFFENSES</b>	<b>1<sup>ST</sup> Offense</b>	<b>2<sup>nd</sup> Offense</b>
HIPAA Violation - Unauthorized release* of confidential information.	Dismissal	
Unauthorized absence from a clinical site while clocked in (see Clinical Assignment Policy).	Three-Day Suspension	Dismissal
Consumption or possession of intoxicants on hospital property.	Dismissal	
Reporting for school while under the influence of an intoxicant.	Dismissal	
Arrest and charge with a felony or other serious crime.	Suspension Until Settled	
Conviction of a felony or other serious crime.	Dismissal	
Unauthorized possession of hospital property.	Dismissal	
Threatening or fighting with an employee, patient, visitor, or another Student.	Dismissal	
Willful destruction of hospital property.	Dismissal	
Gross negligence.	Dismissal	
Being asked to leave a clinical site permanently.	Three-Day Suspension	Dismissal
Parking in unauthorized areas (see Parking Policy).	Three-Day Suspension	Dismissal
Parking illegally and leaving after clocking in to move the vehicle (see Parking Policy).	Three-Day Suspension	Dismissal
Non-compliance with the Supervision(s) Policy.	Dismissal	
Absolute refusal to comply with reasonable instructions from a Program official.	Dismissal	
First refusal to comply, but later complied with reasonable instructions from a Program official.	Written Warning	Dismissal

\*Unauthorized release of information is any divulgence of patient information or confidential hospital data to anyone other than authorized personnel.

<b>MAJOR OFFENSES</b>	<b>1<sup>st</sup> Offense</b>	<b>2<sup>nd</sup> Offense</b>	<b>3<sup>rd</sup> Offense</b>
Falsifying time records.	Dismissal		
Clocking in/out from a cell phone.	One-Day Suspension	Three-Day Suspension	Dismissal
Failure to clock in/out from the assigned clinical sites for lunch.	Automatic Tardy Deduction	...	...
Failure to bring Student identification badge to clinic.	Automatic Tardy Deduction	...	...
Failure to report. (see Failure to Report Policy)	One-Day Suspension	Three-Day Suspension	Dismissal
Sleeping or the appearance of sleeping during Program hours.	Written Warning	One-Day Suspension	Three-Day Suspension
Cheating on academic or clinical examinations.	Dismissal		
Calling a physician's office to change a patient's exam to obtain a clinical competency or bringing in a friend/family member to be your patient to obtain a clinical competency.	Dismissal		
Use of abusive or obscene language.	Dismissal		
Rudeness to patients.	Dismissal		
Exam Subversion of any kind. Examples: taking pictures of tests, sharing information that was on a test with another Student, etc.	Dismissal		
Failure to adhere to Repeat Policy.	Dismissal		
Failure to adhere to Direct & Indirect Supervision.	Dismissal		
Holding patients for radiographic procedures.	Dismissal		
Failure to tell the truth to program faculty regarding personal behavior, academic behavior, or clinical behavior.	Three-Day Suspension	Dismissal	
Failure to adhere to Energized Laboratory Policy.	Written Warning	Three-Day Suspension	Dismissal

<b>MINOR OFFENSES</b>	<b>1<sup>st</sup> Offense</b>	<b>2<sup>nd</sup> Offense</b>	<b>3<sup>rd</sup> Offense</b>	<b>4<sup>th</sup> Offense</b>
Loud or disruptive behavior.	Counseling Notice	Written Warning	Written Warning	Dismissal
Smoking or using tobacco or vaping while on hospital property.	Documented verbal counseling and referral to Associate Health for information regarding MLH smoking cessation resources.	Written corrective action and recommended EAP.	Final written corrective action and reminder about EAP and Associate Health as resources.	Dismissal
Failure to adhere to uniform. (see Dress Code Policy)	One-Day Suspension	Three-Day Suspension	Dismissal	
Excessive absence. (see Absence Policy)	5 <sup>th</sup> day – Written Warning	10 <sup>th</sup> day – Written Warning	10.5 <sup>th</sup> day - Dismissal	
Excessive tardiness. (see Tardy Policy)	Automatic Half-Day Deduction	...	...	...

The Disciplinary Action Grid is strictly followed by the Program Director, Clinical Coordinator, and all other faculty of the Program, and is followed in this manner: If the Student violates one (1) major offense, the following violation of any additional major offense will be considered the second major offense violation and will be treated as its second progressive action. This also applies to minor offenses. However, if the Student violates one (1) major offense and violated one (1) minor offense, the two offenses will not be considered progressive.

### **Other Violations:**

Penalties for other violations not specifically covered in the above list will be stated in an individual policy or determined by the Program Director. Because the Hospital is a sponsor of the Program, the Student must also adhere to all Methodist Healthcare Policies.

Any Student dismissed from the Program forfeits the right to reapply or return to the Program.

Revised 7/1/2025

## **SUSPENSIONS POLICY**

Any day the Student misses due to being suspended will be required to be made up beginning the first day of the next assigned break after the suspension. Assigned breaks include Summer, Semester, Winter, and Spring Breaks. Suspension days cannot be made up on a Program holiday.

Revised 7/1/2025



## **GRIEVANCE PROCEDURE**

The Program has a policy in place that aids in addressing all concerns of the Student. If the Student has a concern, the following steps should be followed:

1. The Student should first discuss the problem in private with the Faculty (or Clinical Preceptor if the concern is with the clinical setting). If the concern is not resolved with the Faculty, the Student should submit a written complaint to the Faculty within five (5) business days. If the concern is not resolved with the Clinical Preceptor, the Student should submit a written complaint to the Clinical Coordinator within five (5) business days.
2. If the concern is not resolved, the Student must submit a written complaint to the Program Director within five (5) business days.
3. The Program Director will investigate and respond to the Student in writing within five (5) business days.
4. If the grievance is not resolved, the complaint must be submitted to the Director of Radiology in writing within five (5) days for judgment and review. This submission must include the Student's philosophy addressing the concern and reasons for displeasure with prior judgments.
5. The Director of Radiology will have five (5) business days in which to respond to the complaint in writing.
6. If still not resolved, the final decision will be made by a representative of the Methodist University Hospital Human Resources department. The Student must submit the complaint in writing to the Human Resources Department within five (5) business days. The Human Resources representative will respond within five (5) business days.

All grievances must be overseen through the chain of command. Requests for all phases of this due process must be submitted within five (5) business days of each prior decision. Each decision will be submitted in writing to the Student within five (5) business days. The Student may appeal disciplinary actions, suspension, or dismissal. If the Student wishes to have professional representation, all parties must be notified before scheduling a meeting.

## **INFORMAL COMPLAINTS**

Informal complaints are those complaints that do not require a formal grievance procedure. The Program encourages these types of issues to be resolved informally at the time of occurrence and at the lowest organizational level possible. Whenever the Student has a concern, he/she should immediately report it to the administrative assistant, Program Director, Clinical Coordinator, or Clinical Preceptor. The party will attempt to resolve the issue immediately. If the situation is not resolved, the Student may enact the Grievance Procedure.

## DISCIPLINARY APPEAL POLICY

As part of the Grievance procedure, any Student may present an appeal for any disciplinary action in writing to the Program Director. Written appeals must be submitted within five (5) regularly scheduled Program days following the actual date of the action. The Appeals Board will be advised to convene for a decision within two weeks (10 business days) of the appeal submission date. Where legal criminal issues are concerned, the Program Director will follow hospital administrative channels.

The purpose of the Program's Appeals Board is to be sure that all facts are presented so that the Board can determine whether an injustice has occurred. Depending upon the reason for the appeal, the questions typically asked during the appeal process are:

- Was there a rule,
- Was the rule known to the Student,
- Was corrective action consistent with the policy regarding progressive corrective action, and
- Has the rule been consistently enforced?

The Appeals Board shall consist of the following members:

1. Two (2) Students, one representative of the first-year class and one representative of the second-year class. (Typically, the Class Presidents)
2. One (1) Program official.
3. The Medical Advisor of the Education Program or a member of the radiology administration who serves as an advisor to the Program.
4. Two (2) representatives from the clinical education center.
5. One (1) faculty member from an alternate allied health education program.

The process will be informal. The Student will have ample time to present information to the Appeals Board. This is not a legal proceeding. The process ensures whether the disciplinary action taken was appropriate and is one of fairness to the Student in the circumstances.

The chairperson, without a vote, will moderate the appeal. Each member of the Appeals Board will have one (1) vote by secret ballot. The majority vote decision of the Appeals Board is final. If the Appeals Board believes the disciplinary action giving rise to the appeal was in error, the Appeals Board has the authority to recommend overturning or modifying the Program Director's decision. After the Appeal Board's decision, if the Student wishes to continue to the ultimate step in the grievance process, he/she must submit a written complaint to the Methodist University Hospital Human Resources Department within five (5) business days of the process. The Human Resources representative will provide a written response within five (5) business days.

An appeal should be a last resort.

## **ADDRESS or NAME CHANGE**

The Program Director must be notified in writing within one week following a change of name, address, or phone number. Official documentation (marriage license, divorce decree, etc.) must be submitted at the time of notification. The name and address of the graduate must match the registration form filled out when applying for the ARRT examination.

## **CELLULAR PHONE & RECORDING DEVICE POLICY**

Cell phones/electronic devices should not be used while in clinic and should not interfere with classroom instruction. The only exception for a Student to be on their phone while clocked in at clinic is when in contact with the Program Director or Clinical Coordinator.

The use of headphones with radios or CD players, ear pods, or any audio playback device is not allowed while clocked in at clinic, during class lectures or activities, or when taking exams. In compliance with the policy in place for Methodist Le Bonheur Healthcare, Students are not allowed to use cameras or other video/audio recording devices (such as cell phones) on the premises for recording.

Failure to adhere to the cell phone/electronic/recording device policy, as reported by clinical staff or classroom instructors, will result in the following progressive action:

- *First offense* – one-day suspension.
- *Second offense* – three-day suspension.
- *Third offense* – dismissal from the Program.

Revised 7/1/2025

## **HEALTH INSURANCE POLICY**

The Student is required to carry personal health insurance coverage while enrolled in the Program. The Student must submit proof of insurance to be placed in his/her file upon acceptance into the Program. The Student is responsible for any medical expenses incurred while enrolled in the Program.

Revised 7/1/2025

## **PARKING POLICY**

The Student should only park in the associate parking garage or designated parking area for each facility. Parking in patient, physician, or visitor-designated parking spots during Program hours is prohibited. Briefly parking near the main entrance or clinical area entrance with the intentions to clock in before moving the vehicle to a permissible parking area is not permitted.

Violations of improper parking result in the following progressive action:

- *First* offense – three-day suspension.
- *Second* offense – dismissal from the Program.

Revised 7/1/2025

## PERSONAL APPEARANCE POLICY

The personal appearance and demeanor of the Student are a direct reflection of the Program, the School, and the Hospital, and are indicative of the Student's interest and pride in his/her profession. The Uniform Policy in effect states that all Students shall wear clean and pressed uniforms with visible identification badges. The policy further states:

1. Program uniform includes a ceil blue scrub top and bottom. A lab coat or scrub jacket is also required. Any shirt worn under scrub tops must be solid white, navy, or gray with no visible writing.
2. Proper shoes (i.e., closed-toe and closed-heel tennis shoes) should be worn with the uniform. They must be clean and in good repair.
3. Make-up, perfume, and shaving lotion should be worn in moderation.
4. No acrylic nails. Nails should be kept short and neatly trimmed. Nail polish should be a light color to be appropriate.
5. Jewelry should be kept at a minimum and in good taste; no more than two earrings per ear; no other visible body piercings, including tongue piercings and nose piercings. Program officials reserve the right to rule on jewelry and visible tattoos.
6. Hair should always be neat. It is recommended that it does not touch the collar. Anyone having hair of this length should keep it pulled up.
7. The Uniform Policy is effective when reporting to the clinical area or classroom. Excluded from acceptable wear are the following:
  - a. Jeans (including corduroy)
  - b. Shorts
  - c. Cut-offs
  - d. T-shirts, tank tops, hoodies, or sweatshirts
  - e. Provocative, soiled, or untidy dress of any type
  - f. Pullover jackets
  - g. Slippers, shoes with holes, house shoes, open-toe, or open-heel shoes

Any Student reporting to the Program in improper uniform or attire, or soiled or untidy uniform, may be sent home by the Program Director or any faculty member. This time will be accrued as a tardy or absence (see Tardy and Absence Policies). Disciplinary action for failure to adhere to uniform or appearance requirements will result in the following progressive action:

- *First offense* – one-day suspension.
- *Second offense* – three-day suspension.
- *Third offense* – dismissal from the Program.

## **FINGERNAILS POLICY**

In keeping with the recommendations from the Centers for Disease Control, a fingernail policy has been approved as follows:

- Artificial fingernails or any extenders/enhancements are prohibited in clinic.
- Natural nails should not extend past the fingertip.
- Nail polish must be in good repair.

Non-compliance with the fingernail policy will result in the following progressive actions:

- *First offense* – three-day suspension.
- *Second offense* – dismissal from the Program.

Revised 7/1/2025

## **IDENTIFICATION BADGES**

To diminish the possibility of patients and hospital staff mistaking the Student as a registered radiologic technologist, this policy is established:

1. The Student badge will be worn in plain view.
2. The Student will orally state their Student status to patients and the hospital personnel during introductions and patient interactions.
3. The front of the badge must be visible and the Student's picture, name, and position status easily readable, as well as the blue Student identifier badge buddy.
4. No stickers or other material will obscure the front of the identification badge.

Following these procedures should protect the Student from charges of fraud, deceit, and misrepresentation of actual status.

