



INDIANA UNIVERSITY
FORT WAYNE

Medical Imaging & Radiologic Sciences

Radiologic Technology

Student Handbook

Bachelor of Science in Medical Imaging

2025-2026

IUFW Medical Imaging and Radiologic Sciences

Radiologic Technology

Student Handbook

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Student Handbook

General Information

I. Bachelor of Science in Medical Imaging Program Description

Medical Imaging and Radiologic Sciences (MIRS) offers a Bachelor of Science in Medical Imaging (BSMI) that prepares the student for a career in Medical Imaging with a focus on the primary pathway of Radiography or Sonography. The curriculum design also provides the opportunity to study and explore advanced areas of practice in imaging. The degree is offered through Indiana University Fort Wayne (IUFW) and is under the administration of the Department of Radiology and Imaging Sciences, Indiana University School of Medicine (SOM) at Indiana University – Purdue University Indianapolis (IUPUI).

The BSMI requires intensive study and is an integration and correlation of general education, specialized professional courses, and supervised clinical experience. In order to provide a foundation for personal and professional growth, all students are required to complete a series of general education courses along with professional education courses.

The majority of general education coursework is required to be completed in preparation for and prior to beginning the Professional Program. The professional curriculum is designed to guide the student toward an understanding of the human body, radiation or tissue biology and protection, imaging procedures, patient care and assessment, radiologic or ultrasound physics, principles of radiographic or ultrasound imaging, and professional practice standards.

As a student progresses through the Program, the curriculum focuses on expanding the initial principles and skills learned, acquainting the student with the identification of pathological variances, introducing the legal and ethical implications of practice, examining the areas of safety and quality, investigating the role of informatics, and developing the professional skills and attributes required to practice in medical imaging and healthcare environments.

The Radiography program track prepares competent entry-level radiographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, and supports the pursuit of advanced certification in one of the following selected areas:

- Bone Densitometry
- Cardiac Interventional
- Computed Tomography
- Magnetic Resonance Imaging
- Mammography
- Vascular Interventional

Students are also provided the opportunity to explore and observe other advanced areas of practice such as: Cardiovascular Interventional, Nuclear Medicine, Medical Sonography, and Radiation Therapy.

II. Indiana University Fort Wayne Mission

Indiana University Fort Wayne prepares the next generation of healthcare professionals through exceptional and inclusive educational opportunities. Faculty, staff, students, and partners create a unique, innovative approach to classroom and real-world experiences, transformational research, and service to the State of Indiana and beyond.

Medical Imaging and Radiologic Sciences Program Mission

IUFW Medical Imaging and Radiologic Sciences is committed to preparing highly qualified medical imaging technologists by integrating an outstanding baccalaureate academic education with a comprehensive clinical experience.

III. BSMI Student Learning Goals

- A. Students will communicate effectively in the health care setting.
- B. Students will utilize critical thinking and problem-solving skills.
- C. Students will model professionalism.
- D. Students will demonstrate clinical competence.

BSMI Student Learning Outcomes

The student will:

- Exercise effective communication skills with patients.
- Apply effective interdisciplinary communication skills.
- Execute logical procedural variations for non-routine situations.
- Evaluate medical image quality.
- Exhibit the professional responsibilities of medical imaging technologists.
- Engage in self-development related to professional practice.
- Demonstrate clinical procedural proficiency.
- Utilize appropriate safety practices.

IV. Accreditation

University

IUFW is accredited under Indiana University – Purdue University, Indianapolis (IUPUI) by The Higher Learning Commission of the North Central Association of Colleges and Schools. Various schools and health science programs have earned additional accreditation through professional societies.

The IUFW Bachelor of Science in Medical Imaging Radiography Track is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), the accrediting agency for educational programs in radiography.

As an accrediting agency, the JRCERT complies with the United States Department of Education (USDE) criteria for accredited programs. The JRCERT establishes, maintains, and promotes the appropriate standards of quality for education in radiography, and provides accreditation for educational programs which meet or exceed the standards outlined in the Standards for an Accredited Educational Program in Radiography.

The JRCERT Standards for an Accredited Educational Program in Radiography are available to students through the organization website.

For additional information or concerns about the accreditation process visit the listed website or contact:

Joint Review Committee on Education in Radiologic
Technology 20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182 Chief Executive Officer: Leslie
Winter, M.S., R.T. (R) (312) 704-5300
www.jrcert.org

V. Professional Registration and State Licensure

A. Professional Registration

Graduates of the IUFW MIRS Program who meet the required radiography clinical standards are eligible to apply to sit for the national certification examination administered by the American Registry of Radiologic Technologists (ARRT). Successful completion of the ARRT examination earns the initial certification to practice as a Registered Technologist in Radiography, R.T.(R). Renewal is required annually, and recertification will be required after 10 years. For further information regarding registration, certification or recertification, please contact the American Registry of Radiologic Technologists (ARRT):

American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-155
(651) 687-0048
www.arrt.org

B. State Licensure/Indiana Licensure

State Licensure

Most states require that individuals who operate radiographic equipment be approved by the state in which they are working. For information regarding specific state requirements outside of Indiana, please contact the appropriate state agency. A list of state contacts can be found at <http://www.asrt.org/>

Indiana Licensure

The state of Indiana requires that anyone operating radiographic equipment be approved by the state. Students in an approved radiography program are required to obtain an Indiana State Permit that remains valid until six (6) months after the graduation date. The

application process for a student permit is initiated by MIRS for students who have been admitted to the Professional Program.

Upon graduation and successful completion of the ARRT examination, the graduate will be eligible for Indiana State Licensure.

For further information regarding Indiana state licensure, please talk with a faculty member or contact:

Indiana State Department of Health
Medical Radiology Services
2 North Meridian Street, 4th Floor Selig
Indianapolis, IN 46204
(317) 233-1325
<https://www.in.gov/health/cshcr/medical-radiology-services/>

VI. Curriculum

The JRCERT requires that programs follow a nationally recognized curriculum such as that established by the American Society of Radiologic Technologists (ASRT). The ASRT publishes the Radiography Curriculum, which outlines the content recognized by the profession as appropriate for radiography education. MIRS utilizes the guide for radiography curriculum and course development.

The BSMI curriculum consists of two major areas: General Education and Professional Education.

A. General Education

MIRS requires that the student complete the following General Education or equivalent general education coursework and a prerequisite physics course with a C- or higher at a regionally accredited college:

General Education Category/Prerequisite	Course Required
Core Communication Writing	ENGL 13100
Core Communication Speaking and Listening	COM 11400
Analytical Reasoning - A	MA 15300 or MA 21300 or other approved list A
Analytical Reasoning – A or B	CS 11200 Or PSY 20100 Or STAT 30100 Or MA 15300 or MA 21300 or other approved list A or B
Life and Physical Sciences	BIOL 20300

Life and Physical Sciences	BIOL 20400
Social Sciences (any 2)	PSY 12000 or SOC 16101 or COM 21200 or other approved course
Cultural Understanding	Any approved course
Arts / Humanities	Any approved course
Prerequisite Physics Course	RADX-P170

B. Professional Education

The Professional Medical Imaging coursework is a combination of classroom instruction, lab demonstration, procedural simulation, clinical experience, and professional development activities. Clinical experience is conducted at a variety of sites. The student progresses through the clinical portion of the Program by observing, assisting, and performing medical imaging examinations under the supervision of radiologists and registered technologists until competency is attained. Once competency has been achieved, the student will continue supervised practice and work to fine tune the acquired skills until graduation.

Professional classes and clinical experience are generally held during the day, Monday through Friday. However, students are required to complete some non-traditional clinical assignment times and rotations. Non-traditional clinical experiences as defined by the JRCERT include any time scheduled outside of Monday – Friday, 5:00 a.m. – 7:00 p.m. Students are provided with clinical assignment schedules at least three weeks in advance of the beginning of each semester or summer session.

Professional development activities are assigned throughout the Program as part of specific course requirements. Some of these activities may occur outside of scheduled course times and may include additional costs. Any student unable to participate in an assigned professional development activity will be required to complete a written assignment related to the activity. More information is provided in the applicable course syllabi.

C. Professional Education Curriculum

The professional curricula in Medical Imaging are designed to correlate classroom, lab and clinical experiences into a cohesive program which prepares students as highly qualified entry-level medical imaging technologists. Students will enroll in professional courses as sequenced by the current curriculum. Students must complete all aspects of the Program with a C- or higher in order to complete the degree.

Medical Imaging Professional Curriculum - Radiography Track
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RADX-R105	Orientation to Radiography and Medical Imaging	3 Cr.
RADX-R106	Fundamentals of Patient Care for Medical Imaging	3 Cr.
RADX-R111	Radiography I with Lab	3 Cr.
RADX-R185	Understanding Medical Terminology	3 Cr.
RADX-R206	Advanced Patient Care	3 Cr.
RADX-R211	Radiography II with Lab	3 Cr.
RADX-R215	Medical Imaging Modalities	3 Cr.
RADX-R255	Radiation Biology and Protection in Radiography	3 Cr.
RADX-R270	Radiologic Physics	3 Cr.
RADX-R271	Foundations of Image Acquisition	3 Cr.
RADX-R304	Medical Imaging Anatomy	3 Cr.
RADX-R305	Radiographic Image Critique	3 Cr.
RADX-R306	Radiographic Pathology	3 Cr.
RADX-R307	Pharmacology for Medical Imaging	3 Cr.
RADX-R310	Seminar in Radiography	3 Cr.
RADX-R315	Exploration of Imaging Modalities	3 Cr.
RADX-R371	Advanced Image Acquisition	3 Cr.
RADX-R400	Leadership in Medical Imaging	3 Cr.
RADX-R401	Legal and Ethical Issues in Medical Imaging	3 Cr.
RADX-R410	Imaging Informatics and Acquisition Technology	3 Cr.
RADX-R450	Quality Management in Medical Imaging	3 Cr.
RADX-R481	Capstone in Medical Imaging	3 Cr.

Clinical Education Component of Professional Curriculum		
RADX-R190	Introduction to Clinical Education	2-4 Cr.
RADX-R191	Clinical Education I	2-4 Cr.
RADX-R192	Clinical Education II	2-4 Cr.
RADX-R291	Clinical Education III	2-4 Cr.
RADX-R292	Clinical Education IV	2-4 Cr.
RADX-R293	Clinical Education V	2-4 Cr.
RADX-R391	Clinical Education VI	2-5 Cr.

D. Transfer Credit Policy

1. General Education Coursework

IU Fort Wayne MIRS awards transfer credit for general education coursework completed at a regionally accredited college or university in which the student has earned a C- or better. Transfer coursework is evaluated by the University at the time of admission to the institution.

