

School of Diagnostic Imaging

Computed Tomography and Magnetic Resonance Imaging Program

Policy & Procedure Manual

Catalog Publication Date: August 19, 2024

State of Ohio Board of Career Colleges and Schools Certificate of Registration Number 2165

School of Diagnostic Imaging 18901 Lakeshore Blvd, Euclid, Ohio 44119



School of Diagnostic Imaging

CT/MRI Programs

Policy & Procedure Manual

This policy and procedure manual has been prepared to provide students, clinical site staff and school staff with information regarding the school policies. The School of Diagnostic Imaging believes in the guidelines described in this manual and final interpretation of these guidelines rest solely with the School of Diagnostic Imaging. The manual does not create a contract, expressed or implied, and should not be relied upon to alter the enrollment relationship with the School of Diagnostic Imaging.

The School of Diagnostic Imaging reserves the right to modify, suspend or eliminate any part of the policies or procedures set forth in the manual at any time, with or without notice. The school reserves the right to supply the final interpretation of all policies. Moreover, the language used in the policy manual is not intended to create, nor is it to be construed to constitute an offer to contract, or a contract, by the School of Diagnostic Imaging and any of Cleveland Clinic employees.

Cleveland Clinic is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the working and learning environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation.

Any participant in a Cleveland Clinic educational program, including any student, trainee or employee, who may have been subject to discrimination on the basis of a protected characteristic is encouraged to make a report.

Reports of discrimination on the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator: <u>TitleIX@ccf.org</u>.

Reports of discrimination on the basis of a disability, may be made to the Section 504 Coordinator, Main Campus NA31.

Reports of discrimination on the basis of any other protected characteristic may be made to the program director.

In addition, Cleveland Clinic shall provide reasonable accommodations to any qualified student with a disability in order for the student to have equal access to their program. Students needing a reasonable accommodation in order to apply to or participate in the program should contact the program director as early as possible. Please refer to the Accommodations for Students with Disabilities Policy.

This is to certify that the information contained in this publication is true and correct in content and policy.

Glavia a alpricht Signature:

Title: Program Director

SCHOOL RESOURCES

FACULTY CONTACTS:

Gloria Albrecht	216-618-5250 Mobile	galbrech@ccf.org
Halley Majersky	216-212-0484 Mobile	majersh@ccf.org
Kimberly Saghy	216-554-3375 Mobile	saghyk@ccf.org
Gabriel Kroupa		kroupag@ccf.org

Facilities:

The Postprimary CT/MRI Programs have sufficient current classroom and office space available to meet our needs at the Cleveland Clinic Administrative Campus in Beachwood, Ohio. The program does not require laboratory space, although classroom space is available to the students for additional study purposes. The program also has access to multifunctional devices, printers, and a Scantron grading machine.

Equipment:

The program has access to computers in the classroom for each student with internet and intranet access. The classrooms and office space have sufficient presentation capabilities. The program has 4 cross sectional models; 2 head models and 2 head/torso models. There is also a full body skeleton and multiple disarticulated bones. The following periodicals are available for student use: *ASRT Radiologic Technology and the ASRT Scanner*.

TABLE OF CONTENTS	PAGE
School Resources	3
Policy Index	4
Program Faculty & Clinical Staff	5-7
Radiology/Hospital Policies, Professional Organizations	8
Academic Calendar	105
Faculty Position Descriptions	106-107
ARRT Certification	108

Academic Honesty	9-10
Accommodations for Students with Disabilities	11
Admission and Technical Standards	12-13
Attendance	14-18
Behavioral Objectives - Clinical Objectives	19-20
Caring for Caregivers	21
Competency Evaluations	22-23
Computer, Internet, Social Media and Cell Phone Use	24
Confidential Information	25-26
Contingency Plan	27-28
Copyright Infringement	29
Corrective Action	30-33
Course Descriptions	34-35
Course Sequence and Clock Hours	36-37
Educational Records	38-39
Evaluations and Counseling Sessions	40
Grading Procedures	41
Graduation	42
Grievance Procedure	43-44
Harassment	45-46
Hazing	47-48
Health Care Coverage - Workplace Injury & Illness	49
Health Requirements	50-51
Infection Control	52
Leave of Absence	53
Magnetic Resonance Imaging Safety	54
Mission Statement and Philosophy	55-56
Ohio Board of Career Colleges & Schools	55 50 57
Ohio Department of Health Licensure	58
Organizational Chart	50 59
Patient Identification	60-61
Post Graduate Job Placement	62
Pregnancy Policy for CT Students	63-65
Pregnancy Policy for MR Students	66
Pregnant Patient	67-73
Professional Appearance	74-75
Program Goals and Outcomes	76
Radiation Safety-Individual Monitoring Devices & Exposure Reports	77-79
Satisfactory Academic Progress	80-82
Scheduling of Clinical Experience	80-82
Security and Campus Safety	83 84-90
Signature Procedure	84-90 91-92
Signature Flocedure	91-92 93
Substance Abuse	93 94-95
Substance Abuse Supervision of Students	94-95 96
1	90 97
Textbook and Educational Supplies	
Tuition, Fees, Refunds and Withdrawals	98-100 101
Tuition Financial Assistance	101
Venipuncture Veterone Benefits and Transition Act of 2018	102
Veterans Benefits and Transition Act of 2018 Workload and Release Time	103 104
	104

ADMINISTRATOR, DIAGNOSTIC SERVICES INSTITUTE

Joseph Parker, BA

MEDICAL DIRECTOR

Naveen Subhas, MD

PROGRAM DIRECTOR

Gloria Albrecht, M.S., R.T.(R)

EDUCATION COORDINATOR

Halley C. Majersky, M.Ed, R.T. (R)(M)(CT)(MR)

INSTRUCTOR CT/MRI

Kimberly Saghy, BA.S., R.T.(R)(CT)(MR)MRSO

INSTRUCTOR MRI/RT

Gabriel Kroupa, MPH, (NM)(MR)MRSO

CLINICAL PRECEPTOR: COMPUTED TOMOGRAPHY

Andrew Finley, RT (R)(CT) – Akron General Medical Center – Main Kelly Casterline, RT(R)(CT) - Akron General Medical Center - Stow, Tallmadge, Green, Fairlawn Lauren Maclaren, RT(R)(CT) – Avon Hospital Dave Stanard, RT(R)(CT) - Beachwood CCF Debra Miller, RT(R)(CT) – Brunswick CCF Tracy Painter, RT(R)(CT) - Cleveland Clinic Main Campus Paige Baehr, RT (R)(CT) – Elyria FHC Christine Burkholder, RT(R)(CT) – Euclid Hospital Lisa Repjar, RT(R)(CT) – Fairview Hospital Angela Daltry, RT(R) - Hillcrest Hospital/CCHS Kathy Reed, RT(R)(CT) – Independence FHC Paige Baehr, RT (R)(CT) – Lakewood FHC Paige Baehr, RT (R)(CT) – Lorain FHC Lisa Velasquez, RT(R)(CT) - Lutheran Hospital/CCHS Debbie Host, RT(R)(CT) - Marymount Hospital/CCHS Lori McCulloch, RT(R)(CT) – Medina Hospital Melissa Hamilton, RT(R)(CT) – Mercy Medical Center Brad Gierowski, RT (R)(CT)(MR) - South Pointe Hospital/CCHS Darcie Baird, RT(R)(CT) – Star Imaging, Boardman Jennifer Bower, RT (R)(CT) – Star Imaging, Niles Mike Rotunno, RT(R)(MR)(CT) – Star Imaging/CCF Angela Phillips, RT(R)(CT) – Strongsville CCF Sue Koudelka, RT(R)(CT) – Twinsburg CCF Susann Martin, RT(R) - Union Hospital Cindy Maletic, RT(R)(CT) – Willoughby Hills FHC

Kim Reef-Kruger, RT(R)(CT) – Wooster CCF

CLINICAL PRECEPTOR: MAGNETIC RESONANCE IMAGING

Jason Hileman, RT(R)(MR) – Akron General Medical Center - Bath Matt Gable, RT(R)(MR) – Akron General Medical Center – Green Joseph Pritchard, RT(R)(MR) – Akron General Medical Center - Main Andrew Alder, RT (R)(MR) – Avon Hospital Todd Brown, RT(R)(MR) – Beachwood CCF Deborah Ruddy, RT(R)(CT)(MR) – Brunswick CCF Rachel Harris, RT (R)(MR) - Cleveland Clinic Main Campus Klevis Mone, RT (R)(CT) – Elyria FHC Kristen Massey, RT (R)(MR) - Euclid Hospital/CCHS Mark Machesky, RT(R)(MR)(CT) – Fairview Hospital Krista Kosky, RT(R)(MR) - Hillcrest Hospital/CCHS Klevis Mone, RT (R)(CT) – Lorain FHC Andy Parsells, RT(R)(MR) - Lutheran Hospital/CCHS Chirag Patel, RT(R)(MR) - Marymount Hospital/CCHS Becky Von Seggern, RT(R)(MR) – Medina Hospital Taylor Criswell, RT (R)(MR) – Mercy Medical Center Artie Mason, RT(R)(MR) - South Pointe Hospital/CCHS Mike Rotunno, RT(R)(MR)(CT) – Star Imaging/CCF Nicole Pagano, RT(R)(MR) – Star Imaging, Niles Jimmy Hryb, RT(R)(MR) – Star Imaging, Canfield Tina Sanor, RT(R)(MR) – Star Imaging, Boardman Vicky Hacker, RT(R)(MR) - Star Imaging/CCF – Columbus Amanda Thyret, RT(R)(MR) – Strongsville CCF Judy Bell, RT(R)(MR) – Twinsburg CCF Elizabeth Wagner, RT(R)(MR) – Willoughby Hills FHC Lisa Kerr, RT(R)(MR) – Wooster CCF Susann Martin, RT(R) – Union Hospital

ADVISORY COMMITTEE

Gloria Albrecht, MS RT(R) - Program Director, School of Diagnostic Imaging Christine Clark, RT(R) – Director of Imaging, Euclid Hospital Christine DeCorte, RT(R) - Director of Imaging, Fairview Medical Center Melanie Huth, RT(R) – Clinical Manager, Family Health Centers, Cleveland Clinic Brian King, RT(R) – Director Radiology Services, Akron General Hospital Scott Klammer, RT(R) – Director of Imaging Services, Regional Hospitals Mari Knettle - Director Allied Health Education Partnerships, Education Institute Gabriel Kroupa, MPH, (NM)(MR)MRSO, MRI/RT Instructor, School of Diagnostic Imaging Cynthia Lewis, RT(R) - Director of Imaging, South Pointe Hospital Halley Majersky, M.Ed., RT(R)(M)(CT)(MR) - CT/MRI Coordinator, School of Diagnostic Imaging Sabrina Miller, RT(R) – Director of Imaging, Medina Hospital Mark Moore, RT(R) - Education Coordinator, Cleveland Clinic Foundation Tera Munaretto, ARDMS – Director Radiology Services, Hillcrest Hospital Starla Paige, RT(R) – Director of Imaging - Marymount Hospital/CCHS Joe Parker, BA - Administrator, Diagnostic Services Institute Mark Puletti, RT(R) - Clinical Manager Family Health Centers, Cleveland Clinic Kimberly Saghy, BS, RT(R)(CT)(MR)MRSO – CT/MRI Instructor, School of Diagnostic Imaging Christopher White, RT(R) - Clinical Manager, Lutheran Hospital Rick White, RT(R) – Senior Director Operations

SUBCOMMITTEE ON STUDENT READMISSION

Gloria Albrecht, MS RT(R) - Director, School of Diagnostic Imaging Gabriel Kroupa, MPH, (NM)(MR)MRSO, MRI/RT Instructor, School of Diagnostic Imaging Halley Majersky, BS RT(R)(M)(CT)(MR) – CT/MRI Instructor, School of Diagnostic Imaging Mark A. Moore, RT(R) – Education Coordinator, Cleveland Clinic Foundation Kim Saghy, BS RT(R)(CT)(MR) – CT/MRI Instructor, School of Diagnostic Imaging

SUBCOMMITTEE ON CT/MRI PROGRAM POLICY

Members of the Advisory Committee

IMAGING DEPARTMENT / HEALTH SYSTEM POLICIES:

The following policies are published on the Cleveland Clinic Intranet and reflect the policies and procedures of the entire Cleveland Clinic Health System. These policies are also located in MyLearning.

HOSPITAL POLICIES:

Disaster Emergency Group Page Emergency Response Team

CLEVELAND CLINIC MANAGEMENT POLICIES:

Cellular Phones Confidential Information Employee Identification Badges Employee Parking Equal Employment Opportunity/Workforce

IMAGING DEPARTMENT POLICIES:

Fluoroscopic Room Procedure Infection Control Policy Medical Physicists Responsibilities in QA Program Meeting Radiation Safety Standards Patient Education Patient Identification Patient Radiation Protection Patient Safety – Diagnostic Contrast Administration & Medication Reconciliation Evacuation Plan Emergency Operations Plan

Diversity and Inclusion Non-Discrimination, Harassment or Retaliation Non-Smoking Policy (Smoke-Free Campus) Personal Appearance Social Media Use

Proper Patient Dress for Radiology Protocol for ordering C.T. Scans Radiation Safety - State & Federal Regulations Radiation Safety Committee Radiation Safety – State and Federal Regulations Reporting of Training Related Illness or Injury Safety for Patient and Personnel in Radiology Venipuncture for Administration of Contrast Media

PROFESSIONAL ORGANIZATION INFORMATION:

The American Registry of Radiologic Technologists (ARRT) Standards of Ethics - <u>www.arrt.org</u> ARRT Computed Tomography Clinical Experience Requirements - <u>www.arrt.org</u> ARRT Content Specifications for the Examination in Computed Tomography - <u>www.arrt.org</u> ARRT Continuing Education Requirements - <u>www.arrt.org</u> ARRT Content Specifications for the Examination in Magnetic Resonance Imaging - <u>www.arrt.org</u> ARRT Magnetic Resonance Imaging Clinical Experience Requirements - <u>www.arrt.org</u> ARRT Rules and Regulations - <u>www.arrt.org</u> The American Society of Radiologic Technologist (ASRT) - <u>www.asrt.org</u> The Society of Magnetic Resonance Technologists (SMRT) - <u>www.smrt.org</u>

PROGRAM FORMS (available by request, in Trajecsys, or in MyLearning):

Credit/Debit Card Payment Authorization Form CT Examination Competency Form(s) CT Safety Orientation CT Signature Tracking Form Leave of Absence Form MRI Examination Competency Form MRI Safety Orientation MRI Signature Tracking Form QA Competency Form Request for Official Transcript Return to Clinical Rotation/School Release Form Student Evaluation Student Survey of Clinical Experience Time and Attendance Form Venipuncture / Injection: Radiology Competency Checklist

POLICY TITLE: Academic Honesty **ORIGINAL DATE:** September 21, 2004 **REVISED:** June 3, 2019 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

PURPOSE:

Students enrolled in the School of Diagnostic Imaging – CT/MRI Program are to perform their academic work according to standards set by faculty members and allied health education departments. Academic dishonesty at SODI is defined as any conduct that violates the fundamental principles of truth, honesty, and integrity. These actions will result in no credit given and appropriate sanctions are warranted and will be applied according to the corrective action policy.

The following behaviors are identified as academic dishonesty:

- Cheating
- Plagiarism
- Misuse of academic resources
- Falsification
- Facilitating academic dishonesty

CHEATING:

Means to intentionally misrepresent the source, nature, or other conditions of academic work so as to accrue undeserved credit, or to cooperate with someone else in such misrepresentation. Such misrepresentations may, but need not necessarily, involve the work of others. As defined, cheating includes, but is not limited to:

- Obtaining or retaining partial or whole copies of examination, tests or quizzes before these are distributed for student use.
- Using notes, textbooks or other information in examinations, tests and quizzes, except as expressly permitted.
- Obtaining confidential information about examinations, tests or quizzes other than that released by the instructor.
- Securing, giving or exchanging information during examinations.
- Presenting data or other material gathered by another person or group as one's own.
- Falsifying experimental data or information.
- Having another person take one's place for any academic performance without the specific knowledge and permission of the instructor.
- Cooperating with another to do one or more of the above.
- Using a substantial portion of a piece of work previously submitted for another course or program to meet the requirements of the present course or program without notifying the instructor to whom the work is presented.
- Presenting falsified information in order to postpone or avoid examinations, tests, quizzes, or other academic work.
- Copying answers directly from the answer key for workbook and classroom assignments.
- Cooperating with another to do one or more of the above.

PLAGIARISM:

Means to take and present as one's own, a material portion of the ideas or words of another or to present as one's own, an idea or work derived from an existing source without full and proper credit to the source of the ideas, words, or works. As defined, plagiarism includes, but is not limited to:

- The copying of words, sentences and paragraphs directly from the work of another without proper credit.
- The copying of illustrations, figures, photographs, drawings, models, or other visual and nonverbal materials, including recordings, of another without proper credit.
- The presentation of work prepared by another in final or draft form as one's own without citing the source, such as the use of purchased research papers.
- Excessive revising or editing by someone else that significantly changes the final product of the student's work.

MISUSE OF ACADEMIC RESOURCES:

Means to intentionally use resources in a way that they are not meant to be used. For example, if borrowing a textbook or workbook from a former student, the pages with questions should be unanswered and workbook pages should be blank. This also includes unauthorized use of computer accounts such as the sharing of passwords with others, stealing or destroying reference materials or computer programs, and stealing or destroying a classmate's notes or materials.

FALSIFICATION:

Means to lie or present a false impression by submitting a fabricated excuse for an absence, incorrectly documenting attendance or participation in class and/or clinicals, fabricating an excuse to get out of a test or an assignment, and reporting data, research, or reports that is different from what actually occurred.

FACILITATING ACADEMIC DISHONESTY:

Means to intentionally or knowingly help another commit one of the above acts of academic dishonesty.

POLICY TITLE: Accommodations for Students with Disabilities ORIGINAL DATE: June 11, 2012 REVISED: November 10, 2015

LAST REVIEWED: July 8, 2024

PAGE: 1 of 1

It is the policy of the School of Diagnostic Imaging CT/MRI Program to grant accommodations, whenever possible, to students with a disability. The Americans with Disabilities Act (ADA) does not require an educational institution to make accommodations if the student/applicant is not otherwise qualified or if the necessary accommodations would substantially alter the course of study or outcome. A disability is defined as a physical or mental impairment, which substantially limits a major life activity (such as learning, seeing, hearing, etc.) Otherwise, qualified is defined as meeting all other requirements of the program.

It is the student's/applicant's responsibility to declare his/her disability and seek accommodation(s).

- 1. Procedure for requesting special accommodations
 - A. The student/applicant will be required to submit to the program director written documentation to request special accommodations. The student's request must be accompanied by a letter written by an independent authority (a professional authorized to conclude the need for special accommodations) to include the following information:
 - 1. The nature of the disability and/or specific diagnosis.
 - 2. What diagnostic tests have been completed to determine the disability, and the outcome of these tests.
 - 3. Any treatment undertaken for the disability (medications, therapy, etc.).
 - 4. Specific accommodations requested.
 - B. The Advisory Committee will review the above documentation and determine if the student meets disability criteria.
 - C. If the student/applicant meets the criteria, the Advisory Committee will jointly establish reasonable accommodations. It is the responsibility of the student applicant to request specific accommodations.
 - D. The program director will determine if the requested accommodation is reasonable, seeking input from the Director, Allied Health Education Partnerships, Education Institute and others as needed.
 - E. The program director will inform the Advisory Committee of the outcome.
 - F. The Advisory Committee will inform the faculty as applicable and the student applicant of the decision.
- 2. Information regarding a disability is confidential. However, it may be necessary for individual faculty members to be informed about a disability if the accommodations may impact the structure of the course. Once a student is classified as disabled and receives reasonable accommodations, the student must continue to meet the ADA criteria in order to continue to receive the accommodation.

POLICY TITLE: Admission and Technical Standards **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

OBJECTIVES:

- To establish awareness in the communities we serve that we provide opportunities for qualified students to become a registered CT or MRI technologist.
- To establish guidelines and criteria for candidates applying for admission to the School of Diagnostic Imaging.
- To define the minimum qualifications which must be met by an applicant.
- To ensure that qualified students will be selected for admission to this educational program on the basis of ability and without discrimination with regard to age, gender, race, national origin, religion, creed, color, marital status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law.
- To assure that Cleveland Clinic administers all programs and services without regard to disability and provides reasonable accommodations for otherwise qualified disabled individuals.

POLICY:

- All CT candidates must be a registered technologist in radiography, nuclear medicine, or radiation therapy, or a student in the final year of one of the aforementioned programs. Registration must be through The American Registry of Radiologic Technologists (ARRT) or The Nuclear Medicine Technology Certification Board (NMTCB).
- All MRI candidates must be a registered technologist in radiography, nuclear medicine, sonography or radiation therapy, or a student in the final year of one of the aforementioned programs. Registration must be through The American Registry of Radiologic Technologists (ARRT), The Nuclear Medicine Technology Certification Board (NMTCB), or The American Registry for Diagnostic Medical Sonography (ARDMS).
- Registered technologists must submit a copy of current licensure and certification. Students must submit a transcript to show final year status. All candidates for admission must be in good standing with their certifying body or current student program.
- All candidates must complete and submit an application form with payment of a non-refundable \$20.00 application fee. Application forms may be obtained from the School of Diagnostic Imaging or can be downloaded from the website. The deadline for applications is February 1st each year or until the program has reached capacity.
- Students are required to provide proof of health insurance and current certification in Basic Life Support for Health Care Providers from the American Heart Association.
- Students are required to undergo a complete physical examination and provide documentation to the program officials.
- Candidates must pass a criminal background check to be accepted into the Cleveland Clinic CT/MRI program. If a candidate does not pass the criminal background check, they will not be allowed to continue in the program. If the candidate plans to attend Akron Children's Hospital, Southwest General (SWG), Firelands Sandusky, Summa Health System, Aultman Hospital, or MetroHealth Medical Center for their clinical experience they will be asked to complete further requirements. These requirements will be discussed with the requesting candidate at the time of their clinical rotation.

- Students accepted into the School of Diagnostic Imaging must submit a \$100 non-refundable tuition deposit which is applied to the first semester tuition.
- Students are accepted into the program based on a rolling admission process.
- Once all spots have been filled for a class, applicants will be placed on a waiting list. If accepted candidates relinquish their positions, candidates will be removed from the waiting list and notified of admission.
- All potential CT and MRI students shall undergo screening as part of the enrollment process to ensure their own safety in the MR environment. Students shall report any trauma or surgery they may have experienced prior to and at any time during enrollment that may have introduced ferromagnetic material or an implanted device. Appropriate screening of this material to determine the safety of permitting the student in zones III and IV will be completed. Students are required to complete an MR safety screening form and update it at as necessary to document such implants or other foreign bodies.
- Forms for the physical examination and MRI safety and screening are provided to the student by program officials after acceptance into the program.
- Students receiving VA benefits: The program director will evaluate official transcripts and documentation of previous education and training to determine if appropriate credit will be given.
- The CT/MRI Program does not accept advanced placement, transfer students, or transfer credits from any college or imaging program.