Revised 05/10/2024

## SOCIAL MEDIA POLICY

The Program urges the Student to be conscientious when using social media (Facebook, YouTube, X, etc.). At this time, there is no way to erase digital content, and inappropriate use can diminish personal reputation as well as the reputation of the Program, employers, and the local community. False and defamatory comments spoken and heard are called slander, and when these comments are written and published, it is libel. Together, slander and libel are referred to as defamation of character. Legal actions have been taken when inappropriate content has been published, and confidentiality has been compromised. Posting of information relative to clinical sites and activities, technologists, patients or their families, faculty, and didactic course content is considered an ethical breach of confidentiality and is in direct violation of HIPAA and the Professional Code of Conduct to which the Student has agreed to adhere. This statement is not meant to inhibit freedom of expression or speech; however, extreme caution is urged when mixing professional and personal online information and communication. It is advised to remember that multiple individuals will be able to read and/or see social media posts.

Any social media posting in direct violation of this policy will result in the following progressive action:

- *First offense* – three-day suspension.
- *Second offense* – dismissal from the Program.

In the case of a HIPAA violation or other egregious posting, the Student will be *immediately dismissed* from the Program.

Revised 7/1/2025

## **STUDENT HEALTH SERVICES**

The Student is provided health services by the Methodist Le Bonheur Healthcare Associate Health Service. The Associate Health Service initially conducts pre-admission health examinations for the Program.

The Student having on-the-job or Program-related illnesses can be seen in the Associate Health Office or in the emergency department, depending on the situation. The medical status and approval to return to the Program are coordinated by the Associate Health Service. The Associate Health Service is responsible for approving the Student to return to the classroom and/or clinical setting following contagious illnesses and medical reasons for absence.

The Associate Health Service conducts annual routine TB tests on the Program's Students. The Service also conducts hepatitis screening and other preventive measures as indicated. Flu vaccination programs and other inoculations are available and required by Methodist Le Bonheur Healthcare.

The Associate Health Nurses are available for health counseling and referral, and for monitoring blood pressure.

All health records of the Student are maintained in the Associate Health Service.

The Student is provided the same provisions of health as any other educational Student of the hospital and the same provisions as any employee of the system.

Injuries or illnesses occurring outside of the Program's hours and related experience will not be covered by the Associate Health Service that is provided free.

Revised 7/1/2025



## STUDENT PREGNANCY POLICY

The Program's pregnancy policy is such that the Student has the option to inform program officials of her pregnancy. If the Student chooses to voluntarily disclose this information, it must be done in writing. At this point, the Student will be a "Declared Pregnant Student." Without this document and information, the Student is not considered pregnant. The Student may withdraw this declaration at any time during her pregnancy. If the Student wishes to withdraw the declaration, she must do so in writing to both the Program Director and the Radiation Safety Officer. Once written notification is received, the Student must then follow the procedure outlined below:

1. Meet with the Program Director to sign the Declaration of Pregnancy statement.
2. Counsel with the Program Director and Radiation Safety Officer (RSO) at Methodist University Hospital regarding the nature of potential radiation injury associated with in-utero exposure. The RSO will provide a copy of the U.S. Nuclear Regulatory Commission Regulatory Guide, which will include instructions for prenatal radiation exposure and the regulatory limits established by the NCRP and the Tennessee Department of Public Health. The required preventative measures must be taken throughout the gestation period.

At this time, the Student must choose from the following options:

1. Withdrawal from the Program. If the Student withdraws from the Program and is making satisfactory progress, she may be reinstated at a later date with a new cohort.
2. Continue in the Program throughout the pregnancy (see Leave of Absence Policy).
  - a. All didactic and clinical competencies must be completed as scheduled.
  - b. Appropriate accommodations will be made to assure fetal protection as outlined in the federal guidelines.
  - c. The Student will be provided an additional radiation monitoring device as stipulated in the federal guidelines.
  - d. The Student must review and implement radiation safety practices as outlined by the Radiation Safety Officer.
  - e. The clinical coordinator will maintain all documentation relating to decisions and requirements related to the pregnancy.

Revised 7/1/2025

## **STUDENTS WITH DISABILITIES POLICY**

Per the Americans with Disabilities Act, the Program is committed to providing equal access for individuals with disabilities. Current professional documentation of a disability is required to assist the faculty in determining the appropriate accommodations. Disclosure of a disability is voluntary, and the information will remain confidential.

### **Procedure to Request Accommodations:**

The Student is required to:

- Provide current professional documentation of disability to the Program Director.
- Submit the completed Accommodation Request form to the Program Director for inclusion in the Student's file.
- Keep the faculty informed regarding matters of concern.

Revised 7/1/2025

## **WITHDRAWAL FROM THE PROGRAM**

The Student choosing to withdraw from the Program at any time must arrange a conference with the Program Director and must submit an official letter in writing stating reasons for withdrawal. If the Student must withdraw for personal reasons during the second year, and they are in good academic standing, they may be considered for readmission at the start of the next academic year. Readmission is contingent upon space in the Program, score on the Didactic Mid-Curricular HESI exam (paid by the Student wishing to be readmitted), and interview with the Admissions Committee. Tuition of the previous admission must be paid in full, and the Student will owe a full year's tuition for the returning year.

Revised 7/1/2025

## **GRADUATION REQUIREMENTS**

In addition to the skills, knowledge, and other didactic and clinical education requirements of the Program, the following criteria must be met by the graduating Student to participate in graduation ceremonies, receive a certificate of Program completion, receive his/her official transcript, and be verified by the Program Director to sit for his/his ARRT registration examination:

1. The Student must have successfully met the didactic requirements of the Program as established by the grading policy and academic standards.
2. The Student must have successfully met the clinical requirement of the Program as established by the grading system and clinical standards.
3. The Student must have fully met any financial obligation accrued against the Hospital.
4. The Student who has exceeded his/her clinical competency deadlines must make up this time. This will involve clinical assignments immediately following graduation.
5. The Student must make sure all library books and other resources borrowed from the Program have been returned.
6. The Student must ensure that all Methodist Le Bonheur Healthcare-administered name badges and radiation dosimetry badges are returned to the School.

The date for meeting these criteria shall be on or before the end of the fourth semester of the year of graduation. The only exception to this deadline is if the Student is required to remain immediately after graduation for the purpose of making up missed time, suspension days, or clinical competency extensions. Any time in which the Student is to remain in the clinical setting immediately after graduation will be determined by the Program Director, along with a planned end date.

Revised 7/1/2025

## STUDENT AWARDS

The Student who completes the Program takes part in a formal graduation ceremony. The Student may earn the following awards:

- **John Gerstenberger Award:** for the highest academic average achieved for the 24 months of education.
- **JRCERT Certificate of Excellence Award:** for outstanding clinical performance. Each instructor in the final year of training has one vote for the Student. This vote is based on Technical Ability, Attitude, Initiative, Assuming Responsibility, and Cooperation.
- **William Robinson, R.T. Award:** for clinical excellence.
- **Outstanding Senior Student Award**
- **Outstanding Junior Student Award**

# **ATTENDANCE POLICIES**



## **ATTENDANCE & ABSENCE REPORTING POLICIES**

Regular attendance is an essential expectation of a radiologic technologist. Absenteeism and tardiness become undesirable habits that are unfortunately exceedingly difficult to change. This policy is established to ensure prompt and regular attendance by the Student and to provide uniform guidelines for monitoring and supervising absence.

- A. The School's hours of operation are 8 a.m. – 4 p.m., Monday through Friday. Students are expected to be at their assigned clinical rotation site or in the classroom at MUH by 8 a.m. every morning. The Student is expected to be at their assigned clinical rotation or in the classroom at MUH until 4 p.m. every afternoon. Friday is the only exception wherein Students are released from both their assigned clinical rotation sites and the classroom at MUH at 12 p.m.
- B. The junior cohort will be in the classroom at MUH from 8 a.m. – 4 p.m. every M/W; and 8 a.m. – 12 p.m. every F. This cohort will be in their assigned clinical rotation site from 8 a.m. – 4 p.m. every T/Th.
- C. The senior cohort will be in the classroom at MUH from 8 a.m. – 4 p.m. every T/Th. This cohort will be in their assigned clinical rotation site from 8 a.m. – 4 p.m. every M/W; and 8 a.m. – 12 p.m. every F.
- D. The Program Director/Clinical Coordinator is responsible for upholding Program standards as outlined in this policy and for maintaining records of attendance. If the Student's attendance becomes unsatisfactory, the attendance record will be reviewed, and progressive counseling will result.
- E. Absences will be counted on a semester basis beginning with the entrance date in May. Each Student will be allowed ten (10) days of absence per semester. The first five (5) days missed will not be required to be made up. The remaining five (5) days must be made up beginning on the first day, typically a Monday, of a semester break. The Student will be dismissed from the program if more than ten (10) days are missed per semester. Each semester corresponds to the dates on the academic calendar. As such, the absence accruals will restart on the first Monday after the end of the semester break. An absence is any time a Student is not in his/her assigned area.
- F. Exclusions from the attendance policy standards are limited to:
  - A. State of Emergency designated by the Program Director
  - B. Jury Duty
  - C. Military Leave
  - D. Holidays (except when absent the day before or after without advance permission of the Program Director)
  - E. Professional Leave
  - F. Leave of Absence (See Leave of Absence Policy)

- 5) Failure to report is failing to notify the Program Director/Clinical Coordinator and/or the clinical preceptor/clinical instructor of intent to be tardy or absent. (See Failure to Report Policy)
- 6) If the Student is absent the day before or the day after a holiday without letting the Program Director and/or Clinical Coordinator know ahead of time, the holiday will be counted as an additional day of absence.
- 7) Continued absence calls for the following responses:
 

<u>Days of Absence</u>	<u>Action</u>
5 <sup>th</sup> per semester	Written warning
7-8 <sup>th</sup> per semester	Second written warning
10.5 per semester	Dismissal from the program
- 8) Highly unusual or extraordinary circumstances warrant a special attendance policy review. In such cases, the Program Director reserves the right to make exceptions to the policy.
- 9) Final examinations for each term are given at the discretion of each instructor. Types of testing and frequency of testing are left to the instructors' discretion. Absence from a final exam is given a grade of F unless the Student can be excused by the individual instructor, the Program Director, or provide documentation of a physician visit.
- 10) An official attendance record will be maintained on each Student and is subject to periodic review. These records will be available to your future employers if the Student signs an information release when applying for employment.

#### Potential Exceptions:

- If the Student is hospitalized, days in which the Student is admitted to the hospital will not count towards the regularly allotted ten (10) days for the semester; however, any admission days over five (5) must be made up.
- For common cold illnesses, the first two (2) days count against the Student's allowed absences for the semester, but a doctor's note will excuse any additional consecutive sick days. All missed days will have to be made up. These occurrences will need discussion between the Program Director/Clinical Coordinator and the Student.
- If a Student is under a five (5) day quarantine due to a positive COVID test, the missed time must be made up. These days will not count against the regularly allotted ten (10) days for the semester. Any Student who has tested positive for COVID must immediately alert the faculty of test results. If a Student continues to have COVID-related symptoms after the five (5) day quarantine, the Student must immediately provide documentation in the form of a physician's note stating the Student's exemption and return dates.

The Program Director and/or clinical faculty member reserve the right to verify the illness of a Student. The Student will be required to provide documentation in the form of a physician's statement when requested by either Program official.

Revised 7/1/2025

## **TARDINESS POLICY**

This policy is established to encourage Students to both arrive and remain at the clinical center on a timely basis and to provide guidelines for monitoring and controlling tardiness.

- 1) Tardiness is defined as clocking in between 8:01 and 9:00 a.m. for the beginning of the day or clocking out between 3:00 and 3:59 p.m. at the end of the day, Monday through Thursday; or clocking out between 11:00 a.m. and 11:59 a.m. on Fridays.
- 2) The Program Director/Clinical Coordinator is responsible for maintaining records relating to tardiness.
- 3) Tardiness will be counted on a semester basis beginning with the entrance date in May. Students are allowed three (3) tardy occurrences per semester.
- 4) If a Student is tardy above the three (3) allotted for the semester, each additional tardy results in an automatic half-day absence (i.e., a fourth tardy results in a half-day absence).
- 5) If a Student is charged an automatic half day, it is the Student's responsibility to inform the Program Director/Clinical Coordinator whether they will be present and clocked in at their required location by 9:00 a.m. or by 12:00 p.m.
- 6) If a Student is charged an automatic half day from a 4<sup>th</sup> and on tardy but has used the allotted ten (10) days for the semester, the Student will be dismissed from the program.
- 7) Continued tardiness calls for the following responses:

<u>Tardies</u>	<u>Action</u>
3 <sup>rd</sup> per semester	Written Warning/Notification
4 <sup>th</sup> and on per semester	Half-day absence taken from remaining absences per semester.

Revised 7/1/2025



## FAILURE TO REPORT POLICY

Failure to report is failing to notify the Program Director/Clinical Coordinator and appropriate clinical preceptor/clinical instructor of intent to be tardy or absent. A private message in Slack, an email, or an office phone message must be made by 8:30 a.m. for each day of tardiness or absence.

One of the following must be notified:

Amanda Walden  
Tonya Torres

The clinical preceptor or instructor at the clinical site must also be notified.

Notifying the Program officials of a tardy or absence but failing to notify the clinical preceptor or instructor is still considered to be a failure to report. The notification must be made by a private message in Slack, by email, or through an office phone message by 8:30 a.m. for each day of tardy or absence. A phone message left with anyone not listed above is unacceptable. A text message to a program official will not be accepted as a notification.

Failure to report is a serious offense and will result in progressive corrective action:

- *First offense* – one-day suspension.
- *Second offense* – three-day suspension.
- *Third offense* – dismissal from the Program.

The faculty reserves the right to verify the illness of a Student. The Student may be required to provide documentation in the form of a physician's statement if requested. Any time logged as suspension will be made up in a clinical setting beginning the first day of the semester break.

Revised 7/1/2025

## TRAJECSYS TIME CLOCK POLICY

Any time a Student is present on any campus during School hours, he/she is required to clock in/out. Students will use Trajecsysto clock in/out for clinical rotations, classroom hours, and lunch breaks. Students are to clock in no earlier than 7:50 a.m. and no later than 4:10 p.m.