2. Professional Education Coursework

Requests for transfer credits for professional courses will be reviewed by MIRS on an individual basis. A request for such transfer credit does not guarantee approval of credit.

E. Tuition and Fees Policy

Students will pay tuition and fees **directly to the University each semester** for their courses. Refer to current cost at IUFW at <https://fortwayne.iu.edu/admissions/cost-aid/index.html>

Additional course and lab fees associated with professional courses include items such as clinical tracking software, radiation personnel monitoring devices, infection control and venipuncture supplies, and professional academic and development resources.

Students will incur additional expenses throughout the 3-year Program for clinical compliance requirements (immunizations, TB testing, etc.), books/ebooks, electronic education tools and software (including a laptop computer), uniforms, travel to clinical sites and professional activities. In addition, radiography students will have expenses for image markers and a thyroid collar. Refer to current Program fees at <https://fortwayne.iu.edu/medical-imaging/student-resources-policies.html>

F. MIRS Laptop Requirement

Students are required to have a laptop computer. Students are expected to bring a laptop to every in-person class meeting and have it available for all online and in person coursework. Student laptops will be used on a regular basis to review online course materials, take online quizzes and exams, access digital textbooks, participate in discussion boards, review medical images, etc.

- The computer must be a laptop
 - Due to software limitations and screen size constraints tablets and smartphones may not be adequate for all tasks
- Laptop must be capable of wirelessly accessing the internet and online course materials
- Laptop must be capable of video conferencing (i.e. it must have a camera and microphone)
- For in-class activities, particularly quizzes and exams, it is required that the laptop have a privacy screen attached
 - MIRS Faculty may require additional precautions be taken during quizzes and exams if a student laptop does not have an attached privacy screen

The student must keep the laptop charged for in class meetings and in good working condition. Failure to have a functional laptop for in person or online course meetings may result in a course grade reduction.

Need help with your laptop? Contact University Information Technology Services <https://uits.iu.edu/>

G. Withdrawal and Refund Policy

Students withdrawing from the MIRS Program must:

1. Withdrawal Policy

- a. Provide a written statement to the Program Director indicating resignation and the intended date.
- b. Return all dosimeters, Hospital Access badges, and parking permits.
- c. Return any borrowed property to MIRS and the University.
- d. Pay any outstanding debts.

2. Refund Policy

Refer to the IUFW Refund of Fees Schedule, available at <https://fortwayne.iu.edu/pay-bill/receive-refund.html>

H. Transcript Policy

Transcripts may be requested by the student at Student Central in Neff Hall Room 110 or online at: <https://fortwayne.iu.edu/grades-records/transcripts.html>

VII. Graduation Requirements

To earn the Bachelor of Science in Medical Imaging Degree from IUFW, the student must:

1. Successfully complete all requirements of MIRS and the University.
2. Meet all financial obligations to the University.
3. Follow the policies of MIRS and the University.
4. Perform the required number of clinical competencies.
5. Complete all professional education courses in good academic standing according to the established MIRS guidelines.
6. Return any borrowed property to MIRS and the University.
7. Submit an application for graduation prior to the application deadline. Graduation application information is provided to candidates prior to the deadline.

Deadlines for graduation application are as follows:

Expected Graduation

Fall Semester	May 15
Spring Semester	October 15
Summer Session I or II	January 15

VIII. Personnel

A. Faculty

In addition to providing the resources necessary to prepare the student to fulfill the goals and objectives of MIRS, the Faculty also functions to:

1. Provide student advising and mentoring.
2. As a committee, evaluate each student's academic performance at the completion of each grading period and take the appropriate disciplinary action toward those students who have not met the requirements for good standing.

3. Serve as members of the Medical Imaging Faculty & Staff Committee as well as various other MIRS and RIS Department committees.
4. Serve as members of various Campus, and University Committees.
5. Participate in various clinical site and community activities to promote the sharing of information and improve communication between MIRS and the community.
6. Participate in service, professional development, and scholarly activities.

Members of the Medical Imaging Faculty and Staff Committee include:

Cheryl Duncan, M.S., R.T. (R)(QM) Assistant Director & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6775 Email: cherdunc@iu.edu	Matthew Powell, M.S., R.T. (R), CIIP Assistant Professor of Clinical Radiologic and Imaging Sciences Email: powelmad@iu.edu
Ann Obergfell, J.D., R.T. (R) Emeritus Faculty for the School of Medicine Email: amobergf@iufw.edu	Gail New, BSMT R.T.(R)(M) Adjunct Lecturer Office: (260) 257-6881 Email: gailreed@iu.edu
Michelle Fritz, M.S.Ed., R.T.(R) MIRS Director, Radiography Program Director & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6776 Email: fritzm@iu.edu	Stephanie Williamson M.B.A., RDMS (FE, OB/GYN),RVT (VT), RT (R) Diagnostic Medical Sonography Program Director & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6779 Email: sdw4@iu.edu
Aubrey Ehle, M.S.R.S., R.T. (R) Clinical Coordinator & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6778 Email: aubehle@iu.edu	Tori Schoore, RDMS (AB, OB/GYN, PS), RVT (VT) Clinical Coordinator & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6882 Email: tschoore@iu.edu
Andrew Boehm, M.S., R.T. (R) Assistant Professor of Clinical Radiologic and Imaging Sciences Email: asboehm@iu.edu	Michelle Ray A.S. RT(R) Parkview Health Gifted Imaging Clinical Instructor Email: michray@iu.edu Parkview Email: Michelle.Ray@parkview.com
	Stephanie Lehto, B.S. Student Services Coordinator Office: (260) 257-6773 Email: slehto@iu.edu

B. Clinical Instructors

Clinical Instructors are responsible for supervising and evaluating students at the various clinical sites. Instructors also serve as liaisons between the clinical sites and MIRS.

Clinical Instructors include:

Clinical Instructor

Alissa Stalter, R.T.(R)(M)

Clinical Site

Fort Wayne Orthopedics - West Jefferson

Allison Dillion, R.T.(R)	Fort Wayne Orthopedics - West Jefferson
Bethany Thornhill, R.T.(R)	Fort Wayne Orthopedics - West Jefferson
Theresa Tindall, R.T.(R)	Fort Wayne Orthopedics - Dupont
Sami Myers, R.T.(R)	IU Ernst Rd.
Emily Schultz, R.T.(R)	IU Ernst Rd.
Jessica Beagle, R.T.(R)	IU Hope Drive
Evan Freed, R.T.(R)	IU Hope Drive
Heather Bucher, R.T.(R)RDMS,AB,OB/GYN	IU Hope Drive
Lance Cavender, R.T.(R)	Lutheran Downtown
Christopher Patton, R.T.(R)(CT)	Lutheran Downtown
Brittany Ebetino, R.T.(R)	Lutheran Downtown Stellhorn
Cynthia Heck, R.T.(R)	Parkview Hospital New Vision Imaging/Lab
Lynsee Wunderlich, R.T.(R)	Parkview Hospital New Vision Imaging/Lab
Andrea Clemons, R.T.(R)	Parkview Hospital New Vision Imaging/Lab
Jina Miller, R.T.(R)(CT)	Parkview Southwest
Crystal Miteff-Baker, R.T.(R)(CT)	Parkview Southwest
Mary Burnworth, R.T.(R)	Parkview Liberty Mills
Jeny Dentler, R.T.(R)(CT)	Parkview Noble
Christie Wysong, R.T.(R)(CT)(M)	Parkview Noble
Melissa Reese, R.T.(R)(CT)(M)	Parkview Noble
Amber Thwaites, R.T.(R)	Parkview Randallia
Ingrid Blalock, R.T.(R)	Parkview Randallia
Samantha Freistoffer R.T.(R)	Parkview Randallia
Kylie Conley, R.T.(R)	Parkview Randallia
Lyndsy Lichtsinn, R.T.(R)	Parkview Randallia
Greg Houser, R.T.(R)	Parkview Randallia
Isabella Branson, R.T.(R)(CT)	Parkview Randallia
Natalie Price, R.T.(R)	Parkview Randallia
Allyssa Miller, R.T.(R)	Parkview Randallia
Ellen Hermann, R.T.(R)	Parkview Regional Medical Center (OSC)
Amanda Woodbury, R.T.(R)	Parkview Regional Medical Center (OSC)
Katrina Kline, R.T.(R)	Parkview Regional Medical Center (OSC)
Kalli Powell, R.T.(R)	Parkview Regional Medical Center (POH)
Mark Semprini, R.T.(R)	Parkview Regional Medical Center (POH)
Candace Coble, R.T.(R)	Parkview Regional Medical Center (POH)
Brittany Ritchie, R.T.(R)	Parkview Regional Medical Center (POH)
Tristan Caudill, R.T.(R)	Parkview Regional Medical Center (Premier)

Christopher Keller, R.T.(R)	Parkview Regional Medical Center (Premier)
Felicia Hahn, R.T.(R)	Parkview Regional Medical Center (PRMC)
J. Robert Moore, R.T.(R)	Parkview Regional Medical Center (PRMC)
Michelle Ray, R.T.(R)	Parkview Regional Medical Center (PRMC)
Kelsay Layer Finch, R.T.(R)	Parkview Regional Medical Center (PRMC)
Stephanie Green, R.T.(R)	Parkview Regional Medical Center (PRMC)
Mady Hensley, R.T.(R)	Parkview Regional Medical Center (PRMC)
Melissa McMahon, R.T.(R)	Parkview Regional Medical Center (PRMC)
Christina Shelton, R.T.(R)	Parkview Regional Medical Center (PRMC)
Jessica Shull, R.T.(R)	Parkview Regional Medical Center (PRMC)
Cassondra Melcher, R.T.(R)	Parkview Regional Medical Center (PRMC)
Morgan Weimer, R.T.(R)	Parkview Regional Medical Center (PRMC)
Angela Capps, R.T.(R)(CT)	Parkview Kosciusko
Stacy Daughenbaugh, R.T.(R)	Parkview Kosciusko
Jessica Miller, R.T.(R)	Parkview Southwest Surgery Center
Jenn Coffey, R.T.(R)	Parkview Southwest Surgery Center

Regulations and Policies

I. Academic and Professional Standards and Disciplinary Action

A. Academic and Personal Conduct for MIRS Students

Serving in a healthcare field requires professional behavior based on integrity, common sense, respect for civil law, adherence to social norms, observance of professional standards, and moral responsibility. We expect our students to conduct themselves honorably and professionally at all times, both in the didactic and clinical setting.

All MIRS students are subject to both Purdue Fort Wayne (PFW) and IUFW regulations, policies and procedures for any incident related to a violation of academic or personal misconduct.