TECHNICAL STANDARDS:

- Candidates must have good eyesight either naturally or through correction. They must be able to see the printed words in a textbook and be able to read and accurately interpret the numbers on a radiographic technique chart.
- Candidates must have the ability to hear instructions and be able to respond to verbal requests by patients/customers.
- Candidates must be able to lift a minimum of thirty (30) pounds and possess the ability to support up to 175 pounds. CT and MRI technologists must assist, support and move patients from wheelchairs and carts onto examination tables which requires the use of their backs and muscles.
- CT and MRI technologists work while standing, sometimes for hours. Candidates must be able to move around and stand for long periods of time.
- CT and MRI technologists must verbally instruct patients and be able to express concern and empathy for them. Candidates must possess good verbal and nonverbal communications skills as evidenced from the application and interview process. CT and MRI technologists must perform data entry with dexterity and accuracy.
- Students must be physically and mentally capable of fulfilling the objectives of the CT/MRI program. The school will make reasonable accommodations to assist a student with a disability to advance through the program. However, students must be aware that the school is located on the third floor of a building with no elevator. Students must have sensory function adequate for patient assessment and care. They must possess the physical status needed to provide all aspects of care in a safe manner. (Please see Special Accommodations for Students with Disabilities Policy)

POLICY TITLE: Attendance	
ORIGINAL DATE: September 21, 2004	
REVISED: July 8, 2024	

PAGE: 1 of 5 LAST REVIEWED: July 8, 2024

This policy establishes standards of appropriate attendance, provides a procedure for notification of absence and tardiness, and establishes guidelines for the discipline and improvement of substandard attendance and tardiness. The ethics and attitudes developed through adherence to this policy will help ensure student success in the future, regardless of their place of employment. Excessive tardiness or absenteeism negatively affects patient care and hospital morale and is therefore unacceptable. Failure to comply with these policies will result in corrective action based on a point system, up to and including expulsion from the program as outlined in this policy and the Corrective Action Policy. Please note records of attendance and corrective action are retained for a period of seven (7) years after graduation and are reviewable for matters pertaining to employment references, dismissal and reinstatement after dismissal.

GENERAL ATTENDANCE AND TIMELINESS: It is the responsibility of each student to be accountable to the faculty of the school and the clinical preceptors at each clinical site. Please use the following guide to inform the school faculty of any changes to your schedule. Depending on the circumstances, corrective action may result.

Call or email the school faculty:

- If a student is unable to attend class or clinical.
- If a student is running late to class or clinical (include an estimated time of arrival).
- If a student is told to leave clinical for lack of work / patients. The supervising technologist must call or email program officials.
- If a student unexpectedly needs to leave clinical early, notify a program official prior to leaving.

RECORD OF CORRECTIVE ACTION FOR ATTENDANCE

Records of corrective action for attendance may be reviewed in matters relating to employment references, early graduation, dismissal, and reinstatement after dismissal.

TARDY / LEAVING EARLY

Students are expected to be at their assigned area, ready to start when their shift begins, and stay until the shift ends. When a student clocks in beyond their scheduled start time (i.e. one (1) minute after scheduled start time) or clocks out before the end of their shift (i.e. one (1) minute before end time), they will be considered tardy.

NO CALL / SHOW

This applies when a student does not attend clinicals as scheduled and fails to report off to both the school and the clinical site. Notification received more than one (1) hour after the scheduled start time is treated as a "no call."

EXCUSED ABSENCES: Bereavement and jury duty are considered excused absences from class or clinical and therefore do not count toward absences that can cause a course letter grade to drop. Students are responsible for any missed assignments and must make arrangements with their instructor to make up exams and assignments within one week of returning to class.

Bereavement: Students are permitted up to three (3) days off for documented evidence of death of immediate family member. Documented evidence must include an obituary notice, proof of relationship and proof of funeral dates. Immediate family includes: parent, step-parent, brother, sister, parent-in-law, grandparent, current spouse, same gender domestic partner, or child. Students are responsible for any missed assignments, and must make arrangements with their instructor to make up exams and assignments within one week of returning from bereavement. Students are not penalized for late assignments.

Jury Duty: A student who receives a summons to jury duty may be excused if the school provides the court with documentation of enrollment. A student who must serve on jury duty will be excused from clinical.

FAILURE TO CLOCK IN OR OUT: For each instance that a student forgets to clock in or out, he/she must provide a time verification from a technologist to verify actual start/end times. See chart below for points for failure to clock in and out. Further documentation must be made to explain tardiness or early dismissal from the clinical site.

SCHOOL CLOSURE: Class and/or clinical may be canceled only by the program director of the School of Diagnostic Imaging, or designee. Closure of the school as a result of inclement weather or other emergency situation will be communicated via text or email. Students are <u>not</u> to call the school or text program officials to inquire as to canceling of class or clinical.

CONTINUING EDUCATION: The American Society of Radiologic Technologists ASRT requires that students are present for all lectures in entirety to receive credit for the course. Students may not miss any classes for CE credit to be awarded.

GRADE DROP FOR EXCESSIVE ABSENCES: A student can miss no more than 2 lecture classes without penalty. Any absence after the allotted amount will drop the final grade by one letter for each absence unless an extended illness is involved or a special circumstance exists and the student brings in an approved excuse (examples of an approved excuse includes a physician's excuse, jury duty summons, or bereavement). An excuse must be turned in to the instructor within 1 week of the date the student returns to class. If a student fails to do this, the absence will be counted as an unexcused absence. It is the responsibility of the student to contact the instructor when an extended absence occurs. The student is required to meet with the course instructor upon return to class to assess missed assignments and set a timeline for completion of all missed work.

CLINICAL EDUCATION SPECIFIC: Attendance and punctuality are seen as essential qualities for your chosen profession. Timeliness is essential at the clinical site as it can be a direct indicator of what type of employee you may become. It is the student's responsibility to inform the school <u>and</u> the clinical site if they are running late, will be absent, or have scheduled time off. Please make time allowances for weather, traffic and other circumstances that may cause a delay.

- 1. Students are not to clock in more than 15 minutes before their scheduled start time at clinical.
- 2. Students are expected to be in their assigned area and ready to work at their official start time.
- 3. Students must utilize the program timekeeping system upon arrival and departure.
- 4. A student will receive 0.50 points if:
 - They are one minute late.
 - Takes an extended lunch period.
 - Leaves before the end of their scheduled time.
- 5. A 30-minute lunch break is required when a student is at the clinical site for more than five (5) hours.

- 6. If a student leaves the facility for lunch or any other reason, he/she is required to clock out and back in.
- 7. Students cannot attend clinical more than 10 hours per day.
- 8. Students may not exceed 40 hours in a week of clinical time (Sunday-Saturday).
- 9. Severe weather or driving conditions as deemed by program director may be considered an excused tardy.

SCHEDULED SEMESTER BREAK WEEKS: CT/MRI students have four (4) scheduled semester break weeks over the length of the program as indicated by the academic calendar. Clinical time is not mandatory for these weeks.

HOLIDAYS: CT/MRI students are scheduled off clinicals and class on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (including the day after Thanksgiving), and Christmas. Students are not permitted to be at a clinical site during the scheduled holidays.

DEMAGNETIZED/DAMAGED ID BADGES: If a student demagnetizes an ID badge in MRI or the ID is damaged, the student must notify a school official immediately. Verification forms should be filled out as needed. The student will be directed to take the non-working ID badge to either of the following locations where a new badge will be issued.

Main Campus:

Services: ID Badge, Fingerprinting and Background Screening Location: JJ North Office Building- Basement Room 400 Hours of Operation: 7:00am - 4:15pm (Monday - Friday) Phone: 216-444-1208

Administrative Campus (CCAC)

Services: ID Badge, Fingerprinting and Background Screening Location: Building #2, Level 1, room AC2-1-135 Address: 25875 Science Park Drive, Beachwood, OH 44122 Hours of Operation: 8:00am - 3:45pm Phone: 216-448-5688 Fax: 216-448-0092

LOST ID BADGES: In the event of a lost or stolen badge, the student must immediately request a new badge and notify program officials. The lost or stolen badge must be replaced within three (3) business days. Please note there is a fee to replace an ID badge determined by the Cleveland Clinic. Verification forms should be filled out as needed.

VA BENEFITS: Students receiving full time VA educational benefits must maintain a minimum of 22 hours of participation each week.

POINTS: Points for attendance violations are accumulated accordingly.

DISCIPLINARY POINTS CHART:

Absent / Call off	1.0
Failure to Clock In or Out	0.5
Failure to Notify School and/or Site	1-2
No submitted schedule in My Learning	0.25
Schedule change made less than 24 hours	0.25
Scheduled time doesn't match clock in/out times	0.5
Tardy / Leaving Early	0.5
Works less than 4 hours per day or 15 hours per week	0.5

CORRECTIVE ACTION POINTS: The accumulation of corrective action points will be initiated according to the chart below. Please see the Corrective Action Policy for more detail. A corrective action will be initiated **each time** a student reaches a point level. Any corrective action (including points for attendance) may affect the clinical grade. See the Grading Procedures Policy for more detail.

Type of Corrective Action:	Disciplinary Point Levels:
Documented Counseling	6 points
Written Corrective Action	8 points
Final Written Warning / Suspension	10 points
Dismissal	12 points

CLINICAL SCHEDULES:

Students are required to enter their clinical schedule in My Learning by Saturday or Sunday of each week and required to post it at their clinical site. Students who fail to enter a clinical schedule will receive .25 disciplinary points.

Clinical schedule changes must be submitted via email to both the clinical site and the school with more than 24 hours' notice. Disciplinary points in the amount of .25 will be given for changes in the student's clinical schedule where less than 24-hour notice is given.

Disciplinary points in the amount of .50 will be given if the schedule change results in a change in the total number of clinical hours and result in the weekly minimum hour requirement not being met.

Scheduled clinical time must match documented clinical time. Disciplinary points in the amount of .50 will be given for each infraction.

Permanent schedule changes will incur no disciplinary points.

Students are expected to be in the assigned clinical area before their official start time.

Notification of absence must be given to the school *and* the clinical site within one hour of the start of a clinical shift. Absence from a clinical shift will result in 1 disciplinary point. For the first two missed clock in/out events, the student will not incur any disciplinary points.

Failure to notify the clinical site and the school of an absence within one hour of start time will result in two (2) disciplinary points.

Failure to notify the clinical site and the school of an absence is considered a "no call / no show" and will result in four (4) disciplinary points.

Students must notify their clinical site if they will be late or leaving early. Tardiness or leaving early will result in .50 disciplinary points. The first two incidents will be forgiven and not result in disciplinary points.

Disciplinary points more than six (6) will result in the initiation of the Corrective Action policy.

Documentation is required of all clinical time.

If the student arrives early for a clinical shift, or stays late to perform a procedure, clinical time will only be awarded in fifteen-minute intervals. The student must arrive no more than fifteen minutes early and stay no less than fifteen minutes later to receive additional clinical time, unless first clearing it with program officials.

Students completing more than five (5) hours of clinical time are required to take a 0.5-hour break, which will be deducted from clinical time. Students who do not to take a break will not be credited the clinical time.

Students are expected to complete all clinical requirements in the CT and/or MRI Program. Students must maintain a minimum clinical time requirement of no less than 4 hours per day and 15 hours per week (additional hours may be required if specified by the clinical site). If either of these occur, the student will receive 0.5 disciplinary points. Students may not exceed 10 hours in a clinical shift.

The clinical time allowed for the student to complete ARRT and/or school requirements is up to 500 hours. If a student requests or requires additional clinical hours, a clinical fee will be assessed.

If a student leaves the facility at any time during their scheduled clinical time, he/she is required to clock out and in. Extended lunch periods will be considered an incident of tardiness.

Disciplinary points will not be given if the weekly minimum hour requirement is not met due to a holiday week.

POLICY TITLE: Behavioral / Clinical Objectives **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 18, 2022 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

Personal and professional development starts as a student and continues throughout a CT or MRI technologist's career. The work ethic and attitudes developed or influenced during the training period greatly impacts the degree of professional success a radiographer enjoys.

The student will:

- Show initiative by displaying motivation and energy in starting and completing tasks.
- Demonstrate a professional attitude by displaying and/or creating a positive emotional and psychological environment for patients and co-workers.
- Develop professional interpersonal relationships as evidenced by positive interactions with patients, families and co-workers.
- Possess appropriate patient perception skills by demonstrating the ability to perceive patient's needs and respond to them as needed.
- Be productive, as demonstrated by the volume of work accomplished.
- Perform high quality work, as evidenced by the accuracy and thoroughness of procedure performance.
- Possess organizational skills by demonstrating the ability to perform in a systematic and logical fashion.
- Demonstrate the ability to follow direction by possessing the ability and willingness to listen, reason and interpret tasks.
- Demonstrate flexibility by being willing to be guided and instructed.
- Demonstrate adaptability by being able to adapt procedure to patient.
- Demonstrate self-confidence.
- Demonstrate a professional demeanor.
- Present a professional appearance in accordance with school policy.
- Demonstrate dependability by being reliable and conscientious.
- Demonstrate accountability by taking responsibility for his/her actions and through attendance and punctuality.

CLEVELAND CLINIC DIAGOSTIC SERVICES INSTITUTE'S COMMITMENT TO RESPECT: In

addition to the above specifics, we expect students to work toward mastering the principles set forth in the Commitment to Respect. In view of the critical role that communication plays in the successful provision of care to patients and to colleagues, all caregivers of the Diagnostic Services Institute will subscribe to the following principles:

Patients, their families and significant others are the most important people to the healthcare team.

- We communicate information that sets appropriate expectations and reduces anxiety.
- We take the time to understand their needs and preferences.

We all lead by setting a good example.

We make ourselves accessible to others.

- We give each other the gift of listening.
- We respond to requests in a timely way .
- We are open to the opinions of others, options, and ways of doing things.
- We are on time for patient related commitments.

We exhibit a personable, pleasant and professional demeanor.

- We know the people with whom we work and address them by name.
- We acknowledge and make eye contact with others.
- We appreciate similarities and value differences.
- We use "please", "thank you", and "I'm sorry" as a significant part of our vocabulary.

We create a positive environment of support, respect and appreciation.

- We give and receive open and honest feedback to allow personal and professional growth.
- We praise each other publicly and provide constructive criticism privately.
- We refrain from gossip, rumors and malicious talk about others.
- We avoid indirect communications and speak directly with the person involved.
- We communicate in a clear and consistent manner using appropriate words, body language and facial expressions.

We are all Caregivers and help each other achieve our potential.

- We educate each other.
- We recognize value in every member of the care team.
- We select the best people for a role based on their skills, strengths and interests.

We manage stress appropriately both in the workplace and on a personal level.

- We manage stress to minimize impact on others.
- We exhibit appropriate non-verbal communications particularly when under stress.
- We take care of ourselves so we can take better care of others.

We value every member of the care delivery team equally and recognize the "main ingredient for success is the rest of the team." (- *J Wooden*)

- We set and communicate expectations in a collaborative manner.
- We ensure clarity of roles and responsibilities.
- Our actions reflect our commitment to quality, safety and efficiency.
- We recognize and reward people in ways they appreciate.

POLICY TITLE: Caring for Caregivers **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging is aware that students face a variety of challenges in their daily lives and understands how personal, school, and work stresses can impact the quality of life and the ability to provide skillful and compassionate care. The School of Diagnostic Imaging offers the services of Caring for Caregivers to any student who may require assistance.

Caring for Caregivers program offers expert, confidential and free support. The Caring for Caregivers program assists in a crisis, and in helping manage a wide range of issues that include, but not limited to, stress, emotional problems, work problems, alcohol and other substance use, family and marital problems, parenting, loss and bereavement, and financial pressures.

Services include:

- Confidential assessment
- Short-term counseling
- Information and referral services
- Crisis response services / Critical incident stress debriefing
- Supervisor and management consultation
- Education and outreach

Guidelines for using Caring for Caregivers:

- 1. Students may confidentially contact Caring for Caregivers directly by calling 216-445-6970 or 800-989-8820.
- 2. The student will be provided with confidential assessment, counseling and referral services which will be limited to 1-3 sessions free of charge.
- 3. The faculty at the School of Diagnostic Imaging may make voluntary referrals to the assistance program by requesting the student to contact Caring for Caregivers Staff.
- 4. Students are advised to schedule appointments outside of scheduled class and/or clinical hours.
- 5. If the student is unable to attend the appointment as scheduled, the student should inform Caring for Caregivers assistance program.

The Center for Health Professions Education provides a multitude of services to learners. This includes guidance following COVID 19 exposure with Dr. Tony Tizzano as well as information on the student housing program, transportation, health resources, and others. <u>Student Resources (ccf.org)</u>

POLICY TITLE: Competency Evaluations **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 24, 2021 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

Competency evaluations will be required as a means for students to demonstrate competence in necessary procedures. The required exams are taken directly from the ARRT clinical experience requirements.

1. Students will receive a list of exams (see link below) of which they must obtain completion signatures and competency evaluations to meet ARRT requirements. Students must have two signatures from a technologist on a given exam before they can attempt to receive a competency.

CT Clinical Experience Requirements per ARRT: <u>https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/62bf0bdd-35cb-40ac-88eb-278bf5e5b0f8/Computed%20Tomography%20(CT)%20Clinical%20Experience%20Requirements.pdf</u>

MRI Clinical Experience Requirements per ARRT: <u>https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/b9424817-6e70-4b21-a06d-53195440acfc/MRI%20Clinical%20Experience%20Requirements%202020.pdf</u>

- 2. With a technologist present, the student must complete the entire procedure with little to no assistance. The technologist may help in transferring the patient, transmitting images, and may assist the student minimally. If the technologist must assist the student to complete the exam, the student may still complete the exam for a signature but will not receive competency credit. The technologist must intervene if the student can potentially harm the patient, such as allowing a contraindicated item in the magnetic resonance suite or irradiating a patient unnecessarily. The student is expected to independently complete the exam while the technologist supervises.
- 3. Once the student has completed the procedure, the technologist will then complete a competency evaluation in Trajecsys. The student will also fill out their portion of the competency in Trajecsys.
- 4. Students must complete twenty-five (25) competency procedures for CT and twenty-one (21) competency procedures for MRI.
- 5. For a student to receive credit for a competency, he/she must receive a score of 3 (out of 5) or better for each aspect of the exam listed on the competency form.
- 6. Any procedure that does not receive full credit will not be granted a competency but may still receive signature credit to be used towards registry requirements.
- 7. Clinical competencies cannot be performed during employment hours. All competencies must be completed during scheduled program clinical time.
- 8. Students are responsible for meeting the following clinical requirements. Any requirements not met will affect the student's clinical grade.

Clinical Requirements for MRI*

Clinical rotation 1: Minimum of 10 competency evaluations Minimum of 4 student evaluations Minimum of 50 procedure signatures** Required MRI Safety Form – site specific

Clinical rotation 2: Minimum of 11 competency evaluations Minimum of 4 student evaluations Minimum of 75 procedure signatures*** Required MRI Safety Form – site specific

Clinical Requirements for CT*

Clinical rotation 1: Minimum of 10 competency evaluations Minimum of 4 student evaluations Minimum of 50 procedure signatures** Required CT Safety Form – site specific

Clinical rotation 2: Minimum of 15 competency evaluations Minimum of 4 student evaluations Minimum of 75 procedure signatures*** Required CT Safety Form – site specific

Venipuncture competency is optional and can be acquired at either clinical site. The venipuncture competency includes three (3) successful venipuncture attempts made under the direct supervision of an RN, qualified imaging professional, or phlebotomist at your clinical site.

The student will follow any required venipuncture procedure of the clinical site where they are performing their clinical time.

*Any procedures completed above the minimum requirement will carry over into the second clinical rotation for credit.

**See Signature Policy

POLICY TITLE: Computer, Internet, Social Media, & Cell Phone Use ORIGINAL DATE: May 5, 2009 REVISED: July 8, 2024 **PAGE:** 1 of 1

LAST REVIEWED: July 8, 2024

COMPUTER AND INTERNET:

- 1. The use of School of Diagnostic Imaging computers is limited to activities related to the curriculum. You may check e-mail and conduct program related internet searches either before or after class.
- 2. The School of Diagnostic Imaging utilizes a learning management system and if allowed by the clinical site, the student can access their account to check on their classes. This must not be done if there are patients to be taken care of, and only if approved by the clinical site.
- 3. Hospital computers are **only** to be used for radiology related patient care functions. Students are not allowed to access his/her personal e-mail or the internet during a clinical rotation.
- 4. The use of personal computers and/or electronic notebooks or tablets is allowed in the classroom if the student is utilizing an e-book version of the textbook. Students are not allowed to utilize their electronic devices during class for anything other than accessing course information.

CELL PHONE / ELECTRONIC DEVICE:

- 1. **Class Days**: Except for lunchtime, all phones, smart watches, and any other electronic device must be on silent and stored away in the classroom during class time. If, during a break, a student wants to use their electronic device, they must leave the classroom.
- 2. Clinical Days: The use of personal computers, electronic notebooks or tablets, smart watches, or any electronic device is **not** permitted at the clinical site unless the student is on a break or lunch and only in non-patient areas such as the lounge, lunchroom, or locker room.
- 3. **Personal Telephone Calls**: Cleveland Clinic understands that employees may periodically need to make and receive personal calls during working hours. Such calls, whether utilizing Cleveland Clinic telephone equipment or personal cell phones and relating to personal, non-emergency issues during work hours, are disruptive to the normal flow of business and should be strictly limited. When at all possible, personal calls during working hours should be limited to the use of personal cellular phones in authorized non-working areas during employee breaks or meal periods.

SOCIAL MEDIA:

No student will email, post, blog or otherwise mention or discuss any Cleveland Clinic business, patient or employee business, information or circumstance on any social media site. Examples include Facebook, TikTok, personal email or any other social media outlet. Furthermore, no student will take photographs within any Cleveland Clinic area or of any patient /patient information and post on any social media outlets. This is considered a serious breach of ethics and/or confidentiality and will not be tolerated. A student may be removed from the clinical site and not allowed future access to any Cleveland Clinic site or location. See Corrective Action policy.

RECORDING DEVICE:

Audio recording of lectures may be permitted upon permission from the instructor. Video recording of lectures is strictly prohibited.

POLICY TITLE: Confidential Information **ORIGINAL DATE:** May 5, 2009 **REVISED:** July 8, 2024 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging is committed to keeping its patients' health information confidential. Recent federal regulations (HIPAA) define privacy and security standards for healthcare organizations and mandate compliance. Hospital, entity and business ethics, as well as statutes and regulations create an obligation to keep in strict confidence all information about patient, including the patient's name, condition, and treatment records. Such information may only be released as necessary and in accordance with relevant statutes and regulations.

