

Radiography

Addendum to APRC
1999-2000

Section 1 of 2

Ferris State University

Radiography Program

Addendum Report to the APRC

The following report is in response to observations and recommendations made by the APRC on November 12, 1999.

- 1) A Radiography Program Handbook (a copy has been submitted to the committee chair) has been created and disseminated to the fall 1999 incoming class. The faculty discussed the policies and procedures described in this manual with the students in the lab, and each student signed and returned the agreement statement found on page 29. This statement will be kept in the student's advising file.
- 2) The program has created a two-fold process for the evaluation of its clinical sites and Adjunct Clinical Instructors. During the Registry Review, at the end of the summer semester, the students complete a Student Evaluation of Internship form (see exhibit A). These forms are tabulated and grouped by clinical site and the data and comments are documented (exhibit B). Additionally, the Clinical Coordinator uses the Adjunct Clinical Instructor Evaluation (exhibit C) to assess the strengths and weaknesses of each clinical instructor. These evaluations are discussed with the ACI and his or her comments and concerns are solicited (see exhibit D for completed forms). Following completion of both evaluation tools, the data are distributed to the program faculty for analysis and recommendations.
- 3) The faculty of the Radiography Program has developed and submitted an extensive revision to the curriculum (see exhibit E for the proposed check-sheet). This revision reflects not only the addition of the core curriculum, but it also will provide the student with the scholastic emphasis necessary to become a qualified entry-level radiographer as well as to successfully pass the national registry. The American Registry of Radiologic Technologists and the American Society of Radiologic Technologists recognize all of the content contained within the restructured courses as essential. The College of Allied Health Sciences' Curriculum Assessment and Planning Committee is presently reviewing this proposal.
- 4) The APRC, program faculty, advisory committee, graduates and alumni all agree that a specific course in Radiologic Physics is necessary within the program's curriculum. This has been addressed with the addition of RADI 121 Radiographic Physics and Image Production in the proposed curriculum revision. It is felt that this course will provide the student with the content and application that is specified by the profession and the national registry.
- 5) The radiography program faculty has created and adopted a Plan for Faculty Development (see exhibit F).

- 6) The following documents are included with this report:
- a) the Report of Findings from the Joint Review Committee on Education in Radiologic Technology (exhibit G)
 - b) the program's response to the Report of Findings (exhibit H) (please note that the exhibits eluded to in this response to the Report of Findings do not correlate with the exhibits in the Addendum Report to the APRC)
 - c) the JRCERT's Accreditation Award (exhibit I)

Exhibit

A

FERRIS STATE UNIVERSITY

Radiography Program

STUDENT EVALUATION OF INTERNSHIP

Clinical Site: _____ Year: _____

Adjunct Clinical Instructor: _____

Please rate your clinical experience using the following scale:

5-----4-----3-----2-----1-----N/A
Excellent Good Fair Poor Unacceptable Not Applicable

CLINICAL SITE

1.	Number of radiographic exams	5	4	3	2	1	NA
2.	Variety of radiographic procedures	5	4	3	2	1	NA
3.	Number and variety of surgical procedures	5	4	3	2	1	NA
4.	Number and variety of pediatric procedures	5	4	3	2	1	NA
5.	Hospital orientation	5	4	3	2	1	NA
6.	Department orientation	5	4	3	2	1	NA
7.	Accessibility of department administration	5	4	3	2	1	NA
8.	Availability of other imaging modalities (CT, MRI, etc.)	5	4	3	2	1	NA
9.	Amount of time spent in other imaging modalities	5	4	3	2	1	NA
10.	Radiographic equipment	5	4	3	2	1	NA
11.	Space / layout of department	5	4	3	2	1	NA
12.	Area dedicated to students / study	5	4	3	2	1	NA
13.	Department as a safe environment	5	4	3	2	1	NA
14.	General atmosphere of radiology department	5	4	3	2	1	NA
15.	Teamwork between radiology department and hospital	5	4	3	2	1	NA
16.	Overall impression of clinical site	5	4	3	2	1	NA

COMMENTS ON CLINICAL SITE:

STAFF TECHNOLOGISTS

17.	Supervision of students by staff	5	4	3	2	1	NA
18.	Technical ability of staff technologists	5	4	3	2	1	NA
19.	Staff interpersonal communication with student	5	4	3	2	1	NA
20.	Staff willingness to teach	5	4	3	2	1	NA
21.	Staff attitude toward program and Ferris	5	4	3	2	1	NA
22.	Availability of staff when needed	5	4	3	2	1	NA
23.	Staff as role models for students	5	4	3	2	1	NA
24.	Staff patient care skills	5	4	3	2	1	NA
25.	Staff acceptance of students	5	4	3	2	1	NA
26.	Overall impression of staff technologists	5	4	3	2	1	NA

COMMENTS ON STAFF TECHNOLOGISTS:

ADJUNCT CLINICAL INSTRUCTOR(S)

27.	Technical ability of ACI	5	4	3	2	1	NA
28.	Two-way communication between ACI and student	5	4	3	2	1	NA
29.	Availability of ACI	5	4	3	2	1	NA
30.	Fairness and impartiality of ACI	5	4	3	2	1	NA
31.	Teaching ability of ACI	5	4	3	2	1	NA
32.	Motivation and enthusiasm of ACI	5	4	3	2	1	NA
33.	ACI as positive role model	5	4	3	2	1	NA
34.	ACI perception of program and Ferris	5	4	3	2	1	NA
35.	Teamwork between ACI and department	5	4	3	2	1	NA
36.	Professional attitude and behavior of ACI	5	4	3	2	1	NA

37.	Respect for students shown by ACI	5	4	3	2	1	NA
38.	ACI's sensitivity to student needs	5	4	3	2	1	NA
39.	Use of positive feedback and constructive criticism	5	4	3	2	1	NA
40.	Study time spent with ACI	5	4	3	2	1	NA
41.	Guidance and support given by ACI	5	4	3	2	1	NA
42.	Concern for student's personal life shown by ACI	5	4	3	2	1	NA
43.	Effective use of teaching time	5	4	3	2	1	NA
44.	Timeliness of student assessment by ACI	5	4	3	2	1	NA
45.	Realistic expectations of student	5	4	3	2	1	NA
46.	Overall impression of ACI	5	4	3	2	1	NA

COMMENTS ON ADJUNCT CLINICAL INSTRUCTOR:

OVERALL CLINICAL EXPERIENCE

47.	Overall impression of clinical experience	5	4	3	2	1	NA
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COMMENTS ON CLINICAL EXPERIENCE:

Exhibit

B

CLINICAL SITE: _____ Hospital _____ YEAR: _____ 1998-99 _____

ADJUNCT CLINICAL INSTRUCTOR: _____

SCALE: 5-----4-----3-----2-----1
 Excellent Good Fair Poor Unacceptable

CLINICAL SITE

1	Number of rad exams	5.0	9	Amt of time in other modalities	5.0
2	Variety of procedures	5.0	10	Radiographic equipment	5.0
3	# and variety of surgical proc.	5.0	11	Space/layout of department	5.0
4	# and variety of pediatric proc.	5.0	12	Area dedicated to students/study	3.0
5	Hospital orientation	5.0	13	Dept as safe environment	
6	Department orientation	5.0	14	General atmosphere of dept	5.0
7	Accessibility of dept admin	5.0	15	Teamwork between dept & hosp	3.0
8	Availability of other modalities	5.0	16	Overall impression of clinical site	5.0

Comments:

STAFF TECHNOLOGISTS

17	Supervision of student by staff	2.0	22	Availability of staff	3.0
18	Technical ability of staff	5.0	23	Staff as role models	4.0
19	Staff interpersonal communication	3.0	24	Staff patient care skills	5.0
20	Staff willingness to teach	4.0	25	Staff acceptance of students	3.0
21	Staff attitude toward program/Ferris	4.0	26	Overall impression of staff techs	3.0

Comments:

- The expectations were to high. We were treated as techs when at times we shouldn't have.

ADJUNCT CLINICAL INSTRUCTOR(S)

27	Technical ability of ACI	5.0	37	Respect for students shown by ACI	5.0
28	Communication between ACI and student	5.0	38	ACI's sensitivity to student needs	5.0
29	Availability of ACI	5.0	39	Use of positive feedback and constructive criticism	5.0
30	Fairness and impartiality of ACI	5.0	40	Study time spent with ACI	3.0
31	Teaching ability of ACI	5.0	41	Guidance and support given by ACI	5.0
32	Motivation and enthusiasm of ACI	5.0	42	Concern for student's personal life	5.0
33	ACI as role model	5.0	43	Effective use of teaching time	3.0
34	ACI perception of program/Ferris	5.0	44	Timeliness of student assessment	5.0
35	Teamwork between ACI and dept	4.0	45	Realistic expectations of student	3.0
36	Professional attitude and behavior of ACI	5.0	46	Overall impression of ACI	5.0

Comments:

- I really enjoyed working with my ACI. She was there whenever I needed her.

47	Overall impression of clinical experience	4.0
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Comments

CLINICAL SITE: _____ Hospital _____ YEAR: 1998-99 _____

ADJUNCT CLINICAL INSTRUCTOR: _____

SCALE: 5-----4-----3-----2-----1
Excellent Good Fair Poor Unacceptable

CLINICAL SITE

1	Number of rad exams	4.4	9	Amt of time in other modalities	2.0
2	Variety of procedures	4.4	10	Radiographic equipment	4.0
3	# and variety of surgical proc.	4.0	11	Space/layout of department	4.2
4	# and variety of pediatric proc.	3.4	12	Area dedicated to students/study	4.0
5	Hospital orientation	4.0	13	Dept as safe environment	4.4
6	Department orientation	4.2	14	General atmosphere of dept	4.4
7	Accessibility of dept admin	3.2	15	Teamwork between dept & hosp	3.2
8	Availability of other modalities	2.4	16	Overall impression of clinical site	4.2

Comments:

STAFF TECHNOLOGISTS

17	Supervision of student by staff	4.2	22	Availability of staff	4.0
18	Technical ability of staff	4.2	23	Staff as role models	4.4
19	Staff interpersonal communication	4.8	24	Staff patient care skills	4.4
20	Staff willingness to teach	4.6	25	Staff acceptance of students	4.4
21	Staff attitude toward program/Ferris	4.4	26	Overall impression of staff techs	4.6

Comments:

- I had fun getting to know everyone.
- They were very helpful and knowledgeable, especially J. B.