Any form of academic or personal misconduct is in direct conflict with professionalism and will result in disciplinary action including possible dismissal from the Program. In addition to expectations outlined in this handbook and in course syllabi, expectations for student behavior can be found in:

- **The IU Code of Student Rights, Responsibilities, and Conduct**
 - <https://studentcode.iu.edu/>
- **The IU School of Medicine Honor Code**
 - <https://medicine.iu.edu/about/policies-guidelines/honor-code/>
- **The American Registry of Radiologic Technologists Standards of Ethics**
 - <https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf>

- **The American Society of Radiologic Technologists Practice Standards for Radiography**
 - <https://www.asrt.org/main/standards-regulations/practice-standards/practice-standards>
- **The Society of Diagnostic Medical Sonography Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer**
 - <https://www.sdms.org/about/who-we-are/scope-of-practice>
- **The American Society of Radiologic Technologists Practice Standards for Sonography**
 - https://www.asrt.org/docs/default-source/practice-standards/ps_sonography.pdf?sfvrsn=1ce176d0_32

B. Disciplinary Action and Appeals Policies and Procedures

The procedures for imposing academic misconduct or personal misconduct sanctions are designed to provide students with the guarantees of due process and procedural fairness. A student has the right to appeal any decisions concerning an alleged act of misconduct as outlined in the following policies and procedures:

Sanctions imposed involving IUFW staff, faculty, or students:

IUFW Academic Policies, Appeals Process

<https://bulletins.iu.edu/iuftp/2025-2026/policies/academic-policy/probation.shtml>

Sanctions imposed involving PFW staff, faculty, or students may also be subject to:

PFW Code of Students Rights, Responsibilities, and Conduct

- C. <https://catalog.pfw.edu/content.php?catoid=66&navoid=4026#code-student-rights>

Academic Standards

- **Grading System**

Examinations and assignments are given regularly, in accordance with the course plans of each instructor. At the end of each grading period, final achievement in a particular course is indicated by a letter grade that is translated into the 4.0 grading system as follows:

	Grade	Scale	Grade Points
Exceptional Achievement	A+	99-100	4.0
	A	96-98	4.0
	A-	94-95	3.7
Above Average	B+	92-93	3.3
	B	89-91	3.0
	B-	87-88	2.7
Average	C+	85-86	2.3
	C	82-84	2.0
Below Average	C-	80-81	1.7
	D+	78-79.9	1.3
	D	75-77	1.0
Failure	D-	73-74	0.7

	F	72 & below	0.0
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- **Test Retake**

If a student receives a Test Score below 80% (79.9 or lower) in any professional course during the Program, they must retake the test. The test must be retaken until a passing score (80% or above) is achieved. Only the original score will be used to calculate the final course grade. Arrangements to retake the test must be made by the student with the course instructor. The test retake rule does not apply to final exams.

- **Grade Point Average (GPA)**

Grade Point Average is calculated by first multiplying the grade points for each course times the number of credit hours to receive the number of credit points. The sum of all credit points is divided by the sum of all corresponding credit hours.

- **IUFW Cumulative GPA**

Cumulative GPA includes all IUFW courses taken by a student and will be calculated at the end of each grading period.

- **Program Cumulative GPA**

Program Cumulative GPA is the average for all RADX courses taken by the student and will be verified at the end of each grading period to establish academic standing.

- **Good Academic Standing**

To be in good standing in MIRS, the following three requirements must be maintained throughout the three years in the Program:

- Students must achieve a grade of C- or better in all RADX courses.
- Students are also required to maintain a Program Cumulative GPA of 3.00.
- Students must complete the required clinical hours and competency standards within defined timeframes.

- **Violation of Academic Standards**

Students who fail to meet the requirements for Good Academic Standing are subject to dismissal from MIRS

D. Grade Grievance/Appeals Policy & Procedure

A student who desires to dispute a course grade due to mechanical or other such error should first address the concern with the instructor of the course. If no resolution is reached, the student should address the concern with the MIRS Program Director. If no resolution is reached, the student may:

Courses offered through PFW:

Refer to the Grade Appeals procedure at

https://catalog.pfw.edu/content.php?catoid=66&navoid=4012#grade_appeals

Courses offered through IUFW:

The purpose of a course grade appeal is to provide recourse to a student who has evidence or believes that evidence exists to show that an inappropriate grade has been assigned. Faculty have the authority and responsibility to fairly judge the quality of student work in the courses they teach, including written, examination, clinical, and laboratory performance. The purpose of the policy on student grade appeals is to provide a system that affords recourse to a student who has evidence or believes that evidence exists to show that an inappropriate grade has been assigned as a result of prejudice, caprice, or other improper conditions such as mechanical error, or assignment of a grade inconsistent with those assigned to other students. The grade appeals procedure is designed to protect students from grade assignments that are inconsistent with policy followed in assigning grades to others in the course.

Medical Imaging and Radiologic Sciences outlines the Course Grade Appeal process and the appropriate procedural steps therein. A grade will not be raised because a faculty member graded tests, projects, or assignments very severely, providing the faculty member applied the same rigorous standards to all students. Nor will proof that a faculty member has been antagonistic toward the student be sufficient cause to raise a grade unless evidence exists that such antagonism did in fact result in a lower grade. The grounds for appeal are limited.

Appeal Protocol Levels:

1. **Primary Level:** Should a student have a concern about a course grade the student should first seek an appointment to discuss the grade with the course faculty member. The student should contact the faculty member in this case within 5 working days of receipt of the grade. A working day includes Monday – Friday excluding university holidays or other days that the university is closed for any reason. The grade may be received through a formal notification of the grade from the faculty member, or through the grade posted on One.IU, whichever comes first. The faculty member shall meet with the student promptly to discuss the concern.
2. **Intermediate Level:** Following this meeting, if the student continues to believe that an inappropriate grade has been assigned, the student should promptly complete the Change of Grade Petition Form which will be sent to the MIRS Director. The MIRS Director will consider evidence in the matter, and draw a conclusion which shall be communicated to the faculty member and student. The Change of Grade Petition

Form and more information can be found: <https://fortwayne.iu.edu/grades-records/change-grade-petition.html>

3. Final Level: Following this meeting, if the student continues to believe that an inappropriate grade has been assigned, the student should promptly seek an appointment with the Associate Dean for Undergraduate Programs. The Associate Dean for Undergraduate Programs shall meet with the student, consider the matter fully, and provide a written summary of the final findings to the student, copied to the faculty, and MIRS Director.

E. Dismissal and Withdrawal Policy for Medical Imaging Program

1. Academic standards:
 - a. Violation of the program academic standards include:
 - i. Failure to maintain a minimum cumulative GPA of 3.0 for professional program GPA.
 - ii. Receiving a grade below C- (79.9%) in any professional course of the program.
 - iii. Inability to complete the required clinical hours or failing to meet the clinical competency standards within defined timeframes.
2. Professional standards:
 - a. Violation of the program and professional codes of conduct (see Academic and Personal Conduct Section, I.A), include but are not limited to:
 - i. Unprofessional behavior towards faculty, staff, or fellow students.
 - ii. Breach of patient confidentiality.
 - iii. Academic dishonesty, such as cheating or plagiarism.
 - iv. Substance abuse or being under the influence of substances while on clinical rotations.
 - v. Engaging in any activity that poses a risk to patient safety or compromises the integrity of the profession.
 - vi. Conviction of a felony or any offense related to patient abuse, theft, or fraud.
 - vii. Engaging in illegal activities that could potentially harm patients, colleagues, or the reputation of the program.

Dismissal:

1. Upon the recommendation of the faculty in the student's program, a student may be dismissed from the School of Medicine. Dismissal is based on failure to meet academic or professional standards. The student will be informed of the dismissal in writing by the School of Medicine dean or the dean's designee.
2. A student who has been dismissed from the school may not apply for readmission to the program in which the student was enrolled at the time of dismissal.
 - a. Under special circumstances, a waiver may be requested by the program and forwarded to the Health Professions Programs' Executive Committee for action. Students dismissed for personal or academic misconduct are not eligible for readmission to the professional program or admissions to any other Health Professions Program. See IU School of Medicine Academic Regulations, Dismissal <https://bulletins.iu.edu/iuin/2025->

[2026/schools/medicine/academic-regulations/academic-policies.shtml](https://www.mirs.edu/2026/schools/medicine/academic-regulations/academic-policies.shtml) for more information.

- i. In order to be eligible for a waiver, the student must submit a letter defining the special circumstances to the Medical Imaging Faculty Committee within five (5) business date of dismissal notification.
- ii. If a waiver is approved, the student will be required to meet the standards outlined in the waiver letter (e.g., new prerequisite coursework, application for admission as a new applicant, etc.).

Withdrawal and Readmission A student may be readmitted to the School after withdrawal as follows:

Temporary Withdrawal Students in good standing who voluntarily and temporarily withdraw from a program assume temporary inactive status with the School. At the time of departure, it is the student's responsibility to arrange in writing a continuation agreement with the individual program director. The student is allowed to re-enroll as specified in the continuation agreement. The student must meet any specific academic/clinical requirements associated with re-enrollment under the continuation agreement. Students failing to re-enroll as specified in the continuation agreement are subject to dismissal from the School and program.

Other Withdrawal A student who withdraws without arranging in writing for a continuation agreement with the program director, or who fails to enroll in any semester, will not be allowed further enrollments in the School and will be considered as not making satisfactory progress toward a degree. Such students who want to re-enroll must file an application for admission and will be considered new applicants. New prerequisites and standards must be met. These students may be considered for advanced standing in the program provided the completed work meets the current standards of the program.

II. Program Policies

The Program policies listed in this section do not include all of the policies and procedures related to the clinical education component of the Program. Please refer to the Clinical Education Section of the Handbook for policies related to Clinical Education requirements.

A. Attendance Policy

Absences

Students in MIRS are required to attend all classes and all clinical assignments in accordance with the Clinical Attendance Policy. It is recognized that illness and emergency situations do occur and that in certain situations absence from class and/or clinic may be unavoidable. When possible, absences are to be pre-arranged with the MIRS Faculty associated with the course missed. Unexpected absences must be accounted for satisfactorily.

Please see [Clinical Attendance Policy](#) for policy details.

Class Attendance Policy and Procedures

Students are required to attend all scheduled classes. Illness and/or emergencies are the only acceptable excuse for absence from class. If you are ill, you must notify the faculty at least ½ hour prior to the class start time to report the absence. Absences other than illness must be explained to the satisfaction of the course instructor who will decide whether the omitted work may be made up. Students are responsible for making the arrangements to make-up incomplete work assignments, classroom assignments and/or examinations. The syllabus for each course will describe the attendance requirements for that course. Faculty may use attendance as a portion of the grade for each course.