During the course of education, students may have access to confidential information concerning business, finances, patients and employees. This information may be in the form of verbal, written, or computerized data. The safe guarding of such confidential information is a critical responsibility and expectation of every student. Students are required to adhere to Privacy and Information Security policies or face strict disciplinary action up to and including dismissal.

Program administration will ensure that students understand and adhere to this policy of confidentiality. Casual conversations regarding patients and co-workers are inappropriate. Conversations regarding patient care should take place in a private area with appropriate personnel.

REGULATIONS GOVERNING PATIENT CONFIDENTIALITY:

- 1. A student is not to discuss a patient's illness with him/her unless specifically ordered by the physician or during the course of professional care. Only the doctor is qualified to tell the patient how sick he/she is or how soon he/she may be expected to recover from his/her illness.
- 2. A student is not to discuss patients he/she hears about in entity with friends or in public areas inside or outside the entity. This particularly includes discussion of patients in areas such as coffee shops, snack bars, dining rooms, and while traveling to and from work via public transportation. The patient is entitled to complete privacy when he or she is confined to the hospital, and any intrusion upon this privacy may be subject to disciplinary action.
- 3. A student is not to discuss his/her personal illnesses or problems with either hospital interns or residents or visiting physicians. He/she should make arrangements to visit his/her doctor's office for personal medical care.
- 4. If a student is involved in an incident, argument or accident with a patient, he/she should report the incident immediately to his/her clinical supervisor or department head for his/her review and deposition. School officials must also be notified of any incidents.
- 5. A student may read a patient's electronic medical record only if they are directly involved in providing patient care, in checking the quality of patient care or for a legitimate business need. This information may only be discussed with those directly involved in providing or supervising that patient's care.

- 6. Accessing the records of family, friends, co-workers, acquaintances, neighbors or anyone else if the student is not involved in providing their care or for a legitimate business need, is grounds for dismissal.
- 7. A student may not access their own medical record. Students must follow the usual process as designated through the Health Information Services (Medical Records) department.
- 8. Students may not discuss or view confidential and personal matters related to fellow students.

CORRECTIVE ACTION:

Deliberate, accidental, or careless release of patient information could result in legal liabilities for the student and/or hospital. The acquisition, release, discussion, or other use of confidential information for purposes other than to conduct normal authorized business activities is strictly prohibited. Violation of confidentiality is a very serious matter and will be considered grounds for corrective action, up to and including dismissal. Federal law also includes criminal penalties for the misuse of protected health information.

POLICY TITLE: Contingency Plan **ORIGINAL DATE:** May 28, 2021 **REVISED:** July 8, 2024 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

PURPOSE:

This plan is for the purpose of defining the policies and procedures, responsibilities, authority, and specific duties of personnel in the event an emergency or catastrophic event should occur that would affect the school and its operation.

In the event of an emergency or catastrophic event, the program director serves as the school emergency coordinator and will contact all faculty, students, preceptors, department administrators, and clinical sites via telephone and/or text.

In the event that the school is closed due to any catastrophic even including, but not limited to, the physical location of the campus, classrooms, laboratory/ies, faculty offices, classes will be held remotely by the faculty. Students will receive a Microsoft Teams Outlook invitation via email. All handouts are available on My Learning. Written assignments can also be distributed by US mail. Having both delivery options is essential to address potential losses of electricity, internet connectivity or access.

If a catastrophic event prevents clinical involvement for the safety of the students or patients, faculty will make every effort to mitigate the loss of clinical education through schedule alterations, reassignments, simulated clinical experiences and virtual demonstrations clinical, such as ASRT clinical resources. When restrictions are lifted and at the discretion of program faculty, students may be responsible for completing all or a portion of missed clinical assignments to satisfy graduation requirements and qualify for participation in the ARRT credentialing examination.

The program director will:

- Maintain communication with the Cleveland Clinic administration, state and regulatory agencies, and accreditors during the catastrophic event.
- Maintain regular communication with faculty and students regarding the status of the catastrophic event.
- Communicate any deviation(s) from the prepared contingency plan.
- Seek feedback from communities of interest regarding the contingency plan.
- Adjust the contingency plan, as needed, to assure appropriate program operations.
- Provide state/federal emergency websites and hotlines for faculty and students.

The Cleveland Clinic Diagnostic Services Institute leadership will:

- Determine financial aid requirements if didactic and/or clinical courses are disrupted.
- Determine if course grading will change in response to the catastrophe (i.e., pass/fail).
- Provide guidance for temporary alteration(s) to the curricular sequence.
- Provide funding to maintain student support and safety during the catastrophe.
- Provide faculty support for resources not typically utilized by the program.
- Assure that student support services are not interrupted.
- Provide wellness support services for students and faculty.

Severe Weather:

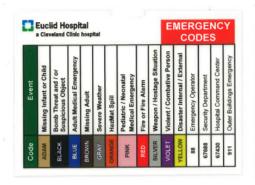
- 1. In the event of severe weather, such as excessive snow or ice, the program director will make a determination regarding closure of the school, to include both classes and clinical.
- 2. The program director will contact the program faculty and students via text message. The clinical preceptors will be contacted via email.

Fire Plan Rally Point:

The rally point at the Cleveland Clinic Administrative Campus is the southwest corner of Building Two's surface lot. When at the clinical site, the clinical preceptor will review the fire plan with students.

Emergency Codes:

• During the Patient Care class during the first semester, the students are educated on the Emergency Codes and the procedures associated with each code as indicated below.



POLICY TITLE: Copyright Infringement **ORIGINAL DATE:** July 2, 2010 **REVISED:** May 5, 2015

PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

The staff of School of Diagnostic Imaging maintains a copyright infringement policy to address sanctions and liabilities that students will face for downloading and distributing copyrighted materials.

Summary of Civil and Criminal Penalties for Violation of Federal Copyright Laws

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505.

Violating this policy will result in a corrective action according to the Corrective Actions Policy.

POLICY TITLE: Corrective Action **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 4 LAST REVIEWED: July 8, 2024

OBJECTIVE:

Students enrolled in the CT/MRI Program must conduct themselves in an appropriate and professional manner and must adhere to the rules and regulations of the school and clinical sites. The purpose of this policy is to provide guidelines to assist with managing student performance or conduct issues that interfere with the safe, orderly, effective, and efficient operation of the program and the organization. It provides standards and rules governing performance and a procedure for consistent, non-discriminatory application of the rules in the interest of maintaining the highest quality patient care and educational environment.

RECORD OF CORRECTIVE ACTIONS:

- Records of attendance are retained for a period of seven (7) years after program completion and are reviewable for matters pertaining to employment references, dismissal, and reinstatement after dismissal.
- Records of corrective actions remain active in the student record for the length of time the student is enrolled in either the CT or MRI Program; the exception being tardiness and attendance (see Attendance Policy). If any infractions occur during this time, they will be used as a basis for progressive corrective actions. Records of corrective actions within the time the students are enrolled in either the CT or MRI Program may be reviewed in a matter relating to employment.
- Any student receiving a second corrective action suspension within the length of time the student is enrolled in either the CT or MRI Program, whether the two suspensions are for related or unrelated conduct, shall be terminated.
- The receipt of all corrective action, whether in the capacity as a student or in the capacity as an employee of the Cleveland Clinic (if applicable), may result in denial of access to clinical sites and/or dismissal from the program.
- The School of Diagnostic Imaging Administration reserves the right to fully disclose all issues of corrective action received prior clinical site reassignment.
- If the student is denied access to the clinical site, and cannot be reassigned to another site, the student will not be able to complete the program requirements and is therefore dismissed from the program.

All students who disagree with the action taken may proceed through steps outlined in the Grievance Procedure Policy.

PROCEDURE:

All students are expected to conduct themselves in a professional and caring manner at all times. If professional behavior is not exhibited, corrective actions may be implemented up to and including dismissal from the program. When it becomes necessary to implement corrective actions for performance deficiencies, acts contrary to established policies or procedures, or to assure that the school and clinical site best interests are served, reference will be made to the categories below which relate the severity of the offenses to the corrective action. However, categories are not all-inclusive, and students may be disciplined for actions not specifically designated. Students who disagree with the action taken may proceed through steps outlined in the Grievance Procedure Policy. If a student is dismissed from the program, utilizes the Grievance Procedure Policy, and is denied re-acceptance, that student will not be permitted to reapply to the program.

POLICY IMPLEMENTATION:

Students who fail to abide by established standards and rules may be subject to corrective action. The step of corrective action may vary depending upon the nature of the infraction, the circumstances surrounding the offense and the student's past records. If a student does not conduct him/herself in a professional manner, the corrective actions listed below may take place. How rapidly a student goes through the following progressive steps, or at what stage the corrective actions will be initiated, will depend upon the seriousness of the offense. The department manager and/or program director will use their judgment to determine the appropriate step which applies in each circumstance. Regardless of the category in which an offense is listed, a particularly flagrant violation may result in more severe discipline than that which is indicated for that category. Conversely, if mitigating circumstances are judged to exist, less severe discipline may be imposed than would otherwise be indicated for the category of offense involved. Some infractions are not progressive in nature.

The four steps of Corrective Action are as follows:

Step 1: Documented Counseling

For rules considered less serious, a recorded conference may be the first step in the discipline procedure. It consists of a verbal conference with the student and the program director or education coordinator and will be documented in writing and placed in the student's personal file.

Step 2: Written Corrective Action

The written warning is a document summarizing the performance problem or incident detrimental to customer/patient satisfaction. The document and situation will be reviewed with the student outlining the specific problem(s)/incident and warning the student that further behavior detrimental to customer/patient satisfaction will result in further disciplinary action.

Step 3: Final Written Corrective Action or Suspension

A suspension may occur when performance continues to be detrimental to customer/patient satisfaction. Depending on the seriousness of the incident or behavior the student may receive a suspension as the first step of the disciplinary process. A suspension is generally for a three-day period. However, a greater or lesser number may be deemed necessary after review of the particular situation. Suspensions may be scheduled so that consistency and continuity of the learning process is not interrupted more than necessary and as close to the infraction as possible.

Step 4: Dismissal

Dismissal will occur as the final step in the disciplinary process. Dismissal may occur for serious offenses relating to customer/patient satisfaction or for continued performance problems impacting customer/patient satisfaction.

<u>CATEGORY I</u> (1st Offense: Documented Counseling; 2nd Offense: Written Corrective Action; 3rd Offense: Suspension or Final Written Corrective Action; 4th Offense: Dismissal)

- 1. Attendance related offenses (see Attendance Policy).
- 2. Failing to inform the clinical site <u>and</u> the school regarding absence within 2 hours of scheduled start time, whether scheduled or unscheduled (no call/no show) for clinical rotation.
- 3. Failure to call the school for a class absence.
- 4. Loitering during scheduled working and off-duty hours.
- 5. Eating or drinking in unauthorized areas.
- 6. Violation of hospital parking regulations.
- 7. Sleeping during class or clinicals.
- 8. Unauthorized extended meal period or breaks.
- 9. Unnecessary radiation exposure to patients, visitors, staff, employees or students.
- 10. Failure to get approval from program officials for clinical schedule changes.
- 11. Failing score on more than five (5) competency examinations in one clinical semester. (See Competency Policy for details.)

- 12. Failure to perform in a courteous, conscientious, and caring manner in responding to the needs of patients, visitors, fellow students, or employees.
- 13. Unauthorized use of telephone, internet or cell phone during class, lab or clinical.
- 14. Failure to adhere to reasonable standards of personal hygiene, grooming and dress. This includes failure to adhere to established uniform requirements and failure to wear the appropriate Cleveland Clinic identification badge.

<u>CATEGORY II</u> (1st Offense: Written Corrective Action; 2nd Offense: Suspension or Final Written Corrective Action; 3rd Offense: Dismissal)

- 1. Arriving to your assigned area late or leaving your assigned area early.
- 2. Conduct prejudicial to the best interest of the hospital and/or school.
- 3. Unacceptable or unsatisfactory job performance including causing or contributing to unsanitary or unsafe conditions and performing unsafe procedures.
- 4. Profane or unprofessional language.
- 5. Careless neglect or improper or unauthorized use of hospital and/or school property or equipment.
- 6. Repeated or chronic infractions of hospital and/or school rules with no evident improvement in performance or conduct.
- 7. Failure to observe school policies regarding required supervision and on repeat imaging.
- 8. Inefficiency, incompetence or negligence in performance of duties.
- 9. Reporting to duty in an unfit or unsafe condition to work.
- 10. Failure to perform duties at minimally acceptable standards after counseling and guidance.
- 11. Collecting funds or accepting gratuities.
- 12. Repeated failure to pass an additional three (3) competency examinations in one clinical semester.
- 13. Violation of Copyright Infringement Policy.
- 14. Unauthorized use of Cleveland Clinic identification badge.
- 15. Improper or negligent acts that cause damage to/waste of supplies, equipment or other property.
- 16. Any other failure of good behavior or neglect of duty to include not properly screening MRI patients.

<u>CATEGORY III</u> (1st Offense: Suspension or Final Written Corrective Action; 2nd Offense: Dismissal)

Reporting to school or clinical experience under the influence of alcohol or narcotic as evidenced by: inability to perform assigned duties or participate in class, b) demonstration of undesirable characteristics (such as odor of alcohol or other substances, attitude, uncooperativeness toward patients, staff, students, visitors, others).

- 1. Refusing to submit to a medical evaluation including testing when reasonably suspected of being under the influence of alcohol or drugs.
- 2. Inappropriate treatment of a patient for any reason.
- 3. Failure to fulfill responsibilities at clinical to an extent that might reasonably or does cause injury.
- 4. Insubordination or refusal to perform a reasonable assignment after having been instructed to.
- 5. Immoral or illegal conduct and any acts of dishonesty, including cheating or copying another person's work (plagiarism).
- 6. Sale, loan or gift of parking pass.
- 7. Any serious failure of good behavior or serious neglect of duty.
- 8. Failure to conform to professional ethics.
- 9. Fighting or gambling on Cleveland Clinic premises.
- 10. Repeated failure to pass an additional three (3) competency examinations in one clinical semester after failing five competencies.
- 11. Solicitation and/or distribution of literature in violation of hospital policy.
- 12. Posting on social media any information or event regarding patients, visitors, students, or employees that occur at the clinical site or school.
- 13. Use of any electronic device other than the institution computers while using Trajecsys for clocking in or out.
- 14. Clocking in and not reporting to your assigned area without permission from your clinical preceptor or program faculty.

<u>CATEGORY IV</u> (Dismissal upon 1st Offense)

- 1. Possession, use, or sale of alcohol, narcotics or controlled substances on hospital premises.
- 2. Threat of or actual physical or verbal abuse of patients, visitors, staff, employees or students.
- 3. Falsification of any official hospital or school record.
- 4. Willful damage to or theft of property of school, hospitals, patients, visitors, employees or students.
- 5. Absence from classes or clinical experience without justifiable reason or without reporting off for two (2) consecutive clinical and/or class days, or two (2) incidents of no-call/no-show in a twelve (12) month period.
- 6. Possession of firearms or other weapons on school/hospital premises.
- 7. Unauthorized possession, use, copying or revealing of confidential information regarding patients, employees, students, or a school/hospital activity including on social media sites.
- 8. Sexual, racial or other harassment or verbal or physical threats against a fellow student, employee, visitor or patient.
- 9. Conviction of a felony.
- 10. Theft, removal of, unauthorized possession, tampering with or use of property belonging to others.
- 11. Failing three (3) additional examination competencies during a clinical semester, after failing five, and then 3 more competencies.
- 12. Any conduct seriously detrimental to patient care, fellow students, employees, and the school or Cleveland Clinic operations.
- 13. Any other serious failure of good behavior or gross neglect of duty.

The list of offenses contained herein is meant to be illustrative and not all inclusive. Engaging in activity which is inconsistent with ordinary and reasonable standards of behavior necessary to the mutual welfare of the Cleveland Clinic, its employees, patients, and visitors will also subject a student to corrective action.

GENERAL

Providing the best possible patient care and understanding customer service is a priority at the Cleveland Clinic Health System. In support of this philosophy, The Cleveland Clinic Health System does not allow inappropriate treatment or behavior towards the customer. "Customer" is defined as any individual that encounters the department or student during the normal course of doing business. This could include patients, visitors, family members, co-workers, etc.

POLICY TITLE: Course Descriptions **ORIGINAL DATE:** May 15, 2015 **REVISED:** May 28, 2020 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

To complete the **Computed Tomography Program**, the following courses must be completed:

- Introduction to Computed Tomography
- Cross Sectional Anatomy and Pathology
- Computed Tomography Physics
- Clinical Experience in Computed Tomography

To complete the Magnetic Resonance Imaging Program, the following courses must be completed:

- Introduction to Magnetic Resonance Imaging
- Cross Sectional Anatomy and Pathology
- Magnetic Resonance Imaging Physics
- Clinical Experience in Magnetic Resonance Imaging

CT 104 – Introduction to Computed Tomography - Online

This course is delivered online via a learning management system and provides the student with information necessary to enter into the computed tomography clinical setting. Topics to include: Basic principles, screening procedures, patient monitoring, dose, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with computed tomography.

Prerequisite: Admission to The School of Diagnostic Imaging

MRI 104 - Introduction to Magnetic Resonance Imaging - Online

This course is delivered online via a learning management system and provides the student with information necessary to enter into the magnetic resonance imaging clinical setting. Topics to include: Basic principles, screening procedures, patient monitoring, dose, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with magnetic resonance imaging.

Prerequisite: Admission to The School of Diagnostic Imaging

MRI 102 - Cross Sectional Anatomy and Pathology

This course is delivered in a traditional classroom style and provides the student with fundamental anatomy and pathology associated with computed tomography and magnetic resonance imaging of the head, neck, face, spine, thorax, abdomen, pelvis, upper and lower extremities. The various structures will be demonstrated in the axial, sagittal and coronal imaging planes.

Prerequisites: Admission to The School of Diagnostic Imaging

CT 103 – Computed Tomography Physics

This course is delivered in a traditional classroom style and provides the student with a comprehensive study of the physics associated with computed tomography. Topics will include: terminology associated with CT,

the history and generations of CT, EBCT, spiral scanning and multi-row scanning, equipment, image processing, filters and algorithms, image quality, image noise, advanced CT imaging options, artifacts, contrast administration, patient safety, quality assurance, radiation risk factors and dose. *Prerequisites: Program approval*

CT 201 – Computed Tomography Physics Online

This course is delivered online via a learning management system and provides the student with a comprehensive study of the physics associated with computed tomography. Topics will include: terminology associated with CT, the history and generations of CT, EBCT, spiral scanning and multi-row scanning, equipment, image processing, filters and algorithms, image quality, image noise, advanced CT imaging options, artifacts, contrast administration, patient safety, quality assurance, radiation risk factors and dose. *Prerequisites: Program approval*

MRI 103 – Magnetic Resonance Physics

This course is delivered in a traditional classroom style and provides the student with the principles of MRI scanning and the physics related to obtaining an MRI signal. Topics will include: Image weighting and contrast, spatial encoding and image formation, parameters and trade-offs, pulse sequences, flow phenomena, artifacts and their compensation, vascular and cardiac imaging, contrast agents, functional imaging techniques, instrumentation and equipment.

Prerequisite: Program approval

MRI 201 - Magnetic Resonance Imaging Physics - Online

This course is delivered online via a learning management system and provides the student with the principles of MRI scanning and the physics related to obtaining an MRI signal. Topics will include: Image weighting and contrast, spatial encoding and image formation, parameters and trade-offs, pulse sequences, flow phenomena, artifacts and their compensation, vascular and cardiac imaging, contrast agents, functional imaging techniques, instrumentation and equipment.

Prerequisite: Program approval

CT 200 – Computed Tomography Clinical Experience

Computed tomography technologists operate advanced imaging equipment to obtain computer generated sectional images of the human body. Computed Tomography technologists must be able to provide quality patient care while working closely with the radiologist in a fast-paced, high volume area. The clinical portion of the Computed Tomography Program is designed to prepare students to be competent, efficient working technologists. Upon successful completion of the CT clinical course, students will have met the examination requirements for the ARRT, and be eligible to sit for the CT certification exam

Prerequisite: Introduction to Computed Tomography

MRI 200 – Magnetic Resonance Imaging Clinical Experience

Magnetic resonance imaging technologists are highly skilled professionals who use powerful magnets to obtain detailed images of the various structures in the human body. MRI technologists must have the ability to interact effectively with physicians and compassionately towards patients

The clinical portion of the MRI Program is designed to prepare students to be competent, efficient working technologists. Upon successful completion of the MRI clinical course, students will have met the examination requirements for the ARRT, and be eligible to sit for the MRI certification exam.

Prerequisite: Introduction to Magnetic Resonance Imaging

POLICY TITLE: Course Sequence and Clock Hours **ORIGINAL DATE:** September 21, 2004 **REVISED:** August 14, 2023 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

1 st Semester – FALL	Hours per Week	Number of Weeks	Total Hours
Introduction to CT Online*	3	8	24
Introduction to MRI Online*	3	8	24
Cross Sectional Anatomy & Pathology	3	16	48
*Pre-requisite to CT clinical experience *Pre-requisite to MRI clinical experience	SEM	ESTER TOTAL	72
2 nd Semester – SPRING			
CT Physics (online or traditional)	3	16	48**
MRI Physics (online or traditional)	3	16	48**
**One or the other – not completed together			
CLINICAL EXPERIENCE			
Clinical Experience (spring & summer semesters) ***Depends on student availability	15-40**	**	300-500
Online deliveryNot eligible for VA Benefits			
Fall Semester: MRI 104 - Introduction to MRI Online CT 104 - Introduction to CT Online MRI 101- Introduction to CT/MRI MRI 102 - Cross Sectional Anatomy and Pathology (CT/M	RI)		
Spring Semester: CT 103 - CT Physics CT 201 – CT Physics Online MRI 103 - MRI Physics MRI 201 - MRI Physics Online			
CT 200 – CT Clinical Rotation: Continues until clinical req	uirements are	met	
	•		

MRI 200 - MRI Clinical Rotation: Continues until clinical requirements are met

Clinical Experience:

Must complete introductory class. Offered for one calendar year and the student must complete the MRI and/or CT documented clinical requirements.

CPR:

Required of all students prior to clinical experience, unless already certified. Certification must be BLS for Health Care Providers through the American Heart Association.

POLICY TITLE: Educational Records **ORIGINAL DATE:** May 5, 2009 **REVISED:** May 5, 2015 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

This policy is in accordance with the Family Educational Rights and Privacy Act of 1974.

- A. Students may inspect and/or review any of their official records and files with the following exceptions:
 - 1. Parents' confidential/financial statement may not be inspected.
 - 2. Confidential letters and recommendations placed in academic file prior to January 1, 1975, are not available. Right of access to future confidential recommendations in the areas of admission, job placement, and awards may be waived by the student.
 - 3. Medical, psychiatric or similar records are not accessible. A doctor or other qualified professional may inspect a student record if the student so desires.
- B. No one may inspect a student's academic record with the following exceptions:
 - 1. Faculty at the School of Diagnostic Imaging who have legitimate academic interests and school secretaries who must work with the students' files.
 - 2. School officials who have legitimate academic interests.
 - 3. Individuals concerned in connection with a student's application for or receipt of financial aid.
 - 4. Representative of State educational authorities.
 - 5. Representative of the administrative head of Cleveland Clinic.
 - 6. Representative of the Comptroller General of the United States.
 - 7. Representative of the Secretary of Education.
 - 8. Representative of Ohio State Board of Career Colleges and Schools.