ADJUNCT CLINICAL INSTRUCTOR(S)

27	Technical ability of ACI	4.2	37	Respect for students shown by ACI	4.2
28	Communication between ACI and student	4.4	38	ACI's sensitivity to student needs	4.2
29	Availability of ACI	3.6	39	Use of positive feedback and constructive criticism	4.2
30	Fairness and impartiality of ACI	4.0	40	Study time spent with ACI	3.8
31	Teaching ability of ACI	4.2	41	Guidance and support given by ACI	4.2
32	Motivation and enthusiasm of ACI	4.2	42	Concern for student's personal life	4.4
33	ACI as role model	3.6	43	Effective use of teaching time	4.0
34	ACI perception of program/Ferris	4.0	44	Timeliness of student assessment	4.2
35	Teamwork between ACI and dept	3.2	45	Realistic expectations of student	4.2
36	Professional attitude and behavior of ACI	4.0	46	Overall impression of ACI	4.2

Comments:

- #43 - Good for 1st and 2nd semester, not so good in 3rd semester.
- He made good use of class during 1st and 2nd semester, not so good 3rd semester.

47	Overall impression of clinical experience	4.4
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Comments

- Staff friendly and helpful. Difficult year to be a student with the way health care is now (job cuts, cut backs, redesign efforts), but I think we all felt the added stress and made it through.
- I enjoyed working at MGHP, the staff got along and worked together well. It was overall a positive experience for me.

Exhibit

C

FERRIS STATE UNIVERSITY
RADIOGRAPHY PROGRAM

ADJUNCT CLINICAL INSTRUCTOR EVALUATION

Adjunct Clinical Instructor: _____ Date: _____

Clinical Site: _____ Evaluator: _____

Each criterion will be appraised by the Clinical Coordinator using the following scale:

Excellent Good Fair Poor Unacceptable Not Applicable
 5-----4-----3-----2-----1-----N/A

1) Technical ability	5	4	3	2	1	N/A
2) Teaching ability	5	4	3	2	1	N/A
3) Availability of Clinical Instructor to students	5	4	3	2	1	N/A
4) Availability of ACI to Clinical Coordinator	5	4	3	2	1	N/A
5) Timeliness of written communication	5	4	3	2	1	N/A
6) Willingness to participate in program governance	5	4	3	2	1	N/A
7) Professional demeanor with students	5	4	3	2	1	N/A
8) Evidence of continuing education	5	4	3	2	1	N/A
9) Motivation and enthusiasm	5	4	3	2	1	N/A
10) Receptiveness to new ideas	5	4	3	2	1	N/A

Strengths of the ACI:

Areas for improvement:

Goals:

Adjunct Clinical Instructor

Date

Clinical Coordinator

Date

Exhibit

D

FERRIS STATE UNIVERSITY
RADIOGRAPHY PROGRAM

ADJUNCT CLINICAL INSTRUCTOR EVALUATION

Adjunct Clinical Instructor: _____ Date: 4/14/99

Clinical Site: Med. Ctr. Evaluator: Jim Mayhew

Each criterion will be appraised by the Clinical Coordinator using the following scale:

Excellent Good Fair Poor Unacceptable Not Applicable
 5-----4-----3-----2-----1-----N/A

1) Technical ability	(5)	4	3	2	1	N/A
2) Teaching ability	5	(4)	3	2	1	N/A
3) Availability of Clinical Instructor to students	(5)	4	3	2	1	N/A
4) Availability of ACI to Clinical Coordinator	(5)	4	3	2	1	N/A
5) Timeliness of written communication	(5)	4	3	2	1	N/A
6) Willingness to participate in program governance	(5)	4	3	2	1	N/A
7) Professional demeanor with students	(5)	4	3	2	1	N/A
8) Evidence of continuing education	5	(4)	3	2	1	N/A
9) Motivation and enthusiasm	(5)	4	3	2	1	N/A
10) Receptiveness to new ideas	(5)	4	3	2	1	N/A

Strengths of the ACI:

- very open to new ideas and constructive criticism
- open and responsive to student needs
- good communication with C.C.
- willing to participate in program activities
- very loyal to students and program
- ~~student advocate~~

Areas for improvement:

- feel confident with teaching abilities and knowledge
- take a hard line when necessary

Goals:

- attend at least one education / professional activity each year (MSRT Educator's Seminar, etc.)
- participate in Registry Review

Adjunct Clinical Instructor

James E. Mayhew

Clinical Coordinator

4-15-99

Date

4/14/99

Date

FERRIS STATE UNIVERSITY
RADIOGRAPHY PROGRAM

ADJUNCT CLINICAL INSTRUCTOR EVALUATION

Adjunct Clinical Instructor: _____ Date: 4/14/99

Clinical Site: Hosp. Evaluator: Jim Mayhew

Each criterion will be appraised by the Clinical Coordinator using the following scale:

Excellent Good Fair Poor Unacceptable Not Applicable
5-----4-----3-----2-----1-----N/A

	5	4	3	2	1	N/A
1) Technical ability	(5)	4	3	2	1	N/A
2) Teaching ability	(5)	4	3	2	1	N/A
3) Availability of Clinical Instructor to students	5	(4)	3	2	1	N/A
4) Availability of ACI to Clinical Coordinator	(5)	4	3	2	1	N/A
5) Timeliness of written communication	(5)	4	3	2	1	N/A
6) Willingness to participate in program governance	(5)	4	3	2	1	N/A
7) Professional demeanor with students	(5)	4	3	2	1	N/A
8) Evidence of continuing education	5	(4)	3	2	1	N/A
9) Motivation and enthusiasm	(5)	4	3	2	1	N/A
10) Receptiveness to new ideas	(5)	4	3	2	1	N/A

Strengths of the ACI: - Puts students before other staff

- Participation in program activities
- Knowledge of program mission and goals
- team player
- Sincere desire to have students succeed
- excellent communicator
- very loyal to students and program and vice-versa

Areas for improvement:

- don't take student set backs personally
- don't take responsibility for student's extra-curricular activities
- Pathways & Centralized Scheduling takes up time

Goals:

- attend at least one education/professional activity each year (MSRT Educator's Seminar, etc.)
- continue working on BS degree
- Participate in Registry Review

Adjunct Clinical Instructor



Clinical Coordinator

4-14-99

Date

4/14/99

Date

Exhibit

E

PROPOSED

FERRIS STATE UNIVERSITY COLLEGE OF ALLIED HEALTH SCIENCES Radiography Program

NOTE: Meeting requirements for graduation is the responsibility of the student. Your advisor is available to assist you.

FIRST YEAR

Fall Semester

	<u>Grade</u>
BIOL 109 Basic Human Anat. & Physiology	4 _____
CCHS 101 Orient. to Health Care	3 _____
RADI 100 Introduction to Radiography	1 _____
RADI 101 Rad. Positioning & Procedures 1	4 _____
RADI 110 Rad. Imaging 1	3 _____
RADI 121 Rad. Physics & Image Prod.	<u>3</u> _____
	18

Winter Semester

CCHS 102 Safety Issues in Health Care	1 _____
ENGL 150 English 1	3 _____
MRIS 102 Orient. to Medical Vocabulary	1 _____
RADI 102 Rad. Positioning & Procedures 2	4 _____
RADI 111 Rad. Imaging 2	3 _____
RADI 122 Rad. Protection and Biology	3 _____
Social Awareness Elective	<u>3</u> _____
	18

Summer Semester

CCHS 103 Clinical Skills	1 _____
COMM 105 Interpersonal Communication	3 _____
ENGL 211 Industrial & Career Writing	3 _____
OR	
ENGL 250 English 2	
RADI 103 Advanced Rad. Procedures	3 _____
RADI 123 Rad. Processing and QA	2 _____
Cultural Enrichment Elective	<u>3</u> _____
	15

SECOND YEAR

Fall Semester

	<u>Grade</u>
RADI 201 Rad. Quality Control	1 _____
RADI 202 Rad. Pathology	1 _____
RADI 291 Clinical Practicum 1	<u>10</u> _____
	12

Winter Semester

RADI 211 Pharmacology for Rads.	1 _____
RADI 212 Radiology Management	1 _____
RADI 292 Clinical Practicum 2	<u>10</u> _____
	12

Summer Semester

RADI 222 Advanced Imaging Modalities	1 _____
RADI 293 Clinical Practicum 3	10 _____
RADI 299 Rad. Research and Review	<u>1</u> _____
	12

MATH 110, equivalency or proficiency (Math ACT subscore of 19 or better) required for graduation.

87 semester hours required for graduation

Exhibit

F

Ferris State University Radiography Program

Plan for Faculty Development

Purpose:

The purpose of this plan is to facilitate and document the continuing professional and pedagogical development of the Radiography Program faculty at Ferris State University. The documentation of this professional development will be collected by the Department Head and reviewed annually by program faculty and administration.

Faculty Responsibilities:

- Each faculty member will complete and document a minimum of 24 Continuing Education Units as outlined by the ARRT.

- Each faculty member will attend a minimum of one radiography-specific seminar/workshop each year.

- Thirty-three percent (33%) of the full-time program faculty will complete a minimum of 80 hours of work experience as a radiographer each year.

- Each faculty member will attend and document a minimum of 10 hours of faculty development activities at FSU.

Administrative Responsibilities:

Resources, both financial and human, will be made available to each faculty member to facilitate his or her professional development. Every accommodation will be made to minimize the impact of faculty development on the instructors, students, and program.

Financial resources may include, but are not limited to, the following:

1. Timme Faculty Development Grants (if available)
2. College and department faculty development funds
3. Short-term sabbaticals
4. Supplemental faculty funding
5. Funding for faculty over-load if necessary

Human resources may include, but are not limited to, the following:

1. Supplemental faculty to fill-in during professional development activities
2. Voluntary cross-over of faculty responsibilities to facilitate activities

Exhibit

G

JRCERT

Joint Review Committee on Education in Radiologic Technology
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October 21, 1998

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William Sederburg, Ph.D.
President
Ferris State University
BIS-421 E
Big Rapids, MI 49307

RE: Program #00820000

Dear Dr. Sederburg:

The report of the site visitors who evaluated the radiography program sponsored by Ferris State University on September 24-25, 1998 has been reviewed. The program is scheduled for consideration by the Joint Review Committee on Education in Radiologic Technology (JRCERT) at the Spring, 1999 meeting.

The program was evaluated using the Standards for an Accredited Educational Program in Radiologic Sciences. The following is a composite report developed from documentation submitted by the program and the report of site visit team findings submitted by the site visit team. The sponsor must respond to this report of findings prior to JRCERT consideration.

The following clinical education settings were visited:

Mecosta County General Hospital - Big Rapids, MI
Spectrum Health North - Reed City, MI (Is this Reed City Hospital Corporation?)
Butterworth Hospital - Grand Rapids, MI
Mercy Hospital - Muskegon, MI

Standard One - Mission/Goals

The program has essential statements of its mission and goals that define the program, provide guidance in its educational activities and are consistent with the mission of the sponsoring institution.

The site visit team reported the following findings:

The program's mission statement and goals have been developed but are not published and made available to students and the general public. The mission statement and goals of the program include measurable student learning outcomes. The mission statement and goals are consistent with those of the sponsoring institution and are periodically evaluated and revised.