Absence from Examinations

Each faculty member is to include in the course syllabus the restrictions and procedure the student must follow if an examination is missed. Documentation of illness may be required. A student who does not contact the instructor as soon as they return to campus after an illness may not be allowed to make up the examination. It is expected that the student will take make-up examinations before or on the day that the student returns to class unless a faculty member's syllabus indicates otherwise, or the faculty member approves another arrangement.

Classroom Tardiness and Disruptions

Students are expected to be ready to participate when class begins. If you arrive late, please courteously and quietly join the class without being a distraction.

Students should avoid activities that may result in a class disruption. Examples of such disruptions include leaving the room during the class time, receiving text messages or phone calls, inappropriate use of internet connection during class, and talking when it's not appropriate to the course activity. Faculty may require students to leave class if they are disruptive. Inappropriate use of laptops or other electronic devices will result in loss of privilege during class sessions. Faculty may assess grading penalties for tardiness and/or disruptions.

B. Criminal Charges Policy

If a student is brought up on any criminal charge while in the Program, they MUST:

1. Inform the Program Director immediately. The Program Director will work with the University, Clinical Coordinator, and Clinical Site Administration and will help the student to work with the ARRT to determine if:
 - a. it is necessary for the student to take a leave of absence until the issue is resolved and full rights are restored to the student.
 - b. the student will be eligible to sit for the national certification examination.
 - c. the student may continue their education at the clinical sites.
 - d. the student must be dismissed from the Program.
2. A student who fails to disclose a criminal charge to the Program Director is subject to dismissal from the Program.

C. Medical Imaging and Radiologic Sciences Energized Laboratory & Equipment Policy

Medical imaging students practice and simulate medical imaging examinations and, under the supervision of registered Faculty, conduct exposure experiments in designated MIRS imaging lab(s) on campus. Students must abide by the following policy when using the lab(s):

1. Students must always adhere to the MIRS Academic and Professional Standards Policy.
2. Upon completing a lab equipment checklist, students may schedule use of the lab during off-hours for practice.
 - Requests must be submitted to a MIRS Faculty member at least 24 hours in advance to the requested time.
 - A request to schedule the lab does not guarantee permission.
 - In such cases of scheduled time, access to the exposure switch will be disabled.
3. Equipment must always be operated in a manner consistent with its design.
4. Any suspected equipment malfunction should be reported to the MIRS Faculty immediately.
5. Visitors are not allowed in the lab without prior approval from a MIRS Faculty member.
6. Students must clean the lab and properly store all equipment and supplies after each use.
7. Lab will remain locked when not in use.

If radiography exposures are to be taken:

1. Direct supervision by a MIRS Faculty Member is required.
2. Dosimeters must be worn by all personnel during exposure labs.

D. Student Concerns and Complaints

Student Rights Complaints: If a student believes that any of their rights have been violated by a member of the university community and wishes to file a complaint, the student should refer to: <https://fortwayne.iu.edu/experience/student-conduct-and-safety/index.html>

Academic Program Concerns: Student concerns related to the academic Program (requirements, curriculum, faculty, advisors, policies, facilities, etc.) should be submitted in writing to the MIRS Director using the Academic Program Concerns form in Appendix D. The director will review the concern and work with the student(s) to find a reasonable solution. If the solution is not satisfactory to the student(s) or the concern regards the Program Director, the student(s) may appeal to the IUFW Associate Vice Chancellor of Academic Affairs and Operations.

Student Services Concerns: Student concerns related to student services (admissions, registrar, financial aid, bursar, etc.) should be directed to the IUFW Director of Student

Central. If the solution is not satisfactory to the student(s) or the concern is regarding the Student Central Director, the student(s) may appeal to the IUPUI Associate Vice Chancellor of Academic Affairs and Operations.

E. Student Records

Official University records are maintained by the IUPUI registrar, IUPUI bursar, and IUPUI Student Central.

Clinical compliance records, including Health and Immunization Records, are maintained in a secure online database. Students are provided information on how to access their personal records per the vendor's terms and conditions.

Program specific records are maintained in locked file cabinets, locked offices, or on the secure MIRS drive on the IUPUI campus until students graduate and pass the registry. After that time, the individual student files are shredded and only aggregate data for each graduating class is kept on file.

Faculty maintain course specific records for the students enrolled in that faculty member's course. Faculty members are responsible for always keeping individual student records confidential.

Student Services and Advising

I. Student Services

Students are eligible for specific student services provided through Purdue Fort Wayne and IUPUI. Please refer to the IUPUI website to review student services available through the University at <https://fortwayne.iu.edu/experience/index.html>

II. Student Advising

Each MIRS student is assigned a MIRS faculty advisor who will serve as the primary academic advisor throughout the Professional Program. The advisor will assist the student with academic success and planning; however, the student is responsible for his/her own academic progress and being knowledgeable about the academic requirements that must be met before a degree is granted.

An academic review of each student's progress is completed at mid-term each semester and shared with each student. At minimum, the review includes:

- Current course grades
- Current clinical progress
- Student Self-Assessment
- Academic and clinical goals
- Progress toward degree completion

Individual advising meetings are scheduled as needed.

Academic and clinical progress of the student is monitored throughout the semester and shared with the student on an ongoing basis. An advisor or any faculty member may approach a student any time during the Program to discuss areas where performance surpasses normal expectations or areas where improvement is needed.

Students who are experiencing difficulties in the didactic and clinical coursework may obtain personal tutoring from the faculty and/or student teaching assistants. The student should seek help as soon as problems develop by contacting the faculty. Professional counseling is available through Purdue Fort Wayne Student Assistance Program. See <https://www.pfw.edu/student-counseling> for more information.

Clinical Handbook

Clinical Education

I. Overview & Integration of Didactic & Clinical Education

Clinical education is a significant and integral part of the Program. The purpose of clinical education is to provide the student with the opportunity to transfer theory into practice and to develop the skills, competencies, and professional attributes necessary to perform as a competent entry-level radiologic technologist upon graduation.

The medical imaging curriculum is designed as an integration of didactic instruction and clinical education. The didactic portion of the curriculum includes classroom discussion, structured laboratory activities, and professional development experiences related to medical imaging. These didactic learning experiences are intended to provide the foundation of knowledge for students to apply in a clinical setting.

The curriculum for the first year of the Program is planned to guide students toward an understanding of the profession, methods of patient care and assessment, radiation protection, physics, and the principles and procedures of radiography to develop a foundation for clinical competence in the performance of routine radiographic examinations and patient care and assessment.

During the first year, students are assigned to clinical areas that are primarily responsible for skeletal and contrast media radiography, DEXA, portable/surgical procedures, and patient care and assessment for routine radiographic examinations. Students are also assigned to clinical areas that provide an understanding of the various roles in an imaging department and an opportunity to observe the patient care and assessment skills required in advanced imaging modalities.

The curriculum during the second and third year is focused upon expanding the principles, physics and skills learned in the first year, plus studying the effects of radiation, pathological variances, radiographic critique, legal and ethical implications of practice, safety and quality, informatics, professionalism and other imaging areas such as Vascular Interventional, Nuclear Medicine, Computed Tomography, Radiation Oncology, Mammography, and Magnetic Resonance Imaging.

Students are assigned to clinical areas during the second and third year that are primarily responsible for expanding, refining and gaining proficiency in first year skills such as skeletal and contrast media radiography, portable/surgical procedures, trauma radiography, radiographic critique, quality assurance, and patient care and assessment.

During the second year, students will have the opportunity to select optional rotations that allow exploration of special imaging modalities to inform selection of the third-year modality focus.

During the third year, students will select optional rotations in a special imaging modality that supports the potential pursuit of advanced certification in a modality of their choice: Bone Densitometry, Computed Tomography, Magnetic Resonance Imaging, Mammography, and Vascular Interventional.

II. Clinical Supervision Policy

Medical Imaging students must be supervised by a qualified technologist when participating in or performing any medical imaging procedures. For all clinical rotations, each student is assigned a supervising technologist by the Clinical Instructor at the respective site. This assignment is verbally conveyed to students when they arrive at the clinic or may be posted on the Clinical Assignment Sheet (see Appendix D). The assigned supervising technologist is responsible for the supervision of his/her assigned student as described below.

When students are in their assigned clinical areas, they will respect the authority of each Faculty member, Clinical Instructor and all supervising technologists, Radiologists and other Healthcare Providers.

Each Clinical Instructor is responsible for:

- Directing the proper supervision and evaluation of all students in the clinic
- Completing Post Competency Evaluations
- Assisting sections of Clinical Education courses as needed
- Ensuring that students adhere to the policies of MIRS and the Imaging Department/Clinical Facility
- Communicating any problem, conflict, or suggestion for improvement regarding either a student or the Clinical Program to a faculty member.

The degree of supervision required for a student depends upon the level of the student's clinical competence. As students progressively gain proficiency in procedures, they are allowed to assume more responsibility. Students are guided toward greater independence to develop speed, confidence, and the ability to organize and work under pressure. Students, however, shall NOT take the responsibility or place of a technologist to supplement inadequate staffing.

A. Direct Supervision

1. **Direct Supervision** is required for:
 - a. Any examination for which a student has not demonstrated and documented competency
 - b. Any repeat exam
 - c. All invasive procedures (e.g. IVU, Colon)
 - d. All portable and surgical procedures
2. **Direct Supervision** requires that a qualified technologist:
 - a. Checks the order and the examination request and reviews it related to the student's achievement.
 - b. Assesses the condition of the patient to determine if it would be contraindicated to performance by the student.
 - c. Is present (in the room) either assisting or observing the student.
 - d. Critiques and approves all radiographic images before the patient is released.

B. Indirect Supervision

1. **Indirect Supervision** is acceptable for non-invasive routine diagnostic imaging procedures performed in the imaging department for which a student has demonstrated and documented competency
2. **Indirect Supervision** requires that a qualified technologist:
 - a. Checks the order and the examination request and reviews it related to the student's achievement

- b. Assesses the condition of the patient to determine if it would be contraindicated to performance by the student
- c. Is **immediately available** to assist the student if the need arises (technologist must be close enough to hear a call for help)
- d. Critiques and approves all medical images before the patient is released

III. Grading Policy

A student's Clinical Education grade is based on their performance of the clinical objectives. Objectives are outlined and provided to students in the Clinical Education syllabi each semester and include expected performance outcomes related to cognitive, psychomotor, and affective behaviors. Clinical Education grades are determined using the evaluation tools and assessments listed below. The weight of each assessment item may vary from semester to semester and is provided to students in the Clinical Education syllabi.