The School of Diagnostic Imaging is not required to notify a student that their academic records have been inspected as listed in exceptions under "B".

C. A student will receive prior notice when academic records are being inspected, without consent, in the following situation:

*Pursuant to a court order or lawfully issued subpoena.

- D. A student may sign a release of information form to give consent to release records to other persons or agencies. Such forms are available in the School of Diagnostic Imaging office. The following must be indicated on the form:
 - 1. The records to be released.
 - 2. The reasons to be released.
 - 3. To whom the records are to be given.

- E. All students have a file which is maintained in the School of Diagnostic Imaging office. If a student has any questions or concerns about their record, the student should discuss such issues with the program director of the school. At this time, appropriate changes, deletions or corrections will be considered. If this conference does not resolve the differences, the student may request that a hearing be held. The student has the right to legal counsel at the hearing at the student's expense. The program director of the school will give the student a written decision and state the reasons for the conclusion. The student may add written explanatory materials to their academic file after submitting such to the program director of the school.
- F. Student's financial aid records are maintained by the School of Diagnostic Imaging.
- G. All files and required documents for students receiving veteran's educational benefits will be maintained in the school office for three (3) years.
- H. Contents of Permanent Educational Record:
 - Official School of Diagnostic Imaging transcript
 - Official transcripts from all schools attended including high school. GED may be accepted in lieu of a high school transcript
 - Results of standardized tests, as applicable
 - Final summary
- I. Request for Transcripts:

Requests for transcripts must be submitted using the "Request for Official Transcript" form. The request must be signed by the student. Transcript requests will be processed within 5-7 working days during the academic term but may take longer at the end of the term. There is a \$5.00 fee for providing a copy of a student transcript.

J. Request for Course Materials:

Students are provided with course descriptions, syllabi and other materials for radiography courses throughout the program. Students are expected to retain such materials for any further use and/or reference. The school is not responsible for providing additional copies for student use.

POLICY TITLE: Evaluations and Counseling **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 18, 2022 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

- 1. Students are required to have their clinical preceptor or other department technologist complete four student evaluations per clinical site. The student evaluations can be found in Trajecsys for the technologist at each facility, and they may review them with the student if desired. All four evaluations should not be submitted at the end of a clinical rotation. Evaluations should be completed on a regular basis throughout the clinical rotation to accurately demonstrate student progress.
- 2. Counseling sessions will be conducted throughout the semester as needed to review:
 - a. Summary of student evaluation forms
 - b. Student competency examination summary form
 - c. ARRT mandatory and elective summary form
 - d. Semester grades
 - e. Attendance
 - f. Additional counseling sessions will be conducted if the program director, education coordinator or clinical preceptor finds them necessary.
- 3. Information regarding the number of exams performed is to be used as a counseling tool, not as a liability towards the student's letter grade.
- 4. Students will be held responsible for non-compliance issues and receive corrective action accordingly.
- 5. Additional counseling sessions will be conducted if the Program Director, Education Coordinator or Clinical preceptor finds them necessary.

POLICY TITLE: Grading Procedures **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 24, 2021 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

1. The grading scale is as follows:

100 – 93	А
92 - 84	В
83 - 75	С
74 – 67	D
66 – 0	F

- 2. Students must maintain a "C" grade or better in each course of the CT/MRI Program in order to receive a certificate upon completion of all courses. Students not satisfying this minimal academic requirement will be counseled and those receiving a "D" or "F" in any course will not complete the program.
- 3. Course grades are reviewed by the instructor and students are counseled as needed throughout the semester. Program faculty monitor student grades throughout the semester and when a student is identified to be at risk of not passing a class, the instructor will either call the student or send an email for them to meet and discuss what approach to take to improve the grade.
- 4. Upon receipt of less than a "C" in any course, the student must retake this course at his or her own expense and receive a passing grade to complete the program.
- 5. If a student does not complete all required course assignments by the end of the semester, they will receive an incomplete grade. Incompletes must be resolved within 5 weeks into the next semester or the grade converts to an "F" or failing grade.
- 6. Students who are dismissed from the program may reapply for acceptance. Their re-acceptance is subject to approval by the School of Diagnostic Imaging Subcommittee on Student Readmission.

CLINICAL GRADE PURPOSE: To encourage students to fully participate in the clinical experience and to provide students and the school a means of evaluating the quantity and quality of participation.

POLICY: Students will be given an established number of points for each clinical experience. Each semester clinical grade will be determined by:

- The number of evaluations turned in by the end of the semester. Four points will be deducted from the established number of clinical points for each missing evaluation.
- Observance of program and department policies and practices.
 - Four points off for each documented counseling.
 - Six points off for each written corrective action.
 - Ten points off for each final written corrective action/suspension.

POLICY TITLE: Graduation **ORIGINAL DATE:** April 6, 2011 **REVISED:** May 24, 2021 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

PURPOSE:

To provide the student with guidelines regarding graduation requirements. Upon successful completion of the introduction course, physics course, cross sectional anatomy and pathology course, clinical program requirements and ARRT requirements, the student is awarded a certificate of completion and is eligible for the ARRT registry examination.

CRITERIA:

- Satisfactory completion of all program courses and clinical time.
- All competencies must be completed as outlined in the Competency Examination Policy.
- All required ARRT requirements must be completed.
- Tuition and fees must be paid in full.
- All reference books or other material must be returned.
- All ID badges must be returned or fee must be paid.
- Dosimeter must be returned or replacement fee paid.
- Clinical site survey completed.

ACADEMIC AWARDS AT GRADUATION:

Based on the final cumulative grade point averages achieved by graduates. A graduate with a GPA between 3.5 and 3.99 will be commended as graduating with Academic Honors. A graduate with a GPA of 4.0 will be commended as graduating with Academic Distinction.

REQUEST FOR LETTER OF RECOMMENDATION:

To request a letter of recommendation from a faculty member of the Cleveland Clinic School of Diagnostic Imaging, a student must fill out and submit the Student Request for a Letter of Recommendation or Verbal Reference form found at <u>http://ccf.org/sodi</u>. It is recommended that this form be submitted four weeks in advance of the due date. If it is submitted within two weeks of the due date, completion of the letter is not guaranteed. The program faculty reserves the right to deny any request for any reason.

REQUEST FOR OFFICIAL TRANSCRIPT:

A student may request an official transcript from the Cleveland Clinic School of Diagnostic Imaging by filling out and submitting the Official Transcript Request form found at <u>http://ccf.org/sodi</u>. Please be aware that there is a \$5.00 processing fee that must be paid before the request is processed. Also, in accordance with the Federal Family Educational Rights & Privacy Act (FERPA) of 1974 and subsequent amendments, academic records cannot be released without the student's consent. All outstanding obligations to the School of Diagnostic Imaging (financial, academic, or administrative) must be cleared before a transcript request can be processed.

POLICY TITLE: Grievance Procedure **ORIGINAL DATE:** January 28, 1994 **REVISED:** July 8, 2024 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

POLICY STATEMENT:

The School of Diagnostic Imaging recognizes that students have the right to due process in academic and non-academic matters.

PURPOSE:

The appeal mechanism provides a thorough, timely and objective assessment and resolution of student concerns and assures that students are treated in a fair, reasonable and nondiscriminatory manner. An appeal can be any concern or complaint asserted by a student regarding interpretation, application or breach of any policy, practice or procedure.

ELIGIBILITY:

This procedure is available to any student enrolled in a Cleveland Clinic enterprise in-house allied health education program, who does not have any affiliation with a college/ university.

PROCEDURE:

The Cleveland Clinic desires to resolve student grievances, complaints and concerns in an expeditious, fair, cordial and professional manner. A student may resolve a grievance by initiating the steps on the following page.

INFORMAL PROCESS:

The student is advised to discuss the grievance informally with the person who is the source of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by the program director. It is expected that most problems or complaints of concern to students will be discussed and resolved in a timely fashion informally between the student and the program director. If the program director is the basis of the complaint, the student may initiate the formal grievance procedure. The Director, Center for Health Sciences Education will be notified immediately by the program director of an impending formal grievance.

SATISFACTORY ACADEMIC PROGRESS:

Any student who is appealing a disciplinary or grade dispute using the program Grievance Policy can continue with the program until the grievance procedure has concluded. The student is still considered in satisfactory academic progress (SAP) during this timeframe, until the final decision of the grievance procedure. Students may file an appeal as described in the Student Manual in the Grievance Policy.

FORMAL GRIEVANCE PROCEDURE:

The formal grievance procedure begins when a dated written complaint is submitted to the program director. The written complaint may be submitted via email. An appeal must be initiated within 5 business days of the date on which cause of the appeal is known. A copy of the appeal must be sent to the Center for Health Education.

STEPS:

- 1. The first step of appeal should involve discussion with the program director. Every effort should be made to resolve the issue at this step of the process. The program director has 5 business days to respond to the student in writing following the initial appeal request by the student as to the decision rendered.
- 2. If the decision rendered at the first step is deemed unacceptable by the student, the second step of appeal should involve the administrator for the Diagnostic Services Institute. This administrator has five (5) business days to respond to the student in writing following notification of appeal as to the decision rendered.
- 3. If the decision rendered at the second step is deemed unacceptable by the student, the third step of the appeal involves the Health Professions' Education Council's Student Appeals Committee. Two committee members will review each appeal. The decision and recommendations at this step are final. The Health Professions' Education Council has 10 business days to respond to the student in writing following notification of appeal as to the decision rendered.
- 4. An appeal should be filed with the Center for Health Sciences Education office. The education office will assign someone to assist the student throughout the appeal process.
- 5. The student shall have the opportunity to appear in person before the reviewing party at each step of the appeal process.
- 6. Appeals at each step must be made in writing by the student within 10 business days after receipt of the reviewing party's response. Email is acceptable. The Center for Health Sciences Education must be copied on all communications at each step of the appeals procedure.
- 7. The Human Resources and Legal Departments are available, in a consultative capacity, to the Program Director, Program's Medical Director, system-wide Education Coordinator, and Allied Health Educational Partnerships or to the Chairman, and the Education Institute as it relates to the student's appeal.
- 8. At the discretion of the program director, the student may continue in the program until the appeal process is completed. The school faculty reserves the right to suspend clinical experience and class attendance during the appeal process. In such an event that the appeal is granted, any time missed must be completed.

POLICY TITLE: Harassment **ORIGINAL DATE:** May 5, 2009 **REVISED:** August 1, 2014 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

PURPOSE:

To provide an academic environment throughout the School of Diagnostic Imaging that is free of harassment of any kind so that students are afforded the opportunity to perform to the best of their abilities. Sexual harassment is a form of sex discrimination covered under Title VII of the Civil Rights Act of 1964, which prohibits sex discrimination in employment, and Title IX of the Educational Amendments of 1972, which prohibits sex discrimination against students and employees in educational institutions receiving Federal funds.

POLICY:

The School of Diagnostic Imaging prohibits harassment in any form, including harassment based on race, sex, religion, sexual orientation, gender identity or expression, national/ethnic origin and/or disability. The School of Diagnostic Imaging is committed to providing an environment free of any conduct or communication constituting harassment in any form defined by the state and/or federal law. Any violation(s) of this policy may result in corrective action based upon a review of the circumstances, the nature of the event and the context in which the alleged incidents occurred. Such corrective action may include dismissal from the radiography program, prosecution and/or civil action.

HARASSMENT:

Harassment is an assault on an individual's dignity and worth. It can include, but is not limited to the following:

- offensive jokes
- ridicule
- racial, religious, sexual or ethnic slurs
- unwelcome advances, requests or demand for favors, verbal abuse or kidding that is distasteful
- discussion, gossip, rumors or comments regarding an individual's personal life, relationships and/or preferences

SEXUAL HARASSMENT:

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as any unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:

- 1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or student status;
- 2. submission to or rejection of such conduct is used as a basis for decisions affecting that individual with regard to employment or to student status (e.g. grades, references, assignments, etc.);
- 3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or educational experience, or creates an intimidating, hostile or offensive work and/or educational environment.

PROCESS TO REPORT A COMPLAINT:

If you are a student who believes you have been subjected to (1) sexual harassment by Cleveland Clinic program faculty, staff or employee; or (2) any other form of gender discrimination under Title IX, you may report such misconduct or file a formal complaint with the Title IX Coordinator in the Education Institute, Administration Office, Main Campus, NA22. Complaints must be submitted in writing.

If you are a student who believes you have been or are the victim of sexual harassment, including sexual assault, sexual violence or other sexual misconduct, by another student, you may report such conduct or file a complaint under Title IX with the Title IX Coordinator in the Education Institute, Administration Office, Main Campus, NA22. Complaints must be submitted in writing.

Title IX Office

TitleIX@ccf.org 216-317-6494 Main Campus, JJS4-618 Mail Code JJ40

Office of Educational Equity

EduEquity@ccf.org 216-317-6494 Main Campus, JJS4-618 Mail Code JJ40

POLICY TITLE: Hazing	PAGE: 1 of 2
ORIGINAL DATE: July 18, 2022	LAST REVIEWED: July 8, 2024

PURPOSE: To prohibit student hazing and to provide for penalties in compliance with applicable state law.

STATEMENT: Cleveland Clinic is committed to maintaining a safe, healthy, and efficient working and learning environment for its students, trainees, employees, patients, and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits hazing as defined in this policy.

DEFINITIONS:

Cleveland Clinic United States Locations: Main Campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital Weston, Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, emergency departments, express care centers, urgent care centers, and ambulatory surgical centers reporting to these facilities.

Cleveland Clinic Premises: All Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots, or other open areas owned or under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Affiliate School: An education institution with which Cleveland Clinic has an affiliation agreement through which enrolled students of the institution participate in Cleveland Clinic's educational program or activities.

Affiliate Student: An affiliate student is a participant in a Cleveland Clinic education program or activity who is enrolled in an affiliate school.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams, or other evaluation process. Educational program and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residence programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college, and university students.

Hazing: Doing any act of coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse.

Program Leadership: For the purposes of this policy, refers to the administrators of a student's educational experience or program. Program leadership includes program directors, education coordinators, preceptors, and other Cleveland Clinic employees with the authority to address misconduct in a program/education experience.

Student: For the purposes of this policy, a student is a person enrolled in a Cleveland Clinic education program or activity who is not employed by Cleveland Clinic. The term "student" includes affiliate students and trainees who are not employed by Cleveland Clinic.

POLICY IMPLEMENTATION

Scope: This policy applies to students as that term is defined in this policy. This policy applies to conduct that takes place on or off Cleveland Clinic premises and that involves two or more people who are affiliated with the Educational Program or Activity. Hazing directed toward or by individuals other than students falls under the Professional Conduct Policy.

Procedure: Individuals who become aware of any student engaged in hazing shall report the conduct to the student's program leadership. The student's program leadership shall investigate the report, as appropriate, in accordance with the disciplinary process for the program. Where the hazing conduct may constitute a crime, program leadership shall report it to the appropriate law enforcement agency.

Violation of Policy: Any student who is found to be in violation of this policy is subject to disciplinary action up to and including dismissal from their program/educational experience. A student may be suspended from participation in the program/educational experience pending the outcome of an investigation. An affiliate student's program leadership will inform an affiliate school of any actions taken under this policy.

Program of Education, Prevention, Treatment, and Support: Cleveland Clinic shall make anti-hazing education available to students, administrators, faculty members, and other caregivers.

Regulatory Requirement/References:

Ohio Revised Code Section 3345.19 Anti-Hazing Policy

Oversight and Responsibility: Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital institute, department, education program and activity, and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

POLICY TITLE: Health Care Coverage -Workplace Injury & Illness ORIGINAL DATE: May 5, 2009 REVISED: May 5, 2015 **PAGE:** 1 of 1

LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging/Cleveland Clinic recognizes that personal health maintenance is the responsibility of the individual students. Students are responsible for the cost of their own health care insurance while enrolled in the School of Diagnostic Imaging. The school has information available regarding student health insurance plans. Students are required to submit proof of health insurance coverage upon acceptance into the program.

PROCEDURE

Students experiencing a work-related needle stick or blood/body fluid splash should report to the Center for Corporate Health at their clinical facility as soon as possible (refer to Infection Control Policy). Any work-related injury is not covered by the Cleveland Clinic and the student should follow the procedure outlined below. An incident report is required to initiate a visit to the Center for Corporate Health. The student will supply the School of Diagnostic Imaging a copy of their incident report detailing their injury.

WORK RELATED INJURY

If a student incurs an accidental injury while at the clinical site other than a needle stick or blood/body fluid splash, they may visit the emergency department, be sent home, or report to their own private physician for care. The student is responsible for any cost incurred for treatment.

NON-WORK-RELATED ILLNESS

A student who becomes ill while on duty at the hospital with a non-work-related illness must report to their clinical preceptor or supervisor, and the School of Diagnostic Imaging. The clinical preceptor, supervisor, or program official may elect to send the student home and the student may elect to see their own physician.

POLICY TITLE: Health Requirements **ORIGINAL DATE:** May 3, 3012 **REVISED:** June 3, 2019 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging/Cleveland Clinic recognizes that personal health maintenance is important and it is the responsibility of the individual students to follow the required process to ensure that they are medically cleared to participate in the clinical experience. Students are responsible for submitting the required documentation to the program officials by the specified date or they will not be able to continue in the program. Students are responsible for any cost incurred in obtaining the necessary health requirements. The School of Diagnostic Imaging follows the CDC Guidelines for Adult Immunization.

N95 PARTICULATE RESPIRATOR: Students are not fit-tested at the Cleveland Clinic for N95 particulate respirators and therefore cannot assist on exams where respirators are required. Students who have been fit-tested through their employer or previous program may assist on these exams.

MRI SCREENING FORM: A completed MRI screening form must be completed and reviewed prior to attending clinical experience.

ADMISSION HEALTH REQUIREMENTS:

Listed below are the requirements that are used for medical clearance:

- Signed physical exam by a Physician (MD)/Certified Nurse Practitioner (CNP) or Physician's Assistant (PA) required for ALL entering students and performed within the last six (6) months.
- Negative tuberculosis screening:
 - Two-step Mantoux test (TB test), QuantiFERON-TB Gold tet, or T-Spot test within one year before the clinical rotation start date, with annual updates while in the clinical portion of training.
- Appropriate immunizations for:
 - Measles (Rubeola)
 - o Mumps
 - German measles (Rubella)
 - Chickenpox (Varicella)
 - Tdap (Tetanus, Diptheria, Pertussis) booster within the last ten (10) years
- A positive Hepatitis b IgG Antibody Titer or signed declination form assuming the risk of exposure
- Annual Influenza vaccination (November 1 March 31)
- Compliance with any future tests required by Cleveland Clinic

ANNUAL HEALTH REQUIREMENTS:

TB Screening:

- The School of Diagnostic Imaging students are required to be tested annually for tuberculosis (TB). The testing schedule will follow CDC/OSHA guidelines.
- The School of Diagnostic Imaging shall maintain a roster of students requiring annual TB testing.
- Students who do not complete the required TB testing will not be scheduled at the clinical site until the test is completed.
- The School of Diagnostic Imaging will notify the student when they are required to have their annual TB testing completed.

Influenza vaccination:

- Annual seasonal flu vaccine is mandatory.
- Influenza season typically occurs between October and March. The exact dates are determined annually when influenza is identified in the community.
- The Cleveland Clinic will consider bona fide religious and/or medical conflicts with the vaccine. Exemption requests should be submitted to the program director who will address the request in light of applicable patient safety concerns. Students who do not receive the seasonal flu vaccine will not be permitted to participate in clinical experience during influenza season.
- Students are responsible for obtaining the flu vaccination at their own cost and must submit documentation to the program.

POLICY TITLE: Infection Control **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 5, 2015 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

Students are provided courses designed to inform them that there is the potential for hospital-acquired infections as a result of exposure in the department. Many patients are of an undiagnosed nature when diagnostic workups are performed. All patients should be considered potentially infectious and therefore require that Standard Precautions be followed. Hand washing between patient contacts is essential in preventing the transmission of infection. Personnel and students must have a basic knowledge of how diseases are spread and the precautions that must be taken to contain them. In this way, imaging services can be provided around the clock without compromise to the patient and with a minimum of risk for all.

Students should observe all policies as outlined in the Infection Control Manual of each of the clinical sites as made available during orientation to each site. These policies demonstrate concern for patients and co-workers and affords the student prompt medical attention should the need arise.

Hand washing between patient contacts is essential. The hospital's hand washing policy must be followed. Eating and drinking are prohibited in the Imaging Department except in the designated areas.

When isolation procedures are necessary, portable equipment will be used in the patient's room when possible. Students are to be thoroughly familiar with the hospital's isolation policies. When certain procedures are essential to the patient's care, we have an obligation to perform those services. These patients are entitled to the same high-quality care that we administer to other patients.

If a student is exposed to blood/body fluids or needle stick during their clinical rotation, they are to follow the individual hospital guidelines for exposure. At the Main Campus, the student or their clinical preceptor/supervising technologist should contact the Exposure Hotline at 216-445-0742 and visit the Infection Control Website at http://intranet.ccf.org/qpsi/infection/post.asp. If the student is at a regional hospital, the student will report to the Center for Corporate Health during their hours of operation. If the incident occurs after hours and the patient is a high risk patient (i.e. infectious blood condition), the student should go to the emergency department. If the patient is **not** high risk, the student would report to the CFCH the next business day. In either case, all students must complete a SERS report at http://intranet.ccf.org/sers/ to report all work related injuries/illnesses, exposures to blood/body fluids or needle sticks.

To provide caregivers with enhanced infection prevention during a respiratory viral pandemic to minimize the risk of transmission of pathogens (e.g., COVID-19, Influenza) spread by direct or indirect contact with respiratory droplets from symptomatic, pre-symptomatic and asymptomatic caregivers and patients. Symptomatic, asymptomatic, and pre-symptomatic individuals may pose an infection risk to caregivers and patients during recognized outbreaks of respiratory viral infections. The CDC recommends universal source control measures such as universal use of personal protective equipment. During times of moderate to substantial community COVID-19 transmission, caregivers will wear eye protection in addition to a face mask to ensure the eyes, nose and mouth are all protected. A full-face shield will be the preferred eye protection used by caregivers in the clinical areas as this eye protection offers an advantage of covering and protecting the mask.