When rotating through clinical sites, the Student will use a computer or tablet provided by the clinical site to log in to their Trajecsysto account and clock in/out. When the Student is at MUH for class, he/she will use the computer in the classroom. Clocking in/out on any unapproved computer will result in a tardy. Students may not use his/her cell phone to clock in/out. If a situation arises during clinical rotations in which the computer or tablet is not immediately available, the Student must notify the Program Director and/or Clinical Coordinator for further instructions.

Clocking in/out with a cell phone without authorization will result in progressive corrective action:

- *First offense* – one-day suspension.
- *Second offense* – three-day suspension.
- *Third offense* – dismissal from the Program.

Other situations that will warrant action:

- Failure to clock in/out from the assigned clinical sites for lunch – automatic tardy.
- Failure to bring a Student identification badge to clinic – automatic tardy.

Students are not authorized to make exceptions in Trajecsysto.

**Student class and clinic hours are kept separate from Student work hours.**

Revised 7/1/2025

## **STUDENT LUNCH/BREAK POLICY**

The Student's lunch period will vary from class or clinic days and by clinical sites. Lunch on a class day will be from 12:00 p.m.- 1:00 p.m. Lunch on a clinic day will be a minimum of 30 minutes and a maximum of 1 hour, depending on the instruction provided by the Clinical Preceptor of each clinical rotation site. Any Student deciding to go off-site for lunch should still adhere to these times. The Student must clock out for lunch on Trajecsyst at the time of leaving the department.

Leaving the department and failing to clock out or purposefully delaying clocking out to ensure a longer lunch period is not permitted and is considered to be a falsification of time records. Falsification of a time record will result in the Student's *immediate dismissal* from the Program (see Disciplinary Action Grid).

Revised 7/1/2025

## **STUDENT SEMINAR & MEETING ATTENDANCE POLICY**

If the Student is attending a seminar or meeting during School time, the Program Director will designate the mandatory sessions that must be attended by the Student.

Any Student under the age of twenty-one is responsible for observing and obeying state laws regarding drinking alcoholic beverages. Any illegal acts are the responsibility of the individual.

The Student is responsible for any damages incurred at a seminar/meeting that are the direct result of the Student's actions.

The Program, School, Hospital, and/or any of its associates are not liable for any physical or personal damages or injuries incurred during or en route to or from a seminar/meeting.

Revised 7/1/2025

## **LEAVE OF ABSENCE POLICY**

In the event of prolonged illness, maternity leave, parental leave, or other situations deemed appropriate by the Program Director and Clinical Coordinator, the Student may be allowed to take a leave of absence from the clinical and didactic portions of the radiologic program. The time taken will be totaled and required to be made up in a clinical setting. The times of absences can be made up while the Student is in the program during appropriate breaks (excluding holidays and weekends). Any time not made up by the Student's graduation date will be required to be made up in a clinical setting starting the Monday immediately following his/her graduation. Only after time has been made up will the Student be granted his/her certificate and verified to sit for his/her ARRT registry examination. Additionally, classwork missed will be required to be made up according to the Student's determined pace. However, the Student will be expected to return to class prepared to continue in the semester that the courses are in.

Situations in which a leave of absence will be considered:

- 1) Prolonged Illness – This can either be an immediate family member's illness (i.e., hospice) or the Student's diagnosis that requires time for decision-making and treatment.
- 2) Maternity Leave – This is determined by the patient's obstetric gynecologist in writing and given to the Program Director. Maternity leave is to start at the birth of the baby.
- 3) Paternity Leave – This is determined by the Program Director. A 4-week leave of absence will be allowed to the paternal figure at the birth of their newborn. The leave will be consecutive and can be ended earlier than the allotted 4-week period. Parental leave is to start at the birth of the baby.

Revised 7/1/2025

## **BEREAVEMENT LEAVE POLICY**

The Student is granted up to three (3) days of bereavement leave to attend to personal matters surrounding the death of the following family members:

- Spouse, child, stepchild.
- Mother, father, stepparent, spouse's parent.
- Sibling, stepsibling, half-sibling, spouse's sibling.
- Grandparent, grandchild.

Other circumstances may warrant bereavement leave if approved by the Program Director and Clinical Coordinator. The Student must obtain approval from the Program Director and Clinical Coordinator to take the needed time off. Bereavement leave is considered to occur during the period between the day of the member's death and the day of the member's funeral. The Student must provide proof of the date, time, and location of the funeral (such as the funeral program or obituary) for the Program Director to authorize bereavement leave. If more than the three (3) days granted are required, approval is required from the Program Director. Any days taken past the three (3) granted will be taken from the Student's ten (10) days given each semester.

Revised 7/1/2025

# **DIDACTIC POLICIES**



## CURRICULUM

### FIRST YEAR – FIRST TERM

Clinical Orientation	89
Introduction to Radiologic Technology	30
Human Anatomy & Physiology I	30
Patient Care I	30
Medical Terminology I	30
Image Production I	30
Radiation Physics & Instrumentation I	30
Radiographic Procedures I & Lab	60
Image Analysis I	30

Term Class Hours      359  
Term Clinical Hours    272

### SECOND YEAR – THIRD TERM

Pathology II	30
Human Anatomy & Physiology III	30
Patient Care III	30
Radiation Biology & Health Physics	30
Image Production III	30
Radiation Physics & Instrumentation III	30
Radiographic Procedures III & Lab	60
Image Analysis III	30

Term Class Hours      270  
Term Clinical Hours    620

### FIRST YEAR – SECOND TERM

Pathology I	33
Human Anatomy & Physiology II	33
Patient Care II	33
Medical Terminology II	33
Image Production II	33
Radiation Physics & Instrumentation II	33
Radiographic Procedures II & Lab	66
Image Analysis II	33

Term Class Hours      297  
Term Clinical Hours    368

### SECOND YEAR – FOURTH TERM

Advance Modalities	33
Cross-Sectional Human Anatomy	33
Registry Review	66
Image Production IV	33
Radiation Physics & Instrumentation IV	33
Radiographic Procedures IV & Lab	66
Image Analysis IV	

Term Class Hours      297  
Term Clinical Hours    440

Total Curriculum Hours    1,223  
Total Clinical Hours        1,700

Revised 12/5/2024

## **COURSE DESCRIPTIONS**

**ADVANCED MODALITIES:** Introduction to the special procedures of computed tomography, magnetic resonance imaging, ultrasound, mammography, and angiography.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures. Long, Rollins, and Smith

**CLINICAL ORIENTATION:** This is an initial orientation to the Radiologic Technology profession, the School of Radiologic Sciences, Methodist Healthcare, and the Radiology Department. The introduction includes an explanation of the policies, procedures, and rules of the education program. Students will attend CPR class, hospital orientation, and mask fitting. The Students will also take a tour of all of the clinical sites.

TEXT: Student Handbook, Clinical Handbook

**CROSS-SECTIONAL HUMAN ANATOMY:** Study of the human body anatomy in the cross-sectional plane. The abdomen, thorax, cranium/facial bones, and brain will be studied.

TEXT: Sectional Anatomy for Imaging Professionals. Kelley, and Petersen

**HUMAN ANATOMY & PHYSIOLOGY I:** Study of the human body anatomy, function, and disease of each system. Includes cells, tissue, organ systems, mechanism of disease, and the skin/integumentary system.

TEXT: The Human Body in Health and Disease, Thibodeau and Patton

**HUMAN ANATOMY & PHYSIOLOGY II:** Continuation of Anatomy I. Study of the skeletal system, muscular system, nervous system, endocrine system, blood, the senses, and the cardiovascular system.

TEXT: The Human Body in Health and Disease, Thibodeau and Patton

**HUMAN ANATOMY & PHYSIOLOGY III:** Continuation of Anatomy II. Includes studies of the digestive system, respiratory system, lymphatic system, urinary system, reproductive system, and growth and development.

TEXT: The Human Body in Health and Disease, Thibodeau and Patton

**INTRODUCTION TO RADIOLOGIC TECHNOLOGY:** The introduction of radiologic technology includes an explanation of the field in general, Student personal adjustment, healthcare delivery, professional organizations, practicing within the profession, and clinical education.

TEXT: Introduction to Radiologic Technology, Callaway

**IMAGE ANALYSIS I:** Instruction on the evaluation criteria of the upper extremity, chest and abdomen, and shoulder girdle.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith



**IMAGE ANALYSIS II:** Continuation of Image Analysis I. The vertebral column, bony thorax, lower extremity, pelvis, and upper femora.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith

**IMAGE ANALYSIS III:** Continuation of Image Analysis II, Evaluation of the digestive system, urinary system, reproductive system, mouth, and salivary glands.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith

**IMAGE ANALYSIS IV:** Continuation of Image Analysis III. Evaluation of skull, sinuses, Facial bones, nasal bones, mandible, and orbits

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith

**IMAGE PRODUCTION I:** Includes simple mathematics in radiography, prime factors that influence brightness, contrast/grayscale, the image formation process, and an overview of the x-ray tube.

TEXT: Radiographic Imaging and Exposure Fauber

**IMAGE PRODUCTION II:** Continuation of Image Production I. X-ray production, X-ray interactions, scatter control, image receptors, and more technical factor problems.

TEXT: Radiographic Imaging and Exposure Fauber

**IMAGE PRODUCTION III:** Overview of technical factors and the influence on the radiographic image, image production, and image evaluation, and the influence of pathologic conditions on the image.

TEXT: Radiographic Imaging and Exposure Fauber and Digital Radiography and PACS Carter and Veale

**IMAGE PRODUCTION IV:** Exposure timing devices, technical factory review, fluoroscopy, additional special equipment including tomography, and the x-ray circuit.

TEXT: Radiographic Imaging and Exposure, Fauber and Digital Radiography and PACS, Carter and Veale

**MEDICAL TERMINOLOGY I:** Instruction of the medical vocabulary. Includes suffixes, prefixes, and root words. There is also instruction in diagnostic and therapeutic terms, the circulatory system, respiratory system, digestive system, and urinary system.

TEXT: Building a Medical Vocabulary, Leonard

**MEDICAL TERMINOLOGY II:** Continuation of Medical Terminology I. Further word studies into oncology, the endocrine, nervous, integumentary, musculoskeletal, and reproductive systems.

TEXT: Building a Medical Vocabulary, Leonard

**PATIENT CARE I:** Instruction of professional roles and behaviors, safety and transfer of patients, disease and infection control, and professional attitudes and communications.

TEXT: Patient Care in Radiography, Ruth Ann Ehrlich, and Dawn Coakes

**PATIENT CARE II:** Continuation of Patient Care I. Study of patient assessment, medication information and administration, emergency response, and dealing with acute situations.

TEXT: Patient Care in Radiography, Ruth Ann Ehrlich, and Dawn Coakes

**PATIENT CARE III:** Continuation of Patient Care II. Study of contrast media, patient preparation, exams of the GI tract, bedside radiography, and surgical radiography.

TEXT: Patient Care in Radiography, Ruth Ann Ehrlich, and Dawn Coakes

**RADIATION PHYSICS & INSTRUMENTATION I:** Study of matter, energy, radiation sources, radiology history and development, basic protection, exposure units, units of measurement, velocity, acceleration, Newton's laws, work, power, the atom and atomic structure, and electromagnetic radiation.

TEXT: Radiologic Science for Technologists, Stuart Bushong

**RADIATION PHYSICS & INSTRUMENTATION II:** Continuation of Radiation Physics I. Covers electricity, magnetism, Ohm's law, alternating and direct current, the solenoid, electromagnetic induction, motors, generators, transformers and rectification, the x-ray tube, x-ray production, x-ray emission, and x-ray interaction with matter.

TEXT: Radiologic Science for Technologists, Stuart Bushong

**RADIATION PHYSICS & INSTRUMENTATION III:** Continuation of Radiation Physics II. Covers radiographic image quality, scatter radiation, screen-film radiography and technique, computer science, computed radiography, digital radiography, digital radiographic technique, and viewing the digital image.

TEXT: Radiologic Science for Technologists, Stuart Bushong

**RADIATION PHYSICS & INSTRUMENTATION IV:** Continuation of Radiation Physics III and completion of the course. Covers screen-film artifacts, screen-film radiographic quality control, digital radiographic artifacts, digital radiographic quality control, fluoroscopy, digital fluoroscopy, and computed tomography.

TEXT: Radiologic Science for Technologists, Stuart Bushong

**RADIATION BIOLOGY & HEALTH PHYSICS:** Instruction on quantities and units of radiation, maximum permissible doses, biological and genetic effects, radioactivity terms, shielding procedures, examination requiring special protective measures, radiation biology, diseases caused by overexposure, instruments used to measure radiation, and introduction to radiation therapy.

TEXT: Radiation Protection in Medical Radiography, Sherer

**RADIOGRAPHIC PATHOLOGY I:** Content introduces concepts related to disease and etiological considerations with emphasis on the radiographic appearance of disease and its impact on exposure factor selection. Respiratory, skeletal, gastrointestinal, and urinary systems will be covered in this class.

TEXT: Comprehensive Radiographic Pathology, Eisenberg, and Johnson

**RADIOGRAPHIC PATHOLOGY II:** Content introduces concepts related to disease and etiological considerations with emphasis on the radiographic appearance of disease and its impact on exposure factor selection. Cardiovascular, nervous, hematopoietic, endocrine, and reproductive systems will be covered in this class.

TEXT: Comprehensive Radiographic Pathology, Eisenberg, and Johnson

**RADIOGRAPHIC PROCEDURES I:** Instruction on the procedures of and proper positioning techniques of the upper extremity, Chest and abdomen, and shoulder girdle.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith

**RADIOGRAPHIC PROCEDURES II:** Continuation of Radiographic Procedures I. Positioning instruction for the lower extremity vertebral column, bony thorax, pelvis, and upper femora.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures, Long, Rollins, and Smith.

**RADIOGRAPHIC PROCEDURES III:** Continuation of Radiographic Procedures II. Positioning instruction for the gastrointestinal system, genitourinary system, biliary system, and other areas of special procedures.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures. Long, Rollins, and Smith

**RADIOGRAPHIC PROCEDURES IV:** Continuation of Radiographic Procedures III. Positioning instructions for the skull, sinuses, facial bones, nasal bones, mandible, and orbits.