Standard One - Mission/Goals (cont'd)

Summary for Standard One:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with Objectives 1.2, 1.3, 1.4, 1.5, 1.6 and 1.7. The program is not in compliance with Objective 1.1.

A recommendation is provided for Standard One:

Objective 1.1 - Assure that the program's mission statement and goals are readily available to students, faculty, administrators and the general public.

Standard Two - Program Integrity

The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence and in treatment of and respect for faculty, staff and students.

The site visit team reported the following findings:

Published program information accurately represents the program's offerings. Student recruitment and admission practices and faculty recruitment and employment practices are nondiscriminatory. The university's and program's commitment to cultural diversity is identified as a strength. The program adheres to high ethical standards in relation to its students, faculty, staff, communities of interest and the public.

Summary for Standard Two:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with Standard Two.

Standard Three - Program Organization and Administration

The program's organizational and administrative structure promotes and supports quality and effectiveness of the educational process and defines roles for faculty, students and staff.

The site visit team reported the following findings:

Organizational and administrative structures support the program's mission and the needs of the program's students. Faculty roles are defined. Opportunities for faculty to participate in program governance are provided. A student representative attended the most recent meeting of the Advisory Committee. The program solicits and utilizes input from its communities of interest. Individual courses include a wide variety of topics, making evaluation problematic.

Standard Three - Program Organization and Administration (cont'd)

Summary for Standard Three:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Three**.

The program may wish to consider the following **suggestions**:

1. Carry through with student input to program governance by assigning a permanent position on the program's Advisory Committee to a student representative.
2. Consider reorganizing curriculum to focus individual courses on more specific, less fragmented content.

Standard Four - Curriculum and Academic Practices

The program's curriculum and academic practices provide learning activities that promote the synthesis of theory, use of current technology, competent clinical practice and professional values.

The site visit team reported the following findings:

The program has several components of a master plan but a specific master plan could not be identified. The promotion of professional values, lifelong learning and competency in critical thinking and problem solving skills is evident throughout the curriculum. The program is in the process of developing and implementing curriculum evaluation. A competency based curriculum that reflects assessment of the affective, cognitive and psychomotor domains is provided. Learning opportunities in current and developing imaging technologies are provided.

Summary for Standard Four:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 4.2, 4.3, 4.5, 4.6, 4.7 and 4.8**. The program is not in compliance with **Objectives 4.1 and 4.4**.

Recommendations are provided for **Standard Four**:

Objective 4.1 - Document that the program has a master plan of education that incorporates a currently recognized and accepted curriculum for the profession.

Objective 4.4 - Assure that the program implements a curriculum design which provides the basis for program planning, implementation and evaluation that identifies goals consistent with its mission.

William Sederburg, Ph.D.

October 21, 1998

Page 4

Standard Five - Learning Resources and Student Services

The program's learning resources and student services are sufficient to support its mission and goals.

The site visit team reported the following findings:

Appropriate learning resources are available to support the achievement of student learning outcomes and program goals. Student services are readily available to all students. The university's student services office, the willingness of faculty to meet with students and the provision of tutoring all contribute to students' success.

Summary for Standard Five:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Five**.

Standard Six - Human Resources

The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

The site visit team reported the following findings:

Faculty and staff are appropriately qualified for their roles. Clinical instructors and all faculty are dedicated to the success of the program. Clinical instructors are very enthusiastic. Didactic faculty are evaluated by the program and graduates evaluate the clinical component of the program, including a general clinical instructor evaluation. No program evaluation of individual clinical faculty could be identified.

Summary for Standard Six:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 6.1, 6.2, 6.3, 6.4 and 6.5**. The program is not in compliance with **Objective 6.6**.

A recommendation is provided for **Standard Six**:

Objective 6.6. - Document that the program evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

Standard Seven - Students

The program's and institution's policies and procedures serve and protect the rights and educational opportunities of all students.

Standard Seven - Students (cont'd)

The site visit team reported the following findings:

The program's recruitment and admission policies are clearly defined and published. Supportive academic, behavioral and clinical advisement is available to students. Student activities are limited to educationally related and valid academic and clinical requirements.

Summary for Standard Seven:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Seven**.

Standard Eight - Students' Physical Safety

The program policies and procedures are in compliance with federal and state radiation protection laws.

The site visit team reported the following findings:

Policies and procedures relating to federal and state radiation protection laws reflect current regulations. The program's pregnancy policy requires the student to notify various individuals of a confirmed pregnancy. Students are appropriately instructed in the utilization of imaging equipment and accessories and the employment of techniques and procedures to minimize radiation exposure to patients, selves and others. Appropriate levels of supervision are provided. The program aggressively enforces the supervision policy.

Summary for Standard Eight:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 8.1, 8.2, 8.4, 8.5, 8.6, 8.8, 8.9, 8.10 and 8.11** (Objective 8.7 does not apply to this program). The program is not in compliance with **Objective 8.3**.

A recommendation is provided for **Standard Eight**:

Objective 8.3 - Assure that the Nuclear Regulatory Commission regulations regarding the declared pregnant student (declared pregnant worker) are published and made known to accepted and enrolled female students.

Standard Nine - Fiscal Responsibility

The institution and the program have adequate financial resources, demonstrate financial stability and comply with obligations for Title IV federal funding, as applicable.

Standard Nine - Fiscal Responsibility (cont'd)

The site visit team reported the following findings:

A sound financial commitment to enrolled students is exhibited. The program director participates in the budget planning process. Federal grant monies have been well used to provide equipment for the program.

Summary for Standard Nine:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with Standard Nine (Objectives 9.4, 9.5, 9.6 and 9.7 do not apply to this program).

Standard Ten - Physical Resources

The program has sufficient physical resources to support its mission and goals.

The site visit team reported the following findings:

The program's physical resources are excellent and support the program's mission and goals and the attainment of effective student outcomes. Student records and program related materials are maintained securely to assure confidentiality.

Summary for Standard Ten:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with Standard Ten.

Standard Eleven - Program Effectiveness/Outcomes

The program, in accordance with its mission and goals, develops and implements a broad-based and integrated system of evaluation and planning to determine its effectiveness and uses the results for program improvements.

The site visit team reported the following findings:

The program describes quantitative outcomes for certification examination pass rates, program completion rates and employment rates, but not for course completion, retention, attrition and graduation rates. The certification examination pass rate is not consistent with the program's mission and goals and no plan of action has been identified. The program describes qualitative outcomes for graduates and employer satisfaction but not for clinical performance and competency, problem solving and critical thinking skills, communication skills and professional development and growth. The program is in the process of developing and implementing outcomes assessment procedures, but the process is not yet complete. Planning for evaluation of didactic and clinical

Standard Eleven - Program Effectiveness/Outcomes (cont'd)

education is systematic and interrelated. In the absence of an operational assessment plan the program is unable to correlate evaluation and planning processes to identify priorities for improvement and to monitor planning activities and evaluation processes to document ongoing program effectiveness and satisfaction. The program's communities of interest have not been utilized in the program's planning and evaluation.

Summary for Standard Eleven:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objective 11.4**. The program is not in compliance with **Objectives 11.1, 11.2, 11.3, 11.5, 11.6 and 11.7**.

Recommendations are provided for Standard Eleven:

Objective 11.1 - Document that the program describes quantitative outcomes consistent with its mission and goals.

Objective 11.2 - Document that the program describes qualitative outcomes consistent with its mission and goals.

Objective 11.3 - Document that the has developed and implemented outcome assessment procedures to evaluate the achievement of the program's mission and goals.

Objective 11.5 - Assure that the program correlates evaluation and planning processes to identify priorities for improvement.

Objective 11.6 - Document that the program involves communities of interest in delineating its planning and evaluation system.

Objective 11.7 - Assure that the program monitors planning activities and evaluation processes to document ongoing program effectiveness and satisfaction.

Responding to the Report of Findings

A response to this report of findings, including the signature of the Chief Executive Officer of the sponsoring institution, is required prior to Committee consideration. The response must be received by **December 2, 1998**.

The response must include a concise rationale and documentation to support program compliance with each recommendation. The program must assure that it has developed and implemented appropriate practices that will demonstrate **STANDARD** compliance. Assurance of development can be demonstrated by providing to the JRCERT necessary documents that support the program's compliance with the recommendations. When forms are provided as evidence, a representative sampling of completed forms must be submitted to assure that the practice or procedure is implemented. The response may also include comments on the site visit, site visitors or the accreditation process.

William Sederburg, Ph.D.

October 21, 1998

Page 8

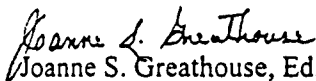
The institution and program are encouraged to share this report of findings and its response with program faculty and institutional and departmental officials of its clinical education settings.

A copy of this report of findings is supplied to each member of the site visit team. Team members are requested to review this report and communicate any inaccuracies or inconsistencies with these findings to the JRCERT office prior to the deadline for program response.

Thank you for recognizing the value of specialized accreditation and for permitting the JRCERT to evaluate the radiography program. A printout of the JRCERT database for the program, developed from the program application and self-study report is attached to the program director's copy of this report. The program director should review this printout, identify any inaccuracies in student capacities, appointment of institutional/program officials and clinical instructors and provide additional clarifying material if necessary.

If I can provide additional information or clarification regarding this report, do not hesitate to contact me.

Sincerely,



Joanne S. Greathouse, Ed.S., R.T.(R), FASRT
Associate Director

JSG/am

copy: Robert T. Holihan, B.S., R.T.(R)
Craig B. Karsama, M.D.
Isabel J. Barnes, Ph.D.
William H. May, R.T.(R)
M. Diane Newham, M.S., R.T.(R)

Report of Findings

Directions for Program Directors

The enclosed report of findings requires a response to the JRCERT. If no deficiencies are cited, receipt of the report of findings must be acknowledged through signature of the chief executive officer of the sponsoring institution.

There may be four components to the report of findings. These include finding(s), recommendation(s), suggestion(s) and advisement(s). To assist you in developing a complete response, the following explanation of these components is provided:

Finding:

Each **STANDARD** is presented in terms of the site visit team's assessment of the program's substantial compliance or non-compliance at the time of the site visit with each Objective identified in the **STANDARDS**.

Recommendation:

A recommendation is identified for the Objective(s) that the site visit team assessed as not being in substantial compliance at the time of the site visit. Programs must respond to all recommendations. If you have questions concerning any recommendation identified in the report of findings, discuss with the JRCERT executive staff assigned to your program prior to submission of your response.

Suggestion:

A proposal to program officials for program improvement or enhancement. The program is not required to respond to a suggestion(s).

Advisement:

Direction to the program to address issues that are not included in the **STANDARDS** but which may have real or potential legal or ethical consequences. An advisement may also be included to notify the program of progress report due dates.