POLICY TITLE: Leave of Absence (LOA) **ORIGINAL DATE:** September 21, 2004 **REVISED:** April 23, 2016 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

- 1. The School of Diagnostic Imaging, Cleveland Clinic Health System, reserves the right to deny or grant a leave of absence. A leave of absence must be approved by the program director.
- 2. Students must complete a Leave of Absence Form and submit it to the program director. This should be submitted at least two weeks in advance, if possible.
- 3. A leave of absence, up to one year, will be considered for students with a medical need, emergency condition, or pregnancy. Verification is required. There are no additional charges incurred for extending the length of the program due to an approved leave of absence. If a student that is receiving VA benefits has absences exceeding 20% of the scheduled hours in a program and/or takes an approved leave of absence, the school will notify the VA to terminate the payment of educational benefits.
- 4. If a student is using Title IV funds for tuition and fees, the leave of absence may not exceed 180 days in any 12-month period and is the only leave of absence granted in that 12-month period (see exceptions listed below). One additional leave of absence may be approved if it does not exceed 30 days and the school determines that it is necessary due to unforeseen circumstances. This type of leave of absence would have to be after the granting of the single leave of absence, which is granted at the school's discretion. A subsequent leave of absence may be approved if the school documents that they are granted for jury duty, military reasons, or circumstances covered under the Family and Medical Leave Act of 1992 (FMLA) (Public Law 103-3), enacted February 5, 1993.
- 5. Students on a leave of absence (LOA) must complete all course work, didactic and clinical, before graduation. See Attendance Policy for make-up time specifics. Course work covered during most semesters is provided only once a year, therefore each request must be considered individually.
- 6. Students on a leave of absence (LOA) are required to speak with the program director two weeks prior to the petitioned return date. Students returning from a medical leave of absence must submit to the Program Director the Return to Clinical Form completed and signed by their doctor which states that they are physically able to return to full clinical duties with no restrictions. Students are not allowed to return to their clinical site until this form is submitted and approved by the program director.
- 7. Students returning from a leave of absence (LOA) are not guaranteed clinical placement in the program if their return causes a violation of the Supervision of Students Policy. Every effort will be made, however, to permit the return of the student on the return date requested.

POLICY TITLE: Magnetic Resonance Imaging Safety **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 18, 2022 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

All patients, students and any other individual entering the MR environment must have up-to-date safety documentation. It is the student's responsibility to update their safety information immediately upon any change, especially upon implantation of a mechanical, metal or ferrous device. The electromagnetic fields associated with the MR environment pose a serious risk of injury to anyone with certain implants, devices, or materials. Hazards associated with the electromagnetic field include, but are not limited to; missile effect accidents, dislodgement or excessive heating of a ferromagnetic object, induction of electrical currents, and the misinterpretation of an imaging artifact as an abnormality.

The missile effect refers to the fringe field's ability to attract a ferromagnetic object into the scanner with considerable force. Common objects associated with these incidents include oxygen cylinders, floor buffers, IV poles, mop buckets, carts, chairs, ladders, monitors, tools, scissors, traction weights, and sand bags containing metal fillings. Allowing such devices into the MR environment can result in injury to the patient and/or the technologist.

Any ferromagnetic object or device placed in the magnetic field must have research documentation stating that the object's associated attractive force is insufficient to move or dislodge the object in situ or affect its intended function. Students must also adhere to the pulse sequences and techniques recommended by the manufacturer of these devices. This will eliminate temperature elevations in the object and avoid the induction of a current in the device. Examples of objects capable of generating an electrical current include electrocardiographic leads, indwelling catheters with metallic components, guide wires, disconnected or broken surface coils, certain cervical fixation devices, or improperly used physiologic monitors.

Implants, devices, and materials within the magnetic field, although proven safe, may still cause artifacts. Artifacts cause signal loss and distortion of the image resulting from a disruption of the magnetic field. The artifact's severity is associated with the object's magnetic susceptibility, quantity, shape, orientation or position in the body.

All students in the MR environment must adhere to the safety standards outlined above, as well as abide by the rules set forth by the clinical site. If there is any question of the safety of a patient or student, the student must consult a qualified technologist or physician and documentation must be filed with the school. Any student that does not adhere to the rules, or jeopardizes the safety of any individual, including themselves, will minimally receive a written corrective action. Any blatant violation of the safety policy may result in dismissal from the program.

*It is the policy of the Cleveland Clinic School of Diagnostic Imaging that all students, whether in the CT or MRI program, must have an MRI safety screening form on file at the school.

POLICY TITLE: Mission Statement and Philosophy **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

CLEVELAND CLINIC MISSION STATEMENT:

Caring for life, researching for health, and educating those who serve.

SODI MISSION STATEMENT:

To develop exceptional imaging professionals who meet the needs of the community and provide a foundation for lifelong learning.

SODI VISION STATEMENT:

Our vision is to provide best in class student experiences, superior program outcomes and excellence in education.

PROGRAM PHILOSOPHY:

- 1. The curriculum of the CT/MRI program reflects the philosophy of the health system and the School of Diagnostic Imaging and revolves around the humanistic approach to patient examination.
- 2. The basic purpose of the school is to provide learning opportunities and to prepare students to become competent health care workers in the radiologic community.
- 3. We believe that education is a continuous, dynamic process in acquiring abilities including knowledge, understanding and skills which have a direct influence on the growth and development of an individual.
- 4. We believe that learning is an integrative process taking place in the student which results in a change of behavior. Students learn by utilizing all their senses. We believe that motivation and a conductive environment are essential for learning. Learning is best achieved when it proceeds from the normal to the abnormal, from the simple to the complex, and when the students are actively participating in the learning process.
- 5. We believe that imaging is an essential occupation in the health field, concerned with providing technical assistance to the radiologist in the room and carrying out the procedures requested by a physician. On the basis of our beliefs, the students are taught the knowledge, skills and abilities necessary to provide those services appropriate to the hospital/clinical environment.
- 6. We believe it is our responsibility to be aware of current trends in imaging techniques. Therefore, we include these trends in the learning experience of the student, so that the student can be an effective member of the allied health team.

- 7. We believe that the evaluation of the student is a vital component of any educational program and is an on-going process. Although conventional methods of evaluation of theoretical and clinical learning are used, we recognize the importance of continual change and refinement, and the development of increasing efficient instruments for evaluation.
- 8. An annual budget for the School of Diagnostic Imaging will be prepared by the Cleveland Clinic Finance Department and Euclid Leadership.
- 9. The Cleveland Clinic will provide the program with a qualified full-time Program Director, Coordinator, and Instructor who will assume direct supervision of program content, coordination of didactic and clinical education, student evaluation and counseling, budget preparation and file maintenance. A clinical preceptor or designee will be provided by each clinical site to supervise, instruct, advise and evaluate students.
- 10. Euclid Hospital will provide the program with a classroom facility, computer lab, and adequate office space and equipment.
- 11. The School of Diagnostic Imaging Advisory Committee will be established for the purpose of planning and evaluating the school's quality of education.
- 12. A comprehensive Master Plan for the CT/MRI Programs will be maintained by the program faculty and will be available at all times on the shared network drive. These documents will be reviewed and updated annually.

POLICY TITLE: Ohio Board of Career Colleges & Schools ORIGINAL DATE: February 28, 2023 REVISED: July 18, 2023 **PAGE:** 1 of 1

LAST REVIEWED: July 8, 2024

Ohio Department of Education

Any person adversely affected by the actions of a registered school may file a complaint with the Ohio Department of Education and the Ohio State Board of Career Colleges and Schools. The complaint must be in writing and signed by the complainant and shall be filed with the board within six months after the violations allegedly were committed.

Ohio Board of Career Colleges and Schools 30 East Broad Street Columbus, OH 43215

Telephone: 614-466-2752 Fax: 614-466-2219 E-Mail: <u>bpsr@scr.state.oh.us</u>

The following is the link to file a complaint: https://scr.ohio.gov/ConsumerInformation/FilingaComplaint.aspx

POLICY TITLE: Ohio Department of Health Licensure **ORIGINAL DATE:** April 30, 2019 **REVISED:** April 30, 2019 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

Radiologic Licensure - Needed for Computed Tomography Program Students

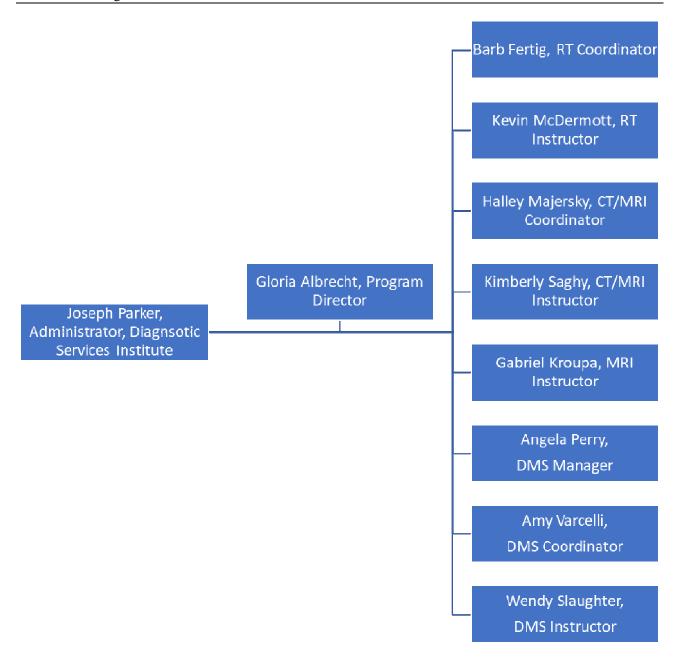
The Ohio Department of Health Radiologic Licensure program ensures standards of knowledge and skill for operators who apply radiation to humans for diagnostic or therapeutic purposes. Through continuous enforcement, initiative and action, the program assures medical patients receive quality diagnostic imaging and services.

The program is funded by initial license application fees, renewal fees and educational provider fees. The program has licensed more than 17,000 operators, 110 educational facilities, and 180 continuing educational courses.

Mailing Address: Ohio Department of Health Radiologic Licensure 246 North High Street Columbus, OH 43215

Telephone: (614) 752-2370 Fax: (614) 564-2460 E-mail: <u>Xray.Licensure@odh.ohio.gov</u>

POLICY TITLE: Organizational Chart **ORIGINAL DATE:** June 23, 1983 **REVISED:** August 14, 2023 PAGE: 1of 1 LAST REVIEWED: July 8, 2024



POLICY TITLE: Patient Identification **ORIGINAL DATE:** May 1997 **REVISED:** May 5, 2015 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

PURPOSE:

Healthcare processes such as medication administration, specimen collections, surgical procedures and diagnostic procedures always begin with knowledge that the correct patient is receiving the correct care in all patient care settings.

POLICY:

Proper identification of a patient is to be performed by all personnel who are providing care, treatment, or services such as administering medication, blood, or blood components; when collecting blood samples and other specimens for clinical testing to that patient. Cleveland Clinic requires the use of two standard identifiers to include:

- Patient's Name
- Patient's Date of Birth

A third identifier, the Cleveland Clinic Identification number (Cleveland Clinic ID) or medical record number may be used as an additional option to either the patient name or date of birth when it is not possible to obtain an accurate name or date of birth for the patient.

EXCEPTION:

Blood/blood component administration requires the use of three identifiers:

- Patient's Name
- Patient's Date of Birth
- Cleveland Clinic ID or medical record number

PROCEDURE:

- 1. An identification band is placed on the following patients: all inpatients, procedural, surgical, observational status, emergency department and patients receiving care or services with more than minimal risk. The ID band contains at least the following information: patient name, date of birth and the Cleveland Clinic ID number or medical record number. In the event a patient cannot respond due to medical condition or is a minor, verification of the patient's identification will be obtained from a relative, guardian or prior caregiver who can make a positive identification. Supporting documentation, such as a picture ID, should be obtained if at all possible. A patient presenting unable to communicate his/her identity and no means to identify himself/herself is assigned a temporary name (i.e., John Doe) and temporary medical record number.
- 2. The following groups of patients with minimal risk do not require identification bands:
 - a. Outpatient Rehab Services
 - b. Outpatient diagnostic testing and non-invasive procedures performed in Laboratory, Cardiology, Radiology, Respiratory Therapy, EMG, and Biometrics
 - c. Routine office visits with no invasive procedures scheduled.
- 3. Patient Identification involves reliably identifying the individual and matching the service or treatment to that individual. The following steps must be followed:

- a. Before providing care, treatment, or services, the clinical caregiver will ask the patient to state his/her name and date of birth. The Cleveland Clinic ID or medical record number may be used as a secondary option for either the patient name or date of birth when it is not possible to obtain accurate name or date of birth information.
- b. The clinical caregiver will visually match the stated patient name and date of birth (or Cleveland Clinic ID number or medical record number) with a 'source of truth'. 'Sources of truth' include the Cleveland Clinic ID band and the patient's medical record. For patients not requiring an ID band, match the stated patient name and date of birth to the requisition as defined below.
- c. Once the patient is identified, the caregiver will match the service or treatment to the patient. For example, match or verify the patient's name and date of birth (or Cleveland Clinic ID number or medical record number) with the requisition, eMAR, physician order, blood product, consent, surgery schedule, etc.
- 4. When active patient involvement is not possible or the patient's reliability is in question the clinical caregiver (physician, nurse, radiology tech, lab tech, etc.) who is currently providing care to that patient will confirm the patient's identity using the two approved identifiers. Patient with ID Band: The clinical caregiver is to use the two approved identifiers from the ID band and compare to the medical record.
- 5. Patient previously identified No ID Band: The clinical caregiver (physician, nurse, radiology tech, lab tech, etc.) currently providing care to the patient will participate in the identification process by identifying two approved identifiers from the medical record. If the care giver is unable to verify two patient identifiers prior to providing care in an emergent situation, formal identification of the patient will occur as soon as possible.
- 6. Identification discrepancies or uncertainties are resolved prior to providing any further care, treatment or services.
- 7. Patients not requiring a Cleveland Clinic ID band will be asked to state their name and birth date.

POLICY TITLE: Post Graduate Job Placement **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 5, 2014 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

Students may be recruited by the Cleveland Clinic for post graduate employment based on recommendation from the department supervisors and managers if the student demonstrates good clinical skills and attendance. The CT/MRI program does not offer guarantee of job placement within the Cleveland Clinic or elsewhere.

The CT/MRI program makes every effort to post all notices of employment opportunities available to the students and periodically receives telephone calls, flyers and/or letters regarding job opportunities in all areas of CT and MRI.

The CT/MRI students can also request personal assistance from the program personnel to assist in honing interview techniques, portfolio maintenance, and writing a cover letter and resume.

POLICY TITLE: Pregnancy Policy for CT Students **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 5, 2015 PAGE: 1 of 3 LAST REVIEWED: July 8, 2024

PURPOSE:

To limit occupational exposure of pregnant students.

POLICY:

As specified in 10 CFR 20.1208, it is the school's/hospital's responsibility to ensure that the dose to the embryo/fetus from the occupational exposure of a declared pregnant student/employee not exceed 0.5 rem (5 mSv) over the entire pregnancy. The school must try to avoid substantial variations in a uniform monthly exposure.

PROCEDURE:

A. Declaration of Pregnancy

The declaration of pregnancy must be in writing and is voluntary. That is, the pregnant student need not declare her pregnancy if she so chooses. Further, the school is not required to restrict the dose to the embryo/fetus to 0.5 rem until a written declaration of pregnancy is made. It should also be noted that the declaration can be revoked by the pregnant student at any time. The revoking of the declaration of pregnancy must also be in writing.

The written declaration of pregnancy must include an estimated date of conception. The estimated date of conception will be necessary in the determination of the accumulated dose the embryo/fetus may have received prior to the declaration of pregnancy. The Declaration of Pregnancy form is available upon request.

The accumulated dose the embryo/fetus may have received prior to the declaration of pregnancy will have to be subtracted from 0.5 rem (5 mSv) to determine the dose the embryo/fetus will be allowed to receive during the remainder of the pregnancy. If the dose is determined to be 0.45 rem or greater by the time the declaration is made, it is the school's/hospital's responsibility to ensure that the embryo/fetus receives only 0.05 rem during the remainder of the pregnancy.

B. Calculations of Exposure

The rem (5 mSv) dose limit shall be the sum of the deep-dose equivalent to the declared pregnant worker from external sources of radiation and the dose from radionuclides in the embryo/fetus and/or pregnant student. Radionuclides that may have been administered to the student for diagnostic or therapeutic procedures should not be considered.

It is the responsibility of the Radiation Safety Officer to implement this policy and to assure compliance with the policy.

PREGNANCY POLICY INFORMATION:

When at the clinical site, all students must adhere to radiation safety practices. Since exposure to radiation may affect a developing fetus, it is in the best interest of the pregnant student to report the pregnancy to have the radiation exposure monitored accurately. However, the student is under no obligation to do so. If the student chooses to do so, she should notify the Program Director, education coordinator and/or clinical preceptor in writing.

It is the policy of the radiography program that no program objective should be sacrificed; however, consideration will be given to a change in the clinical rotation assignments due to pregnancy. It is advised that, based upon the knowledge that a fetus is particularly sensitive, the student should decide whether the added risk of working with radiation is sufficiently low. The student is advised that the American College of Radiology recommends that no consideration be given for abortion if the fetus exposure is less than 10,000 mrem. This amount of radiation to a technologist is unheard of in routine diagnostic radiology. The recommendation applies to a patient who has received repeat x-ray examinations directly to the abdomen during pregnancy.

As part of the initial information provided to new students, the National Council on Radiation Protection and Measurements Report No.116 recommends that the whole pregnancy exposure be limited to less than 0.5 rem (5 mSv). If, during the course, the student wishes further information or a review of the known effects of radiation on the unborn, then this information may be obtained by contacting the program's radiation safety officer.

The student should notify her physician that she is enrolled in the CT program and obtain a statement of recommendation for continuance in the program.

PREGNANT STUDENT ALTERNATIVES:

A pregnant student can receive a leave of absence up to one year. The first 3 months of pregnancy are the most important, so the student is urged to make her decision quickly. Although it is both procedure and practice of the program to offer the utmost in radiation protection to all students, the School of Diagnostic Imaging, Cleveland Clinic, or any of its clinical affiliates will not be responsible for injury to either the mother or child during pregnancy.

If the student returns to the program within six weeks after the pregnancy has been completed, the student must submit a return to clinical approval form from their physician.

INFORMATION FOR THE STUDENT RADIATION WORKER:

A toxic substance is one which is able to cause some harm to humans. The factors which influence the harm depend upon the type of toxic substance, the dose given to the human, and the susceptibility of the human. In general, the human is at reduced risk from toxic substances when the cells are either not dividing or dividing quite slowly as in the case of the oldest members of society. On the other hand, it is generally agreed that the fetus has a greater sensitivity to any toxic substance since its cells are dividing at an incredibly rapid rate. Even an individual that is four or five years old has a markedly reduced rate of growth when compared to the fetus. For this reason, radiation protection has always been directed towards the fetus and only recently have the other toxic substances in our environment been identified by the general population as being hazardous to the fetus. The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

PERSONNEL MONITORING:

The declared pregnant student that is likely to receive, from external sources, a deep dose equivalent more than 0.1 rem (1 mSv) must wear a second personnel monitoring device at waist level behind the lead apron, if applicable, to record the most representative exposure to the embryo/fetus. This will not result in a policy change for the radiation student who currently wears a personnel monitoring device at waist level. However, for the student who wears a single personnel monitoring device at the collar, a second personnel monitoring device must be issued to be worn at waist level. In this way the most representative exposure to the embryo/fetus can be recorded while maintaining a consistency with previous exposure records.

STUDENT RESPONSIBILITIES:

Once the declaration of pregnancy has been made in writing, a review of the individual's exposure history must be made. If it is determined to be unlikely that the embryo\fetus will receive more than 500 millirem during the entire gestation period, reassignment or restrictions may not be necessary. However, if it is determined that the dose to the embryo/fetuses is likely to exceed 500 millirem, consideration may be given to reassignment of the declared pregnant student to an area of little or no radiation exposure or to placing certain duty restrictions on the individual to limit the exposure to the embryo/fetus.

The pregnant student has the following options available:

- 1 Continue in the CT program as scheduled.
- 2. Request a full leave of absence from both academic and clinical course work. (See Leave of Absence Policy)
- 3. Request a clinical leave of absence but continue with academic course work.
- 4. Clinical time missed during the clinical leave of absence must be completed prior to graduation.

EDUCATION:

Educational material is made available for the pregnant student to review. Examples of suggested publications are:

- 1. NRC Regulatory Guide 8.13
- 2. NCRP Report No.116

The pregnant student should already have reviewed the most recent NRC Regulatory Guide. "*Instruction Concerning Prenatal Radiation Exposure*" and the facility's policy for a pregnant radiation student during their initial training. Upon declaration, both the most recent Regulatory Guide and the school's pregnancy policy should be presented to the pregnant student for review. All records of exposure to the embryo/fetus and the written declaration of pregnancy will be maintained on file.

During computed tomography program orientation and upon declaration of pregnancy, there will be documentation of the student's review of NRC Regulatory Guide 8.1 3, NCRP Report No.116, and the school's policy for the declared pregnant radiography student.

POLICY TITLE: Pregnancy Policy for MR Students **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 5, 2015 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

A declaration of pregnancy must be made in writing and is voluntary. A declaration may also be revoked at any time and must also be done in writing.

It is recommended that the student review guidelines with their physician. It is the policy of the program that no program objective should be sacrificed. The student must be able to perform the clinical duties assigned. If unable to perform the necessary duties, the student may take a leave of absence from the program.

A pregnant student can receive a leave of absence up to one year. The first 3 months of pregnancy are the most important, so the student is urged to make her decision quickly.

If the student returns to the program within six weeks after the pregnancy has been completed, the student will present a statement of authority from the physician.

Pregnant students may not stay in the MR suite during the operation of the scanner since there is insufficient data pertaining to the effects of the electromagnetic fields. There is no evidence to support or allow unnecessary exposure.

POLICY TITLE: Pregnant Patient **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 5 LAST REVIEWED: July 8, 2024

Pregnancy and Exams Utilizing Diagnostic Radiation Generating Equipment SOP

Target Group:	Original Date of Issue:	Version
Cleveland Clinic health system (excluding CCCHR) – Inpatient, Outpatient, and Emergency Services	Not Set	3

Approved by:	Date Last	Prepared by:	Effective Date:	
	Approved/Reviewed:			
Main – Board of		Brian Herts (Vice	12/1/2021	
Directors, Main – MEC	6/3/2024	Chair)		
Main Campus: Quality A	Assurance Committee: 8/1	7/2021		
Avon Hospital:				
Quality Assurance Comm	nittee: 7/22/2021	Quality Assurance Comm	nittee: 9/15/2021	
MEC approval date: 1/17		MEC approval date: 12/10/2021		
Board approval date: 2/1		Board approval date: 2/1		
Effective Date: 2/16/202	2	Effective Date: 2/16/202	2	
Fairview Hospital:		Hillcrest Hospital:		
	lity Assurance Committee: 9/7/2021 Quality Assurance Committee: 9/21/2021			
			MEC approval date: 12/8/2021	
	Board approval date: 2/16/2022		Board approval date: 2/16/2022	
Effective Date: 2/16/2022		Effective Date: 2/16/2022		
		Marymount Hospital:		
Quality Assurance Committee: 11/10/2021		Quality Assurance Committee: 9/2/2021		
MEC approval date: 12/16/2021		MEC approval date: 1/24/2022		
Board approval date: 2/16/2022		Board approval date: 2/16/2022		
Effective Date: 2/16/202	2	Effective Date: 2/16/2022		
Medina Hospital:		South Pointe Hospital:		
Quality Assurance Comm		Quality Assurance Committee: 10/8/2021		
MEC approval date: 12/2		MEC approval date: 12/21/2021		
Board approval date: 2/1		Board approval date: 2/16/2022		
Effective Date: 2/16/202	2	Effective Date: 2/16/2022		
Mercy Hospital:				
Quality Assurance Comm				
MEC approval date: 3/20				
Board approval date: 4/1				
Effective Date: 4/19/202				

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

To provide safe and effective care for all pregnant or potentially pregnant patients that are ordered a diagnostic imaging exam utilizing ionizing radiation [1].