TEXT: Merrills Atlas of Radiographic Positions and Radiologic Procedures. Long, Rollins, and Smith

**REGISTRY REVIEW:** Review and discussion of all courses in the curriculum. Simulated registry examinations are given several times during this course.

Revised 7/1/2025

## **CLASSROOM REQUIREMENTS**

Regular class attendance is the Student's obligation, and the Student is responsible for all work, including exams, quizzes, homework, and lecture notes. No Student should miss class unless he/she has reported the absence during that time. If the Student misses three (3) consecutive classes, or more class time than the instructor deems advisable, the instructor will report these facts to the Program Director for appropriate action. A Student may be dismissed from the educational program for missing three (3) consecutive class periods.

The following standards are mandatory for the classroom:

- 1) Ciel blue scrubs will be worn by all Students when reporting to class. (See Dress Code Policy)
- 2) Students will be on time for class. Tardiness to class results in an attendance tardy.
- 3) Disruptively talking to classmates during lectures will not be tolerated.
- 4) Sleeping, or the appearance of sleeping, as decided by the instructor, will result in dismissal from the class period. Dismissal from the class period will result in an attendance absence.
- 5) If an instructor does not report to class within the first 15 minutes of the scheduled period, Students must notify the Program Director or Clinical Coordinator immediately.
- 6) Cell phones, laptops, and tablets should not interfere with classroom instruction.
- 7) Earbuds, earphones, and other listening devices are not permitted to be worn during lectures unless they are required by the Student to be used.

Revised: 11/1/2024

## **LOCKERS**

The student will be assigned a locker. Books and other personal belongings must be kept inside the lockers. The Student is strongly urged to place a lock on his/her locker.

Neither the Program nor the Hospital accepts responsibility for lost or stolen articles. Program officials or security may inspect lockers at any time without advance notice.

## **GUEST LECTURES**

Radiologists, radiologic technologists, and other speakers will sometimes present lectures as regular classes. These lectures are part of the formal education, and examinations may be given on the material presented.

## **LIBRARY & LEARNING RESOURCES**

The Program's library is located on 8 Service. The library contains many textbooks and reference materials available for the Students' use. The Student has access to the online public library that is made available through Memphis and Shelby County. Please see the Program Director to receive the login information for this resource.

The Student has internet in the Program's classroom and Hospital facility, and computer access in the Library and Study Room on 8 Service.

Additional learning resources include x-ray phantoms, lab equipment, scientific models, access to the healthcare system's radiographic equipment, and access to PACS for viewing radiographic images in adherence to HIPAA guidelines. Program faculty also have textbooks and reference material for the Student to use upon request.

## **ENERGIZED LABORATORY POLICY**

The Program utilizes a fully functional, energized laboratory room for clinical practice with didactic materials and practicals. Phantoms are available to take exposures, and digital equipment can be used to record images.

The lab is to remain locked and can only be opened by Program Faculty. The Program Director or Clinical Coordinator must be in the immediate area when the Student is making an exposure in the energized lab room. The Student must wear their radiation-monitoring badge at collar level when participating in lab exercises requiring ionizing radiation. The Student will not remain in the energized lab room while an X-ray exposure is being made. The door to the hall and the control room must be closed while any exposure is being made. No exposure is to be made on any Student, registered radiologic technologist, patient, or any person in the energized lab. Food and drink are not permitted in the lab. When the energized lab is not in use, all aspects of the control are to be off, and the lab doors are to be closed and locked.

Failure to adhere to the energized laboratory will result in progressive corrective action:

- *First offense* – written warning.
- *Second offense* – three-day suspension.
- *Third offense* – dismissal from the Program.

Revised 3/1/2025

## GRADING POLICY

<u>Grades:</u>	<u>Honor Points:</u>
A – 94-100	4.0
B – 83-93	3.0
C – 75-82	2.0

75 is considered to be the lowest passable grade in the Program's didactic academic grading scale. An average of 75% must be maintained in each course. 74.4% or below will result in the Student's dismissal from the Program.

The clinical component of the Program is graded on a pass/fail scale. To pass the clinical component, the Student must earn an overall average of 85% during each semester to progress to the next semester. An overall average of 84.4% or lower will result in dismissal from the Program (see Clinical Requirements). The averages of the didactic courses and clinical component will be reviewed at the end of each semester to determine satisfactory progress.

### **Failure in a didactic course:**

An overall course average of 74.4 will result in dismissal from the Program.

If the Student fails a **second**-year course, the Student may be allowed to return to the Program and repeat only the second year. A Student with an overall course average below 70 will not be considered for readmission. Readmission and re-entry are contingent on: the availability of space in the Program at the time of re-entry, the score on the Didactic Mid-Curricular HESI exam (paid for by the Student), and the interview with the Admissions Committee to discuss what changes have been made that would make the Student successful this year. An objective evaluation will be made by the Admissions Committee to determine whether such placement of the Student within the curriculum is appropriate. The entire second year will be repeated, meaning both academic and clinical requirements for the second year will have to be met. The Student's returning to the Program to repeat the second year will be required to pay for another year of tuition. All tuition balances from the previous year must be paid in full before being eligible to start the second year over.

If the Student fails a **first**-year course, the Student may choose to reapply to the program for the subsequent cohort. The Student will follow the same admission guidelines as all other applicants who are applying for the subsequent cohort. Any outstanding tuition balances must be paid in full before the date of the interview with the Admissions Committee.

## **STUDENT TRANSFER POLICY**

The transfer of a Student from another Radiography Program to the Methodist University Hospital School of Radiologic and Imaging Sciences' Radiologic Technology Program is not permitted.

## **STUDENT RECORDS**

Records of the current Students and graduates are kept on file in the School's office under lock and are available upon request by the Student/graduate for review. The Program Director will be present if the Student wishes to review all or part of his/her record. No portion of the file will be removed from the School's office. Records shall not be open to third-party inspection without the expressed written consent of the Student/graduate. This policy is designed to comply with the regulations under the Family Educational Rights and Privacy Act of 1974, as amended (The Buckley Amendment). All clinical, academic, grievance, and disciplinary appeals records will be kept in the Program office for five (5) years.

## **TRANSCRIPTS**

The Student or graduate who wishes to have an official copy of his/her transcript from the Program forwarded to another educational institution, or a prospective employer, must sign a transcript release form containing the name and address of the third party. This form is available in the School's office. Official copies of transcripts will be mailed by the School to the third party or sealed in an envelope for hand-delivery by the Student/graduate. Official copies are only mailed or sealed for delivery after the Student has paid his/her tuition in full. Unsealed transcripts issued directly to the Student/graduate are not official. No transcript or other official material received by the School from any applicant or Student shall be released to any other institution. Transcripts are kept indefinitely.

Revised 7/1/2025

# CLINICAL POLICIES





## **OVERVIEW OF CLINICAL EDUCATION**

The incorporation of clinical education helps to integrate the didactic aspect with the psychomotor and affective skills required of the Student radiographer in the Program. Clinical education involves three phases: observation, assistance, and performance.

The Student begins clinical participation by first assisting a radiographer in the execution of duties. This participation transitions from a passive mode of **observation** to a more active mode of **assisting** the radiographer in all radiographic examinations. The rate at which the Student progresses is dependent upon the ability of the Student to comprehend and perform the various assigned tasks.

As the Student gains experience in the various examinations, he/she gradually transition to a mode of clinical **performance**. At this point, the Student is performing the examination under the direct supervision of a radiographer. "Direct Supervision" means that the qualified radiographer:

1. Reviews the request for the examination of the Student's achievement,
2. Evaluates the condition of the patient regarding the Student's achievement,
3. Is present during the conduct of the examination, and
4. Reviews and approves the radiographs.

After demonstrating competence in performing a specific radiographic procedure, the Student may be permitted to perform procedures under indirect supervision. "Indirect Supervision" means that the qualified radiographer reviews, evaluates, and approves the procedure as indicated above and is 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 availability applies to all areas where ionizing radiation equipment is in use.

According to the "Standards for an Accredited Educational Program in Radiography," 2021 Edition, the supervising radiographer must be present in the radiographic room if any repeat exposures are made.

During the Student's clinical education, his/her performance is evaluated by the clinical preceptors or clinical instructors. The Student is evaluated on the specific radiographic examinations as outlined in this handbook, the clinical education units, the general competence in performing previously mastered procedures, and the development of professional skills.

## **DIRECT & INDIRECT SUPERVISION DURING CLINICAL ASSIGNMENTS**

Until the Student achieves the Program's required competency in each procedure, all clinical assignments will be conducted under the direct supervision of qualified radiographers.

### **DIRECT SUPERVISION**

1. The qualified radiographer reviews the request for examination and reviews the procedure concerning the Student's achievement.
2. The qualified radiographer evaluates the patient's condition, is present during the procedure, and reviews and approves the procedures and radiographs.
3. The qualified technologist is always present during the Student's performance of a repeat of any unsatisfactory radiograph.

### **INDIRECT SUPERVISION**

After demonstrating competence in performing a specific radiographic procedure, the Student may be permitted to perform procedures under indirect supervision.

1. The qualified radiographer reviews, evaluates, and approves the procedure as indicated above and is immediately available to assist the Student.
2. "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room where a radiographic procedure is being performed. This availability means that a Student asking for help in a normal tone of voice can be heard.
3. This availability applies to all areas where ionizing radiation equipment is in use, i.e., surgery, bedside, and departmental.

Revised 7/1/2025

### **ADDITIONAL NOTES CONCERNING STUDENT SUPERVISION**

- I. All Students are prohibited from performing examinations in the Emergency Department without the **DIRECT SUPERVISION** of a qualified radiographer.
2. All Students are prohibited from performing mobile (portable) radiography without the **DIRECT SUPERVISION** of a qualified radiographer.
3. **NO STUDENT** is permitted to perform surgical radiographic procedures without the **DIRECT SUPERVISION** of a qualified radiographer.
4. Both first- and second-year Students must have a qualified radiographer present under **DIRECT SUPERVISION** when performing repeat radiographs.
5. A ratio of one Student per qualified radiographer will not be exceeded during all clinical assignments.

All Students must comply. Any Student in Non-Compliance will be *dismissed immediately* from the Program.

Revised 7/1/2025

### **REPEAT POLICY**

No Student is permitted to repeat a radiograph unless a Clinical Preceptor or a qualified radiographer is present under direct supervision in the radiographic examination room.

This policy applies to all procedures, including portable radiography. This policy is in effect regardless of the level of Student competency.

Failure to adhere to this policy will result in *immediate dismissal* from the Program.

Revised 7/1/2025

## CLINICAL ASSIGNMENT POLICY

The Student is required to inform the clinical preceptor or clinical instructor at each clinic site of his/her location during School hours of 8:00 a.m. – 4:00 p.m. In the event the Student must leave the department, the Student is responsible for informing the clinical preceptor, clinical instructor, or radiologic technologist.

Absence from the clinical assignment without authorization will result in the following progressive action:

- *First offense* – three-day suspension.
- *Second offense* – dismissal from the Program.

Revised 7/1/2025

## MAMMOGRAPHY CLINICAL ROTATION POLICY

The Program has implemented a policy regarding the Students' placement in mammography clinical rotations to observe and/or perform breast imaging. Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.

Under the policy, the Student, male and female, will be offered the opportunity to participate in mammography clinical rotations. The Program will make every effort to place the male Student in a mammography clinical rotation if requested; however, the Program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female Students. 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 in mammographic imaging procedures. The Program will not deny the female Student an opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male Students.

The Program's policy regarding the Student clinical rotation in mammography is based on the sound rationale presented in a position statement on the Student's mammography clinical rotations policy adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is available on the JRCERT website, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.

## **MRI Safety Policy**

The Program has established an MRI safety policy to protect Students from the potential risks that come with the MRI environment. This policy is following the [ACR Manual on MR Safety](#). Since the Student may aid and rotate through these areas as part of their clinical education, the following guidelines shall apply to him/her:

- Before starting clinical rotations, the Student shall attend an MRI safety lesson in which the Methodist Healthcare/ACR MRI Safety Manual will be covered, and an MRI Safety video will be shown. There is also a copy of the ACR MRI Safety Manual on Trajecsys. A copy of the Methodist Healthcare MRI Safety Manual is on MOLLI and in the Program library.
- The Student shall complete an MRI safety questionnaire based on ACR guidelines before the start of their clinical education and again before the start of their rotation to ensure the Student is appropriately screened for magnetic or radiofrequency hazards. This screening questionnaire will become part of the Student's School record. The screening questionnaire will be evaluated for potential risks by the lead or other appointed MRI technologist at Methodist University Hospital. As part of the safety screening, any Student with implanted medical devices must obtain documentation from the device manufacturer describing the safety status of such devices.
- A Student found to be at risk shall not be allowed access to the MRI suite at any of the Program's affiliate sites. The Student will be placed in an alternate rotation not involving MRI.
- The Student is required to notify the Program of any status changes that could impact his/her MRI clearance. This notification must be done in writing, using the approved screening form within one week of the change or before entering the MRI area, whichever occurs first. The new form will be evaluated by the lead or other appointed MRI technologist at Methodist University Hospital before the Student can enter the MRI suite at any of the Program's affiliate sites.
- The Student will always be under Direct Supervision during their MRI rotation by at least one of the site's Level II MRI technologists when he/she is within the Zone III or Zone IV areas (the control area and area immediately outside the scan rooms, and the scan rooms).
- All adverse events, MRI safety incidents, or "near misses" that occur in MRI shall be reported to the appropriate persons following the incident reporting policies.