The program's response to the report of findings must be provided through narrative and supporting documentation. The documentation should demonstrate planning, development and implementation. Exhibits should include memoranda/letters, signed and dated policies, and completed evaluation/testing instruments as appropriate. **The response must be signed by the chief executive officer of the sponsoring institution.**

Delays of up to two weeks for the submission of the response to the report of findings may be requested by phone. Delays greater than two weeks must be requested in writing to the JRCERT executive staff responsible for your program. A request must include a reasonable rationale for the delay and a timely date for submission. Staff will respond in writing with a revised submission date.

Should you have any questions regarding your response, please call the JRCERT executive staff responsible for your program at 312/704-5300.

Exhibit

H

FERRIS STATE UNIVERSITY

November 25, 1998

Joanne S. Greathouse, Ed.S., RT(R), FASRT
Joint Review Committee on Education
in Radiologic Technology
20 N. Wacker Drive
Suite 900
Chicago, IL 60606-2901

RE: Program #00820000

Dear Ms. Greathouse:

It is with pleasure that we submit this report of progress in resolving those concerns submitted by the site visit team. The text of the report shall be outlined to fit the format of October 21, 1998 letter, each recommendation and suggestion shall be quoted as it appears in the letter and then following the quote, shall be our reply or description of the action taken.

Standard One

Recommendation: Objective 1.1 – Assure that the program's Mission Statement and Goals are readily available to students, faculty, administrators, and the general public.

Reply: Program's Mission Statement and Goals are published in the Radiography Student Handbook. This document will be made available to all incoming students. Copies of the student handbook will be on file in faculty offices and the FSU Library. (See Exhibit I)

Standard Four

Recommendation: Objective 4.1 – Document that the program has a master plan of education that incorporates a currently recognized and accepted curriculum for the profession.

Reply: A master plan of education of the Radiography program that incorporates a currently recognized and accepted curriculum for the profession has been developed. The following documents comprise this master plan:

1. Student handbook – Exhibit I, distributed to all incoming students
2. Clinical Manual – Distributed to students prior to start of internship
3. Didactic Guide
4. Program Policy Manual

These documents describe the program, list the exit competencies, and outline the expectations for the clinical internship. They can be found in the offices of the Department Head and Program Coordinator.

Recommendation: Objective 4.4 – Assure that the program implements a curriculum design which provides the basis for program planning, implementation and evaluation that identified goal consistent with its Mission.

Reply: See Exhibit II.

Standard Six

Recommendation: Objective 6.6 – Document that the program evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

Reply: Beginning Fall 1998, Ferris State University has adopted a Post-Tenure Review Process. This will assure evaluation of tenured program faculty on a regular basis.

Non-tenured program faculty are evaluated on a yearly basis by the department head and college tenure committee.

Instruments to evaluate clinical faculty performance have been developed and will be implemented at the end of the 1999 Summer semester. (See Exhibit III)

Standard Eight

Recommendation: Objective 8.3 – Assure that the Nuclear Regulatory Commission regulations regarding the declared pregnant student (declared pregnant worker) are published and made known to accepted and enrolled female students.

Reply: This policy is reviewed with the first year radiography students during the first week of class, and is included in the student manual. This policy is also contained in the clinical manual and is reviewed with the second year students before leaving their clinical sites. (See Exhibit I, page 12)

Standard Eleven:

Recommendation: Objective 11.1 – Document that the program describes quantitative outcomes consistent with its Mission and Goals.

Recommendation: Objective 11.2 – Document that the program describes qualitative outcomes consistent with its Mission and Goals.

Recommendation: Objective 11.3 – Document that has developed and implemented outcome assessment procedures to evaluate the achievement of the program's Mission and Goals.

Reply: 1997 documentation is submitted describing quantitative and qualitative outcomes consistent with the program's Mission and Goals.

Collection and tabulation of data for the 1998 Goals is ongoing. Once the ARRT results are in for the 1998 graduates, the program will analyze the data. (See Exhibit IV – 1997, and Exhibit V – 1998)

Recommendation: Objective 11.5 – Assure that the program correlates evaluation and planning processes to identify priorities for improvement.

Reply: Radiography program planning process is correlated with the University's Annual Planning/Budget Process.

Program faculty evaluate program data and identify priorities for program improvement during the month of September. A Unit Action Plan is completed by mid-October. (See Exhibit VI) This becomes integrated into the College and University planning documents.

Recommendation: Objective 11.6 – Document that the program involves community of interest in delineating its planning and evaluation system.

Reply: An Advisory Committee meeting is scheduled for February, 1999 to review the program's planning and evaluation system.

A permanent seat will be held for a student on the Advisory Committee. (See Exhibit VII – Committee List)

Recommendation: Objective 11.7 – Assure that the program monitors planning activities and evaluation processes to document ongoing program effectiveness and satisfaction.

Reply: A faculty meeting is scheduled for March, 1999 to develop a plan for monitoring the program's planning and evaluation processes.

It is projected that, upon the activation of all the program innovations outlined, the program will meet the concerns of the Committee.

Sincerely,

Robert T. Holihan, B.S., R.T.(R)
Program Coordinator

William Sederburg, President
Ferris State University

Isabel J. Barnes, Ph.D.
Dean, College of Allied Health Sciences

Exhibit

I

JRCERT

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 900, Chicago, IL 60606-2901, Phone: (312) 704-5300
FAX: (312) 704-5304, E-Mail: jrcert@mail.idt.net, Web Site: <http://hudson.idt.net/~jrcert>

April 30, 1999

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Joanne S. Greathouse, Ed.S., R.T.(R), FASRT

William Sederburg, Ph.D.
President
Ferris State University
BIS-421 E
Big Rapids, MI 49307

RE: Program #00820000

Current Accreditation Status: 5 Years

Most Recent Site Visit: 9/98

Agenda: R-E

Dear Dr. Sederburg:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the radiography educational program sponsored by Ferris State University. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer program evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the associate degree program was considered at the April 1999 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the Standards for an Accredited Educational Program in Radiologic Sciences (1997).

THE JRCERT AWARDS ACCREDITATION FOR A PERIOD OF FIVE YEARS.

The maximum duration that may be awarded by the Joint Review Committee on Education in Radiologic Technology in this category is eight years.

The U.S. Department of Education recognizes the JRCERT as the national agency for the accreditation of programs for the radiographer and radiation therapist. Accordingly, the JRCERT is responsible for all accreditation actions.

The attachment to this letter identifies the number of students per first clinical term, as provided by the program, for the institutions recognized as clinical education settings. It is the responsibility of the sponsoring institution to provide a copy of this letter to appropriate personnel at the clinical education settings.

The Committee also voted to **RECOGNIZE** as clinical education settings:

#00822653 - Bell Memorial Hospital, Ishpeming, MI, 0 students per first clinical term as determined by the program.

#00824360 - Mecosta County General Hospital, Big Rapids, MI, 2 students per first clinical term as determined by the program.

The JRCERT requests a report by **March 25, 2000**, documenting progress toward achieving compliance with **Standards Six, Eight and Eleven**:

Objective 6.6 - Document that the program evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

Objective 8.3 - Provide assurance that the Nuclear Regulatory Commission regulations regarding the declared pregnant student (declared pregnant worker) are published and made known to accepted and enrolled female students. (Provide documentation that the pregnancy policy is disseminated to accepted and enrolled female students.)

Objective 11.1 - Document that the program describes quantitative outcomes consistent with its mission and goals.

Objective 11.6 - Document that the program involves communities of interest in delineating its planning and evaluation system.

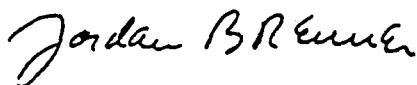
Objective 11.7 - Provide assurance that the program monitors planning activities and evaluation processes to document ongoing program effectiveness and satisfaction.

The JRCERT will consider maintaining or reducing accreditation without an additional site visit, following receipt and evaluation of the requested progress report.

As required by the United States Department of Education and consistent with JRCERT Policy 10.200, the program must document compliance with the **STANDARDS** within 24 months from the date of this accreditation action.

The Joint Review Committee on Education in Radiologic Technology Directors and staff congratulate you and the program faculty and wish you continued success in your efforts to provide a quality educational program. If we can be of further assistance, do not hesitate to contact us.

Sincerely yours,



Jordan B. Renner, M.D.
Chairman

JBR/LFW/dg

copy: Program Director: Robert T. Holihan, B.S., R.T.(R)
Medical Advisor: Craig B. Karsama, M.D.
Dean: Isabel J. Barnes, Ph.D.
Site Visitors: William H. May, R.T.(R)
M. Diane Newham, M.S., R.T.(R)(CT)
Accreditation Services Coordinator

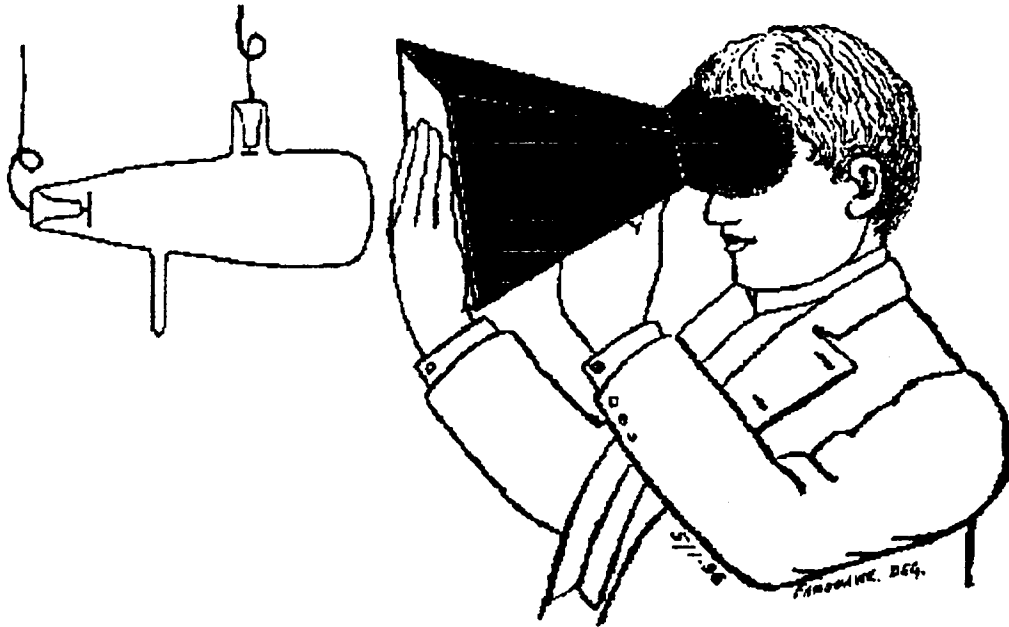
Radiography

Addendum to APRC
1999-2000

Section 2 of 2

FERRIS STATE UNIVERSITY RADIOGRAPHY STUDENT HANDBOOK

1999 – 2000



FERRIS STATE UNIVERSITY

RADIOGRAPHY PROGRAM MISSION AND GOALS

INTRODUCTION: The Radiography Program has developed goals and measurable objectives within the guidelines of the Mission and Goals of the University, the College of Allied Health Sciences, and the Department of Hospital Related Programs. Program objectives have been focused within the context and limited to the format previously adopted by the College of Allied Health Sciences.