Definitions

Cleveland Clinic health system (excluding CCCHR): Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Child bearing age- From menarche to one year post menopause.

Licensed Independent Practitioner (LIP): A licensed provider acting within their scope.

Instructions

Scope:

- 1. Patients of childbearing age that are considered an inpatient, outpatient or emergency department patients.
- 2. Institutes/departments/facilities that are part of the Cleveland Clinic Health System and operate radiation generating equipment (RGE). RGE includes computed tomography (CT), general radiography (x-ray), dental radiography, mammography, bone densitometry, fluoroscopy and interventional radiology.

Processes addressed in this standard operating procedure:

- 1. Patients known not to be pregnant or who deny possibility or pregnancy
 - a. Emergent exams
 - b. Non- emergent exams
 - c. What to do if pregnancy is discovered despite denial / negative pregnancy test
- 2. Patients known to be pregnant
 - a. Emergent studies not directly irradiating the fetus (e.g Head CT, Chest CT or extremity x-ray)
 - b. Non-emergent studies not directly irradiating the fetus (e.g Head CT, Chest CT or extremity x-ray)
 - c. Emergent studies directly or potentially directly irradiating the fetus (e.g. CT or X-ray of the abdomen or pelvis)
 - d. Non-emergent studies directly or potentially directly irradiating the fetus (e.g. CT or X-ray of the abdomen or pelvis)

Note: This guideline does NOT cover pregnant patient receiving anesthesia. See also Point of Care Testing (POCT) Imaging Protocol, Authorized Clinical Personnel Initiated

Part 1: For patients of child bearing age who are known not to be pregnant or who deny the possibility of pregnancy:

If the imaging procedure falls into one of the following categories (unlikely to result in fetal dose more than 1mGy), exams that exclude the abdomen and pelvis shall proceed without a pregnancy test, for example, the procedure shall proceed without a pregnancy test; for example:

- 1. Computed tomography (CT)
 - a. Head or neck (including sinus, orbit, temporal bone, maxillofacial)
 - b. CT angiography of head and neck
 - c. Cervical spine
 - d. Chest and thoracic spine
 - e. Extremities

- i. Upper extremity exams with arm extended above head
- ii. Lower extremity exams below the knees
- f. CT angiography of extremities
 - i. Exams with arm extended above head
- 2. General radiography (x-ray)
 - a. Head, neck and shoulder exams
 - b. Chest and thoracic spine
 - c. Lower extremity exams
 - d. Upper extremity exams
- 3. Fluoroscopy guided diagnostic procedures limited to the following anatomic regions:
 - a. Head, neck and shoulder
 - b. Peripheral or Chest Line insertion, removal or replacement
 - c. Upper extremity
 - d. Lower extremity (excluding any pelvic area)
- 4. Mammography
- 5. Bone densitometry
- 6. Dental radiography

NOTE: Unless the medical record indicated that the patient is already pregnant, prior to every non-emergent imaging study, except those listed in above, (with fetal dose unlikely to exceed 1 mGy), the nurse or technologist will ask all patients of child bearing age if they have any reason to believe that they could be pregnant.

- a. If there is any possibility of an existing pregnancy, the hospital or facility is to follow their process for verification: Refer to Minors Arriving for Outpatient Exams Without Parent or Guardian Procedure
- b. If the patient denies any possibility of pregnancy or declines the pregnancy testing, the nurse or technologist shall document this in patient's electronic medical record or the tech note and proceed with imaging procedure.
- c. If the patient is subsequently determined to be pregnant, refer to part 2 below.

Part 2: For patients known to be pregnant.

In the following scenarios, the goals are:

- 1. Ensure the best and most expedient medical care for the patient
- 2. Establish a mechanism for patients to ask questions and have concerns addressed regarding the safety of the exam during pregnancy by offering them the opportunity to speak with an expert in this area (radiologist or obstetrician).
- 3. Provide proper documentation of awareness of pregnancy status for emergency studies, and the offer to address concerns for both the ordering physician/LIP and consulting radiologist/medical physicist.

There are four (4) potential scenarios to manage:

- i. Emergent studies not directly irradiating the fetus (e.g Head CT, chest CT or extremity x-ray)
- ii. Non-emergent studies not directly irradiating the fetus (e.g Head CT, chest CT or extremity x-ray)
- iii. Emergent studies directly or potentially directly irradiating the fetus (e.g. CT or x-ray of the abdomen or pelvis)
- iv. Non-emergent studies directly or potentially directly irradiating the fetus (e.g. CT or x-ray of the abdomen or pelvis)

Scenarios (i) and (ii): Studies not irradiating the fetus directly: The potential risks to the fetus are insignificant and it is therefore OK to proceed with study (as per the SOP, no pregnancy test is required if there is concern for an undocumented pregnancy.) If the patient is pregnant, documentation acknowledging the pregnancy should be placed in the order comments with .radiopregnancyexam. If the patient has any

questions or concerns, please contact the radiologist responsible for the study or the medical physics group. Ideas for documentation of that discussion are described below.

Scenario (iii): Urgent / Emergent studies potentially irradiating the fetus: If studies are

deemed urgent / emergent, and there are no other practical alternatives available (i.e. Emergency department CT of the abdomen and pelvis for diverticulitis or appendicitis, especially if no MRI is available at that facility), then the following should occur:

- i. Documentation in the order comments using .radiopregnancyexam; this signifies that the provider and patient have discussed the exam and that the patient has been offered the opportunity to speak with an expert who can discuss the risks of radiation in pregnancy.
- ii. If the patient would like to discuss the risk potential, the radiologist covering the area should be paged to speak with the patient.
 - a. Note that a discussion with an obstetrical specialist can supplant the need for a conversation with the radiologist.
 - b. Suggested documentation of the discussion with the patient is provided below.
- iii. If patient requests a fetal dose estimate, Medical Physics should be notified of the study either before the study by pager, or after the study by email, (depending on patient wishes) so a fetal dose estimate can be made and documentation placed in the chart. The technologist should send the email to gotphysics@ccf.org with subject line **Confidential** and should include patient name, medical record number (MRN), and exam date, as well as an approximate gestational age, if known.

Scenario (iv): Non-emergent studies potentially irradiating the fetus: If studies using ionizing radiation that directly or potentially includes the pelvis/pregnancy are not deemed emergent, then the following should occur:

- i. The radiologist responsible for the study or obstetrical specialist caring for the patient should review the indications and alternatives with the ordering provider (if not the obstetrical specialist) to determine if another imaging test may suffice.
- ii. If proceeding with the study, a telephone encounter (outpatient), progress note (inpatient) should be placed in Epic by the radiologist regarding that there has been such a discussion with the ordering provider and patient (if requested). See discussion documentation below.
- iii. If the patient requests a fetal dose estimate, Medical Physics should be notified following the study by the technologist. Send an email to gotphysics@ccf.org with subject line **Confidential** and should include patient name, MRN, and exam date, as well as approximate gestational age, if known.

Documentation:

Ordering provider can complete

Dot phrase for order comments:

.Radiopregnancyexam: The ordering provider and the patient are aware that there are radiation risks to the fetus, and have been offered the opportunity to speak with a radiation safety expert.

Radiologist can complete either of the below

Dot phrase for telephone encounter / progress notes (one phrase with 2 options):

.Radiopregnancywithdiscussion (with): The indications for the exam have been discussed with the ordering provider. The ordering provider and patient are aware of the radiation risks related to the study, including to the fetus. The patient has discussed the potential risks with a radiation safety expert. A dose estimate and risk assessment will be placed in the electronic medical record (EMR) following the study, by the medical physics group.

.Radiopregnancywithout discussion (without): The indications for the exam have been discussed with the ordering provider. The ordering provider and patient are aware of the radiation risks

related to the study, including to the fetus. The patient has declined the opportunity to speak directly with a radiation safety expert. A dose estimate and risk assessment will be placed in the EMR following the study by the medical physics group.

If exam is cancelled, refer to Cancellation of Imaging Exams Workflow SOP

Notes:

Contacting medical physics: 216-444-4000, on-call pager 80200, or email to gotphysics@ccf.org

- Please note that specific radiation risks are dependent upon several factors, including but not limited to: radiation dose and the size and age of the fetus.
- Dot phrase options provided are recommendations for documentation.
- Interventional procedures and procedures requiring sedation are not included in this workflow.

Refer to Pregnancy Assessment for Diagnostic Nuclear Medicine Exams Standard Operating Procedure in order to provide safe and effective care for all pregnant or potentially pregnant patients for whom a Nuclear Medicine exam utilizing radiopharmaceuticals is ordered.

Information regarding radiation risks in pregnancy are available in the Imaging Institute Resources folder on the "Clinical Resources" page in Epic or at

http://spo.ccf.org/documentation/mychartlinks/Lists/Imaging%20Institute%20Resources/All Items.aspx

Regulatory Requirement/References

- 1. ACR–SPR PRACTICE PARAMETER FOR IMAGING PREGNANT OR POTENTIALLY PREGNANT ADOLESCENTS AND WOMEN WITH IONIZING RADIATION. Revised 2018 (Resolution 39).
- 2. ACR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation: 2013 (Res.48)
- 3. Doses to the embryo or fetus of this magnitude have not been found to increase the risk of issue reactions in humans. The actionable level in this policy (1 mGy (0.001 Gy)) corresponds to 1% of the quantity noted in NCRP #174. National Council on Radiation Protection and measurements, Preconception and Prenatal Radiation Exposure: Health Effects and Protective Guidance, NCRP Report #174. Bethesda, MD: NCRP Publications, 2013.
- 4. "Prenatal doses from most properly done diagnostic procedures present no measurable increased risk of prenatal death, malformation, or impairment of mental development over the background incidence of these entities." International Commission on Radiological Protection. Pregnancy and Medical Radiation. Ann ICRP 2000;30:1–43.
- 5. Manual of Privacy and Information Security, HIPAA Minor, Wards and Proxies Policy
 - a. HIPAA Legal Representatives (Minors, Wards, and Proxies) Policy 313
 - b. Guide to HIPAA Privacy Regulations, Section 3B: Federal rule 164.502(g): http://hipaa.ohio.gov/privacyrule/sec3b.htm

Oversight and Responsibility

Imaging Quality Executive Team and Diagnostic Medical Physics are responsible for reviewing, revising, and updating this standard operating procedure in order to ensure compliance with regulatory or other requirements.

The individual departments are responsible for operationalizing this standard operating procedure in order to maintain compliance with regulatory or other requirements.

MRI Safety Guidelines

Target Group:	Original Date of Issue:	Version
Cleveland Clinic health system –		
Imaging Institute employees	8/11/2010	3

Approved by:	Date Last Approved/Reviewed:	Prepared by:	Effective Date:
Imaging Quality Executive Team, Shelly	10/1/2021	Paul Ruggieri (STAFF)	4/8/2014
Horvath	10/1/2021	(51/11)	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Pregnancy Related Issues

- A. Pregnant level 2 MRI personnel are permitted to maintain full responsibilities (e.g., positioning patients, scanning, and injecting contrast) in the MRI environment throughout their pregnancies but are asked not to remain within zone IV during data acquisition.
- B. Patient pregnancies
 - a. There is no conclusively documented deleterious effect of MRI imaging exposure on the developing fetus. Nevertheless, it is prudent to screen women of reproductive age for pregnancy prior to MRI imaging. If pregnancy is established, risk-benefit analysis shall be conducted to determine if the MRI exam could safely wait until the end of pregnancy.
 - b. Pregnant patients can undergo MRI scans if, in the determination of the referring physician/LIP and the responsible MRI radiologist, MRI medical director or MRI safety officer, the riskbenefit ratio warrants that the study be performed.
 - c. The following issues should be discussed with the referring physician/LIP prior to the imaging procedure:
 - i. The requested information cannot be obtained through alternative safer means.
 - ii. The data are needed to affect the care of the patient or fetus "during" the pregnancy.
 - iii. The referring physician/LIP does not feel it is prudent to wait until the patient is no longer pregnant to obtain these data.
- C. Intravenous MRI Contrast
 - a. Although no well-controlled studies exist to document the risks of teratogenesis, mutagenesis or NSF in the fetus of a pregnant female, intravenous MRI contrast shall not be routinely administered to pregnant patients.10,11 This could be modified on a case-by-case basis as determined by a risk-benefit ratio after consultation between the referring physician/LIP, Maternal-Fetal Medicine/Obstetrics Service, and the MRI Radiologist and/or MRI Medical Director or MRI Safety Physician. This analysis shall document the potential benefit to the patient and/or fetus outweighing the theoretical but potentially real risk of long term exposure of the free gadolinium in the amniotic fluid to the developing fetus. Risk-benefit analysis shall be documented in the patient's paper/electronic medical record by the referring service prior to the MRI imaging and consent will be obtained by Imaging Institute personnel, including the criteria listed below:
 - i. The requested information cannot be obtained without the use of IV contrast or by using other imaging modalities.
 - ii. The data are needed to affect the care of the patient or fetus "during" the pregnancy.
 - iii. The referring physician/LIP does not feel it is prudent to wait until the patient is no longer pregnant to obtain these data.
 - b. All women of child-bearing age who are to receive gadolinium will be discreetly screened beforehand to determine if there is any chance they could be pregnant. Minors of child-

bearing age will also be asked if there is a chance they could be pregnant. See Minors Arriving for Outpatient Exams Without Parent or Guardian Procedure If questionable, a pregnancy test is advised beforehand. If positive, the need for gadolinium will be assessed with the referring physician/LIP. The results will be documented in the electronic medical record. If an unaccompanied minor refuses the testing and contrast is necessary, the portion of the exam with contrast may be cancelled.

c. If intravenous MRI contrast is administered to a nursing mother, the available data suggest that it is safe for the mother and infant to continue breast feeding after receiving such an agent. If the mother remains concerned about any potential ill effects, she shall be given the opportunity to make an informed decision as to whether to continue breast-feeding or temporarily abstain from breastfeeding after receiving a gadolinium contrast agent. If the mother so desires, she may abstain from breast-feeding for 24 hours with active expression and discarding of breast milk from both breasts during that period and resume normal breast-feeding thereafter.

POLICY TITLE: Professional Appearance **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

POLICY:

The purpose of this policy is to provide standards for dress and grooming to ensure the professional appearance, appropriate image, and the necessary safety and infection control requirements of the student's environment.

UNIFORMS:

Uniforms consist of either navy blue uniform tops (scrub) and white pants (scrub) or white uniform tops (scrub) and navy-blue pants (scrub). Warm-up jackets may be included but must be the same color as the uniform tops. Sweaters and sweatshirts are not permitted.

- Shirts (tanks, t-shirts, turtlenecks) both long and short sleeved may be worn under the uniform but must be solid white. If wearing a long sleeve white shirt, the shirt may not extend beyond the wrist and may not have thumbholes. No decals, designs or words are permitted on the undershirts. Crewneck shirts are highly recommended under V-neck uniform tops. If a short-sleeve t-shirt is worn underneath a short-sleeve uniform top, the sleeves of the t-shirt must not hang below the uniform top sleeves. ³/₄ sleeve length tops are not permitted.
- 2. All shirts and jackets <u>must</u> have the school patch sewn on the left sleeve, two fingers down from the top of the left shoulder seam.
- 3. Uniforms must be freshly laundered and wrinkle-free each time they are worn.
- 4. Socks/hosiery must be solid white.
- 5. Undergarments should not be visible beneath the uniform.
- 6. Shoes must be either white, black, navy, or grey athletic shoes (no crocs), or any combination of these colors. They must not have any different colored stitching, stripes, insignias, etc. and must always be kept clean.
- 7. The Cleveland Clinic ID badge must be always worn with the name and photo visible at the chest or collar level.
- 8. Hospital provided scrubs may only be worn in surgery and must be returned before leaving the clinical site.

GROOMING:

- 1. Perfume, cologne, and scented lotions are prohibited. Students must be mindful of the fact that they may carry strong odors on their person. Ill patients are particularly sensitive to scents/odors and some scents can elicit allergic reactions. If an obvious scent/odor is noticed, it will be brought to the student's attention.
- 2. Excessive make-up is prohibited.
- 3. Tattoos that convey messages that are inconsistent with Cleveland Clinic values must be covered at all times. At the program director's discretion, students may be required to cover other tattoos.
- 4. Fingernails must be kept short (1/4 inch or shorter). Nail polish must be clear or pastel. No artificial nails of any sort are permitted as they harbor bacteria and violate the hospital infection control policy.
- 5. Hair must be clean and neatly groomed. Hair longer than shoulder length must be tied back.
- 6. Hair colors unnatural to human hair are not permitted (e.g. purple, green, red, pink, and blue).
- 7. Beards and mustaches are permitted but must be closely and neatly trimmed. If a student does not have a beard, then they must shave prior to class and clinical experience and always have a clean-shaven appearance.

JEWELRY AND ACCESSORIES:

- 1. Hair style and makeup should be appropriately chosen to achieve a look of professional credibility.
- 2. No jewelry is allowed in the MRI suite.
- 3. Visible body piercings, including tongue, mouth, and eyebrow are not permitted.
- 4. Wearing of rings is permitted, but rings must be removed when scrubbing or performing special procedures. No other rings are permitted.
- 5. The wearing of hats/caps is prohibited. An exception to this rule is headgear that is part of a religious protocol or is required by the clinical facility (i.e., surgical caps, hoods, etc.).

CLASSROOM DRESS CODE AND PERSONAL BEHAVIOR

Patients and visitors form opinions about the Cleveland Clinic Health System and the School of Diagnostic Imaging by the appearance of its students. Dress and personal hygiene must provide an image complementary to the student body, School of Diagnostic Imaging, Cleveland Clinic, and the profession itself.

Please remember that even though we are in class, professional behavior is important. Loud or boisterous behavior is inappropriate. Students are responsible for their own appearance and are required to wear attire that is neat, clean, pressed and in good repair and condition. Garments that are tight fitting, revealing, faded, low cut, too short, inappropriate in adornment, torn, or in disrepair are not acceptable. Shoes must be closed toed and clean. Sandals or flip-flops are not permitted.

Overly casual clothing is considered inappropriate. Examples of overly casual attire include tank tops, tube tops, halter tops, spaghetti strap shirts or dresses, clothing with holes in it, shorts that are too short. If the appropriateness of any student's apparel is in question, faculty will have the final decision.

POLICY TITLE: Program Goals & Outcomes	PAGE: 1 of 1
ORIGINAL DATE: January 23, 1994	LAST REVIEWED: July 8, 2024

Goal 1: The student/graduate will be clinically competent.

- Students will complete required competencies.
- Students will provide appropriate patient care.
- Students will demonstrate clinical competency.
- Students will perform exams safely.
- Students will produce quality diagnostic images.

Goal 2: The student/graduate will demonstrate professionalism.

- Students will participate in continuing education or professional development meetings.
 - Students will demonstrate professional behaviors.
 - Students will demonstrate an understanding of patient confidentiality (HIPAA).

Goal 3: The student/graduate will demonstrate effective critical thinking.

- Students will be able to modify routine procedures for non-routine patients.
- Students will effectively critique images to determine if corrective action is required.
- Students/graduates will acquire critical thinking skills and problem-solving abilities that enhance their clinical experience.

Goal 4: The student/graduate will demonstrate effective communication.

- Student will demonstrate effective written communication.
- Student/graduate will demonstrate professional verbal communication in the health care environment.

POLICY TITLE: Radiation Safety – Individual Monitoring
Devices and Exposure ReportsPAGE: 1 of 3ORIGINAL DATE: May 5, 2009LAST REVIEWED: July 8, 2024REVISED: June 7, 2018LAST REVIEWED: July 8, 2024

PURPOSE:

To establish guidelines for the recording of exposures and use of Individual Monitoring Devices by the student according to Ohio Administrative Codes.

POLICY:

- 1. Quarterly individual radiation dosimeters will be provided by the school to each CT program student as required by their clinical site. No Cleveland Clinic sites require a dosimeter with the exception of Akron General Hospital.
- 2. The dosimeter <u>must</u> be worn whenever the student is at the clinical site. Failure to do so will result in disciplinary action. If a student comes to clinical without their dosimeter, they will not be permitted to continue their clinical experience until the dosimeter has been obtained.

I. LOCATION OF DOSIMETERS:

1. If only one dosimeter is worn, it shall be worn at the collar level <u>outside</u> the lead apron. If two dosimeters are worn, one shall be at the collar level outside the lead apron and one shall be worn at the waist level under the apron. In case of pregnancy, it is the responsibility of the student to notify the school so a fetal dosimeter can be ordered. The dosimeter should be worn at waist level under the apron.

II. EXCHANGE OF INDIVIDUAL MONITORING DEVICES:

- 1. A new dosimeter will be provided quarterly.
- 2. No one shall purposely expose a dosimeter.
- 3. Since personnel dosimeter are designed to measure only radiation received occupationally, it should never be worn when receiving diagnostic and/or therapeutic radiation exposures as a patient.
- 4. Dosimeters must be worn only by the person to whom it is assigned.
- 5. In the event of pregnancy, see the Pregnancy Policy for more information.
- 6. The student is responsible for returning the old dosimeter at the end of each monitoring period to the program designee for processing. The student is also responsible to report any lost or damaged dosimeter as soon as possible to the program designee.
- 7. If a dosimeter is lost, damaged, or not returned within 90 days after the wear date, a \$25.00 replacement fee will be charged to the student by the School of Diagnostic Imaging. No grades, certificates, or transcripts will be issued until this fee is paid.

III. REVIEW OF PERSONNEL MONITORING RECORDS:

- 1. Each student must review and respond to the quarterly radiation exposure report email indicating they are aware of their radiation exposure.
- 2. Students receiving doses in excess of over ALARA Level II limits, Level 1= 125mrem and Level II = 375 mrem, will be notified as soon as possible. For those individuals with doses in excess of Level

II, an investigation will be performed and documented immediately as to the cause with possible suggestions for prevention of such doses in the future.

3. The dosimetry reports are retained indefinitely by the program. Annual written reports of occupational exposure are available for review at the end of the first quarter of the next calendar year.