Revised 7/1/2025

## **CLINICAL REQUIREMENTS & GRADING**

The following clinical applications are required to be passed each semester by the Student:

### **First Year – First Semester**

1. Receive an overall average of 85% on the Weekly 0-6 Month Student Evaluations and Clinical Rotation Evaluations.
2. Complete eight (8) of the Mandatory Clinical Competencies as stated on the Master Clinical Competency Requirements by the end of the clinical semester.
3. If the Student fails to complete eight (8) of the Mandatory Clinical Competencies before the semester break, the Student will be assigned to a clinical site beginning the Monday of the semester break. The Student will be at the clinical site until he/she has obtained the required competencies. If the Student fails to complete the required competencies during the semester break, the Student will receive a written warning.

### **First Year – Second Semester**

1. Receive an overall average of 85% on the Weekly 6-12 Month Student Evaluations and Clinical Rotation Evaluations.
2. Complete twenty (20) of the Mandatory Clinical Competencies as stated on the Master Clinical Competency Requirements by the end of the clinical semester.
3. If a Student fails to complete twenty (20) of the Mandatory Clinical Competencies before the semester break, the Student will be assigned to a clinical site beginning the Monday of the semester break. The Student will be at the clinical site until he/she has obtained the required competencies. If the Student fails to complete the required competencies during the semester break, the Student will be dismissed from the Program.

### **Second Year – Third Semester**

1. Receive an overall average of 85% on the Weekly Second Year Student Evaluations and Clinical Rotation Evaluations.
2. Complete thirty (30) of the Mandatory Clinical Competencies as stated on the Master Clinical Competency Requirements by the end of the clinical semester.
3. If a Student fails to complete thirty (30) of the Mandatory Clinical Competencies before the semester break, the Student will be assigned to a clinical site beginning the Monday of the semester break. The Student will be at the clinical site until he/she has obtained the required competencies. If the Student fails to complete the required competencies during the semester break, the Student will receive a written warning.

## **Second Year – Fourth Semester**

1. Receive an overall average of 85% on the Weekly Second Year Student Evaluation, Clinical Rotation Evaluations, and the Terminal Competency Exam.
2. Complete all thirty-six (36) Mandatory Clinical Competencies and fifteen (15) of the Elective Clinical Competencies by April 1<sup>st</sup> of the fourth term.
3. If a Student fails to complete the required number of Mandatory and Elective Clinical Competencies by April 1<sup>st</sup> of his/her graduating year, the Student will be granted a two-week extension that will begin the Monday after the Student's graduation date. If the Student fails to complete the required competencies within the two-week extension, the Student will be required to attend an additional four (4) weeks of clinic in addition to the two (2) weeks for a *total of six (6) weeks*. Any Student not completing his/her competencies during the six-week extension will be dismissed from the Program and will neither be granted their certification of Program completion nor verified to sit for their ARRT registration examination.

Failure to complete mandatory competencies is a significant issue and will result in the following progressive action according to each year and term:

### **First, Second, and Third Terms**

- *First offense* – written warning.
- *Second offense* – dismissal from the Program.

### **Fourth Term Only**

- *First offense* – a two-week extension granted to begin the Monday after the Student's graduation. Extension is ended once the Student has all required competencies.
- *Second offense* – a four-week extension granted after the initial two-week extension. The Student will be required to attend clinic for the entire four (4) weeks regardless of when all competencies are obtained.
- *Third offense* – dismissal from the Program. The Student will neither be granted their certification of Program completion nor verified to sit for their ARRT registration examination.

Revised 5/10/2025

# **SAFETY POLICIES**





## OCCUPATIONAL EXPOSURE & RADIATION MONITORING POLICY INCLUDING ACTION LIMITS

1. Notice of this plan will be given to the current and new Students assigned to radiation areas, who may receive occupational exposure to ionizing radiation.
2. Upon arrival at the Program, the Student will be furnished a radiation badge for the purpose of monitoring accumulated radiation dosage. The Student's name, social security number, birth date, and starting date will be furnished to the Hospital's Radiation Safety Officer. Each month a new dosimetry badge will be issued to the Student and the previous month's badge must be turned in.
3. The radiation dosimetry badge must be put on facing away from the body at collar level with nothing obstructing the front of the badge. This badge should be protected from heat and wetness, and it must be handled carefully. Program Badges are only to be worn during Program hours. A Student working as a Student Radiologic Technologist will be issued a separate radiation dosimetry badge by his/her manager.
4. Radiation records of occupational exposure will be ongoing during the radiologic technologist's lifetime. When employed as a radiologic technologist, the employer will keep radiation records on file. This occupational exposure is added to the record that began as a Student. If occupational exposure was received before beginning the Program, the Student must inform the Program Director or Clinical Coordinator.
5. It is the Student's responsibility to check and sign his/her dosimetry report each month. The report will be at the Program's Administrative Assistant's desk in the Program office as soon as they are received from Landauer. The Student must initial next to his/her name indicating that he/she has reviewed and understands the report.
6. In the rare event of overexposure, the Student with excessive radiation dosages will meet with the Radiation Safety Officer and Program Director to determine the cause. An overexposure/action limit would be a dose over .42 mSv/month. The annual dose limit should not exceed 5 mSv/year.
  - An investigation will be conducted to determine the reason for the overexposure, and remedial instruction will be given. The Student's clinical rotation schedule will be changed to place the Student in a low-radiation area. The Student will be returned to his/her normal rotation schedule once the Radiation Safety Officer has deemed it safe.
7. The Program believes in keeping radiation doses at the lowest possible level per the As Low As Reasonably Achievable (ALARA) principle. Radiation safety is taught in various didactic classes and the clinical setting. Verification that the Student is following the ALARA principle occurs through an ongoing review of the Student's clinical performance.
8. Radiation workers will be encouraged to inform as early as possible the Program Director and Radiation Safety Officer (RSO) of their pregnancy, in confidence.

9. The occupational exposure to the fetus will be limited to 5 mSv in nine (9) months (see Student Pregnancy Policy).

Revised 7/1/2025

### **RADIATION SAFETY POLICY**

1. The Student will wear radiation monitoring dosimeters at the collar level at all times while in the clinical area and the energized laboratory.
2. The Student is required to monitor his/her monthly exposure report and discuss any concerns with the Program Director, Clinical Coordinator, and Radiation Safety Officer.
3. During all exposures, the Student should stand behind a protective barrier or wear a lead apron. For portable exams, the Student must stand 6 feet from the beam and wear a lead apron.
4. All exam room doors should be closed during the performance of radiographic exams.
5. Only individuals required for the radiographic procedure should be in the exam room during the exam. If someone must be in the room, all appropriate protective devices should be worn.
6. A lead glove must be worn if the hand must be placed in the primary beam.
7. When a patient must be held in position, mechanical supports or restraining devices should be used. The Program does not allow the Student to hold patients or image receptors during an exam.
8. Gonadal shielding should only be used when it will not interfere with the purpose of the examination and when it aligns with clinical facility policy.
9. All equipment malfunctions must be reported to biomedical engineering immediately.
10. The primary beam should be collimated to the area of clinical interest or the size of the image receptor.
11. The Student should adhere to the Cardinal Principles of time, distance, and shielding.

Revised 3/1/2025

## **RADIATION PROTECTION & DOSE LIMITS**

### **GENERAL GUIDELINES IN THE CLINICAL USE OF RADIATION**

The fundamental objective of the medical use of radiation is to obtain optimum diagnostic information with minimum exposure to the patient, the radiological personnel, and the general public. These objectives will be met under the regulations of the Tennessee Division of Radiological Health, Department of Environment and Conservation as stated in the "State Regulations for Protection Against Radiation". The following regulations are not intended to be all-inclusive or not to substitute for the State regulations, but rather to be used in conjunction with them.

### **MAXIMUM OCCUPATIONAL DOSE LIMIT**

Radiation limits pertinent to the protection of personnel exposed to radiation in the course of their work. For a radiation worker:

Maximum Occupational Dose Limit = 50 mSv per year

Per this limit, the Tennessee Division of Radiological Health, Department of Environment and Conservation requires that occupational exposed persons not receive a dose of radiation above the following:

- Deep dose equivalent to any individual organ or tissue, other than the lens of the eye = 50 mSv
- Lens – dose equivalent = 150 mSv annually
- Shallow – dose equivalent to the skin or any extremity = 500 mSv annually

Individuals in a restricted area may receive a dose to the whole body greater than the above provided. The individual's accumulated occupational dose to the whole body has been determined on a clear and legible record containing all the information required by the TDRH.

The primary objective in establishing values for occupational exposure is to keep the exposure of the radiation worker well below a level at which adverse effects are likely to be observed during his or her lifetime. Another objective is to minimize the incidence of genetic effects on the population as a whole. An individual chooses to work in radiation with the understanding that under normal working conditions, his health is not likely to be impaired, although there may be certain associated risks. The risks incurred are slight and are to be accepted the same way, as are risks by workers in other fields. The radiation exposure to personnel for their medical diagnosis is not to be included in the above limit.

Occupationally exposed individuals are limited to a minimum age of 18 years. Personnel who enter a restricted area for whom there is a possibility of exposure of more than 10% of the occupational dose limit are classified as a radiation worker and required to wear a radiation

monitor. It must be emphasized that the risk to individuals exposed to doses less than the occupational dose limit is considered to be exceedingly small; however, the risk increases gradually with the dose received. For this reason, the dose must be kept as low as reasonably achievable (ALARA).

#### **DOSE LIMIT FOR EMBRYO AND FETUS**

During the entire gestation period, the maximum permissible dose equivalent to the embryo-fetus from occupational exposure of the expectant mother is 5 mSv with an equivalent dose of less than 0.5 mSv per month.

Radiation workers who are pregnant should report this fact to the Radiation Safety Officer as soon as it becomes known.

Pregnant radiation workers will wear two (2) film badges during the gestation period. The first badge is to be worn on the collar outside the lead apron while the second badge (fetal badge) is to be worn under the apron at waist level.

#### **EXPOSURE OF PERSONS OTHER THAN THE PATIENT**

Reduction of radiation exposure to an individual from external sources of radiation may be achieved by anyone or any combination of the following measures: (a) increasing the distance of the individual from the source (b) reducing the duration of exposure and (c) using protective barriers between the individual and the source.

#### **EXPOSURE OF THE PATIENT**

Techniques employed in radiography should be those that achieve the desired objectives with a minimum dose to the patient.

## **SAFETY POLICY & PROCEDURES**

This policy is established to provide guidelines for the patient's and the Student's general safety. In addition to these general safety procedures, the Student will be oriented to safety measures at the start of a new clinical location. The Clinical Preceptor at each clinical site will orient the Student to safety precautions and complete the Clinical Orientation Check-off form in Trajecsys.

The Student in the School is viewed as a Contingent Worker while on any MLH site, and, as such, is referred to as a Contingent Worker in all MLH policies and procedures.

### **FIRE SAFETY**

1. If you discover a fire:
  - a. Remove the patient to a place of safety.
  - b. Pull the fire alarm, if not feasible; call 68080, and announce Dr. Red, giving the hospital operator the location and type of fire – the operator in turn will notify the proper persons.
  - c. After reporting a fire, turn off the electrical supply and oxygen valves and close the doors sealing area until help arrives. Do not re-enter the room.
2. If you smell smoke:
  - a. Notify the Radiology Control area and they will contact the hospital operator.
  - b. Locate where the fire is.
3. When the fire alarm rings:
  - a. Stay calm – do not alarm patients. You will be notified if it is necessary to remove patients.
  - b. Evacuate the floor only when told to do so.
  - c. Do not use the elevators.
4. Know locations and proper use of the following safety devices: (Electrical power shut off mains)
  - a. Main supply box to rooms in general
  - b. Switches to control panels
  - c. Switches to powered tables
  - d. Processor power supply
5. Extension cords are prohibited unless approved by the fire department. In all cases, relocation of the item to an outlet is more desirable than using an extension cord.
6. All electrical appliances that have heating elements such as coffee pots, soup warmers, hot plates, etc. shall be approved in writing by the fire department prior to being used.
7. Electrical heaters are prohibited.
8. All electrical circuits of fixed equipment and installed facilities will be grounded.

## **MECHANICAL EQUIPMENT**

1. Document malfunctions on a maintenance work sheet. Contact the Radiology Supervisor if it is an emergency.
2. Safe operation of equipment: Adhering to the safety signal of Control panels.
  - a. Yellow light - caution, be aware of heat loading and tube limits (charts provided in each room)
  - b. Red light or beep signals - STOP, Do not make an exposure, allow for cooling time, recheck technical factors, and adjust technique to lower setting.
3. Should the equipment malfunction or have a performance issue, it is important to move the patient. Hot oils leak from the tube. Never move a blown tube, anode may act as a gyro and travel outside the housing.
4. Never open or tamper with the x-ray control panel's internal mechanisms.
5. Heavy equipment will be stored as near floor level as possible.
6. Stretchers, beds, wheelchairs, and carts must have wheels securely locked during any maneuver involving patient movement to and from the same.
7. Stretchers, beds, wheelchairs, and carts must have rails secured in the up position before transport of patients.
8. Patients on the X-ray table must be restrained by mechanical means affixed to the table and by raising side panel radiation shields.
9. Footboards must be secured to X-ray tables and checked each time they are attached to the table.
10. Footstools and step stools must have rubber stops in working order and be checked daily for proper balance.
11. All cones, collimators, shields, and filters placed onto the tube head will be checked for proper placement and seating into tracks and checked for lock alignment before usage.
12. All clothing, linens, and lines will be kept free of the moving parts of the x-ray table/equipment.
13. All containers will be clearly labeled, contents checked before each usage and discarded at the expiration date.
14. Electrical cords to all equipment will be checked before use for proper grounding prong in place and plug end of cord not separated or loose.

## **EXPLOSIVES & FLAMMABLES**

### **Non-flammable and non-explosive gases:**

Oxygen – An element which, at atmospheric temperatures and pressures, exists as a colorless, odorless, tasteless gas. Its outstanding property is its ability to sustain life and support combustion. Although oxygen is non-flammable, materials that burn in air will burn much more vigorously and create higher temperatures in oxygen or in an oxygen-enriched atmosphere.