PROGRAM MISSION: It is the mission of the Ferris State University Radiography Program to provide the highest quality instruction, and to prepare the student to assume the professional challenges and responsibilities of a entry-level radiographer.

Goal #1: To produce competent and qualified entry-level graduates.

Objectives:

1. Seventy-eight percent (78%) of examinees will pass the ARRT registry on the first attempt.
2. Ninety percent (90%) of program graduates within the past five years will pass the ARRT registry.
3. Ninety percent (90%) of graduating students will rate the effectiveness of the academic, clinical, and overall program as "Good" or "Excellent" (4.0 on a 5.0 scale).
4. Ninety percent (90%) of the graduates surveyed will rate the overall quality and effectiveness of the program as "Good" or "Excellent" (4.0 on a 5-point scale or 8.0 on a 10-point scale).
5. The average scaled ARRT registry score will meet or exceed the National Scale score for the October exam.
6. One hundred percent (100%) of graduates will indicate that they are "Well" or "Adequately" (4.0 on a 5-point scale) prepared clinically as entry-level radiographers.

Goal #2: To maintain or improve the quality of instruction.

Objectives:

1. Eighty percent (80%) of enrolled students will complete the program.
2. One hundred percent (100%) of those students who graduate will earn their degree in Radiography within 150% of the program length (nine semesters from the beginning of the program).
3. Eighty percent (80%) of students enrolled in any radiography course will successfully complete the course.
4. The average scaled score for each content area of the ARRT registry will meet or exceed 8.0.

Goal #3: To meet the employment needs of graduate and employers.

Objectives:

1. One hundred percent (100%) of employers surveyed will rate the program's recent graduates as "Meets" or "Exceeds" standards (3.0 on a 4-point scale) in all criterions.
2. One hundred percent (100%) of the members of the Advisory Committee will rate the program's design to provide students with practical job application experience as "Good" or "Excellent".
3. Eighty percent (80%) of those graduates seeking employment will be employed within six months of graduation.

Goal #4: To promote a flexible and adaptive curriculum.

Objectives:

1. One hundred percent (100%) of Adjunct Clinical Instructors will rate the first year students' general understanding of radiographic concepts, psychomotor ability, patient care skills, and professional behavior as "Fair" or better (3.0 on a 5-point scale).
2. One hundred percent (100%) of graduates will rate the overall didactic instruction as "Adequate" or better (3.0 on a 5-point scale).
3. One hundred percent (100%) of program faculty will rate the curriculum designed to facilitate student learning as "Good" or "Excellent" (4.0 on a 5-point scale).
4. One hundred percent (100%) of the members of the Advisory Committee rate the program's instructional content as "Acceptable", "Good", or "Excellent".

Goal #5: To provide an environment that responds to the need for continuing education of faculty, clinical staff, graduates, and registered technologists.

Objectives:

1. One hundred percent (100%) of the full-time program faculty will attend one or more professional or educational activities each year.
2. Thirty-three percent (33%) of the full-time program faculty will complete a minimum of 80 hours of work experience as a radiographer each year.
3. Seventy-five percent (75%) of graduates will indicate interest in pursuing one or more post-RT certificate(s).
4. Seventy-five percent (75%) of Adjunct Clinical Instructors will attend the yearly ACI meeting.

I. INTRODUCTION TO THE RADIOGRAPHY PROGRAM

PROGRAM DESCRIPTION

The Radiography Program at Ferris includes both classroom and internship experience, and leads to an Associate in Applied Science degree (AAS).

Graduates are eligible to take the national certifying examination of the American Registry of Radiologic Technologist. The program is accredited by the Joint Review Committee of Radiologic Technology in collaboration with the American Society of Radiologic Technologists, the American College of Radiology, and the American Medical Association Council on Medical Education.

Students spend the first three academic semesters on the Big Rapids campus, and complete general education and technical courses. Ferris maintains four complete x-ray laboratories and a processing room where students gain experience in applying the theory and principles learned in class.

During the last three academic semesters, students work with patients at clinical internship sites. Students intern at hospitals throughout the State of Michigan, acquiring clinical experience while receiving continued education.

II. CURRICULUM – RADIOGRAPHY PROGRAM

FERRIS STATE UNIVERSITY COLLEGE OF ALLIED HEALTH SCIENCES Radiography – Associate in Applied Science Degree

NOTE: Meeting requirements for graduation is the responsibility of the student. Your advisor is available to assist you.

FIRST YEAR

1st Semester

	<u>Grade</u>
MATH 110 Fundamentals of Algebra	0 ____
RADI 120 Radiologic Tech. 1	4 ____
RADI 130 Radiologic Imaging	4 ____
BIOL 109 Basic Human Anat. & Phys.	4 ____
ISYS 105 Microcomputer Applications	3 ____
	<u>15</u>

2nd Semester

RADI 140 Radiologic Positioning 1	4 ____
RADI 150 Related Radiographic Topics	4 ____
ENGL 150 English 1	3 ____
MRIS 102 Orient. to Medical Vocabulary	1 ____
Social Awareness Elective	3 ____
	<u>15</u>

Summer Semester

RADI 160 Advanced Radiologic Positioning	5 ____
ENGL 250 English 2	3 ____
HUMN 220 Ethics in Health Care	3 ____
HLTH 128 First Aid for Radiographers	1 ____
	<u>12</u>

SECOND YEAR

1st Semester

	<u>Grade</u>
RADI 217 Clinical Education 1	3 ____
RADI 225 Clinical Practicum 1	9 ____
	<u>12</u>

2nd Semester

RADI 218 Clinical Education 2	3 ____
RADI 226 Clinical Practicum 2	9 ____
	<u>12</u>

Summer Semester

RADI 219 Clinical Education 3	3 ____
RADI 227 Clinical Practicum 3	9 ____
	<u>12</u>

MATH 110, equivalency or proficiency (Math ACT subscore of 19 or better) required for graduation.

78 semester hours required for graduation

III. GENERAL PROGRAM POLICIES

ADMISSION PROCEDURE

Student application may be obtained by writing to: Office of Admissions, Ferris State University, 420 Oak Street, Big Rapids, MI 49307-2020. Applications are also available at the offices of Michigan high school and community college counselors.

The completed application must be returned to the Admissions Office well in advance of the semester in which the students expect to enroll. Further information may be obtained by calling the Admissions Office at 1-800-4-FERRIS.

RADIOGRAPHY PROGRAM PLACEMENT

First year student admission criteria include a high school 2.5 GPA and a math ACT subscore of 19 or higher. Students must be 18 years old in the first semester of the first year of study. Students transferring into the program must have a 2.5 GPA with a C in Math 110 or equivalent. First year enrollment is limited to 60 students.

PROGRESSION

In recognition of the need to maintain acceptable standards for professional curriculum performance, as well as academic achievement, the following academic progression requirement should apply to all students enrolled in the Radiography Technology Program.

In order to progress in the program, a student should maintain:

- at least a "C" in each course carrying a prefix of RADI and in the following (or their equivalents) designated by the faculty as required professional courses: BIOL 109, MRIS 102; and
- a 2.0 cumulative honor point average; and
- no student will be allowed to enter internship, continue in internship, or graduate from the program with less than a 2.0 overall cumulative honor point average, or with a grade of "F" in any of the above required professional courses.

A student with a deficiency in one of the above conditions may petition for a one semester probationary/trial period to bring their academics up to minimum for continuation. Conditions for this probationary/trial period will be determined by the program coordinator in conference with the student.

CLINICAL PLACEMENT

See the above Progression Policy. The following items must be on file before receiving a clinical assignment:

- Health form completed by a physician or registered nurse
- Documentation of health records
- Hepatitis B series shots, or a copy of waiver form
- CPR Certification (AHA category "C", etc.)
- Evidence of health insurance
- Verification of TB test within 6 months of the first day of internship
- See page 18 for additional information

PLACEMENT PROCESS

1. During the first week of the Fall semester, the Clinical Coordinator will outline the placement process and time-table with the new (first year) radiography students. During this lecture, he or she will provide the students with a list of all available clinical sites along with the names and phone numbers of the Adjunct Clinical Instructors. He/she will also emphasize the need for students to visit all of the clinical sites in which they are interested before deciding on their top three choices.
2. In the middle of the Fall semester, the Clinical Coordinator will distribute and discuss the Student Clinical Site Visit Form with all first year students. During this time, he/she will remind the students to visit as many potential sites as possible BEFORE the beginning of the Winter semester.
3. At the beginning of the Winter semester, the students will be asked to fill out the Clinical Affiliation Preference Form with their top three choices for clinical sites, and any reasons they have for their choices. They will be given one week to return these forms to the Clinical Coordinator.
4. Following the gathering and organization of the Clinical Site forms by the Clinical Coordinator, the Placement Committee (radiography faculty) will meet to place students at clinical sites. These decisions will be made using (but not limited to) the following criteria:
 - a. Student's choice of clinical site
 - b. Student needs and reasons for choosing site, i.e.,
 - 1) Family responsibilities
 - 2) Financial constraints
 - 3) Convenience
 - 4) Personal connection with site
 - c. Faculty professional opinion
 - d. Outside influences
 - e. Other intangible factors

Any faculty disagreements concerning placement of students will be settled by majority rule.

5. After all committee decisions have been finalized, the students will be notified, in writing, of their clinical site. Any student or clinical site questions about the process and/or outcomes should be addressed by the Clinical Coordinator.

CLINICAL AFFILIATION PREFERENCE FORM

List, in priority order, in the spaces provided below the names of the hospitals at which you would agree to intern during your three semesters of clinical practicum. **Remember:** placement is contingent upon the decision of the Placement Committee. At least **THREE (3)** hospitals should be listed.

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Please indicate any specific needs, reasons, or information that may effect the committee's decisions concerning your placement.

Please sign below and return this form to Mr. Mayhew's office in the College of Allied Health Sciences Building (Room 409) by 4:00 p.m. on February 20, 1998. Between February 23rd and March 20th, the placement process will take place. The student will be notified by March 23, 1998 of his or her clinical assignment. The clinical site will be informed of these assignments prior to student notification.

Student Name (Please Print): _____

Birthdate: _____ SS#: _____

(This information is needed for film badges)

Signature: _____ Date: _____

DISCLAIMER:

"Some programs of the College of Allied Health Sciences utilizes hospital clinical sites to meet the requirements for completion of the program. **These affiliated hospitals have the right to accept or reject a student.** This action could result in a student being delayed in a program or unable to complete a particular program. The decision may be made just prior to clinical internship.