A. Clinical Education Coursework/Assignments

Each semester, students are required to complete a specific assignment (or assignments) related to clinical education experiences. Detailed instructions and information regarding the assignment(s) will be provided on the Clinical Education syllabus at the beginning of each semester. The completed assignments are reviewed and graded by the Medical Imaging Faculty member(s) responsible for the Clinical Education course that semester, and the scores are used in the calculation of the Clinical Education grade.

B. Clinical Documentation

1. Clinical Attendance Documentation

This includes, but is not limited to, correctly logging in and out of eValue during clinical times, being on time, being logged onto the clinical facility's Wi-Fi, remembering to clock in/out, making clinical notes when deviating from the schedule, and correct Personal Time reporting.

Please refer to the [Clinical Attendance Policy](#) for more details on how attendance might impact clinical grade.

2. Clinical Assignment Evaluation Submission

Each student is required to submit a Clinical Assignment Evaluation for each clinical rotation. Failure to send an evaluation for each clinical rotation will result in a grade reduction proportional to the number of weeks required during clinical rotations for that semester as outlined by the Clinical Course Syllabi. For example: A student sent 12 out of 15 weekly evaluations, so that student's grade would be $12/15 = 80\%$. (Clinical Assignment Evaluation grade not to exceed 100%.)

Please refer to the [Clinical Assignment and Evaluation Policy](#) for more details.

3. Dosimeter Exchange and Report Sign-off

Students are required to exchange dosimeters during the timeframe specified by the Clinical Coordinator(s) each month and accurately sign their individual dose report.

4. Clinical Competency Evaluations

Students are required to have successfully completed and submitted a specific number of [Clinical Competency Evaluations](#) each semester. Failure to meet the required number of Clinical Competency Evaluations per semester will result in a clinical competency evaluation grade reduction proportional to the number of required evaluations. For example, if the total number of required Mandatory and Elective clinical competencies for a semester is 25, completion of 20 would result in a clinical competency evaluation grade of $20/25 = 80\%$. (Clinical competency evaluation grade not to exceed 100%.)

Please refer to the [Clinical Competency Policy](#) for more details.

C. Clinical Assignment Evaluation Score

Student performance in assigned clinical areas is evaluated at the end of each clinical assignment rotation. A [Clinical Assignment Evaluation](#) will be provided by the student to their assigned supervising technologist who will complete it in the E-Value Tracking system.

Each response on the evaluation is assigned a point value. The point values for all evaluations in each semester are tabulated, averaged, and converted into a percentage that will be used in the calculation of the Clinical Education grade.

D. Adherence to Clinical Policies and Expected Student Conduct

Students are expected to adhere to the clinical policies and conduct as outlined throughout the MIRS Student Handbook.

Documented violations of policy and/or misconduct will result in lowering the Clinical Education course grade as specified in each policy or section. Please note in specific policies that there are certain cases of violation and/or misconduct that will result in failure of the Clinical Education course and the initiation of procedures for dismissal from the Program.

E. Combination of Penalties

The Clinical Education course grade will be lowered for each incident of failure to meet the requirements for Clinical Attendance and Professional Conduct as described above. For example, a student that exceeds Personal Time and is written up for violation of a MIRS policy will result in a TWO letter grade drop of the Clinical Education grade.

F. Grading Scale

	Grade	Scale	Grade Points
Exceptional Achievement	A+	99-100	4.0
	A	96-98	4.0
	A-	94-95	3.7
Above Average	B+	92-93	3.3
	B	89-91	3.0
	B-	87-88	2.7
Average	C+	85-86	2.3
	C	82-84	2.0
Below Average	C-	80-81	1.7
	D+	78-79.9	1.3
	D	75-77	1.0
Failure	D-	73-74	0.7
	F	72 & below	0.0

IV. Clinical Attendance Policy

Consistent, punctual attendance in the clinical setting is essential to developing clinical competence, interpersonal communication skills, an aptitude for teamwork and professionalism, and appropriate patient care for diverse populations.

Students are required to achieve the minimum objectives outlined for clinical experience courses regardless of the student's attendance pattern. All clinical hours must be appropriately documented and will be reviewed and evaluated by MIRS Faculty.

A. Clinical Absences

Absences/Personal Time

Students are given personal time to use as needed during their clinical rotations. Students must follow MIRS guidelines for the use of this personal time.

If a student will be absent from clinic or deviate from their scheduled time in any way, the student must notify the clinical site at least ½ hour prior to the clinical start time to report

the absence/deviation, and they must also log the absence in eValue with a note stating, “personal time”. Absence from the clinic due to an emergency will be counted as Personal Time and must be reported to the Clinical Coordinator and the clinical site as soon as possible. Any clinical time missed beyond allotted Personal Time must be made up at a time arranged with and approved by the Clinical Coordinator.

Professional Development Activities

On occasion, a student or students may request or be assigned to participate in professional development that takes place during scheduled clinical hours. These events must be pre-approved by the Program Director or Clinical Coordinator. Students will **not** be required to make up clinical days/hours missed due to **pre-approved** activities directly related to professional development. The days missed will not be counted as Personal Time and will not impact the Clinical Education grade.

University-Related Activities

Students who participate in official University clubs, scholarship events, or other University activities may be required to attend related events during scheduled clinical hours. Absence from clinic for these events must be pre-approved by the Program Director or Clinical Coordinator. These events will be reviewed on a case-by-case basis regarding the clinical schedule and make-up requirements. The clinical time missed for these events will not be counted as Personal Time and will not impact the Clinical Education grade.

B. Clinical Time Tracking

The Medical Imaging Faculty believe that students should be present and on time to all clinical rotations. We believe that regular attendance in clinical assignment rotations is important to the growth and development of students. We also recognize that situations beyond the student’s control may occur. The following rules will apply:

1. Clinical Time is cumulative over the course of each student’s progress throughout the MIRS program. Any Personal Time that isn’t used in one semester will carry over into the next. (*See clinical Personal Time allotment schedule below for more details*)
2. Clinical time will be subtracted from the student record in 15-minute increments. For example:
 - a. A student who missed anywhere from 1-15 minutes of scheduled clinical time will be recorded as having missed a total of 15 minutes of clinical time in the Clinical Attendance Documentation record.
 - b. A student arriving 16 minutes late to clinic will result in 30-total minutes being deducted from the student’s clinical time record.

3. Students may clock in early or stay late on a clinical day; however, only time that falls within the scheduled time will count toward the students' clinical record. For example:
 - a. A student that arrives 15 minutes early to clinical, may NOT leave 15 minutes early from clinical.
 - b. A student may not bank time. Except if previously arranged with the clinical coordinator for extenuating circumstances such as pregnancy, surgery, or other extenuating circumstances.
4. A student is allotted a 30-minute break for every clinical shift.

Personal Time Allotment Schedule

SEMESTER:	ALLOTMENT OF PERSONAL TIME HOURS:
1ST YEAR FALL	30 HOURS
1ST YEAR SPRING	
2ND YEAR SUMMER	30 HOURS
2ND YEAR FALL	
2ND YEAR SPRING	30 HOURS
3RD YEAR SUMMER	
3RD YEAR FALL	30 HOURS
3RD YEAR SPRING	
TOTAL:	120 HOURS

C. Clinical Make-Up Time and Grade Reductions

1. Time missed beyond the allotted hours of Personal Time is always required to be made-up. This make-up time will be scheduled by the student with the approval of the Clinical Coordinator. Due to clinical site availability, make up time will frequently be scheduled on weekends.
2. Clinical time missed beyond the allotted hours will be tracked and must be made-up. Make-up time must be completed before the beginning of the session/semester after the clinical absence(s). Students who do not complete assigned make-up time within the specified time will be subject to dismissal from the Program.
3. Students who go over allotted personal time will have their Clinical Experience Grade lowered **one letter grade**. In some circumstances (such as in cases of

extended illness or death of an immediate family member), a student may petition the Faculty Committee for an exception to any part of this policy. However, a petition to the Committee does not guarantee that an exception will be granted.

i. Letter of Appeal for Grade Reduction

If a student exceeds their allotted personal hours and are subject to a Clinical Education Grade reduction, they may choose to submit a letter of appeal to the MIRS faculty. A Letter of Appeal for Grade Reduction must include the following:

1. Date of appeal.
2. Student information (name, imaging track, year).
3. Explanation of how the allotted AND excess personal time was utilized – This provides the student with an opportunity to present a rationale for the additional time taken.
4. Explanation of the desire for exception from the grade reduction policy.
5. Explanation of what steps will be taken to avoid exceeding allotted personal time in the future.
6. Student signature.

Any letter that does not meet the Letter of Appeal for Grade Reduction criteria outlined above will not be reviewed by the MIRS faculty and therefore will be rejected.

A Letter of Appeal for Grade Reduction must be submitted to the MIRS faculty no later than one business day after their last scheduled clinical shift of the semester. Please note that a Letter of Appeal for Grade Reduction does not guarantee that an exception will be granted.

D. Designated Breaks and Holidays

MIRS follows the IUFW Academic Calendar for breaks and holidays. During these designated dates classes will not be held, and students will not be scheduled for clinical assignments or make-up time. The IUFW Academic Calendar is available on the IUFW website: <https://fortwayne.iu.edu/calendars/index.html>

E. Inclement Weather

When weather conditions are such that the Fort Wayne campus is closed, all Medical Imaging classes and clinical assignments are canceled. In these cases, students do not need to contact the Clinical Coordinator nor the clinical site. Note: If the campus does not close, and a student feels road conditions are too dangerous to drive, or the roads have been shut down by their county, the student may contact the Clinical Coordinator to report an absence due to emergency weather conditions and this time will count against their allotted Personal Time.

F. E-Value Time Log (Attendance Record)

Students are responsible for keeping an accurate daily record of their time spent in the clinic. It is the student's responsibility to clock-in immediately upon arrival and clock-out before leaving for the day. Students must be consistently connected to the facility's WiFi when they are clocking in and out of e-value.

Reporting Personal Time
<p>Notify the clinical site at least 30 minutes prior to the start of the shift if you are going to deviate from your scheduled hours. In the event of an emergency, the student must notify the clinical site and Clinical Coordinator as soon as possible.</p> <p>If you plan to leave clinic early by taking Personal Time, you must notify your CI and/or assigned technologist at the beginning of your shift.</p> <p>All Personal Time must be reported through E*Value. A note saying "Personal Time" must be entered in E*Value in the notes section of Time Tracking within the same day/shift.</p>

Students are expected to be honest and ensure accuracy in the recording of their times. Misrepresentation of clinical attendance is considered falsification of records and will result in failure of the Clinical Education course and generate the initiation of procedures for dismissal from the Program.