1. All compressed gas cylinders will be stored in dollies designed for that purpose.
2. No smoking is permitted where oxygen is used/or stored.
3. Storage room will be maintained in a neat, orderly, and safe manner. Trash will not be left in this area.
4. Oxygen/suction wall outlets will be checked daily for function and preparedness of use.
5. Cylinders in use will be properly labeled as to content and tagged according to use. (full, empty)
6. Care should be observed in attaching connections from gas services to equipment and equipment to patients.
7. Oxygen-enriched atmospheric hazards:
  - a. In areas such as operating rooms and areas containing oxygen tents, infant incubators, oxygen respirators, and anesthesia machines, caution must be taken to limit the oxygen content of the environment. An increase in the atmospheric oxygen content increases the likelihood of ignition of a combustible material.
  - b. Non-flammable or inert gasses should be used for explosion prevention.
  - c. Electrical equipment used in oxygen-enriched atmospheres is limited to that approved at the maximum anticipated oxygen pressure and concentrations.
  - d. Water is an effective extinguishing agent in oxygen-enriched atmospheres. All electrical equipment should be disconnected before use of water for extinguishing.
  - e. Use of combustible materials in an oxygen-enriched atmosphere must be kept at an absolute minimum. Storage of such materials shall not be permitted in an oxygen-enriched atmosphere.
  - f. All textile-based materials such as curtains, carpeting, and wall covering whether obtained by procurement or donation, will be of flame-retardant nature.

## **CAUSTIC & CORROSIVE MATERIALS**

1. When using or carrying such materials, only one container at a time will be carried.
2. These materials are not to be stored higher than waist height.
3. When pouring from one container to another, safety goggles must be worn.
4. The containers are to be labeled Caustic Chemicals or Corrosive Chemicals.

Revised 7/1/2025

## **CLEANLINESS**

1. Used syringes and capped needles are to be placed in a labeled box for safe disposal.
2. All isolation material and other known infectious materials are to be properly prepared for disposal. Measures of properly handling isolation materials include:
  - a. Handled only with gloves donned
  - b. Placed in marked bags for laundry
  - c. Double bagged for disposal in the trash
  - d. Area cleaned with antiseptic
3. Disposable gloves will be worn while performing certain procedures such as inserting enema tips, while cleaning with strong detergents, and in cases of isolation for patient and Student safety.
4. Hands are to be washed after each procedure and/or after handling dirty equipment, etc.
5. Long hair is restricted to be worn down when working in proximity with a patient, during and after sterile set-ups, and in any area involving equipment with moving parts.
6. All spills are to be wiped up immediately and the area is to be washed with water.
7. X-ray tables are to be washed with a disinfectant after each use.
8. Items that may cause you or others to fall are not to be left on the floor.
9. All empty boxes and disposables are to be placed in an appropriate trash receptacle.
10. All cords, hoses, and tubes are to be kept on a cart where they will not drag on the floor and be damaged or cause someone to trip.



## **SAFETY INCIDENT/OCCURRENCE REPORTING**

Most accidents are caused by unsafe acts of the person involved. Because of the nature of some of the activities at the hospital, it is of vital importance that each employee and Student become well acquainted with the hazards involved in the operations of his department to protect himself, his co-workers, and his patients, and to effectively safeguard hospital equipment and property.

It is important that the Student observe practices, keep the clinical area clean, and actively participate by suggesting improvements that will help make the clinical experience a safe one.

Should the incident involve a patient, the patient is not to be sent away until seen by a physician, appropriate care must be administered, and the hospital or clinical site policy for reporting should be followed. All occurrences or incidents that occur during scheduled Program hours resulting in patient, hospital personnel personal injury, and/or damage to equipment must be reported immediately to the Clinical Coordinator and/or Program Director.

The Student is required to follow the proper procedure for documenting accidents/occurrences/incidents outlined in the Methodist Healthcare Manual (Safeguard, Associate Injury Report Form). The Program Director or Clinical Coordinator should be consulted to file the proper form.

Revised 7/1/2025

## **SAFETY FROM VIOLENCE**

### **Policy:**

Methodist Le Bonheur Healthcare (MLH) is committed to providing a safe environment for all patients, visitors, Associates, and physicians. MLH is committed to identifying and eliminating barriers to such safety.

MLH will not accept or tolerate any behavior by anyone that could be interpreted as threatening or as an act of violence (including domestic violence) or harm to a fellow Associate, patient, physician, or any other individual on MLH premises or to MLH property.

Firearms, illegal weapons, tasers, pepper spray, or paraphernalia that have the appearance of weapons (i.e. toy guns, knives, etc.) are prohibited on any property that is owned, leased, or under the control of MLH or its subsidiaries, including parking lots, privately owned vehicles (except as described below) and offices, desks, lockers or any other personal belongings and spaces on the premises. Storing or transporting a weapon in any vehicle owned or leased by MLH is prohibited. Associates and outside contractors are prohibited from reporting to work or being on MLH property (whether on duty or not) with a weapon or any article having an appearance of a weapon. This also applies while on paid travel time, work assignments for MLH, and while conducting any MLH business.

### **Purpose:**

To provide a safe work environment that is as free as possible of any threatening behavior or actions.

### **Process:**

Reporting threats or acts of violence: A safe and secure workplace is a shared responsibility. All Associates are expected to report safety concerns including any threat witnessed or overheard. Any person who is a victim of an incident of violence in the workplace is required to report the incident immediately.

**Associates:** Any threats or acts of violence against or involving an Associate should be immediately reported to the Associate's direct supervisor, security, and Human Resources. Security will document the event and conduct the preliminary investigation. Security will determine the involvement of local law enforcement, as required. If an Associate is injured, an Associate Injury report should also be completed by the Associate's supervisor. The Associate should be referred to Associate Health during normal business hours and the Emergency Department after hours.

**Non- Employed Physicians:** Any threats or acts of violence against or involving a non-employed physician should be reported to the medical staff office and security. A report must be completed and submitted into Safeguard. Security will document the event and conduct the preliminary investigation. Security will determine the involvement of local law enforcement, as required. If a physician is injured, they should be referred to the Emergency Department.

**Visitors:** Any threats or acts of violence against or involving a visitor should be immediately reported to Security. A report must be completed and submitted into Safeguard. Security will document the event and conduct the preliminary investigation. 2 Security will determine the involvement of local law enforcement, as required. If a visitor is injured, they should be referred to the Emergency Department.

**Patients:** Any threats or acts of violence against or involving a patient should be immediately reported to Security and the Unit Supervisor/Director. A report must be completed and submitted into Safeguard. Security will document the event and conduct the preliminary investigation. Security will determine the involvement of local law enforcement, as required. If a patient is injured, they should be referred to the Emergency Department.

**Investigating threats or acts of violence:** Any person who engages in a threat or violent act may be removed from the premises as quickly as safety permits and may be required to remain off the premises pending the outcome of an investigation into the incident. Security will document the event and conduct the preliminary investigation. If appropriate, Human Resources (HR), Risk Management, Safety, local law enforcement or other agencies will be involved to assist in the investigation.

**Protective or Restraining Orders:** All Associates who apply for and obtain a protective or restraining order, which lists any MLH property as being protected areas, must provide Security a copy of the petition and order. MLH will attempt to assist an Associate experiencing threats or acts of domestic violence. Depending on the circumstances, the Associate, their supervisor and HR and the Employee Assistance program (EAP) will partner together to explore options available to the Associate.

**Assessments and Education:** Recognizing the signs of workplace violence and response to situations is part of the Associate's onboarding and annual education provided in annual safety training. At least bi-annually, Security conducts assessments of the physical environment to include identification of sensitive or secured areas.

Results of these assessments are used to recommend and implement changes that may help reduce potential violence in the workplace.

**Monitoring and Searches:** to ensure patient and Associate safety, quality control, security, and patient satisfaction, MLH may conduct workplace monitoring in areas such as offices, patient and treatment rooms, hallways, work areas, break rooms, desks, and lockers which are the sole property of MLH at all times. This may include video surveillance in any area except restrooms and areas which are specifically designated for dressing or undressing. If you regularly communicate with patients, vendors or customers, your telephone conversations may be monitored or recorded. Telephone monitoring is used to identify and correct performance problems through targeted training which improves job performance and enhances our patients' satisfaction. Because all computers furnished to Associates are the property of MLH, computer usage and files may be monitored or accessed at any time. Lockers and storage areas are also subject to inspection. In order to ensure that dangerous or inappropriate materials do not enter the premises, and to further ensure that property of MLH is not removed without authorization, MLH reserves the right to inspect and search packages of Associates and visitors before they enter or leave the premises. All vehicles, lockers, desks, offices, or containers that are MLH property, are subject to inspection and search by MLH or their designated agents. As a condition of continued employment, all Associates consent to these provisions and agree to cooperate in any requested search.

### **State Specific Firearm Information:**

#### **TN Properties:**

Associates with a valid Tennessee handgun carry permit, may lawfully store firearms and ammunition in the permit holder's privately owned vehicle in parking lots of our Tennessee properties so long as the firearm and ammunition are kept from ordinary observation if the permit holder is in the vehicle; or if not in the vehicle, kept from ordinary observation and locked in the trunk, glove box, container affixed to the vehicle, or interior.

#### **Mississippi Properties:**

Associates may lawfully transport or store a firearm in a locked vehicle in parking lots of our Mississippi properties. If an Associate chooses to keep a firearm in their vehicle, the vehicle must be kept locked at all times.

#### **Arkansas Properties:**

Associates with a valid Arkansas handgun permit may transport or store a legally owned handgun in their vehicle in parking lots of our Arkansas properties with

certain limited exceptions. Upon exiting the vehicle, it must be locked, and the handgun must be stored out of sight in a locked container designed for the safe storage of a handgun.

**Sources:** U.S. Department of Labor, Occupational Safety and Health Administration; Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers: OSHA 2148-04R 2015

Revised 5/1/2024

## **SAFETY MANAGEMENT PLAN**

### **PURPOSE**

Methodist Le Bonheur Healthcare (MLH) exists to benefit the people of our region by promoting good health, and by healing, caring, and comforting. Consistent with this mission, MLH has established and provides ongoing support for the safety program described in this plan.

MLH maintains a safety management program that is designed to provide a safe physical environment free of hazards and risks for patients, visitors, physicians, Associates, and volunteers.

The purpose of the Safety Management Plan is to define the safety program to reduce the risk of injury of patients, visitors, physicians, Associates, and volunteers.

### **SCOPE**

This plan applies to all MLH, Methodist Hospitals and its affiliated outpatient centers.

The Safety Management Plan and associated policies and procedures have been developed and integrated and approved by the MLH EOC committee through a multi-disciplinary approach that includes representation from functional areas and several key departments.

### **FUNDAMENTALS**

- A. Safety is information driven. Without appropriate information, accident and incident causing situations cannot be predicted and prevented.
- B. Department leaders need appropriate information and training to develop an understanding of safe working conditions and safe work practices within their area of responsibility.
- C. Safe working conditions and practices are established by using knowledge of safety principles to educate Associates, design appropriate work environments, purchase appropriate equipment and supplies, and monitor the implementation of the processes and policies.
- D. The safety management program establishes processes for identifying, evaluating, and alleviating practices or situations that have a potential to harm patients, Associates, or visitors or damage property.

## **OBJECTIVES**

- A. Initial risk assessments are conducted of the buildings, grounds, equipment, Associate activity, care of patients and work environment for Associates. Additional risk assessments are conducted when substantive changes involving these issues occur.
- B. Environmental Tours (also known as "Hazard Surveillance" rounds) include all areas of the hospital. The program includes inspection of the facilities, equipment, and all support areas at least annually, and all patient care areas at least semi-annually.
- C. All departments have access to current organization wide safety policies and procedures. Safety procedures have been evaluated within the past three years or as new procedures or needs arise.
- D. The CEO/COO is responsible for the designation of the Safety Director and identification of the Safety Director's authority. The Safety Director's job description is current and reflects the expectations and responsibilities of that position.
- E. The program includes inspections of the campus grounds, and the facilities at least annually.
- F. There are processes for follow-up to product safety recalls. Summary reports of recalls and hazard alerts are forwarded to the MLH Environment of Care (EOC) Committee at least annually.
- G. There is regular monitoring and evaluation of the effect of the no- smoking policies and processes, and where necessary monitoring of the processes designed to correct identified problems or violations.
- H. Meaningful, measurable performance indicators are developed and monitored on a periodic basis. Sub-standard performance is corrected in a timely fashion.
- I. An annual evaluation of the scope, objectives, performance, and effectiveness of the safety management program is conducted and documented.

## **ORGANIZATION AND RESPONSIBILITY**

- A. The Board of Directors, through the Safety Operations Leadership Council, receives an annual summary evaluation report of the activities of the MLH EOC Committee. The Board reviews these reports and, as appropriate, communicates concerns about identified issues and regulatory compliance through the CEO/COO. They also provide financial and administrative support to facilitate the ongoing activities of the safety program.
- B. The CEO/COO receives reports of the status of the Environment of Care Management program through the Safety Operations Leadership Council. The

CEO/COO reviews the reports and, as necessary, communicates concerns about key issues and regulatory compliance to the organization, including medical staff, nursing, and other appropriate staff.

- C. The CEO/COO or other designated leader collaborates with the Safety Director to establish operating, and capital budgets for the safety program.
- D. The Chairperson of the MLH EOC Committee, in consultation and collaboration with the committee, is responsible for monitoring all aspects of the safety program. The Safety Director advises the MLH EOC Committee regarding issues and conditions that may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.
- E. The MLH EOC Committee coordinates processes within the EOC functions. Membership of the committee includes representatives from each facility, administration, clinical services, and support services. The MLH EOC Committee meets periodically, but not less than quarterly to receive reports and conduct a timely review of safety issues. Additional meetings may be scheduled at the direction of the MLH EOC Committee Chairperson. Membership of the committee includes, but is not limited to:
  - Nursing;
  - Support Services;
  - Engineering;
  - Environmental services;
  - Safety/Security;
  - Employee Health; and
  - Infection Control,
  - Emergency Management,
  - Senior Leadership
- F. The CEO/COO has delegated authority to the Safety Director, to take immediate and appropriate action in the event of an emergency situation in which there is a clear and present danger that poses a threat to life, a threat of personal injury, or a threat of damage to property.
- G. Department leaders are responsible for orienting new Associates to the department and as appropriate, to job and task specific safety procedures, and for investigation of incidents occurring in their departments. When necessary, the Safety Director provides department leaders with assistance in developing department safety programs or policies. Associates are required to take basic safety online training annually.
- H. Individual Associates are responsible for learning and following job and task specific procedures for safe operations.