**STUDENT CLINICAL SITE VISIT
1998 – 1999**

NAME: _____ DATE OF VISIT: _____

CLINICAL SITE VISITED: _____

ADJUNCT CLINICAL INSTRUCTOR: _____

During my clinical site visit, I did the following:

Spent at least four (4) hours in the Radiology Department observing procedures

Toured the entire hospital or clinic

Interviewed the ACI(s)

Interviewed at least two (2) technologists in the department

Interviewed a current intern from Ferris State University

Interviewed a department administrator or Radiologist

Ate lunch in the cafeteria

Watched a registered technologist perform the following procedures:

PA and lateral chest

Portable chest

Upper extremity

Lower extremity

Pediatric procedure

Barium enema

Other barium study

IVP

Cat Scan

Sonogram

Mammogram

Surgical procedure

Other: _____

Other: _____

Other: _____

ACI's Signature: _____

Date: _____

- Continued on back -

Please comment on what you liked about your visit to the clinical site:

What didn't you like about your visit?

Some important issues which you may want to find out about during your visit:

1. What shifts (evenings, nights, weekends) do interns rotate through?
2. What is the department's dress code for interns?
3. Does the department supply the interns with a lab coat or scrubs?
4. Is there free parking? Where do interns park?
5. Is there any meal allowance for interns?
6. What are the starting and ending times for each shift?
7. Is there any work available outside of clinical hours?
8. What other areas of the hospital can the intern rotate through?
9. Any other issues which may influence your decision.

TERMINAL COMPETENCIES

To successfully pass the Radiography program and become a qualified radiographer, it is felt that each student must minimally attain the following list of competencies. Therefore, upon graduation, the student will be able to:

1. Effectively use oral and written medical language.
2. Demonstrate knowledge of human structure, function, and pathology.
3. Anticipate and provide basic patient care and comfort.
4. Apply principles of body mechanics.
5. Perform basic mathematical functions.
6. Operate radiographic imaging equipment and accessory devices.
7. Position the patient and imaging system to perform radiographic examinations and procedures.
8. Modify standard procedures to accommodate for patient condition and other variables.
9. Process radiographs.
10. Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure.
11. Adapt exposure factors for various patient conditions, equipment, accessories, and contrast media to maintain appropriate radiographic quality.
12. Practice radiation protection for the patient, self, and others.
13. Recognize emergency patient conditions, and initiate first aid and basic life-support procedures.
14. Evaluate radiographic images for appropriate positioning and image quality.
15. Evaluate the performance and radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
16. Demonstrate knowledge and skills relating to quality assurance.
17. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
18. Demonstrate general knowledge of body-section anatomy and radiographic methods.
19. Demonstrate general knowledge of basic computer operation and capabilities.
20. Demonstrate expected ethical and professional behavior.
21. Recognize the need for further professional education.
22. Recognize the function, effects, and administration of various drugs used in Radiology.

RADIATION SAFETY POLICY

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Division of Radiologic Health
P.O. Box 30035, 3500 North Logan Street
Lansing, Michigan 48909

Form RH-100
(10-85)

NOTICE TO EMPLOYEES

MICHIGAN RULES FOR CONTROL OF RADIATION

The Michigan Department of Public Health has established regulations entitled "Ionizing Radiation Rules" for your protection against radiation hazards pursuant to the Public Health Code, Act 368, Public Acts of 1978, as amended.

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to:

1. Apply these Rules to work involving sources of radiation.
2. Post, or otherwise make available to you, a copy of the Michigan Department of Public Health's Rules, registration certificates, and licenses, and any operating procedures which apply to work you are engaged in and explain their provisions to you.

YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the Rules and the operating procedures which apply to the work you are engaged in. You should observe their provisions for your own protection and the protection of your co-workers.

WHAT IS COVERED BY THESE RULES?

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas.
2. Measures to be taken after accidental exposure.
3. Personnel monitoring, surveys, and equipment.
4. Caution signs, labels, and safety interlock equipment.
5. Exposure records and reports, and
6. Related matters.

REPORTS ON YOUR RADIATION EXPOSURE HISTORY

1. The Rules require that your employer give you a written report if you receive an exposure in excess of any applicable limit as set forth in the regulations or in the license. The basic limits for exposure to employees are set forth in Rules 203 to 210. These rules specify limits on exposure to radiation and exposure to concentrations of radioactive material in air and water.
2. If you work where personnel monitoring is required, and if you request information on your radiation exposure:
 - a. Your employer must advise you annually of your exposure to radiation, and
 - b. Your employer must give you a written report, upon termination of your employment, of your radiation exposure.

INSPECTIONS

All licensed or registered activities are subject to inspection by representatives of the Michigan Department of Public Health.

INQUIRIES

Inquiries dealing with the matters outlined above can be sent to the Michigan Department of Public Health, Division of Radiological Health, P.O. Box 30035, 3500 North Logan Street, Lansing, Michigan 48909.

POSTING REQUIREMENTS

Copies of this notice must be posted in every establishment where individuals are employed in activities licensed or registered, pursuant to Michigan's "Ionizing Radiation Rules", by the Michigan Department of Public Health. This posting must appear in a sufficient number of places to permit employees working in or frequenting any portion of a restricted area to observe a copy on the way to or from their place of employment. Failure to comply with posting requirements is subject to the penalties established in Public Act 368 of 1978, as amended.

PREGNANCY POLICY

In case of an anticipated or confirmed pregnancy in a monitored female student in a restricted (radiation) area, the following steps must be taken:

1. The individual may notify the Program Coordinator, Adjunct Clinical Instructor, Clinical Coordinator, and FSU's Radiation Safety Officer. Notification of pregnancy is voluntary, however, information and services provided by the University, clinical site, and Radiation Safety Officer(s) can only be accessed with notification.
2. If the individual chooses to notify the clinical site and University, she should fill out a "Notice of Pregnancy" form and send copies to the Program Coordinator, Clinical Coordinator, and Radiation Safety Officer so that records can be maintained for clinical purposes.
3. The individual will be requested to read the appendix to regulatory guide 8.13, "Possible Health Risk to Children of Women Exposed to Radiation Pregnancy". This document is available through the clinical site or the FSU Radiation Safety Officer.
4. The Clinical Instructor, department administrator, or RSO shall discuss with the individual the pregnancy practices that she may take to reduce radiation exposures to the individual and the fetus.

IV. CLASSROOM POLICIES

ATTENDANCE

A professional career requires a personal attitude of responsibility and commitment. This career responsibility will be reflected through academic and clinical courses.

A. Attendance

1. Students are required to attend all scheduled classes.
2. Punctuality: Be fair and avoid missing something important; do not interrupt classes by being late.
3. Snow Policy: If the college is closed because of poor weather conditions, the student is not required to attend classes at the University.

PLEASE NOTE: Clinical Snow Days

The FSU Radiography Program does not recognize snow days as a legitimate day off and, therefore, clinical will not be cancelled. Every attempt will be made by the intern to attend their internship site without risking one's life.

ACADEMIC STANDARDS

The purpose of the grading scale listed below is to ensure that, upon completion of the Radiography program, students will likely pass the ARRT certification exam.

Grading Scale

95 - 100	A
92 - 94	A-
89 - 91	B+
86 - 88	B
83 - 85	B-
80 - 82	C+
77 - 79	C
74 - 76	C-
71 - 73	D+
68 - 70	D
65 - 67	D-
Below 65	F

See Progression Policy on page 7.

RE-ENTRY PROCESS

Re-entry is handled on a case by case basis.

TUTORING

Tutoring is available without charge to any student who is not meeting the objectives of the course. It is the responsibility of the student to see the instructor of that class to request tutoring. Tutors have been selected for Radiography courses. Because tutors must be radiography professionals, tutor time must be set to facilitate the tutor. Information on signing up for a tutor may be found in STR 321 (616-592-5947) or VFS 406 (616-592-2326).

CODE OF CONDUCT

Students are expected to behave professionally at all times. Therefore, **CHEATING OR PLAGIARISM WILL NOT BE TOLERATED.**

Student Responsibilities (Ferris Catalog, 1997-98, p. 34)

1. Conduct on University premises or at University functions. Any student found to have committed the following misconduct while on University premises or at a University function is subject to disciplinary action by the University as outlined in the section entitled "Judicial Procedure".
 - A. Academic Dishonesty. Cheating, plagiarism, or other forms of academic dishonesty, including the acquisition without permission of tests and other academic material belonging to a member of the University community and sale or distribution of such material.

DRUG AND ALCOHOL POLICY

For each student enrolled in a class at Ferris State University, the Drug Free Workplace Act of 1988 will be in effect. If a student is suspected of using drugs or alcohol, they will be asked to leave class or the clinical site. In addition, the University and the College of Allied Health Sciences is a non-smoking facility. If you must smoke, you must go outside.

GRADUATION REQUIREMENT

Complete the program curriculum as outlined. It is the responsibility of the student to apply for graduation with their advisor prior to leaving campus for clinical internship.

V. CLINICAL POLICIES

ATTENDANCE POLICY

Clinical

The length of clinical day shall be no less than eight or more than eight and one-half hours unless extenuating circumstances dictate otherwise.

Attendance

Based on Ferris State University policy which allows course instructors to establish specific attendance policy: Be it known that attendance is required during all scheduled clinical days.

The profession of radiography has established high standards for technologists and students and nowhere are these standards more important than during clinical internship training. It is the responsibility of Ferris State University and each clinical site to teach the students the importance of patient care and professional conduct. One of the most important aspects of professionalism is attendance and, therefore, each student is expected to be at the internship site every day (and on time) for each scheduled shift. The scheduling of clinical assignments, shifts, or rotations is determined by the Adjunct Clinical Instructor (ACI) at each clinical site and reviewed by the Clinical Coordinator at Ferris State University.

The students on clinical internship will follow the same semester schedule as the students on-campus, including all scheduled breaks and holidays.

In addition to the scheduled breaks and school holidays, the student will be given one personal day off each semester. To be considered a personal day, the student must inform the Adjunct Clinical Instructor at least 24 hours in advance of their intent to be absent. The student's absence for a personal day will not affect his or her grade, however, each subsequent absence will decrease the overall clinical grade by 5%. For example, if the student's clinical grade is 95% and he or she had four absences for the semester, they would receive an overall clinical grade of 80% ($95\% - 15\% (3 \times 5\%) = 80\%$). If the student's clinical semester grade is below 77% (C), by department policy, he or she will not be allowed to progress through the program.

It is also imperative that students are at the clinical sites on time. Excessive tardiness will not be tolerated by the clinical sites or the University. Tardiness is defined as arriving at the clinical site five (5) minutes or more after the scheduled start time. Three tardies in any semester will count as one absence and the clinical grade will be adjusted as described above.