V. Clinical Assignment and Evaluation Policy

A. Clinical Assignment Allocations and Schedules

Clinical assignments are based on the performance objectives of each Clinical Education course and, therefore, vary from semester to semester. Although every effort has been made to ensure equity in the types of clinical areas between institutions, it is impossible to make the rotations exactly equal. This is because of differences in the number of students and slight variances between the imaging departments. Clinical Assignment Schedules are computed on a semester basis. Copies are given to the students at least three weeks prior to the beginning of the semester. Copies are also provided to the departments at each clinical site and kept on file at the MIRS office. Students are not permitted to trade clinical rotations with other students without specific permission from either the Program Director or the Clinical Coordinator.

B. Non-Traditional Clinical Assignments

Non-traditional clinical experience is defined by the JRCERT as any time scheduled outside of Monday – Friday, 5:00 a.m. – 7:00 p.m. Students will be assigned some rotations during non-traditional times throughout their clinical experience in the Program. The purpose of assigning students to evening and weekend rotations is to provide a different but essential learning environment which:

1. Allows students to experience diagnostic imaging operations on shifts other than the typical day shift.
2. Provides opportunities for students to work closely with critically ill, trauma, and other patient types not commonly seen during a weekday.
3. Provides additional opportunities for students to participate in portable and surgical procedures.
4. Aids the development of independent judgment and teamwork activities.

C. Clinical Objectives for Non-Traditional Assignments

The student will:

1. Observe the prioritization of the patient work list.
2. Progress to active participation in the prioritization of the patient work list.
3. Observe the image sequencing of critically ill and traumatized patients.
4. Progress to active participation in the image sequencing of critically ill and trauma patients.
5. Develop proficiency in portable and surgical procedures.
6. Develop communication and patient care skills with the critically ill, critically traumatized, intoxicated, drugged, uncooperative and assaulted patients.

D. Clinical Evaluations

The supervising technologist will be responsible for evaluating their assigned student in such categories as: student appearance, punctuality with limited absences, initiation, radiation protection practices, clinical skills and abilities, patient care and communication, teamwork, and professionalism. Near the end of their Clinical Assignment rotation, the student is responsible for sending the supervising RT(R) a Clinical Evaluation Form. Please refer to the guidelines listed below regarding Clinical Evaluations.

1. The student is responsible for sending the appropriate form to the supervising RT(R) (see Appendix D). The [Clinical Assignment Evaluation](#) form is to be used for all clinical rotations. The student will submit the evaluation through the E-Value Tracking System.
2. The technologist will complete the evaluation within eValue indicating the student's progress, clinical strengths, and areas for needed improvement.
3. If a student is assigned to more than one technologist during the rotation, the student should send the evaluation to the technologist they worked with the most, or a student may elect to give an evaluation to each of the technologists they

were assigned to during the rotation and all the evaluations will be tabulated together.

4. The technologist may or may not elect to discuss the evaluation directly with the student. If the technologist does not discuss it with the student, the student will be able to read the evaluation and make any desired comments. In the E-Value Tracking System, students are given the opportunity to review all evaluations submitted after MIRS reviews/releases the evaluation in the E-Value system. Whenever the student reads the evaluation, they must agree or disagree with the evaluation in the E-Value System. Grades on the evaluation will count whether the student agrees or disagrees.
5. The responses on the Clinical Evaluations are tabulated and averaged into the Clinical Education grade twice every semester: At mid-semester and again at the end of the semester. After calculations of the grades, mid-semester conferences and end-of- semester review are held, and progress is discussed as needed.

E. Student Self-Evaluations

The students are required to complete a [Self-Evaluation Form](#) related to clinical progress which includes goals for the following grade period at mid-semester. The student self-evaluation:

1. Provides the students an opportunity to reflect on their past and current performance in the clinic.
2. Guides the students in selecting individualized goals.

VI. Clinical Competency Policy

The purpose of this policy is to outline the procedural requirements and rules which the student and technologist will utilize in completing Clinical Competency Evaluations (Appendix D). These evaluations will help the student develop the clinical competencies necessary to function as an entry-level medical imaging technologist. It is up to the judgment/discretion of the technologist whether to allow the student to perform an exam for competency. Patient condition or insufficient time would be examples of acceptable reasons for discouraging a competency attempt. However, the technologist should be mindful that each student must complete a minimum number of competencies each semester.

A. Clinical Competency Requirements Checklist

The [Clinical Competency Requirements Checklist](#) in the Appendix is a sample of a list of competencies that must be successfully completed by a student during the Program as a requirement for graduation. Students are provided with the form listing their requirements in the Orientation course. The form includes a place to record the date of each documented competency completed in General Patient Care and Imaging Procedures as well as a place to indicate if each competency was completed as a simulated exam or on a patient.

B. General Patient Care

Students are required to demonstrate competency in the general patient care practices listed on the Clinical Competency Requirements Checklists form. Apart from CPR (Cardiopulmonary Resuscitation), these competencies are demonstrated, simulated, and evaluated during Patient Care and/or Clinical Education courses and labs conducted by MIRS Faculty. Students are required to submit documentation of CPR certification prior to the beginning of each Fall semester as a clinical compliance requirement to participate in the clinical rotations for Clinical Education.

C. Unit Practical Exam

A Practical is the process by which a student will simulate a medical imaging exam on a live subject (not a patient). The simulation is evaluated by one of the MIRS Faculty and the score is averaged as part of a positioning/procedures course grade. Once a student has successfully completed a Practical exam for a particular unit with a minimum competency of 80% and has been actively observing and assisting the technologist in routine positioning of the exam, the student may request to complete the particular exam in question for a competency.

D. Competency

When completing a competency, a student's performance on a medical imaging exam and the resulting radiographic image is evaluated and documented by a Registered Technologist using case log in the E-Value System.

Guidelines for Completing a Competency

1. Competency Evaluations may be completed only after a student has completed the corresponding unit practical.
2. Competency Evaluations must be done on real patients apart from those Simulated by Faculty.
3. The student must inform the technologist of their intention to complete a competency prior to beginning the procedure, and the student must perform the entire procedure.
4. If the competency exam is relatively uncommon, the student may BRIEFLY review their "Black Book" before beginning the exam (the book is CLOSED after starting). Under NO circumstances is the technologist allowed to give hints or tell the student how to perform the exam.
5. It is the student's responsibility to send the technologist a Case Log Competency Evaluation immediately following the exam. The following information is to be completed by the student:
 - a. Patient's General Condition
 - b. Type of Exam and All Projections Performed
 - c. Student's Name
 - d. Date of Exam and Patient's age (especially for Pediatric Exams)
 - e. Type of Category
6. The Case Log Competency Evaluation must be completed by a registered technologist in radiography RT(R). A successful competency will be indicated by a definite "Yes" response regarding the student's capability of performing the exam without direct supervision.

7. A student is allowed to phototime the procedure for competency if the student can closely simulate a non-phototimed technique. Whenever phototiming, the technologist should ask the student what non-phototimed technique would have been appropriate.
8. If a student makes a major error (Category "C" on Case Log Competency), which would mean repeating the image, the technologist should correct the mistake before the exposure is made for the benefit of the patient. This error should be noted on the Case Log Competency Evaluation and the student should continue the procedure until is completed. Regardless that the error would mean an unsatisfactory competency, the student is not allowed to quit in the middle of an exam because students need to be able to recover from a mistake and continue.
9. If at any time during the exam, the technologist perceives a student action as potentially detrimental to the patient's welfare, the technologist should immediately step in and assist with the procedure. This should be noted on the Competency Evaluation form.
10. Each semester, the student must successfully complete a specified number of Competency Evaluations as noted on the Clinical Competency Requirements Checklist. Failure to achieve the required amount by the end of each semester will result in lowering the Clinical Competency Evaluation grade in the Clinical Education course.
11. In order for a student to graduate from the Program, they MUST have successfully completed all the competencies required on the Clinical Competency Requirements Checklist. If at the end of the Program, they have not completed all the competency requirements, the student will receive an Incomplete in the Clinical Education grade and will be allotted a period of time in which to complete the requirements. The Incomplete grade will automatically become a failing grade if it is not removed within that period, and the student will not officially graduate. A student who has not completed the Program requirements will not be verified to sit for the ARRT examination.
12. In certain circumstances, because of low patient volume for certain procedures, the faculty may elect to allow a student to simulate an exam. In such a situation, simulated competency evaluations may replace the requirement of patient examinations. This will be left to the discretion of the MIRS Faculty. Simulated competencies will be completed by students with MIRS Faculty.
13. If bilateral exams are ordered for a patient, only 1 exam may count for a competency.
14. Other Radiography Competency Rules
 - a. ALL projections performed must be listed on the Competency Evaluation Form in E-value.
 - b. Students MUST be SPECIFIC and ACCURATE in their terminology

Examples:

- If the CR is angled 10 degrees or more, the term "Axial" must be used.
 - If an Axial Shoulder is performed, it must be noted whether it was done Inferosuperior or Superoinferior.
 - If obliques are performed, the exact position must be used: RPO/LPO, RAO/LAO
 - c. PEDIATRIC Competencies must include patient age on the Competency Evaluation form. The pediatric patient must be in the age range between newborn through 6 years old.
 - d. GERATRIC Competencies must include a description of physical or cognitive impairment as a result of aging.

- e. For Fluoroscopic Contrast Studies, students must complete the entire exam from start to finish. This includes, but is not limited to, room/tray set-up, assisting with or performing fluoroscopy, and any post-fluoro images. A student may not arrive half-way through the procedure, complete the post-fluoro images, and receive a competency. However, if no post-fluoro images are ordered, but the student has completed the entire exam, the student may still be given the competency.

E. Post Competency Evaluation

When completing a post competency, a student's performance on an imaging exam and the resulting image is evaluated and documented by a Clinical Instructor or a member of the MIRS Faculty. The Post Competency Evaluation serves to confirm that students are maintaining clinical skills and continuing to demonstrate clinical competence throughout the Program. The student's performance is evaluated using the [Clinical Competency Evaluation](#). Students CANNOT perform a post competency until all the mandatory competencies have been completed in the corresponding category.

VII. Clinical Support & Clinical Conflict Support

Conflict Support

Clinical Course meetings are conducted by the Clinical Coordinator(s) and/or other MIRS Faculty at least twice during fall, spring, and summer clinical courses. The purpose of the course meeting is to review and clarify clinical policies, expectations, and assignments; discuss student clinical experiences; and to provide general support for students in relation to the clinical environment. These meetings allow common clinical situations to be discussed and possible resolutions to be reviewed and evaluated in a group setting under the guidance of the Clinical Coordinator(s) or Faculty member(s). The discussions are not intended to single out individuals or specific incidents, rather they are intended to address common occurrences as identified through Faculty experience.