## **PROCESSES OF THE SAFETY MANAGEMENT PLAN**

### **The organization manages safety risks Management Plan**

The organization develops, maintains and, on an annual basis, evaluates this written Safety Management Plan

#### **Safety Officer**

A Safety Director is appointed by the CEO/COO to coordinate the development, implementation, and monitoring of the safety management activities. The Safety Director's job is defined by a job description, and the CEO/COO or designee evaluates the performance of the Safety Director.

The Safety Director reviews changes in law, regulation, and standards of safety, assesses the need to make changes to equipment, procedures, training, and perform other activities essential to implement the EOC programs. The Safety Director is also responsible for conducting risk assessments and for coordinating the annual review of the safety program.

#### **Risk Assessment**

The Safety Director manages the safety risk assessment process.

The organization conducts an initial proactive risk assessment to evaluate the potential of adverse impacts of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and visitors. Further risk assessments would be conducted when major changes to the organization occur.

The organization identifies safety and security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as *Sentinel Event Alerts*.

The goal of performing risk assessments is to reduce the likelihood of future incidents or other negative experiences that have the potential to result in an injury, an accident, or other loss to patients, Associates, or hospital assets.

The Safety Director, individual department leaders and other key members of the MLH EOC Committee perform the risk assessments.

#### **Use of Risk Assessment Results**

The results of the risk assessment process are used to:

- create new or revised safety policies and procedures,
- identify new environmental rounds items for the areas affected,
- improve safety orientation and education programs, and
- facilitate safety performance monitoring, and indicators.

The organization uses the risks and hazards identified to select and implement changes in procedures and controls to assure the lowest potential for adverse impact on the safety and health of patients, Associates, and visitors.

### **Policies and Procedures**

The MLH EOC Committee and Safety Director coordinate the development of organization-wide safety policies and procedures and aid department directors/managers in development of departmental safety procedures, as requested.

Individual department directors/managers manage the development of department-specific safety policies and procedures for hazards unique to their area of responsibility. Department specific safety policies and procedures address safe operations, use of hazardous equipment, and use of personal protective equipment in that department. The Safety Director also assists department heads in the development of new department safety procedures.

Organization-wide safety policies and procedures are accessible to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of safety policies and procedures. Each Associate is responsible for following safety policies and procedures.

Organization-wide safety policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Safety Director coordinates the triennial and interim reviews of organization-wide procedures with each sub-committee, and the MLH EOC committee.

### **Safety Product Recalls and Hazard Alerts**

The organization ensures responses to product safety recalls by appropriate organization representatives. Clinical Engineering administers the process, receiving reports from manufacturers and vendors, and distributing the information to those departments using or managing the products. They document the follow-up and report the results to the MLH EOC Committee on a periodic

basis. Critical recalls or alerts are brought to the attention of the Safety Officer upon receipt, and the Safety Director assists in assuring effective response.

### **Grounds and Equipment**

Facility Services Directors are responsible for managing the hospital grounds. The Facilities Services Directors are responsible for managing the external equipment maintenance process.

The Facility Services Directors are responsible for scheduling and performing maintenance of hospital grounds. The Facility Services Directors are responsible for scheduling and performing maintenance on external equipment. Security makes regular rounds of the grounds to observe and correct the current condition and safety of hospital grounds. Facilities Services Associates make rounds of various areas to observe and correct the condition and safety of hospital external equipment.

### **The organization maintains a safe environment**

#### **Environmental Surveys and Hazard Surveillance**

The organization conducts regular environmental tours to identify and evaluate environmental deficiencies, hazards, and unsafe practices, security deficiencies, hazardous materials and wastes practices, fire safety problems, medical equipment issues, access to utility system elements, Associate knowledge, and other issues.

The organization conducts these environmental/hazard surveillance tours at least semiannually in all areas where patients are treated, monitored, housed, or served, including in-patient and out-patient patient care areas. The organization conducts environmental tours at least annually in those areas where patients are not served.

### **Injury Reporting and Investigating**

MLH has a process to report and investigate injuries to patients or others in the hospital's facilities. MLH has a process to report and investigate occupational illnesses and staff injuries.

### **Smoking Policy**

MLH is a smoke-free campus. This includes all buildings owned or leased by MLH. MLH has identified and maintains processes for monitoring compliance with the policy, and as needed, develops strategies to eliminate the incidence of policy violations when identified.

**Education:**

New Associates are required to attend system level orientation. All Associates are required to complete annual training developed by the Corporate Director of EH&S and approved by MLH EOC. Department Directors are responsible for orientating Associates upon initial hire, and annually on department specific safety issues as found in the "Education and Orientation" policy:

- Identify hazards in the work area. (i.e., needlesticks, over exertions, chemicals, slips, blood/body fluid exposures)
- How to obtain all EOC manuals on Molli
- Specific equipment that may produce radiation

# OTHER POLICIES



## **PROGRAM COMMUNICATION**

Each Student will be issued an MLH email account and will be required to register for Slack, an online communication app. Schedules and information about classes, assignments, and other aspects of the Program will be sent via MLH email and Slack. Each Student shall check these methods of communication frequently for important announcements and information. Students can download Slack for Windows, Android, or iOS.

## **INCLEMENT WEATHER**

In the event of inclement weather, all clinical rotations and classes are subject to cancellation. For information on closing or late start, please watch WMCTV News Channel 5 and look for Methodist School of Radiologic and Imaging Sciences. Students will also be notified through Slack.

## **COMMUNICABLE DISEASE**

Absences related to Communicable Diseases must be reported to the Program Director so that appropriate and reasonable actions may be taken concerning clinical assignments and patient contact.

The Program complies with the Methodist Le Bonheur Healthcare system policy regarding Communicable Diseases. A copy of the Methodist Exposure Control Plan can be found in the Program Library. There is also a copy available on MOLLI under the System Policies link.

## **COVID**

Any Student who tests positive for COVID-19 must utilize an online COVID-19 screen form found through Workday to report any COVID concerns, symptoms, and testing results. Students completing the screening will receive instructions through the tool, as well as in their MLH email.

## **EMERGENCY PREPAREDNESS**

The Methodist system's emergency/disaster preparedness policies and website may be found on MOLLI under Safety & Quality, then Emergency Management and Disaster Preparedness.

Revised 7/1/2025

## CONTINGENCY PLAN

Catastrophic events such as pandemics, terrorist attacks, riots, weather-related events, and other unexpected occurrences may call for adjustments to ensure continuity of Student learning while sustaining the mission, vision, and values of the Program. As such, the Methodist University School of Radiologic and Imaging Sciences must continue operations to meet the needs of the Students and other communities of interest. Changes in operational procedures will be implemented to ensure Student, faculty, and staff safety in an organized, efficient, and productive manner.

This Contingency Plan is meant to serve as a general guideline for unexpected situations and, as such, will be updated as new mandates and challenges arise. This plan will provide immediate direction for the Students, faculty, and staff.

**School Office:** The School's office will remain open, if possible, to ensure faculty and staff have access to resources for fulfilling the mission of the program.

**Communication:** Most communication will occur through electronic media and by telephone. If faculty and staff work from home, they are expected to continue curricular and administrative duties as if working from the Program offices. All faculty, staff, and Students are expected to respond to any email or Slack communications promptly. Students, faculty, and staff can download the Slack app for free at Slack for Windows, iOS, or Android. Information or directives from institutional, local, state, and/or federal authorities pertinent to the Program's operations will be communicated to the Students by faculty. All local, state, and federal websites and hotlines will be sent to faculty and Students as they become available. If the Student has inquiries, he/she should ask a faculty member to avoid confusion.

**Didactic Instruction:** If face-to-face instruction is not possible, classes may be conducted using remote delivery technology until further notice. The Student's attendance will be required. Class activities, such as lectures, quizzes, exams, and review sessions, will be conducted using this method. Virtual classes will be conducted using Microsoft Teams software. Students and faculty can download the app for free at Download Microsoft Teams for Desktop or Mobile Devices. Faculty must send a Microsoft Teams invitation to the Students in their class before the scheduled class time. In the event that Microsoft Teams is not working, lectures will be conducted using Zoom. Students and faculty can download the app for free at Zoom from the Google Play or the App Store. Faculty must send a meeting code and invitation to Students before the scheduled class time.

**Class Materials:** Class materials will always be available on Canvas Instructure. Although Students and faculty should already have access to a Canvas account, if needed, it can be obtained at Canvas Instructure Log-in or Registration.

**Graded Activities & Exams:** Any graded assessments or exams will be given using online features in Canvas. Although Students and faculty should already have access to a Canvas account, if needed, it can be obtained at Canvas Instructure Log-in or Registration. In addition to online moderator features, faculty will use video monitoring to moderate exams and other graded activities.

**Grades:** Faculty will post all Student grades in iGradePlus. Students will have individual accounts with constant access. In the event a faculty member or Student needs access to iGradePlus, they can obtain it through iGradePlus's website.

**Lab Activities:** In cases of catastrophic events, Students and/or faculty may have limited or no access to the classroom or lab room. All information regarding access to on-site facilities will be communicated by program faculty as soon as information is available.

**Clinical Instruction:** Catastrophic events may cause clinical sites to reduce or eliminate access. In these cases, program faculty will notify the Student as soon as information is available. As events occur, didactic instruction may become front-loaded during the time of clinical site closure, with clinical instruction occurring once sites reopen. After evaluating the amount of missed clinical time, adjustments may be made to make up the missed time. For the Student to obtain the required clinical competencies to become eligible for the ARRT registry, it may be necessary to postpone the Student's original date of graduation. Program faculty will inform the Student as information becomes available.

**Program Accreditation:** The Program will follow all guidelines provided by its accreditor and sponsoring institution and revise this plan as needed to ensure the health and safety of Students, faculty, and staff.

**Return Procedure:** Based on guidelines from hospital administration and clinical sites, the Program's faculty will inform the Student of the time and process for return to normal operation. The Program's faculty will notify the Student of any adjustments or modifications to original policies and procedures. The Student will be allowed to inquire before the return date.

Revised 7/1/2025





## **Code of Professional Conduct**

### **POLICY:**

MLH has a common code of professional conduct which is upheld by our leaders, Associates, and medical staff partners, and is the foundation that allows Methodist Le Bonheur Healthcare (MLH) to realize our mission of providing high-quality care to our patients. We expect mutual respect in our shared work as part of our values of service, quality, integrity, and teamwork.

### **PURPOSE:**

To address intimidating and disruptive behaviors which can foster medical errors, poor patient satisfaction, and preventable adverse outcomes as well as increase the cost of care and cause qualified staff to seek new positions in more professional environments.

This policy is intended to address conduct which:

- Creates fear and intimidation in the work environment that affects patient care.
- Interferes with a team member's ability to practice safely.
- Disrupts the delivery and coordination of patient care.
- Reinforce an atmosphere of mutual respect for all who work or practice at MLH.
- Improve the care given to our patients.
- Optimize communication, collaboration, and interpersonal relations.
- Establish a process for reporting and addressing problematic behavior.

This policy is not intended to replace or serve as a substitute for the complaint mechanism found in the MLH Equal Employment Opportunity policy on harassment found in the Associate Handbook.

### **PROCESS:**

#### **Standards of Behavior**

##### Expected Behaviors:

- Communication will take place in a timely fashion, involving the appropriate person(s), in an appropriate setting.
- Communications, including spoken remarks, written documents, and emails, will be honest and direct and conducted in a professional, constructive, respectful, and efficient manner.
- Telephone communications will be respectful and professional using the SBAR (situation, background, assessment, recommendation) method.
- Cooperation and availability are expected of Associates, medical staff,

AHPs and staff on call. When individuals are contacted, they will respond promptly and appropriately.

- Understand that a variety of experience levels exists and demonstrate tolerance for those who are learning.

#### Unacceptable Behaviors:

- Shouting or yelling.
- Slamming or throwing of objects in anger or disgust.
- Hostile, condemning, or demeaning communications.
- Criticism of performance and/or competency delivered in an inappropriate location (i.e., not in private) and not aimed at performance improvement.
- Other behavior demonstrating disrespect, intimidation, or disruption to the delivery of safe, quality patient care.
- Degrading, profane, or demeaning comments directed at or regarding patients, families, nurses, physicians, hospital Associates or the hospital.
- Public derogatory comments about the quality of care being provided by other physicians, nurses, hospital Associates or the hospital.
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual.
- Overt, passive, or uncooperative behaviors which undermine team effectiveness.
- Retaliation against any person who addresses or reports unacceptable behavior (refer to policy S-10-013, Prohibiting Retaliation Against Associates, Individuals and Others).

#### **Immediate Patient Care Need**

In the event an immediate patient care need occurs at the same time defined unacceptable behavior may be happening, the immediate response for patient care need is that the Associate, physician, or resident should initiate the chain of command.

#### **Communication for Resolution**

The optimal way to address inappropriate conduct is a face-to-face discussion between the parties involved using the following steps:

- The concerned person is expected to address the issue with the other party in a timely manner and undisclosed setting using this code of conduct as a reference.
- This discussion may be more productive after a “cooling off” period of a few hours or a few days so that the parties involved can gain perspective on the precipitating events and process breakdowns that may have been contributing factors.

- If facilitation of the discussion is needed, the department leader and appropriate physician leadership can serve as facilitators.
- Sincere apologies should be encouraged, and every reasonable attempt should be made to resolve the situation without further intervention.
- If clinical care/hospital process deficiencies are discovered during this face-to-face discussion, these concerns need to be addressed by the department's leadership for improvement.
- No documentation of incidents resolved by the parties is required, unless it impacted quality of patient care.