If a student is going to be late or absent, it is his or her responsibility to notify the clinical site no later than ½ hour before the start of his or her scheduled shift. Failure to do so is considered a serious breach of professional conduct and will not be tolerated. Each unnotified absence or tardy will count double on the student's clinical grade.

The Adjunct Clinical Instructors at each clinical site will maintain all daily attendance records, and will send or fax a copy of these records to the Clinical Coordinator before the last day of each semester.

If the Adjunct Clinical Instructor deems that a student's attendance has extenuating circumstances which may merit special consideration, the ACI must inform the Clinical Coordinator prior to the last day of the semester.

Under special circumstances, and at the discretion of the ACI and Clinical Coordinator, a student may be allowed to remain in the program following an extended absence (serious illness, etc.). In such cases, the student will receive a grade of incomplete "I" for that semester, and will be required to make up all lost time after his or her scheduled graduation date.

COMPENSATORY TIME

The students may not accumulate compensatory time to be taken off before the end of the program.

LEAVE OF ABSENCE

Bereavement Leave

A radiography intern who is absent from clinical internship as a result of the death of a member of the immediate family shall, upon notification of the ACI and the Clinical Coordinator, and completion of Leave of Absence Request form, be entitled to release time not to exceed three (3) regularly scheduled days of clinical. Immediate family is herein defined as follows:

1. Spouse
2. Natural or adopted child
3. Natural or adopted parent
4. Adopting step-parent
5. Brother and sister, whole blood or half
6. Grandparent
7. Grandchild
8. Mother-in-law, Father-in-law

Any intern, only upon proper advanced authorization from the Adjunct Clinical Instructor and Clinical Coordinator, may be granted bereavement leave for deceased persons not listed above.

Military Leave

Ferris State University's Radiography Program will follow all state and federal regulations concerning reservist and guard military active duty. The program director, clinical coordinator, and adjunct clinical coordinator will be notified prior to clinical internship as to the status of military active duty. Two weeks of military active duty **should** be taken during semester break if at all possible. The Leave of Absence Request form should be filled out and authorized by the ACI at least one (1) month prior to the requested time off.

Jury Duty

A student called for jury duty should notify the ACI and fill out the Leave of Absence Request form at least one (1) month prior to the scheduled court date.

DISMISSAL

The following are examples of actions which may lead to immediate dismissal from the program:

1. Unprofessional behavior
2. Falsification of any records or exams
3. Unlawful possession, use, or distribution of illicit drugs or alcohol
4. Theft
5. Failure to abide by hospital dress regulations
6. Indifferent attitude toward any patient
7. Insubordination
8. Poor hospital attendance
9. Failure to phone the hospital when unable to be there at the appointed time.
10. Any breach of personal rules and regulations of the hospital and/or University
11. Felony conviction
12. Any infractions of the Code of Ethics as outlined on page 24 of this manual.

NOTE: Documentation of these incidents must be on file and signed by the clinical education supervisor and/or department administrator. The student must also sign and date the report. The program director/clinical coordinator must be notified immediately of any unprofessional activity of the student(s).

STUDENT RECORDS

All student records, schedules, and evaluations will be maintained in the Radiology Department of the hospital during the clinical year. These records are under the same confidentiality policy as all student records.

Copies of all documents, correspondence of students, and semester evaluations/competency evaluations will be sent to the Clinical Coordinator by the end of each semester.

Documentation of clinical hours must be maintained in the Radiology Department during the clinical year, and copies sent to the Clinical Coordinator for student file. Student records are kept for five (5) years. Film badge reports are kept indefinitely. (After the conclusion of internship, all files will be returned to the Ferris State Radiography program.)

CLINICAL ROTATION SCHEDULE

The clinical student schedule is under the direction of the Clinical Coordinator or the Adjunct Clinical Instructor at each clinical education center.

Evening, night, and weekend clinical rotations are determined by the Adjunct Clinical Instructor with the approval of the Clinical Coordinator.

Rotation of students in areas other than diagnostic radiology is under the discretion of the Adjunct Clinical Instructor and Clinical Coordinator, and will be based on the progress and experience of the student. Clinical students will not be scheduled on an "on call" shift.

DURING A STUDENT'S CLINICAL EXPERIENCE, THEY WILL NOT SUBSTITUTE FOR, OR TAKE THE PLACE OF, HOSPITAL STAFF.

HEALTH INSURANCE

The clinical site is not responsible for providing medical insurance for the student. Each student must be covered by medical insurance before they begin their clinical internship. There are no exceptions.

SNOW DAYS

The Radiography program does not recognize snow days as a legitimate day off and, therefore, clinic days will not be cancelled. Every attempt will be made by the intern to attend their internship site without risking one's life.

IMMUNIZATIONS AND CPR

Verification of the following immunizations must be submitted before entering the internship phase of the program:

- * MMR (mumps, measles, rubella) vaccine
- * Tetanus (within 10 years)
- * TB (within 6 months of the first day of internship)
- * The Hepatitis B vaccine series must be started by the beginning of clinical internship, or a waiver form must be submitted to the Clinical Coordinator

Each student must have current CPR certification before entering internship. Acceptable certifying agencies are: The American Red Cross (CPR for the Professional) or the American Heart Association (Course C).

UNIFORMS

Each clinical site has rules and regulations regarding dress and appearance. These regulations shall be followed according to the specific site. If necessary, a student will be counseled by the ACI and/or the Clinical Coordinator and a counseling sheet will be completed. Disciplinary action may be necessary if these regulations are not adhered to. Any disciplinary action because of dress shall be made up at the ACI and the department's discretion.

SUPERVISION OF STUDENTS

Until the intern achieves and documents competency in a given procedure, all clinical assignments should be carried out under the direct supervision of an ARRT registered radiographer.

Direct Supervision

Direct supervision is as follows:

1. The radiographer views the request for examination.
2. The radiographer evaluates the condition of the patient.
3. The radiographer observes and communicates with the student throughout the procedure.
4. The radiographer takes responsibility for all patient care considerations throughout the procedure.
5. The radiographer reviews and approves the radiographs.

After demonstrating competency, interns may perform procedures with indirect supervision.

Indirect Supervision

Indirect supervision is defined as that supervision provided by a qualified radiographer "immediately available" to assist the intern regardless of level of intern achievement.

"Immediately available" is 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.

REPEAT RADIOGRAPHS

The policy of Ferris State University states that an unsatisfactory radiograph taken by a student must be repeated in the presence of a registered radiographer. Any student's failure to comply with this policy will result in immediate disciplinary action (verbal warning, written warning, suspension, and possible termination from the program).

POLICY ON POLICIES

These policies are subject to change and modification following periodic review by program faculty and the many affiliates. Changes in policy will be placed in effect following a reasonable period of notification and will be binding on students, faculty, and clinical affiliates, and shall supersede prior policy.

VI. GRIEVANCE POLICY AND PROCEDURE

Policy

All programs of study in the Radiography program are intended to assist students in gaining the optimum benefit from their educational experience. In support of this, all students are expected to demonstrate appropriate conduct. In instance of misconduct, the University has articulated a written policy on student conduct that is included in this handbook, the Ferris State University Student Handbook, and the Ferris State University Catalog. In addition, the University has a written grievance procedure for students located in the Student Handbook Polices and Procedures.

Procedure

Program students are encouraged to attempt to resolve disagreements with faculty members, administrators, and other students prior to proceeding on to the following process.

This procedure has been designed to address grievances regarding conduct related to:

- the academic setting including, but not limited to, classroom and practicum sites;
- academic performance and progress concerns; and
- right to privacy issue.

This means of resolving disagreements in no way replaces any University policy or procedure that is available to students, faculty members, or administrators. Individuals who utilize this process retain all rights to access other grievance procedures available within and outside the University.

Students are to follow this procedure if they believe that they have a grievance and seek remedy for it.

1. Submit a written detailed account of the situation, including copies of support documentation and suggested remedies to the Radiography Program Coordinator. If the faculty member involved (the respondent) is the program coordinator, this information should be submitted to the department head. The written account must be submitted within 10 days of the occurrence.
2. The program coordinator (or department head) must acknowledge receipt of the written account, notify the respondent(s) [faculty member(s), department head, student(s)] of the complaint, and notify the grievant student and respondent in writing of a meeting or meetings scheduled to discuss the situation within 48 hours of receipt of the written account. The meeting(s) to discuss the situation must occur within five (5) working days of receipt of the written account.
3. Although not required, one meeting could include, with mutual consent of grievant and respondent, all parties involved. It is during this meeting or separate meetings that the program coordinator will discuss the situation and attempt to assist the involved parties in resolving the disagreement.
4. Written disposition of the meeting(s) will be developed by the program (a department head or Dean) as appropriate and sent to the grievant and the respondent.
5. Students who are not satisfied with conclusions reached at the meeting may elect to pursue the College Grievance Procedure that is available in the Office of the Dean.

VII. COLLEGE OF ALLIED HEALTH SCIENCES DENIED STUDENT APPEALS PROCESS

A student may be academically dismissed if one or more of the following criteria exist at the completion of an academic semester:

1. A student fails 50% or more of the course work for which the student is enrolled in any semester.
2. The student's academic performance at the end of any semester on "one-semester trial" status does not warrant continuation. (Consideration is given to feedback from the student's department head or advisor.)
3. A student fails to satisfy re-admission requirements.
4. The student's cumulative honor point average (CHPA) falls below the minimum level (see 1997-99 FSU Catalog, page 52).

Students who are academically denied will receive a certified letter indicating their status. The academic denial causes any pending academic program changes (Curriculum Change) to be cancelled, as well as canceling any classes for which the student has early registered.

If denied, the student is not eligible to appeal for readmission for at least one semester, excluding summer. Students have an opportunity to appeal this decision if they feel extenuating circumstances warrant additional consideration by the Dean of the College of Allied Health Sciences.

If a student wishes to appeal an academic denial, he or she must send a letter to the Dean. The letter must state the extenuating circumstances that affected the student's academic performance, and the current status of those conditions. The student must then schedule an appointment with the Dean by calling (616) 592-2342. The appointment with the Dean must occur no later than the end of business on the first day of classes for that semester. The letter may be mailed in advance of the appointment, or brought to the appointment. If a student desires to be readmitted following a longer absence from the University, he or she should contact Admissions.

VIII. COLLEGE OF ALLIED HEALTH SCIENCES DISRUPTIVE BEHAVIOR POLICY

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings. (University disciplinary procedures are delineated in the "Student Conduct and Discipline Policy", reprinted in the FSU Student Calendar/Handbook.)
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment, in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Guidelines for Instructors and Other Personnel

1. Please review the University's Policy on Student Conduct (available in your department office) so that you are fully aware of both the student's responsibility for appropriate conduct and the University's disciplinary procedures pertaining thereto.
2. If you have specific behavioral expectations for your classes, you may find it helpful to include these in your syllabus and/or review them with all students at the beginning of the term.