Students are encouraged to schedule an individual appointment with the Clinical Coordinator(s), Program Director, or other MIRS Faculty member for support if the need exists to discuss specific and/or sensitive clinical situations where privacy/confidentiality might be a concern.

Clinical support for students is also provided during group and individual advising conferences held at mid-semester each Fall and Spring. At these times, students are offered a copy of their personal Clinical Education Grade Report which summarizes all of the Clinical Education grade data (see [Sample Semester Grade Report](#)). The students' overall progress is summarized including student strengths and areas recognized as needing improvement. Students complete a self-assessment and identify areas they feel they need additional instruction or clinical assignments. During these conferences and reviews, students are asked to comment on the quality of their clinical education. Students have an opportunity to provide additional feedback and formally assess in writing their Clinical Education Experience following the completion of summer sessions and again following completion of the Program.

An instructor or Faculty member may hold an impromptu advising session anytime they perceive potential clinical problems. Likewise, the student may consult the Instructor or Faculty member if

the student feels unsure of their progress. Students have the right to review their clinical records upon request.

Conflict

If a student feels there is a clinical problem, they should attempt to rationally discuss the concern with the supervising technologist or other involved persons. If the student still does not feel the problem is resolved, they should then discuss the problem with an instructor or Faculty member. It is the philosophy of the Program to encourage each student to develop and foster good communication skills. Every person, at some time, is faced with the dilemma of approaching a superior, even when the problem centers on that superior. It is important for every student to develop the necessary skills to handle such situations. The Faculty are always willing to assist the student in analyzing the problem and in developing different approaches for resolving the problem. However, only after the student has sincerely attempted to utilize these different approaches, and has exhausted possible solutions, will a Faculty member intervene on the student's behalf.

VIII. Technologist-Student Relationship Policy

A. Purpose

To outline the technologist's rights and responsibilities regarding supervision of MIRS students and to identify guidelines for completing student checklists, evaluations, and competencies.

B. Technologist Rights

The technologist has a right to:

1. Expect student punctuality to their assigned area.
2. Be informed by the student regarding their absence.
3. Grant or deny permission to a student requesting to leave the assigned area and to expect a prompt return.
4. Expect courtesy, cooperation, respect, and an eagerness to learn from every student whether assigned to them or not.
5. Expect courtesy, cooperation, respect, and open communication from every MIRS Faculty member.
6. Communicate any problem, conflict, or suggestion for improvement regarding either the student or the Clinical Program to a Faculty member.
7. Expect a prompt action or response by a Faculty member of MIRS regarding any problem or suggestion.

C. Guidelines for Documentation of Student Attendance

When assigned a student it is the responsibility of the technologist to:

Assure attendance of the student. If a student is absent, the student will notify the area or technologist. If the technologist has not been notified, it is the responsibility of the technologist to notify the Clinical Coordinator(s) regarding the student's absence.

Any falsification (of any record) will result in failure of the Clinical Education course and disciplinary proceedings for dismissal from the program

D. Guidelines for the Supervision of an Assigned Student

When assigned a student, it is the responsibility of the technologist to:

1. Allow the student to actively participate as much as possible in procedures within the limitations of the student's knowledge and ability, patient's condition, and time.
2. Directly supervise and assist the student on any procedure that:
 - The student has not yet demonstrated and documented competency.
 - The student is not confident in performing alone.
 - Involves a patient in poor condition.
 - Is an invasive procedure (e.g. IVU), portable procedure, or surgical procedure.

With "Direct Supervision," the technologist stays in the room with the student, supervising the entire exam.

3. Directly supervise the student during the repeat of any medical image.
4. Indirectly supervise students for non-invasive routine diagnostic imaging procedures performed in the imaging department for which a student has demonstrated and documented competency. Indirect supervision requires that the technologist be within earshot if the student should require assistance. Please refer to the Clinical Supervision Policy for more details regarding direct and indirect supervision.
5. Inform the student when going to Break or Lunch. Students should take their Break/Lunch at these times. If the technologist leaves the assigned area to do a procedure in a different area, the student should accompany the technologist.
6. Restrict non-imaging duties as much as possible. (e.g. cleaning, stocking, patient transporting, office work, etc.)
7. Encourage students to seek other medical imaging work, practice with equipment, complete checklists, etc. when there is a lull in their assigned area.
8. Allow the student to leave the assigned area at the assigned time.

E. Guidelines for the Delegation of Requisitions

Before delegating a patient requisition to a student, it is the responsibility of the technologist to:

1. Check the Doctor's Order to verify that the correct exam is on requisition.
2. Check with the student to verify they have demonstrated competency on the exam requested.
3. Assess the condition of the patient to determine if it contraindicates performance by a student.
4. Assist in the examination if the condition of the patient is questionable or the student is hesitant.
5. **Be present in the room for any image which needs repeating.**

6. Critique and approve all radiographs before the patient is released.

F. Guidelines for Completion of Checklists

When assigned a student, it is the responsibility of the technologist to:

1. Complete checklists when requested by the student and there is a break in patient activity.
2. Initial the blank after the student completes each individual task and sign their signature at the end of the checklist. (If the technologist observed the student performing one of the checklist tasks during a patient exam, the student does not need to repeat this task again when completing the checklist; the technologist may initial the blank.)
3. Report to the Program any changes they feel need to be made to maintain the most up-to-date checklists.

G. Guidelines for the Completion of Clinical Assignment Evaluations

When assigned a student, it is the responsibility of the technologist to:

1. Evaluate the student immediately after the rotation and whenever possible, discuss the evaluation with the student. A prompt and fair evaluation gives the student the feedback which is essential for continual clinical progress. The evaluation should be based on the students' level of experience rather than the highest standards of proficiency. The technologist should also identify the students' clinical strengths and areas for improvement and note this on the evaluation.
2. The evaluation must be completed in eValue by the technologist. It is the philosophy of the Program to encourage the technologist to discuss the completed evaluation with the student to foster good communication and promote honest working relationships.

H. Guidelines for the Completion of Competency Evaluations

If the student approaches the technologist requesting to perform a medical imaging examination for clinical competency, it is up to the judgment/discretion of the technologist whether to allow the student to perform the exam. Patient condition or insufficient time would be acceptable reasons for discouraging a competency attempt. However, the technologist should be mindful that each student must complete a minimum number of competencies each semester.

Please refer to the [Clinical Competency Policy](#) for explanations and guidelines for the completion of clinical competency evaluations.

I. Clinical Conflicts

If a technologist feels there is a clinical problem, they should calmly and rationally discuss the concern with the student. If the technologist does not feel the problem is resolved, they should confidentially discuss the problem with the Clinical Coordinator or other Faculty member. The problem should also be documented on the weekly Clinical Assignment Evaluation form. If a serious incident has occurred, the Clinical Coordinator needs to be informed immediately. The Clinical Coordinator may request that the RT(R) document the situation on a [Clinical Incident Report](#). It is important that student problems are not openly discussed with departmental staff or other students.

IX. Professional Conduct Policy

A. Professional Misconduct

Students may be failed in any medical imaging course and dismissed from Medical Imaging and Radiologic Sciences for unprofessional conduct that violates the [Academic and Personal Conduct for MIRS Students](#) outlined in the **Regulations and Policies** section of this Handbook or that jeopardizes the health and/or safety of patients, colleagues and/or others.

The clinical sites for the MIRS program reserve the right to refuse placement or remove students from the clinical learning experience. If a clinical site refuses placement or removes a student from the clinical learning experience, the MIRS Program will review the reason(s) that a student has been removed from the clinical environment or not allowed to enter. Without clinical site acceptance the MIRS Program cannot guarantee that a student will be able to finish the program and may be required to administratively withdraw or dismiss the student upon completion of that review. Based on the circumstances, students may be required to meet or adhere to certain clinical re-entry requirements. Failure to accept those requirements can also lead to administrative withdrawal or dismissal.

B. Appeals of Disciplinary Action

The procedures for imposing misconduct sanctions are designed to provide students with the guarantees of due process and procedural fairness. A student has the right to appeal any decision concerning an alleged act of misconduct. Please refer to the [Disciplinary Action and Appeals Policies and Procedures](#) outlined in the **Regulations and Policies** in this Handbook.

X. Grooming and Dress

A. General Guidelines

MIRS requires that all students maintain standards of personal appearance, dress, and personal hygiene that create and maintain the best possible standards of infection control, safety, public image, and environment for the care of the sick and injured. The public expects the Hospitals, its employees, and its students to be “hospital clean.” All the elements of a student’s personal appearance, dress, and personal hygiene will be regarded as an important aspect of a student’s overall effectiveness and performance.

All students are expected to keep themselves neat, clean, and properly dressed at all times while on duty or on the premises of any clinical site. Failure to maintain the standards outlined in this policy will result in lowering the Clinical Education grade. If a student receives more than two documented occurrences of failure to follow the dress code policy in any given semester, the Clinical Education grade will be lowered by 3% for the semester in which the occurrences are documented.

B. Scrubs

1. Students are required to wear:
 - **BLACK scrub pants and shirts.** (No jeans, knit pants or stirrup pants).
 - BLACK long sleeved scrub jacket (Optional).
 - A plain white long or short sleeved, natural-fiber t-shirt may be worn underneath the scrub top.
 - Surgical scrubs are to be worn only when assigned to a clinical rotation that may require participation in the Operating Room. **Surgical scrubs may not be removed from the clinical facility.**
2. Only those uniforms selected and approved by MIRS may be worn.
3. All uniforms are to be laundered regularly, neat, in good repair and of appropriate fit.
4. Uniforms are to reveal no bare skin in the trunk region and undergarments are not to be revealed. A student should wear a plain white, natural-fiber undershirt under their scrub top if the scrub top reveals tattoos, cleavage, or chest hair.
5. Undergarments must be worn and clean.

C. Shoes/Footwear

1. Shoes: White or Black, low cut, impermeable shoes in either oxford or athletic style are to be worn (only minimal color accents are allowed). Boots, crocs, canvas shoes, recreational sandals and flip-flops are not permitted. Laces must be tied.
2. Footwear should not create unnecessary noise, should be cleaned and polished, and should be of the non-skid variety.
3. Hosiery/socks are to be worn by all students.

D. Hairstyles

Hairstyles are to be conservative and in good taste. Hair must be neatly arranged and kept clean. **Long hair (below shoulders) must be styled above the collar line or tied back. All hair must be styled in a manner so that it is kept off the face.** Beards, mustaches, and sideburns are to be kept clean, neat, and closely trimmed.

E. Cosmetics

The use of cosmetics should be moderate

F. Jewelry

Dangling bracelets, necklaces or earrings are not permitted in patient care areas. Small earrings (no larger than a quarter) in the ear and choker type necklaces are permitted in patient care areas if such items do not present a safety or infection control hazard. No other body piercings are allowed to be worn while in the patient care area. Rings, wedding bands and watches are permitted. Sunglasses are not permitted.