A face-to-face discussion to express concerns is strongly encouraged to promote effective communication and working relationships. Parties who do not believe that they can address issues effectively face-to-face may seek assistance from their leader or use the MLH compliance hotline to address concerns.

### **Reporting Unresolved Issues**

- If the issue is not resolved after a reasonable attempt by the affected parties, the situation may be reported using the Safeguard incident reporting system.
- Concerns will be reviewed by the Risk Management Office, the facility Human Resources department and the Associate's leader or Physician Quality as appropriate.

### **Action for Unresolved Issues**

After completion of the review process, if the complaint is found to have merit, the following action should be taken:

- For Associates, their leader, and a representative from Human Resources will be sent a copy of the complaint and the review. They will develop a plan for appropriate counseling and intervention.
- For medical staff or AHPs, a copy of the complaint and the review will be sent to Physician Quality for appropriate counseling and intervention as outlined in the Medical Staff Policies.

Any incident reported in accordance with this code of conduct which requires review or follow-up is not considered by MLH to be corrective action; however, actions reported may result in corrective action including termination depending on the seriousness of the deviation from behavior expectations. Any necessary corrective action will be taken in accordance with MLH policies.

For medical staff, any necessary disciplinary action will be taken only after the MEC decides that it is appropriate to take corrective action as defined in the Medical Staff governance documents and UT GME policies.

Any necessary disciplinary action for resident physicians will be conducted pursuant to UT GME policies and practices.

**Review and Reporting of Data**

Semi-annual review of aggregate data trends will be conducted through Corporate Human Resources and reported to the Quality Council, MLH Patient Safety Committee and the Quality Committee of the Board.

**Reference: S 05 079**

Revised 4/26/2018

## DRUG & ALCOHOL USE POLICY

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The Methodist University Hospital School of Radiological and Imaging Sciences adheres to the Methodist LeBonheur Healthcare Policy Manual. The Policy addressing drug and alcohol use is included on the following pages:

Revised 4/26/2018



### Drug and Alcohol Use

#### **PURPOSE:**

To ensure effective and safe work performance, enhance patient care, protect property and promote public confidence in MLH as a health care institution by identifying and eliminating illegal drug use and drug/alcohol abuse.

#### **POLICY:**

For the safety of our patients, visitors, Associates, and physicians, we are committed to a workplace free of alcohol and unauthorized drugs.

MLH advocates treatment for alcohol/drug addiction in order to overcome the devastating effects of addiction on the Associate, family, and society.

We encourage early detection and voluntary treatment of addiction. The MLH Employee Assistance Program (EAP) is available to Associates for counseling or referral to alcohol or drug treatment programs.

This policy prohibits all individuals including Associates, contractors, patients, visitors and all others from the manufacture, possession, sale, distribution, use, dispensation, consumption or being under the influence of illegal drugs or alcohol, or misuse of legally prescribed drugs on property which is owned, leased, or under the control of MLH or its subsidiaries, including but not limited to premises, parking lots (including in privately owned vehicles on MLH lots), offices, desks, and lockers. Associates and their possessions are subject to search and surveillance at all times while on MLH property or while conducting MLH business. The prohibition related to alcohol does not apply to company sponsored events where alcohol is served.

Associates, volunteers, and outside contractors are prohibited from reporting to work or being on MLH property (either on duty or off) with an identifiable level of illegal or unauthorized substances, alcohol, or other intoxicants in his/her system, regardless of how or when the substance entered the system. These prohibitions also apply while on paid travel time, work assignment at any location, and while conducting any MLH business at any location.

An "identifiable level" means a level of alcohol or drug or its metabolite in an Associate's blood, urine or other body fluid or tissue exceeds the level determined by MLH or its testing laboratory as a cut-off level for a positive result. As a condition of employment, all MLH Associates agree to cooperate fully with drug/alcohol screening upon request and agree that MLH has the sole final authority to interpret and act upon the results of such screens. Failure to cooperate in screening, including any attempt to avoid, subvert or adulterate, as determined by MLH, is grounds for discharge. Associates may use prescription drugs during work time (as prescribed) provided they are:

- 1) prescribed for the Associate in the possession of them, and
- 2) the medication is not one that alters the Associate's ability to reason or function in an acceptable manner.

If an Associate is prescribed a medication which has the potential to alter their ability to reason or function in an acceptable manner, the Associate is responsible for reporting the use of such drugs to their supervisor. The Associate will be referred to Associate Health Services for a fitness for duty evaluation.

Any prescription drugs intended for the use or treatment of our patients may be handled or administered only in the authorized course of the Associate's work duties and in accordance with established protocols and procedures.

Violations of this policy will result in corrective action, up to and including discharge. Should a violation of this policy occur, treatment will not be an alternative to corrective action. Any Associate charged with illegal drug activity on or off the job may be discharged. All Associates are required to report to the employer any criminal drug charges or convictions within forty-eight (48) hours. Violation of this reporting requirement may result in discharge.

## **SMOKING POLICY**

### **PURPOSE:**

Smoking is the single most preventable cause of illness and early death. There is convincing evidence that secondhand smoke also presents health problems to non-smokers. As a healthcare system, Methodist Le Bonheur Healthcare has an obligation to its patients, Associates, and the public to address the risk of tobacco use. Establishing a smoke and tobacco-free environment will contribute to the health of our patients, Associates, and the public. This policy sets guidelines for providing a healthier, tobacco-free environment in which to care for patients.

### **FUNCTIONS AFFECTED:**

All Methodist Le Bonheur Healthcare, patients, visitors, (including vendors and contractors), volunteers, residents, fellows, Students, and medical staff.

### **POLICY:**

Smoking is prohibited in and around all property owned or leased by Methodist Le Bonheur Healthcare. This includes but is not limited to, all property grounds, medical office buildings, physician office buildings, parking lots, ramps, storage facilities, company vehicles, privately owned vehicles parked on hospital property, and sidewalks or streets adjacent to MLH properties. There will be no designated areas for smoking. The responsibility of communicating this policy is placed upon all MLH Associates. The responsibility is two-fold and applies to individual behavior as well as the responsibility to inform Associates, patients, medical staff, Students, contracted personnel, volunteers, visitors, vendors, and tenants of Methodist Le Bonheur Healthcare property, as well as the general public. All managers are responsible for the consistent application of this policy and the corrective action process in their areas.

### **DEFINITIONS:**

**Tobacco Products-** Any form of tobacco including, but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, etc.

**Tobacco Free Areas -** MLH campuses, facilities, or worksites, whether owned or leased property including building stairways and outside areas adjacent to building entrances and exits. Tobacco use is discouraged on properties neighboring MLH worksites.

## EDUCATIONAL RIGHT & PRIVACY ACT POLICY

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The Educational Rights and Privacy Act of 1974, with which the Program intends to comply fully, is designed to protect the privacy of educational records, to establish the right of the Student to inspect and review his/her educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. The Student also has the right to file complaints with the Family Educational Rights and Privacy Act office concerning alleged failures by the institution to comply with the Act.

Provisions for the release of information about the Student and the rights of the Student and others to have access to the Program's records are as follows:

A. Release of the Student's personally identifiable education records:

The Program shall not permit access to or release of any information in the educational records that is specifically identifiable as referring to any Student, other than directory information, without the written consent of the Student to any party other than the following:

1. Hospital and Program staff who have legitimate educational interests written requests from such officials shall be retained by the Program, and proper identification will be required.
2. Officials of other Programs in which the Student seeks admission if the Student has executed a release form from that institution.
3. Appropriate persons in connection with a Student's application for or receipt of financial aid.
4. Federal or state officials as defined in the regulations concerning this law.
5. Accrediting organizations to carry out their functions.
6. Parents of a dependent Student as defined in section 152 of the Internal Revenue Code of 1954. Note: Spouse cannot get records of his/her spouse regardless of dependency.
7. In compliance with a judicial order or subpoena after the Program has made a reasonable effort to notify the Student.
8. Appropriate persons in connection with an emergency if such knowledge is necessary to protect the health and safety of a Student or other persons. Verification of the conditions involved will be fully documented.



**NOTE:**

All individuals and agencies who have requested or obtained access to the Student's record (except as stated in A-1 and 7) will be noted in a record to be kept in the Student's closed file. This record will also indicate the legitimate reason for interest that the person or agency had in obtaining the information, and the information made available will be limited to that necessary to satisfy such demonstrable needs.

**B. Definitions:**

**Educational Records** – records, files, documents, and other material which: 1) contain information related to the Student, and 2) are maintained by the Program or by a person acting for the Program. They do not include 1) personal notes in sole possession of the maker; 2) records available to law enforcement personnel; 3) the Student as employed by the institution in the capacity of an employee; 4) the Student's medical report; and 5) records containing information relating to the Student after dismissal from the Program.

**Student** – Any person who is or has been enrolled at Methodist University Hospital School of Radiologic and Imaging Sciences. Whenever "Student" is used about personal rights, an eligible parent of the dependent Student has similar rights if that parent of the dependent Student has satisfied section 152 of the Internal Revenue Code of 1954 and presents proof of such to the record custodian. Normally, this will be a notarized affirmation by the parent declaring that the Student is dependent for federal income tax purposes.

**Directory Information** – Information of the Student's name, address, telephone listing, date and place of birth, major field of study, dates of attendance, the Student's full or part-time status, and the most recent education agency or institution attended by the Student. At the time the Student is accepted for training, the Student may personally deliver to the Program a written request that directory information for the Student not be released. This notification is effective for the two-year training period of the Program for which the Student has entered. Such information will then be withheld if the request is received within the first week of training at the Program.

**Access** – To have access to an educational record is to be allowed to see the original record. It implies the right to obtain copies of the original record.

**Program Officials** – Those institutional and Program representatives with general or specific responsibility for promoting the educational objectives of the Program. Persons whose responsibilities place them within this category include teachers, faculty advisers, counselors, directors, and other administrative officials responsible for some part of the academic enterprise or supporting activity. Access by these officials is restricted, where practical, only to the Student

for whom they have professional responsibility and only that portion of the Student's record necessary for the discharge of assigned duties.

**Legitimate Education Interests** – Those interests that are essential to the general process of higher education prescribed by various legislative acts and the body of policy adopted by the institution. Legitimate educational interests would include teaching, research, public service, such directly supportive activities as discipline and financial assistance.

**Custodian** – The Program Director or representative of the Program with the responsibility of maintaining educational records and medical services.

**Records Location** – All past, present, and future Student educational records are maintained within the School's office on the eighth floor Service Hall of the Methodist University Hospital.

- C. To gain access, the Student must request the Custodian to allow him/her to inspect the educational record, which request will be granted within a reasonable period. The Student may ask for an explanation and/or a copy of his/her educational record. The examination will be performed and permitted under conditions that will prevent alteration or mutilation of the record. The Student must present proper identification upon request.

If the Student believes the record content to be inaccurate, he/she may submit a request for amendment of the record. Normally, such matters will be satisfactorily settled during informal discussions with the Student. When this is not the case, the request and the challenge must be submitted to the custodian, who will inform the Student.

The Student may then submit a written request for a hearing to the appeals committee of the Program. The Appeals Board will designate a time, date, and place for the appeal.

The Appeals Board will convene with the Student within 45 days from the date of the request, allowing the Student or parents, if the Student is a dependent, to present relevant evidence. A written decision based solely upon the evidence presented at the hearing will be given to the Student within 45 days after the conclusion of the hearing, including a summary of the evidence and reason for the decision and notification of his right to place a statement in the educational record.

**NOTE:** This procedure does not provide for a hearing to contest an academic grade.

- D. To ensure the educational record will not be altered or mutilated, the Program reserves the right to have a second person present during any inspection of a record. This second person will be the Program Director or a designated representative.

- E. Any individual or institution that does not have a legal right to inspect the educational record must have an official signed release of information form. This form is available from the Program, and it must include the specific information to be viewed, the Student's signature, and the date the Student gives consent.
- F. Right of access does not include:
  - 1. Financial records of parents or any information therein.
  - 2. Confidential letters and statements of recommendation that were placed in the educational records before January 1, 1975.
  - 3. Records to which access has been waived by the Student.
- G. No institution or office receiving information shall, and all agencies receiving the Student's information will be advised not to release the information to another party without the written consent of the Student.
- H. The Program retains all rights to the Student's academic and clinical record and will withhold academic and clinical transcripts because of unfulfilled obligations to the Program.
- I. The eligible Student and his/her parent have the right to file a complaint with the Department of Education concerning an alleged failure by the Program to comply with the Privacy Rights of Parents and Students Act.

Revised 7/1/2025

## **VISITORS**

The student is not allowed to have visitors during class or clinic hours. If the Student wishes to have anyone visit the department, Program, classroom, or locker room, approval from the Program Director is required before the visitor's arrival.

**Methodist University Hospital**  
**School of Radiologic and Imaging Sciences**  
**Radiologic Technology Program**  
Accommodation Request Form

I, \_\_\_\_\_, have submitted professional documentation of a disability to the Radiologic Technology Program Director of Methodist University Hospital School of Radiologic and Imaging Sciences.

I am requesting the following accommodation(s) as described in the submitted documentation:

(Please check all those that apply.)

- ☐ Extended testing time for examinations
- ☐ Separate testing environment
- ☐ Other accommodations as listed here:

These accommodations are being requested for the following classes:

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Student Name Printed

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Amanda Walden, Program Director

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Student Signature

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Date

## HANDBOOK ACKNOWLEDGEMENT

I have received a copy of the Methodist University Hospital School of Radiologic and Imaging Sciences' Radiologic Technology Program Handbook. I understand this acknowledgment will be placed in my file. The policies and rules have been explained to me by the Program Director. I understand that it is my responsibility to adhere to these rules.

I have read, understand, and accept the Policies and Procedural rules of the Program.

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Student Name Printed

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Amanda Walden, Program Director

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Student Signature

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Date