3. When disruptive behavior occurs in class or another educational setting (e.g., computer lab, tutoring room), confront it directly and simply. Label the behavior as disruptive, and tell the student to stop the behavior. Example: "Your throwing spit balls is disrupting the class. Please stop.", or "Your talking is interfering with my ability to lecture and it is disrupting the class. Please stop or I will ask you to leave the room." It is best to respond early while you are most likely to be able to do so with little emotion.
4. If the student does not stop, do ask the student to leave the room. Make a note of that (e.g., on your grade book or office calendar). Do not tell the student she/he cannot return to class at a later session, however, as this violates University policy. If the student refuses to leave, either dismiss the class or excuse yourself for a few minutes and call Public Safety (extension 5000) to have the student removed.
5. If you experience a pattern of disruptive behavior and the student does not respond appropriately to clear, simple messages, then inform your department head immediately. She/he will be kept informed about any changes in policy or procedures, and can probably provide some good advice as well. Serious behavior problems, as well as any student who refuses to leave the room when instructed to do so, should also be reported to Roger Peterson, Student Judicial Services.
6. You may lower a student's grade for being disruptive only to the extent that you have incorporated quality of class participation into your grading system for all students.
7. You may invoke the University's disciplinary procedure against a disruptive student. In extreme cases, you may also ask the Dean's office to withdraw the student from your class, an action which may be taken following Dean's Office review.
8. In cases of potential threat, dismiss class and immediately call Public Safety (x-5000) from a nearby office or courtesy phone.

NOTE: When in doubt, don't hesitate to talk to senior colleagues, your department head, or the Dean's office. Most problems can be resolved if addressed early and unambiguously. We are here to help you maintain a quality learning environment and the integrity of the classroom.

IX. PROFESSIONAL ORGANIZATION AND CODE OF ETHICS
STANDARDS OF ETHICS OF THE
AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

As Adopted June 1993

CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registered Technologists and may evaluate their professional conduct as it relates to patients, health care customers, employers, colleagues, and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists and students in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principal objective of the professional to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist utilizes equipment and accessories, employees techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing the radiation exposure to the patient, self, and other members of the health care team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues, and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

X. PROGRAM ADMINISTRATIVE STRUCTURE

Program Director (Coordinator)

Duties include:

- Organize, administer, review, develop, and assure program effectiveness
- Evaluate and assure clinical education effectiveness
- Maintain current knowledge of the professional discipline and educational methodologies through professional development

Clinical Coordinator (CC)

Duties include:

- Correlate clinical education with didactic education
- Instructs student; evaluates students
- Evaluate and assures clinical education effectiveness through regularly scheduled visits to clinical practice settings
- Maintain current knowledge of discipline through continuing professional development

Adjunct Clinical Instructor (ACI)

Duties include:

- Have knowledge of program goals
- Understand the clinical objectives and clinical evaluation system
- Provide student with clinical instruction/supervision
- Evaluate student clinical competence
- Maintain competency in the professional discipline, instructional, and evaluation techniques through continuing professional development

Clinical Staff (Staff Radiographer)

Duties include:

- Understand the clinical competency system
- Support the educational process
- Meets regularly with the Clinical Instructor to maintain current knowledge of program policies/procedures and student progress
- Maintain(s) competency in the professional discipline, instructional, and evaluation techniques through continuing professional development

Program Personnel

Dean of the College of Allied Health Sciences	Isabel J. Barnes, Ph.D.
Department Head	Julian Easter, MS, RRT
Program Coordinator	Robert Holihan, RT(R)
Program Faculty	Joel Rescoe, RT(R)
Clinical Coordinator	Jim Mayhew, RT(R)

XI. AFFILIATED CLINICAL EDUCATION CENTERS

HOSPITAL	PHONE	ACI
<u>BELL MEMORIAL HOSPITAL</u> Department of Radiography 101 S. 4 th Street Ishpeming, MI 49849	906-485-2125	Kenneth Miller, R.T.(R)
<u>BORGESS MEDICAL CENTER</u> Department of Radiography 1521 Gull Road Kalamazoo, MI 49016	616-226-4830	Tim Stowers, B.S., R.T.(R)
<u>COLUMBIA-BRANDON HOSPITAL</u> Department of Radiography 119 Oakfield Drive Brandon, FL 33511	813-681-0545	Barbara Kestler, R.T.(R)
<u>GARDEN CITY HOSPITAL</u> Department of Radiography 6245 N. Inkster Road Garden City, MI 48135	734-458-3429	Jamie Platt, R.T.(R)
<u>GERBER MEMORIAL HOSPITAL</u> Department of Radiography 212 S. Sullivan Street Fremont, MI 49412	616-924-1365	
<u>HOLLAND COMMUNITY HOSPITAL</u> Department of Radiography 602 Michigan Ave. Holland, MI 49423	616-394-3190	Pam Piers, R.T.(R)
<u>HURON MEMORIAL HOSPITAL</u> Department of Radiography 1100 S. VanDyke Road Bad Axe, MI 48413	517-269-9521	Doug Wassman, R.T.(R)
<u>LAKESHORE COMMUNITY HOSPITAL</u> Department of Radiography 72 S. State Shelby, MI 49455	616-861-2156, ext. 134	
<u>LAPEER GENERAL HOSPITAL</u> Department of Radiography 1375 N. Main Lapeer, MI 48446	810-667-5744	Melissa Summers, R.T.(M)
<u>MARLETTE COMMUNITY HOSPITAL</u> Department of Radiography 2770 Main Street Marlette, MI 48453	517-635-4332	Dorothy O'Driscoll, R.T.(R)(M), RDMS
<u>MCLAREN REGIONAL MEDICAL CENTER</u> Department of Radiography 401 S. Ballenger Highway Flint, MI 48532-3685	810-342-2023	Marsha Greer, R.T.(R)

HOSPITAL	PHONE	ACI
<u>MCPHERSON HOSPITAL</u> Department of Radiography 620 Byron Howell, MI 48843-1093	517-545-6245	Rebecca Trevillian, R.T.(R)(M)
<u>MECOSTA COUNTY GENERAL HOSPITAL</u> Department of Radiography 405 Winter Ave. Big Rapids, MI 49307	616-796-8691	Melanie Aube, R.T.(R)
<u>MEDICAL ARTS</u> Department of Radiography 520 Cobb Street Cadillac, MI 49601	616-775-6521 "0"	Kelly Harris, R.T.(R)
<u>MERCY HOSPITAL</u> Department of Radiography 1500 E. Sherman Blvd. Muskegon, MI 49443	616-739-4881	Ricky Kauffman, R.T.(R)
<u>MUNSON MEDICAL CENTER</u> Department of Radiography Sixth & Madison Traverse City, MI 49684	616-935-6403	Ed McNamara, R.T.(R)(CV)
<u>NORTHERN MICHIGAN HOSPITAL</u> Department of Radiography 416 Connable Ave. Petoskey, MI 49770	616-487-7839	Linda Beat, B.S., R.T.(R)
<u>NORTH OAKLAND MEDICAL CENTERS</u> Department of Radiography 461 W. Huron Street Pontiac, MI 48341-1651	248-857-7234	
<u>OTSEGO MEMORIAL HOSPITAL</u> Department of Radiography 825 N. Center Street Gaylord, MI 49735	517-732-1731	Tom Bennett, R.T.(R)
<u>REED CITY HOSPITAL</u> Department of Radiography 7665 – 220 th Ave. Reed City, MI 49677	616-832-3271	Sally Marr, R.T. (R)
<u>ST. FRANCIS HOSPITAL</u> Department of Radiography 3401 Ludington Street Escanaba, MI 49829	906-786-3311	Jesse Weasler, R.T.(R)
<u>ST. JOSEPH HOSPITAL</u> Department of Radiography 200 Hemlock, P.O. Box 659 Tawas City, MI 48764-0659	517-362-3411	
<u>ST. LUKE'S HOSPITAL</u> Department of Radiography 700 Cooper Ave. Saginaw, MI 48602	517-771-6277	Howard Rankins, R.T.(R) Dan Lupcke, R.T.(R)

HOSPITAL	PHONE	ACI
<u>ST. VINCENT HOSPITAL</u> Department of Radiography 2001 W. 86 th Street Indianapolis, IN 46240-0970	313-338-2322	Louise Groth, B.S., R.T.(R)
<u>SPECTRUM HEALTH (DOWNTOWN)</u> Department of Radiography 100 Michigan Ave. Grand Rapids, MI 49503	616-391-1878	Kay Williams, R.T.(R) Jeff Lloyd, B.S., R.T.(R)(N)
<u>STURGIS HOSPITAL</u> Department of Radiography 916 Myrtle Sturgis, MI 49091	616-651-7824	Todd Milliman, R.T.(R)
<u>THREE RIVERS AREA HOSPITAL</u> Department of Radiography 1111 W. Broadway Three Rivers, MI 49093	616-278-1145, ext. 454	Bev Levett, R.T.(R)
<u>WAR MEMORIAL HOSPITAL</u> Department of Radiography 500 Osborn Blvd. Sault Ste. Marie, MI 49783	906-635-4439	Kristi Guimond, R.T.(R)(M)(N)

XII. PROGRAM AGREEMENT

FERRIS STATE UNIVERSITY RADIOGRAPHY AGREEMENT

The following agreement is intended to acquaint the student radiographer with the program requirements, policies, and guidelines for program success at Ferris State University and the affiliated clinical facilities.

1. **Duration of Program:** The program is six (6) semesters in length and continues through the summer of the first year.
2. **Governing Regulations:** All provisions concerning conduct and grooming standards promulgated by the College Catalog and included in the Radiography Student Handbook shall apply.
3. **Student Aid:** Scholarships or loans are available to students through Applications to the Financial Aid.
4. **Uniform:** The purchase and upkeep shall be the responsibility of the student, and shall adhere to the program dress code.
5. **Textbooks:** The student shall purchase all textbooks required by the Radiography program.
6. The clinical absence and tardy policies will be strictly enforced.
7. Any substantial breach of regulations, any serious departure from professional bearing, or any prominent deficit in academic or clinical educational achievement, motivation, or attitude may constitute grounds for a student's expulsion from the program depending upon the severity of the infraction.

I have read and studied the Radiography Student Handbook and I understand my obligation.

SIGNED: _____

DATE: _____

XIII. JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is a specialized body to assure excellence in education through the accreditation of education programs in radiological sciences.

If students or the community have questions related to the accreditation of the Ferris State University Radiography program, they may write or call the JRCERT at:

JRCERT
20 N. Wacker Drive
Suite 900
Chicago, IL 60606
(312) 704-5300

XIV. ADDENDUM

A. STUDENT DIGNITY POLICY

Statement of Policy

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

- (1) The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
- (2) Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
- (3) The conduct has the effect of unreasonably interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If for some reason you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge or dismissal that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choices.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.