IV. OVEREXPOSURE AND REPORTING OVEREXPOSURES TO THE STATE:

All exposures in excess of the legal limits as stated in Ohio Code 3701:1-38-21 will be investigated immediately. A written report will be filed to include the circumstances surrounding the overexposure and the measures taken to prevent it from happening again. Any individual receiving in excess of 5000 mrem will report to the RSO any condition that may have led to the excess.

All overexposures will be reported to the State in accordance with Ohio Code 3701:1-38-21 which states the following:

- Immediate notification by telephone if there is an exposure or threat of an exposure to the whole body ≥25 rems, to the lens of eyes of 75 rems, or a shallow dose to the skin or extremities or total organ dose of ≥250 rems.
- Twenty-four hour notification by telephone if there is an exposure or the threat of an exposure to the whole body ≥5 rems, to the lens ≥15 rems, or a shallow dose to the skin or total organ dose to the extremities of ≥50 rems.
- In addition to the notification, a written report will be filed with the state within thirty (30) days. The report will include a description of the licensed or registered source of radiation involved. If it's a radioactive material, the report will state kind, quantity, chemical and physical form. For radiation generating equipment, the report will state manufacturer, model and serial number, type and maximum energy of radiation emitted.
- The report will include for each occupationally overexposed person, the name, social security number, and date of birth.
- The individual who received the overexposure will also be notified no later than notifying the State in writing.

V. STATE REQUIRED EXPOSURE LIMITS FOR EDUCATION AND TRAINING:

Whole Body; Head & Trunk	1 mSv / year
Active Blood Forming Organs	500 mSv / year
Lens of the Eyes; or Gonads	15 mSv / year
Hands, Forearms, Feet & Ankles	50 mSv / year
Skin of Whole Body	50 mSv / year
Embryo/Fetus- entire pregnancy	5 mSv / term



School of Diagnostic Imaging

Lost, Damaged, or Not Returned Dosimeter Report

\$25.00 fee is imposed if dosimeter not returned within 90 days from wear date.

Name:	Program	Radiologic Technology
-------	---------	-----------------------

СТ

Description:

1	Lost Dosimeter

- **Damaged Dosimeter**
- **Not returned in 90 days from wear date**

Wear date_____

Return date_____

- Date paid _____
 - Cash
 - Check
 - Credit Card

Student Signature

School Official Signature

POLICY TITLE: Satisfactory Academic Progress	PAGE: 1 of 3
ORIGINAL DATE: February 5, 1997	LAST REVIEWED: July 8, 2024

SATISFACTORY ACADEMIC PROGRESS (SAP):

SAP will be measured at the end of each financial aid payment period for all training programs. A cumulative academic grade average must be "C" or above at the end of each payment period based upon the scheduled hours and weeks in the payment period for financial aid purposes and veteran's benefits purposes. This cumulative average is based upon all academic activity from the first day of class through the end of each payment period.

MAXIMUM TIME FOR COMPLETION:

Students will have a maximum of one and one half (1.5) of the normally allotted time to complete their program of study. Maximum Time Frame is measured by program length (as measured in months). Grades of D or F (Failure), W (Withdrawal), or I (Incomplete) are considered attempted units and are included when calculating Maximum Time Frame. Periods when a student does not receive Title IV aid do not affect the maximum timeframe.

The student must also be successfully progressing in his/her program of training at a rate not to exceed a maximum timeframe of 150% of the normal time required to complete their program. Students are required to attend a minimum of 67% of the hours possible based on the applicable attendance schedule in order to be considered maintaining satisfactory attendance progress. If a student exceeds the normal timeframe for completion, they can continue the program and must complete 35 hours per week per term within the 150% maximum timeframe.

A periodic review of the student academics (based on each course syllabus) will be conducted. An alert letter may be issued based on the student's current status. If at any point during the course of the program, it is determined that a student cannot meet the SAP standards, financial aid including veteran benefits will be terminated and they may be subject to dismissal from the program. All periods of enrollment count when assessing the maximum time frame, even periods when a student does not receive Title IV.

A monthly review of attendance will be conducted. An alert letter may be issued based on current status. If at any point during the course of the program, it is determined that a student cannot meet the SAP standards, the student's financial aid will be terminated, and the student may be subject to dismissal from the program. The program director or designee may implement academic/attendance probation, or dismissal from the campus. The student may be required to furnish an alternate method of payment.

Make up time may be granted, if available, to meet attendance and financial aid requirements for absences caused by reasons an employer would consider acceptable. Make-up time is arranged with program officials and must be approved by an authorized administrator. Make-up time is not intended to allow a student to earn leave time or to improve overall attendance record.

Grades and attendance are checked each time a financial aid payment arrives for a student.

ATTENDANCE:

Attendance in training programs has been shown to be a reasonable predictor of work attendance during employment. Therefore, attendance during a training program is carefully monitored. In order for a student to remain eligible for Title IV funds, they must maintain a minimum attendance of 90% of the clock hours scheduled. Each student is responsible for properly signing in and out of each class and clinical session.

A monthly review of attendance will be conducted. An alert letter may be issued based on current status. If at any point during the course of the program, it is determined that a student cannot meet the SAP standards, the student's financial aid will be terminated, and the student may be subject to dismissal from the program. The program director or designee may implement academic/attendance probation, or dismissal from the campus. The student may be required to furnish an alternate method of payment.

Make up time may be granted, if available, to meet attendance and financial aid requirements for absences caused by reasons an employer would consider acceptable. Make-up time is arranged with program officials and must be approved by an authorized administrator. Make-up time is not intended to allow a student to earn leave time or to improve overall attendance record. Make-up time must be completed within the current payment period and may not exceed 10% of the total monthly required hours.

Grades and attendance are checked each time a financial aid payment arrives for a student.

ACADEMIC/ATTENDANCE PROBATION:

If a student fails to meet the requirements for satisfactory academic/attendance progress at the end of the financial aid payment period, a consultation with the program director or designee will be scheduled to inform the student of their status. The student must file a successful appeal to be placed on academic/attendance probation. The program director or designee will review the student's appeal for probation. If the appeal is successful, the student will be placed on probation and given an academic plan to come into compliance with the campus satisfactory academic progress standards. During probation, the student may be required to sign a payment plan or furnish an alternate method of payment.

NOTIFICATION:

The program director or designee will inform the student by letter of her/his probation status. The program director will notify the student of her/his dismissal from the school.

APPEAL PROCEDURE:

A student must appeal probation by completing the appeal form. The appeal will describe in detail, with documentation, any undue hardship or circumstance, which may have caused the failure to meet the satisfactory academic progress, and/or attendance standard, or the educational plan provided to the student. The student must also indicate what has changed that will allow the student to meet the standards of progress at the end of the next evaluation period. A review board will be convened by the program director to consider the appeal. Appeals will be reviewed on an individual basis. Students will be notified in writing of appeal decisions within two weeks.

REINSTATEMENT/TERMINATION:

Students who are reinstated through the appeal process will be reinstated on probation and financial aid eligibility will be reinstated for the payment period in which the appeal is successful. At the end of the probationary period, the student must be meeting the academic/attendance progress standards and the academic plan developed for the student. If the student is not in compliance with the academic/attendance standards or the academic plan, the student's financial aid eligibility will be terminated, and the student may be subject to termination from school.

INTERRUPTIONS AND WITHDRAWALS:

If enrollment is temporarily interrupted for a Leave of Absence, the student will return to school in the same progress status as prior to the leave of absence. Hours elapsed during a leave of absence will extend the student's contract period and maximum time frame by the same number of days taken in the leave of absence and will not be included in the student's cumulative attendance percentage calculation. Students who withdraw prior to completion of the course and wish to re-enroll will return in the same satisfactory academic progress status as at the time of withdrawal. Students can not withdraw from individual courses; they can only withdraw from the program itself.

RETURNING STUDENTS:

Students who withdraw and return to school must have their financial aid reviewed if they received financial aid funds during their previous enrollment. Students who return within 180 days will be considered in the same payment period they were in when they left school. Students will have to complete the hours remaining in the payment period for which they were previously paid before an additional payment of Title IV funds. Students returning after 180 days will be considered in a new payment period and will be eligible to receive additional funds as a new student up to the award year limit.

CREDIT FOR PREVIOUS TRAINING:

The School of Diagnostic Imaging does not give credit for previous training or accept transfer and advanced placement students.

POLICY TITLE: Scheduling of Clinical Experience **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

- 1. Clinical rotations begin in spring semester.
- 2. Student clinical schedules will be posted prior to the beginning of the clinical experience. To maximize the type of learning experiences and educational opportunities for the students, clinical schedules may include day, evening, or weekend shifts. Students are expected to adhere to their clinical schedule; failure to do so will result in disciplinary action (see Attendance Policy).
- 3. Student clinical times will vary dependent upon the student's availability and the requested clinical site. The student is responsible for maintaining their schedules. The student will input their schedule in MyLearning, and the student will also give their schedule to their designated clinical site.
- 4. A student's clinical site will be determined by the Program Coordinator and may not be altered by the student without approval by the coordinator.
- 5. If an assigned clinical site becomes unavailable, all efforts will be made to reassign the student to another clinical site. If another clinical site is not available, the student must wait until another appropriate site becomes available.
- 6. It is the responsibility of the clinical site to ensure that student experience has educational merit. Students must not be used in place of employees.
- 7. If a student's supervising technologist leaves the department for any reason (illness, flex time, doctor's appointment, etc.) and there is no one to assume supervision of that student, the student will be sent home. This will not result in disciplinary points towards the student but will result in a loss of the remaining scheduled clinical hours on that day.
- 8. Decisions are made at the discretion of program officials. All decisions are final.

POLICY TITLE: Security and Campus Safety **ORIGINAL DATE:** May 5, 2009 **REVISED:** August 17, 2023 PAGE: 1 of 7 LAST REVIEWED: July 8, 2024

SECURITY/SAFETY MEASURES:

All School of Diagnostic Imaging students must wear a Cleveland Clinic ID badge in a visible manner while in a Cleveland Clinic building. The badge must be readily available while on the grounds and entering and leaving the building, as hospital security personnel may request to see it.

The school facility maintains a 24 hour per day security force. Each building has a security desk in the lobby with a 24-hour security presence. In case of an emergency, dial the following number for each building.

Building 2: 216-448-5151 Building 3: 216-448-0090 Building 4: 216-448-5753

Students are encouraged to take steps to protect their personal property. Valuable items, i.e. purses, cell phones, book bags, etc. should never be left unattended or inside vehicles parked on hospital grounds.

A. OHIO'S CONCEALED CARRY LAW:

It is the policy of the Cleveland Clinic to prohibit any person from carrying a concealed handgun or other deadly weapon onto the property of any Cleveland Clinic facility. Only law enforcement officers on official business are exempt from this policy.

CRIMINAL ACTIONS & OTHER EMERGENCIES:

Any emergency, criminal activity, incident, or potential security problem should be immediately reported to the campus security at the numbers above. The security desk at each building is staffed 24 hours per day. Any person witnessing, discovering, or suspecting a crime or other incident should report it to security immediately. For additional safety information, refer to the back of the identification badge. When an emergency problem is reported, security personnel will be dispatched to investigate. Security personnel will summon the appropriate official police agency to the premises as needed. The Cleveland Clinic maintains cooperative relationships with local, state and federal law enforcement agencies, and reports according to legal guidelines any criminal occurrences on the premises. Statistics are available concerning the occurrence on the hospital campus of specific criminal occurrences and arrests. The above policy refers only to security practices and procedures within the building, parking lots and grounds of the Cleveland Clinic.

B. PROVISION OF INFORMATION:

In accordance with the Student Right-to-Know and Campus Security Act of 1990 (Public Law 101-542), the following information is provided to current and potential students and employees in accordance with the above-named law:

- Information concerning graduation rates and ARRT (licensure exam) passing rates of students entering the School of Diagnostic Imaging is published annually in the Policy Manual and is available on the school's learning management system and on request to prospective students and employees of the Cleveland Clinic.
- The campus security information on the next page is provided to current and potential students and employees in accordance with the above-named law. The Policy Manual, which is reviewed or revised yearly, contains policies regarding the reporting of criminal actions or other emergencies, campus security, campus law enforcement and substance abuse. The policy Manual also contains information about crime prevention, security, and substance abuse education programs.

- Campus security statistics are also available on the website of the Office of Postsecondary Education of the U.S. Department of Education at <u>www.ope.ed.gov/security</u>. Statistics are available after the end of October for the past three years.
- In accordance with the Campus Sex Crimes Prevention Act (Section 160 of Public Law 106-386), Euclid hospital is providing the following website as a resource for the campus community to obtain law enforcement information regarding registered sex offenders: <u>www.cuyahoga.oh.us/sheriff/sou/default.asp</u>. The information is available through this website is maintained in accordance with the State of Ohio Sexual Sex Offender Registration Bill (House Bill 180) signed into law in 1997 and is provided by the Cuyahoga County Sheriff's Office as a community service.

C. MOTOR VEHICLE:

Students are responsible for their own transportation to classes and clinical experiences at Cleveland Clinic or at other facilities utilized during the program. While at the Cleveland Clinic Campus, students may park in the parking lot or parking garage while observing the parking policy. At facilities other than Cleveland Clinic, students are responsible for following that facility's parking policy.

Statistics concerning the occurrence of criminal offenses **on campus** reported to Cleveland Clinic security authorities.

Campus Security Statistics

Statistics concerning the total number of criminal offenses reported to have occurred on campus.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Murder/Non-negligent manslaughter	0	0	0
Manslaughter by negligence	0	0	0
Rape	0	0	0
Fondling	0	0	0
Incest	0	0	0
Statutory rape	0	0	0
Robbery	0	0	0
Aggravated assault	1	1	1
Burglary	0	0	0
Motor vehicle theft	0	0	4
Arson	0	0	0

Statistics concerning the total number of criminal offenses reported to have occurred on public property.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Murder/Non-negligent manslaughter	0	0	0
Manslaughter by negligence	0	0	0
Rape	0	0	0
Fondling	0	0	0
Incest	0	0	0
Statutory rape	0	0	0
Robbery	0	0	0

Aggravated assault	0	0	0
Burglary	0	0	0
Motor vehicle theft	0	0	4
Arson	0	0	0

Campus Crime Statistics

Statistics concerning the total number of criminal offenses reported to have occurred on **Campus** broken down by category of bias (e.g., race, religion). **Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2022**

Criminal Offense	2022 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non- negligent manslaughter	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage /vandalism of property	0	0	0	0	0	0	0	0

Statistics concerning "Hate Crimes" (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) reported to have occurred on **Campus.**

Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2021

Criminal Offense	2021 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non- negligent manslaughter	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0

Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage /vandalism of	0	0	0	0	0	0	0	0
property								

Campus Crime Statistics

Statistics concerning "Hate Crimes" reported to have occurred on **Campus** broken down by category of bias (e.g., race, religion). **Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2020**

Criminal Offense	2020 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non- negligent manslaughter	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage /vandalism of property	0	0	0	0	0	0	0	0

Statistics concerning "Hate Crimes" (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) reported to have occurred on **Public Property.** Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2022

Criminal Offense	2022 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non- negligent manslaughter	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0

Incest	0	0	0	0	0	0	0	0
	<u> </u>							
Statutory Rape	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage	0	0	0	0	0	0	0	0
/vandalism of	1		1			1		
property	1		1					1

Campus Crime Statistics

Statistics concerning "Hate Crimes" reported to have occurred on **Public Property** broken down by category of bias (e.g., race, religion). **Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2021**

Criminal Offense	2021 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non- negligent manslaughter	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage /vandalism of property	0	0	0	0	0	0	0	0

Statistics concerning "Hate Crimes" (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) reported to have occurred on **Public Property.**

Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2020

Criminal Offense	2020 Total	Race	Religion	Sexual Orientation	Gender Identity	Disability	Ethnicity	National Origin

Murder/Non-	0	0	0	0	0	0	0	0
negligent	1	1 '	1	1	1 1	1 1	1	1
manslaughter	<u> </u>	<u> </u>	<u> </u>	<u> </u> '	ا <mark>بسسا</mark>	<mark>ا ا</mark>	<u>ا</u> ا	
Rape	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0
	<u> </u>	<u> </u>	<u> </u>	'	<u> </u>	<u>ا</u>	<u>ا</u> ا	
Statutory Rape	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0
Destruction/damage	0	0	0	0	0	0	0	0
/vandalism of	i '	1 '	1	1	1 1	1 1	1	1
property	<u>ı </u>	<u> </u>	'	<u> </u>		<u>ا</u> ا	<u>ا</u> ا	

Statistics concerning the number of VAWA (Violence Against Women Act) offenses reported to have occurred on **Campus**.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Domestic violence.	0	0	0
Dating violations	0	0	0
Stalking	0	0	0

Statistics concerning the number of VAWA (Violence Against Women Act) offenses reported to have occurred

on Public Property.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Domestic violence.	0	0	0
Dating violations	0	0	0
Stalking	0	0	0

Statistics concerning the number of arrests for the following crimes on Campus.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Weapons: carrying, possession, etc.	0	0	2
Drug abuse violations	6	6	0
Liquor law violations	0	0	0

Statistics concerning the number of arrests for the following crimes on Public Property.

Criminal Offense	Number of	Number of Offenses	Number of Offenses in
	Offenses in 2020	in 2021	2022

Weapons: carrying, possession, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Statistics concerning the number of persons referred for disciplinary action for the following law violations occurring on **Campus**.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 20
Weapons: carrying, possession, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Statistics concerning the number of persons referred for disciplinary action for the following law violations occurring on the **Public Property**.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Weapons: carrying, possession, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Statistics concerning the number of unfounded crimes **On Campus** or on **Non campus Property** or on **Public Property**.

Criminal Offense	Number of Offenses in 2020	Number of Offenses in 2021	Number of Offenses in 2022
Total unfounded crimes	0	0	0

POLICY TITLE: Signature Procedure **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024

PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

A signature can be given to a student when performing a procedure on a patient, with a technologist present, asking minimal questions. Performing a procedure requires the student to:

- 1. Review clinical history and screening
- 2. Set-up the procedure room
- 3. Position the patient
- 4. Select appropriate protocols and parameters
- 5. Evaluate image display
- 6. Archive and transmit images
- 7. Give post procedure instructions
- 8. Evaluate the subsequent images for completeness and optimal demonstration of the anatomy in question and the image quality.

A signature cannot be given for observation or simulation of a procedure. Procedures must be performed on patients for a signature to be received.

A student may obtain only one (1) signature per patient. If a patient is having multiple procedures, they must select the procedure that they want to document for their ARRT clinical requirements.

Multiple signatures may be obtained for quality control CT and MRI procedures only. The procedures may have the same date and times. This is the only category in which this is acceptable.

If a student should obtain signatures for procedures required by the ARRT from an institution outside the assigned clinical site, the school can no longer be responsible to verify that student's ARRT requirements.

The ARRT has implemented an online verification process where the student is responsible for entering their procedures on the ARRT website. Once the procedures are entered, they will be verified by the faculty member assigned to the student as their verifier. This eliminates the audit process for postprimary exam applicants and keeps a running total of performed procedures for the student.

The faculty at the Cleveland Clinic CT/MRI Program will be performing the verification process as clinical preceptors. The clinical site technologists will continue to fill out all program documentation as stated in the policy manual.

The student will be required to enter their procedures on the ARRT website on a bi-weekly basis. After the student enters their procedures on the ARRT website, they will notify their clinical verifier and the procedures will then be verified.

Students are responsible for meeting the following clinical requirements:

<u>Clinical Requirements for MRI*</u>	<u>Clinical Requirements for CT*</u>
Clinical rotation 1:	Clinical rotation 1:
Minimum of 10 competency evaluations**	Minimum of 10 competency evaluations**
Minimum of 4 student evaluations	Minimum of 4 student evaluations
Minimum of 50 procedure signatures	Minimum of 50 procedure signatures
Required MRI Safety Form - site specific	Required CT Safety Form – site specific
Clinical rotation 2:	Clinical rotation 2:
Minimum of 11 competency evaluations**	Minimum of 15 competency evaluations**
Minimum of 4 student evaluations	Minimum of 4 student evaluations

Optional venipuncture competency can be acquired at either clinical site. The venipuncture competency includes three (3) successful venipuncture attempts made under the direct supervision of an RN, qualified radiologic technologist, or phlebotomist at your clinical site.

The student will follow any required venipuncture procedure of the clinical site where they are performing their clinical time.

Minimum of 75 procedure signatures

Required CT Safety Form – site specific

*Any procedures completed above the minimum requirement will carry over into the second clinical rotation for credit.

**See Clinical Competency Evaluation Policy

Minimum of 75 procedure signatures

Required MRI Safety Form – site specific

POLICY NAME: Smoking **DATE:** April 6, 2011 **REVISED:** May 9, 2014

PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging is committed to creating a safe and healthy environment for students, faculty, patients, and visitors, and as such, follows the Cleveland Clinic policy on smoking. Violation of the smoking policy will result in initiation of a disciplinary action starting with a documented counseling and increasing in severity with repeated smoking policy infractions.

To be consistent with this commitment, smoking and the usage of any tobacco products (such as cigarettes, cigars, chewing tobacco, pipe, and e-cigarettes) is strictly prohibited on all Cleveland Clinic owned property which includes sidewalks and streets within the boundaries identified on campus maps. Smoking is also prohibited in automobiles, while on CCHS properties and in CCHS parking facilities. Students must leave the hospital grounds to smoke and must not loiter or litter the property adjacent to the hospital.

Students who smoke must be mindful of the fact that they may carry cigarette odor on their person. Ill patients are particularly sensitive to scents/odors and some scents can elicit allergic reactions. If an obvious scent/odor is noticed, it will be brought to a student's attention.

Smoking cessation resources will be available to employees (students), physicians and volunteers as well as patients and visitors upon request.

E-Cigarettes are viewed as a fire risk due to the heating element and the lithium battery.

POLICY TITLE: Substance Abuse **ORIGINAL DATE:** May 5, 2009 **REVISED:** April 23, 2016 PAGE: 1 of 2 LAST REVIEWED: July 8, 2024

PHILOSOPHY:

The School of Diagnostic Imaging must ensure that students provide safe, high quality radiology services while engaged in official school/educational activities. The school also strives to promote student health and well-being. Student use of abuse of dangerous drugs or alcohol is potentially harmful to self and others. The School of Diagnostic Imaging believes chemical dependency to be a treatable disease and will be supportive of impaired students while ensuring a safe environment.

PROHIBITED CONDUCT:

The School of Diagnostic Imaging students are prohibited while on Cleveland Clinic property to engage in official school educational activities from being under the influence of or possessing, using, or distributing alcohol or illicit drugs. This prohibition includes time in class and clinical areas, field trips and clinical preparation time on any site. Illicit drugs include controlled substances, habit-forming drugs, chemical substances which impair ability to function, and any potentially dangerous drug used not in accordance with a legal, valid prescription.

Corrective actions up to or including dismissal from school, and referral for prosecution will be imposed for individuals engaging in this prohibited conduct.

PROCEDURES:

A student will be removed from class or clinical area by the instructor when the student's behavior indicates there is impairment.

A. SUSPECTED CHEMICAL USE REQUIRING IMMEDIATE ACTION:

- Detection of alcohol on the breath or the odor of a mood-altering substance (sufficient reason to believe a person is under the influence of a chemical).
- The instructor will notify the School of Diagnostic Imaging or designee.
- The student will be accompanied by the instructor, program director or designee to the Emergency Department for screening and evaluation. This evaluation may include collection of urine and/or blood samples, and a physical exam. The results of the evaluation will be documented and made available to the program director or designee.
- If the results of the evaluation indicate chemical use, the director or designee will notify Caring for Caregivers (EAP at 216-445-6970 or 800-989-8820. The student will be informed of this action, and that readmission to class and clinical will determined by program officials.
- If a student refuses the evaluation in the Emergency Department or is at a clinical site outside of the Cleveland Clinic or where drug testing is not possible, he/she will be dismissed for the remainder of the school activity that day. The school will attempt reasonable means to ensure safe transport home. The incident will be documented by the involved school representative. The student must see the director or designee prior to attending class or clinical. At that time, the student will be informed that Caring for Caregivers has been contacted and that readmission to class or clinical will determined by program officials.

- Suspicion of chemical dependency or abuse, (excluding being under the influence during school activities).
- The instructor will document observed behaviors that might indicate a chemical abuse problem.
- Any concerned individual (e.g., fellow student) may discuss suspicions of drug abuse with the instructor or director of the school. Confidentiality will be maintained.
- The instructor will review documentation and evidence with the director.
- If warranted by evidence, the director will notify Caring for Caregivers.
- Further action will depend upon the recommendations of Caring for Caregivers and faculty input. If a treatment plan is recommended, the student will be granted a medical LOA. Student failure to comply with the agreed upon treatment plan will result in a corrective action up to or including dismissal from the school. Such failure may also lead to notification of the ARRT which may refuse to allow the student to take the licensure exam.

B. SELF-REFERRAL FOR CHEMICAL ABUSE:

Students with chemical dependency problems are encouraged to seek appropriate help. Students may call Caring for Caregivers to arrange for treatment and after-care support. (Call 216-445-6970 or 800-989-8820 to contact Caring for Caregivers.

Other sources for additional information or assistance include:

Alateen & Alanon	216-621-1381	Drug & Alcohol Hotline	800-821-4357
(Hotline)	216-523-8739	Free Clinic	216-721-4010
Alcoholic Anonymous	216-241-7387	Narcotic Anonymous	888-438-4673
Focus on Recovery	800-234-0420		
Helplines	800-888-9383		

CONTESTABILITY: A student who receives a positive confirmed drug test result may contest or explain the result to CC-ER within five (5) working days after written notification of the positive test results. If the student's explanation or challenge is unsatisfactory to CC-ER, the test subject may contest the drug test result as provided in the "Remedies" section of the CC-ER drug test policy.

RIGHT TO CONSULT LABORATORY:

Every student has a right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. If you wish to discuss any aspect of this policy or should you wish to view the complete Cleveland Clinic drug test policy, please contact the School of Diagnostic Imaging.

FEDERAL REGULATIONS:

In compliance with federal regulations relating to the issuance and dissemination of the Drug and Alcohol Abuse Prevention Policy, the following information is distributed annually to all students via the Policy Manual.

THE DANGERS OF DRUG AND ALCOHOL ABUSE IN THE WORKPLACE AND ON CAMPUS:

There are millions of employed individuals whose job performance and productivity are adversely affected by their progressive dependence on drugs and alcohol. As many as 20% of all college students use chemical substances and drugs at a level of concern to themselves and others. Some estimate that 70% of the working population and 90% of college students consume mood-altering chemicals of some type and the cost to the United States economy is estimated to be more than 26 billion dollars per year.

POLICY TITLE: Supervision of Students	PAGE: 1 of 1
ORIGINAL DATE: July 18, 2022	LAST REVIEWED: July 8, 2024

- 1. Students shall not take the responsibility or the place of qualified staff. Until students successfully complete a competency evaluation in a given procedure, all clinical assignments must be carried out under the direct supervision of qualified technologists.
 - A qualified technologist reviews the request and orders for examination in relation to the student's achievement
 - A qualified technologist evaluates the condition of the patient in relation to the student's achievement
 - A qualified technologist is present during the performance of the examination
 - A qualified technologist reviews and approves the images
- 2. After demonstrating competency, students may be permitted to perform procedures with indirect supervision. Indirect supervision is defined as that of supervision provided by a qualified technologist immediately available to assist regardless of the level of student achievement. The following are the parameters of indirect supervision:
 - A qualified technologist reviews the request and orders for examination in relation to the student's achievement; the student is also required to review the patient orders for accuracy
 - A qualified technologist evaluates the condition of the patient in relation to the student's achievement
 - A qualified technologist is present in an area adjacent to the student
 - A qualified technologist reviews and approves the images
- 3. The number of students assigned to the clinical site must not exceed the number of clinical staff assigned to the CT/MRI department. The student to technologist clinical staff ratio must be 1:1, in addition students are never allowed to work together. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures. In the event there are not enough technologists to maintain the 1:1 ratio, students may be reassigned to a different area to maintain proper supervision requirements.
- 4. Unsatisfactory scans must be repeated only in the presence of a qualified technologist.
- 5. Students must not perform any CT or MRI examination without direct supervision until they have completed a competency evaluation with a score of 3 (out of 5) or better for each aspect of the exam listed on the competency form.

Program clinical preceptors are assigned in each of the clinical facilities. If the program clinical preceptors are unavailable because of illness, time off, schedule, etc., the positions will be covered by department clinical preceptors. These individuals will be the supervisors or their designee. This assures that students have a clinical preceptor at all times to provide instruction and assistance.

POLICY TITLE: Textbook Information & Educational
SuppliesPAGE: 1 of 1ORIGINAL DATE: February 16, 2009LAST REVIEWED: July 8, 2024REVISED: August 14, 2023LAST REVIEWED: July 8, 2024

The program textbook list is distributed to the students prior to the beginning of the program each year. Any revisions to the textbook list will be communicated to the students as necessary. All assigned textbooks are mandatory, and students must purchase the current edition as technology changes rapidly in the healthcare field. Students must purchase the assigned textbook for a course no later than the first week of the class. If the student does not have their textbook by the first week of class, they will not be allowed to participate in class until they are compliant. Textbooks can be purchased at college bookstores, online, or directly from the publisher.

Online Textbook Purchasing Information

Electronic textbooks can be purchased directly from the publisher. The student will be provided with the website for the specific publishers. The list of required textbooks and the publisher is available upon request from the program officials.

The School of Diagnostic Imaging maintains a learning management system for the students. This system provides on-line learning resources and access to course information throughout the entire program. The students are required to have an email address and to check their email routinely for pertinent school information.

POLICY TITLE: Tuition, Fees, Refunds and Withdrawal **ORIGINAL DATE:** September 21, 2004 **REVISED:** July 8, 2024

PAGE: 1 of 3 LAST REVIEWED: July 8, 2024

TUITION & FEES:

Programs: CT/MRI Program Traditional: CT/MRI Program Online:	\$3,330.00 \$3,430.00
Individual Courses:	
Introduction to CT Online:	\$480.00
Introduction to MRI Online:	\$480.00
Cross Sectional Anatomy & Pathology	\$710.00
MRI Physics:	\$710.00
MRI Physics Online:	\$760.00
CT Physics:	\$710.00
CT Physics Online:	\$760.00
CT or MRI Clinical:	\$1,430.00
Additional Expenses:	
Onboarding fee:	\$30.00
Application fee:	\$20.00
Installment plan fee:	\$25.00
Acceptance fee:	\$100.00 applicable toward first semester tuition
Textbooks (estimated):	\$400.00
ARRT Registry Exam:	\$200.00 (\$400.00 if using NMTCB or ARDMS as supporting category)
Uniforms (estimated):	\$250.00
Quest Diagnostics drug screen:	\$34.00 (if required by clinical site)

The CT/MRI program does not participate in federal government funded financial aid program including Pell Grants and Stafford Loans. The School of Diagnostic Imaging – CT/MRI program does participate in the Post 911 GI Bill®. Please contact the United States Department of Veteran Affairs for current information. Information can also be found online at <u>www.us-gibillschools.com</u>.

The School of Diagnostic Imaging will assess no penalty, including the assessment of late fees, the denial of access to classes, libraries or other institutional facilities, or the requirement that a Chapter 31 or Chapter 33 recipient borrow additional funds to cover the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement of a payment by the U.S. Department of Veterans Affairs.

Students can obtain information regarding the federal governments' Lifetime Learning Credit and Hope Scholarship at <u>www.irs.gov</u>. In addition, students can search the Cleveland Foundation website to see if they meet the eligibility requirements of the various scholarships at <u>www.clevelandfoundation.org</u>. Cleveland Scholarship Program information is available at <u>www.cspohio.org</u>.

Students are encouraged to apply for the annual Ohio Society of Radiologic Technologists (OSRT) grants. Applications and guidelines are available on the OSRT website at <u>www.osrt.org</u> and students are notified when the deadline is each year. The OSRT grants are distributed at the annual meeting. The student need not be present to be awarded a grant. Students may also be eligible for an annual American Society of Radiologic Technologists (ASRT) scholarship. Information on the ASRT scholarship is available online at <u>www.asrt.org</u> and will also be distributed to the students as it becomes available to the program.

GENERAL INFORMATION:

Tuition and fees for courses taken at School of Diagnostic Imaging are payable by cash, check, money order or credit card. Payments must be made on or before the due date. The tuition and fees are subject to change upon due notice to the student.

The School of Diagnostic Imaging has the right to deny access to grades, transcripts, letters of recommendation, actions on appeals or grievances, class, clinical experience, exams and ARRT notification of completion, if a student fails to meet financial obligations for tuition and fees.

PAYMENT OPTIONS:

- 1. Payment in full.
- 2. Semester payments: Due before the start of the first day of classes.
- 3. If payment is received after due date, a \$25.00 late fee will be assessed for each overdue payment.
- 4. Installment Payment Plan.

INSTALLMENT PAYMENT PLAN (IPP)

The School of Diagnostic Imaging offers an Installment Payment Plan (IPP) for students who desire this option. The plan allows the student to pay the semester tuition and fees in three monthly payments beginning on the tuition due date. The cost of this service is \$25.00. There will be no other fee or interest charges for the service unless the student fails to meet payment deadlines. If a student fails to meet a pre-arranged payment due date, a \$25.00 late fee will be assessed to each overdue payment.

The Installment Payment Plan (IPP) can be arranged by submitting the attached form to the School of Diagnostic Imaging. The form must include the student's signature and authorizing signature of the Program Director and will be kept in the student's file. A copy of the agreement will be given to the student.

PROGRAM WITHDRAWAL PROCEDURE:

Students must submit written documentation in the form of a letter or e-mail of the intent to withdraw from either individual classes or the program. Only students in the CT/MR Program can drop individual courses, but they will then not be enrolled in the CT/MRI full program.

A "W" will be recorded on all withdrawals processed after the first week of class. Any withdrawals from a class must take place prior to the final exam in that class. Students who stop attending a course without submitting written documentation on their intent to withdraw will receive a "WF" (failing) grade on their transcript. The tuition refund procedure for student withdrawal is as follows.

REFUND POLICY:

Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

No refunds will be issued if a student is dismissed or has financial obligations.

POLICY TITLE: Tuition Financial Assistance	PAGE: 1 of 1
ORIGINAL DATE: May 24, 2021	LAST REVIEWED: July 8, 2024

The School of Diagnostic Imaging also participates in the Post 911 GI BILL®. Please contact the United States Department of Veteran Affairs for current information. Information can also be found online at <u>www.us-gibillschools.com</u>. Students receiving VA benefits: The program director will evaluate official transcripts and documentation of previous education and training to determine if appropriate credit may be given.

The School of Diagnostic Imaging will assess no penalty, including the assessment of late fees, the denial of access to classes, libraries or other institutional facilities, or the requirement that a **Chapter 31** or **Chapter 33** recipient borrow additional funds to cover the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement of a payment by the U.S. Department of Veterans Affairs.

Students can obtain information regarding the federal governments' Lifetime Learning Credit and Hope Scholarship at <u>www.irs.gov</u>. In addition, students can search the Cleveland Foundation website to see if they meet the eligibility requirements of the various scholarships at <u>www.clevelandfoundation.org</u>. And Cleveland Scholarship Program information is available at <u>www.cspohio.org</u>.

The students are encouraged to apply for the annual Ohio Society of Radiologic Technologists (OSRT) grants. Applications and guidelines are available on the OSRT website at <u>www.osrt.org</u> and students are notified when the deadline is each year. The OSRT grants are distributed at the annual meeting. The student need not be present to be awarded a grant. Students may also be eligible for an annual American Society of Radiologic Technologists (ASRT) scholarship. Information on the ASRT scholarship is available online at <u>www.asrt.org</u> and will also be distributed to the students as it becomes available to the program.

Payment plans are also available for tuition payments. Please see the Tuition, Fees, and Refunds Policy for information.

POLICY TITLE: Venipuncture **ORIGINAL DATE:** September 21, 2004 **REVISED:** May 5, 2015 PAGE: 1 of 1 LAST REVIEWED: July 8, 2024

Students will receive a formal lecture on venipuncture.

When in the clinical environment students have the option, based on each clinical site, to demonstrate venipuncture competency a minimum of three times under direct supervision of personnel deemed qualified by the clinical site.

Even after the student demonstrates venipuncture competency, the student must have a qualified imaging professional present in the department whenever they are performing a venipuncture/injection procedure.

The student may be required to perform venipuncture competency more than three times in accordance with a specific clinical site policy.

POLICY TITLE: Veterans Benefits and Transition
Act of 2018PAGE: 1 of 1ORIGINAL DATE: March 29, 2019LAST REVIEWED: July 8, 2024REVISED: March 29, 2019LAST REVIEWED: July 8, 2024

To ensure that the School of Diagnostic Imaging – CCHS will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from the Department of Veterans Affairs under Chapter 31 or 33.

A Covered Individual is any individual who is entitled to educational assistance under chapter 31, Vocational Rehabilitation, or chapter 33, Post 9/11 GI Bill® benefits.

A covered individual is permitted to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 and ending on the earlier of the following dates:

- The date on payment from the VA is made to the institution.
- 90 days after the date the institution certified tuition and fees following the receipt of the COE.

ACTIVE DUTY GUIDELINES:

- VA students will not be penalized in the program if they are called up to active duty.
- Any school work that a VA student misses within a semester can be made up upon their return to school.
- The student will be given the amount of time that they were away to complete the required school work.
- If the student is absent for an entire semester, the student can request placement into the next cohort.

POLICY TITLE: Workload & Release TimePAGE: 1 of 1ORIGINAL DATE: February 5, 2024LAST REVIEWED: July 8, 2024

Faculty workloads are directed towards fulfilling the program mission and goals, and include teaching, providing services to students, administrative responsibilities, and professional development. The major emphasis shall be on teaching by working with students in classrooms and laboratories, conducting individual conferences, and developing related activities to assist each student in developing abilities to their fullest capacity. To accomplish this goal, the following workloads are expected of program faculty:

- The School of Diagnostic Imaging has established a 40-hour work week for all exempt full-time managers, coordinators, and instructors. Of those hours, it is understood that some work is done outside of the office, such as in laboratories or off-campus clinical site visits. Faculty teaching loads shall be calculated for the academic year. A 100% workload is equal to a 40-hour week. Workload is based on clock hours of instruction, whether in the classroom or lab. These are detailed in the Course Sequence and Clock Hour policy.
- Release time is release from the faculty member's course load to perform noninstructional responsibilities, such as committee assignments, administrative tasks, class and/or laboratory preparation, participation in faculty or advisory meetings, student advisement, curriculum development and revision, accreditation activities, and professional development.
- The fall and spring semesters have the heaviest workloads. As there is only one cohort during the summer semester, this allows the faculty additional time to prepare for the new academic year that begins in August.



School of Diagnostic Imaging

Academic Calendar 2024 – 2025 CT/MRI Program

Date	Calendar Description
Monday, August 19, 2024	Fall Semester Begins
Monday, September 2, 2024	Labor Day – No Classes or Clinicals
Monday, October 14 – Friday, October 18, 2024	Fall Break – No Classes or Clinicals
Thursday, Nov. 28 – Friday, Nov. 29, 2024	Thanksgiving Break - No Classes or Clinicals
Monday, Dec. 8 – Friday, Dec. 13, 2024	Final Exam Week
Monday, Dec. 16, 2024 – Friday Jan 3, 2025	Semester Break - No Classes or Clinicals
Monday, January 6, 2025	Spring Semester Begins
Monday, March 3 - Friday, March 7, 2025	Spring Break - No Classes or Clinicals
Wednesday, April 9 – Friday, April 11, 2025	OSRT Student & Educator Symposium
Monday, April 28 – Friday, May 2, 2025	Final Exam Week
Monday, May 5 – Friday, May 16, 2025	Semester Break – No Classes or Clinicals
Monday, May 19, 2025	Summer Semester Begins
Monday, May 26, 2025	Memorial Day - No Classes or Clinicals
Friday, July 4, 2025	Independence Day – No Classes or Clinical
Monday, August 4 – Friday August 8, 2025	Final Exam Week
Monday, August 11 – Friday, August 22, 2025	Semester Break - No Classes or Clinicals
Monday, August 25, 2025	Fall Semester Begins

Position Descriptions

The following position descriptions define the group of duties and responsibilities of the School of Diagnostic Imaging-CT/MRI staff. Each position description describes the permanent duties and responsibilities that are assigned and performed. These are not intended to cover every kind of work assignment a position may have. Rather, they cover those work assignments which are predominant, permanent and recurring.

PROGRAM DIRECTOR:

- Administers and manages the Radiology, Magnetic Resonance Imaging, and Computed Tomography Programs for the School of Diagnostic Imaging.
- Responsible for developing curriculum, school objectives, course sequencing, student recruitment and tactical planning.
- Assures that graduates are competent to manage the delivery of radiation, and possess the knowledge, skills and attributes to provide safe, high quality patient care.
- Performs classroom and lab instruction for radiology students including Radiographic Positioning and Related Anatomy, Introduction to Radiography, Radiographic Pathology, and Special Procedures.
- Coordinates administration of student financial aid, including federal Title IV programs.
- Manages all student tuition payments and maintains all student tuition files. Utilizes Chase Paymentech for all credit card payments. All checks are processed as electronic fund transfers.
- Responsible for developing, adhering to and controlling the departmental budget to meet the programmatic objectives.
- Ensures educational effectiveness by conducting evaluative studies of students, graduates, employers and ARRT Registry Exam data to improve school outcomes.
- Ensures accreditation status by Joint Review Committee on Education in Radiologic Technology and applicable regulations.
- Evaluates and assures clinical education effectiveness through regularly scheduled visits of clinical facilities.
- Completes IPEDS Reports quarterly to ensure ongoing student financial aid.
- Facilitates Advisory Committee meetings yearly and clinical preceptor meetings each semester.
- Facilitates monthly department meetings.

CT/MRI PROGRAM COORDINATOR:

- Contributes to ongoing development of curriculum including course objectives, course sequence, and course content.
- Plans, implements and evaluates didactic teaching strategies to promote student achievement of course objectives.
- Contributes to the development of CT/MRI Program guidelines that promote the Cleveland Clinic philosophy of mission, vision & values, and the Cleveland Clinic School of Diagnostic Imaging mission and vision statements as well as the CT/MRI program philosophy.

- Performs classroom instruction for RT/CT/MRI students.
- Develops clinical schedules to ensure clinical implementation according to established curriculum.
- Collaborates with clinical preceptors from each clinical site to ensure that the curriculum meets the needs of the students, school faculty, and staff of clinical sites.
- Evaluates and assures clinical education effectiveness through regularly scheduled visits of clinical facilities.
- Reviews student clinical evaluations and counsels students as needed.
- Performs clinical site visits to ensure that student's clinical education needs are being met.
- Responsible for ensuring student and clinical site observance of clinical rotation schedules.
- Reviews and manages the student attendance.
- Assists manager in the overall management and leadership of the school.
- Assumes responsibility for the School of Diagnostic Imaging in the program director's absence.
- Collectively responsible with all faculty for educational effectiveness and participates in evaluation studies to improve school outcomes.
- Assists with completion of JRCERT Self-Study and site visit to obtain/maintain school accreditation.
- Assists in the preparation and updating of the program policies and enforcement of program, hospital, and health system policies.
- Participates in community activities and encourages student and peer participation.
- Participates in clinical preceptor meetings to share student progress and discuss issues and concerns.

CT/MRI INSTRUCTOR:

- Plans, implements and evaluates didactic teaching strategies to promote student achievement of course objectives.
- Provides tutorial sessions.
- Performs classroom instruction for RT/CT/MRI students.
- Evaluates and assures clinical education effectiveness through regularly scheduled visits of clinical facilities.
- Assists with student competency and performance evaluation programs.
- Participates in clinical preceptor meetings to share student progress and discuss issues and concerns.
- Contributes to ongoing development of curriculum including course objectives, course sequence, and course content.
- Maintains statistical records of student achievement and assists with completion of JRCERT self-study and site visits to obtain/maintain school accreditation.
- Assists in the preparation and updating of program policies.
- Assists in the management of the student attendance.

ARRT - CT Certification – Postprimary Pathway

To earn the Computed Tomography credential, the following requirements must be met:

- Complete the supporting category prerequisite by earning a certification in Radiography, Nuclear Medicine Technology, or Radiation Therapy.
- Be in good standing with the ARRT Standards of Ethics verified via the application for certification.
- Complete 16 hours of structured education specific to Computed Tomography.
- Complete the Computed Tomography clinical experience requirements.
- Pass the ARRT Postprimary exam for Computed Tomography.

Log on to the ARRT website; <u>www.arrt.org</u> and click the following links to reach important CT postprimary certification documents.

Resources → Earn Additional Credentials/Postprimary → Computed Tomography (from the left navigation pane)

These documents include:

Postprimary Discipline Handbook Structured Education Requirements Clinical Experience Requirements Content Specifications Task Inventory

ARRT - MRI Certification – Postprimary Pathway

To earn the Magnetic Resonance Imaging credential, the following requirements must be met:

- Complete the supporting category prerequisite by earning a certification in Radiography, Nuclear Medicine Technology, Sonography or Radiation Therapy.
- Be in good standing with the ARRT Standards of Ethics verified via the application for certification.
- Complete 16 hours of structured education specific to Magnetic Resonance Imaging.
- Complete the Magnetic Resonance Imaging clinical experience requirements.
- Pass the ARRT Postprimary exam for Magnetic Resonance Imaging.

Log on to the ARRT website; <u>www.arrt.org</u> and click the following links to reach important MRI postprimary certification documents.

Resources → Earn Additional Credentials/Postprimary → Magnetic Resonance Imaging

(from the left navigation pane)

These documents include:

Postprimary Discipline Handbook Structured Education Requirements Clinical Experience Requirements Content Specifications Task Inventory