G. Buttons, Pins, Other Insignia

1. The healthcare facility access badge must always be worn face forward while on duty unless safety or infection control do not permit. These badges must be kept clean (no stickers or pins may be placed on badges, and nothing may be written on the badge). These badges must be returned to the Clinical Coordinator upon completion of the Program.
2. No pins, lapel buttons or insignia, or lettering is permitted to be worn by any student while on duty at any clinical site.
3. Concealment of tattoos is encouraged, and some facilities may require them to be covered.

H. Personal Hygiene

1. All students are required to maintain excellent personal hygiene
2. Body odors, smoke odors and/or strong perfume/cologne are unacceptable
3. Hands are to be kept clean and shall be washed between each patient
4. Nails should be well manicured and trimmed to no longer than $\frac{1}{4}$ inch beyond the fingertip. The use of nail polish is discouraged. If polish is worn, it should be clear or natural. No artificial nails are allowed
5. Gum chewing is not permitted while on duty in patient or public areas at any clinical site

I. Identification Badge

All identification badges must always be worn in a visible manner while on the Health Care Facility premises and must be displayed while entering or exiting the facility. If lost, a replacement badge must be ordered by the student for a fee.

XI. Break/Lunch Policy

- A. No eating, drinking, or chewing gum is allowed while on duty in the department, except in designated areas.

- B. Area supervisor or faculty will designate the time when the student may leave for break or lunch. Students should take their half hour break during the time that their assigned tech goes to lunch.
- C. Workflow continues through rooms during break and lunch times. Once a case has been initiated, it should be completed prior to taking a break or lunch.
- D. There is a thirty-minute time limit for lunch.
- E. Students may not skip lunch to leave clinic early or arrive late.
- F. Students may not remove unauthorized items from the Food Service areas (including cafeteria); or eat patient food or other Hospital food intended for other purposes.

XII. Smoking Policy

- A. No smoking is permitted within 200 feet of the hospital premises
- B. Smoking is not permitted on the IUFW campus

XIII. Phone & Electronics Policy

A. Phone

Outgoing Calls:

- 1. Hospital and Clinical Site phones are to be used for hospital business only (E.g. Ordering, inter-hospital communications).
- 2. All students are to make any needed personal calls during clinical/class breaks.

Incoming Calls:

- 1. No student shall leave a patient unless it is in the case of a personal emergency.

B. Electronic Devices

- 1. Students are not to use any personal devices (e.g. cell phones, tablets, computers, etc.) while on duty in the clinic for purposes outside of clinical duties or documentation. The only exception to this policy would be in the case of a student with a medical device such as an insulin pump, in which case that student would be encouraged to clearly communicate the need for such use to the technologist(s).
- 2. Any observed or reported inappropriate use of cell phones or other electronic devices will result in a 3% reduction of clinical education grade in the semester of the incident.

XIV. Pregnancy Status

The United States Nuclear Regulatory Commission (NRC) has identified a radiation limit of 5.0 mSv (0.5 rem) for total fetal exposure. The reason the NRC has established this limit is to protect the embryo/fetus from unnecessary radiation levels that may put the developing baby at risk.

MIRS is committed to working with students who choose to declare a pregnancy while enrolled in the Program. The decision to declare a pregnancy is completely voluntary and the student may revoke in writing the declaration of pregnancy at any time.

The student who elects to declare pregnancy must complete the [Declaration of Pregnancy](#) form and submit the form to the Program Director or Clinical Coordinator. The declaration form data includes an estimation of date of conception and anticipated due date.

The form includes a statement indicating that the declared student is aware of the risks of radiation and that the dose equivalent limit to the embryo/fetus for each month of pregnancy is 0.5 mSv (5.0 mSv or 0.5 rem for total fetal exposure).

Once a student declares pregnancy, a fetal monitor badge will be supplied to the student and fetal exposure will be monitored throughout the pregnancy or until such time as the student revokes the declaration in writing.

Students who declare pregnancy may elect one of the following Program modifications:

1. The student may elect to complete the Program without any modifications of her clinical and didactic requirements.
2. The student may request from the Faculty Committee an individualized Program for completing Program clinical and didactic requirements during the pregnancy.
3. The student may take a leave of absence (LOA) of one year duration. Such a student will be granted a leave of absence with a place reserved in the following class. Any college work previously completed at that time will be granted credit. The student must complete requirements of didactic courses before proceeding to the next course level.
4. The student may elect a LOA for more than a one-year duration. In this case, the student must submit another application to the Program and go through the admission screening process. No place will be reserved in the following class. The need to repeat previously completed professional course work will be reviewed on a case-by-case basis.

Students who do not disclose a pregnancy are assuming all risks associated with continuing in the Program and progress through the Program will not be modified.

Policy modified July 2016

XV. Radiation Safety and Personnel Monitoring

It is the position of MIRS that no student will be exposed to ionizing radiation before receiving basic instruction and demonstrating knowledge of the risks, exposure limits, radiation monitoring practices, and radiation safety precautions. During Program Orientation, the MIRS Radiation Safety and Personnel Monitoring Policy along with the Program's Pregnancy Policy are reviewed with students as part of the Student Handbook.

Prior to students beginning clinical rotations, radiation safety topics will be introduced during the course "Orientation to Medical Imaging." Radiation safety topics will be explored throughout the curriculum and will be covered in great depth in the course "Radiation Biology and Protection in Radiography."

Each student will be given two personnel monitors to be worn during any clinical experience and energized lab activities. (**Monitors are not to be worn in employment situations outside of Program clinical assignments and sites.**) Two personal monitors will be required by MIRS for each enrolled student. The whole-body monitor will be worn, facing outward, on the waist under the lead apron. The collar monitor will be worn, facing outward, on the outside of the apron at the collar level.

Monthly radiation reports will be reviewed by the Program Director and/or Clinical Coordinator and the individual student. Monthly reports will be maintained by MIRS. Any quarterly exposure readings greater than or equal to 1.25 mSv will be investigated by the Radiation Safety Office, Program Director and/or Clinical Coordinator. The findings and recommendations will be discussed with the student, documented and placed in both the student's individual file and the Radiation Safety Officer's Report. If found that the student is negligent in the care of their personnel monitors, the student will be subject to disciplinary action as outlined in the Academic and Professional Standards and Disciplinary Action section of this handbook.

Regarding student radiation dose, it is the position of Medical Imaging and Radiologic Sciences that:

1. The ALARA (As Low As Reasonably Achievable) concept will be emphasized and followed.
2. Current NCRP dose limit guidelines will be adhered to.
3. Wrap around lead aprons of a .5 mm of lead equivalent and a thyroid collar will be worn by any student working in fluoroscopy, portables, surgery, cath lab or interventional.
4. Lead glasses are recommended to be worn whenever a student is assisting with a radiographic procedure.
5. Students are encouraged to stand as far as possible from the source of radiation.
6. Students must not hold image receptors during any radiographic procedure.
7. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

XVI. Magnetic Resonance Safety

Every MIRS student must complete an MRI Safety and Screening Form and will view an MRI safety presentation prior to obtaining access to the Magnetic Resonance Environment. MRI personnel shall always be present in the MRI environment when a student is present. MRI personnel are defined as those who have been more extensively trained and educated in the broader aspects of MR safety. Students are mandated to immediately inform the clinical coordinator or program director if their MRI safety status changes at any time.

Any student determined to be at risk when exposed to the MRI environment will be exempt from MRI rotations.

XVII. Infection Control and Student Health

Students are required to provide records of immunization prior to beginning the clinical portion of the Program. Students are also required to undergo and submit copies of TB testing and Influenza immunization each year.

MIRS follows the CDC recommended policies for Standard Precautions and Transmission-Based Precautions as well as the Clinical Departmental Policies. All students are provided with this information during Orientation to Medical Imaging and/or Patient Care.

Students enrolled in a program in the health sciences may be exposed to possible injuries and communicable diseases. The Clinical Facilities, MIRS, and the University assume no financial responsibility for illness or injury of students. All students are required to carry their own health insurance and are financially responsible for laboratory and/or x-ray examinations, treatments, and/or medication prescribed by their physician. In addition, costs associated with any incident on campus or at clinical sites shall remain the responsibility of the student.

Students who have a fever or suspect they may have a communicable disease (see list below for examples) should not report to clinic or attend class and should notify the Clinical Coordinator of the required absence. If the illness is deemed communicable and/or more than three consecutive days are missed, a physician's release must be submitted upon return to class/clinic.

List of Infectious Diseases

Conjunctivitis, infectious	Meningitis
COVID-19	Mumps
Cytomegalovirus infection	Pertussis
Enteroviral infections	Rubella
Group A streptococcal disease	Scabies
H1N1	Staphylococcus aureus (skin lesions)
Hepatitis, viral	Tuberculosis
Herpes Simplex	Upper Respiratory infections
HIV	Herpes Zoster (shingles)
Influenza	Varicella (chicken pox)
Measles	

XVIII. Exposure Incident Policy

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of healthcare professionals (OSHA, 1991).

If a student in any clinical setting has an exposure incident, the following procedures will be followed:

1. The student will notify the clinical instructor and/or faculty member immediately.
2. Make sure proper protocol (required by the clinical agency – hospital, clinic, etc.) is followed and immediate care of the wound or splash is completed. Determine if the individual was able to squeeze blood from the wound. Parkview Occupational Health reports there is no need to do any testing if there was not blood-to-blood contact. Disinfection procedures will be adequate if skin was slightly punctured without blood.
3. The [Bloodborne Pathogens Exposure Incident Form](#) will be completed and signed by both the clinical faculty member (or designated instructor) and the individual who was potentially exposed to a bloodborne pathogen.

Copies will be given to:

- a. IUFW Clinical Coordinator who will keep confidential records. No information on the incident will be kept in the student's academic file or faculty's personal file. All information will remain **confidential**.
 - b. The individual who was injured.
 - c. IUFW Associate Vice Chancellor of Academics and Operations
4. Additionally, any required institutional (hospital, clinic, home care, community setting, etc.) form/report will be completed.
 5. The **student will be advised to be seen by a healthcare provider without delay**.
 6. As soon as possible following the incident, the clinical faculty member needs to verbally report the exposure incident to the lead faculty member, who is responsible for the course.
 7. Ensure that all clinical faculty members have access to the Bloodborne Pathogens Exposure Incident Form on the program website.
 8. This policy and procedure will be reviewed annually during the first faculty meeting of the fall semester.

Please see [Bloodborne Pathogens Exposure Incident Form](#).

XIX. Policy on Student Employment within Clinical Departments

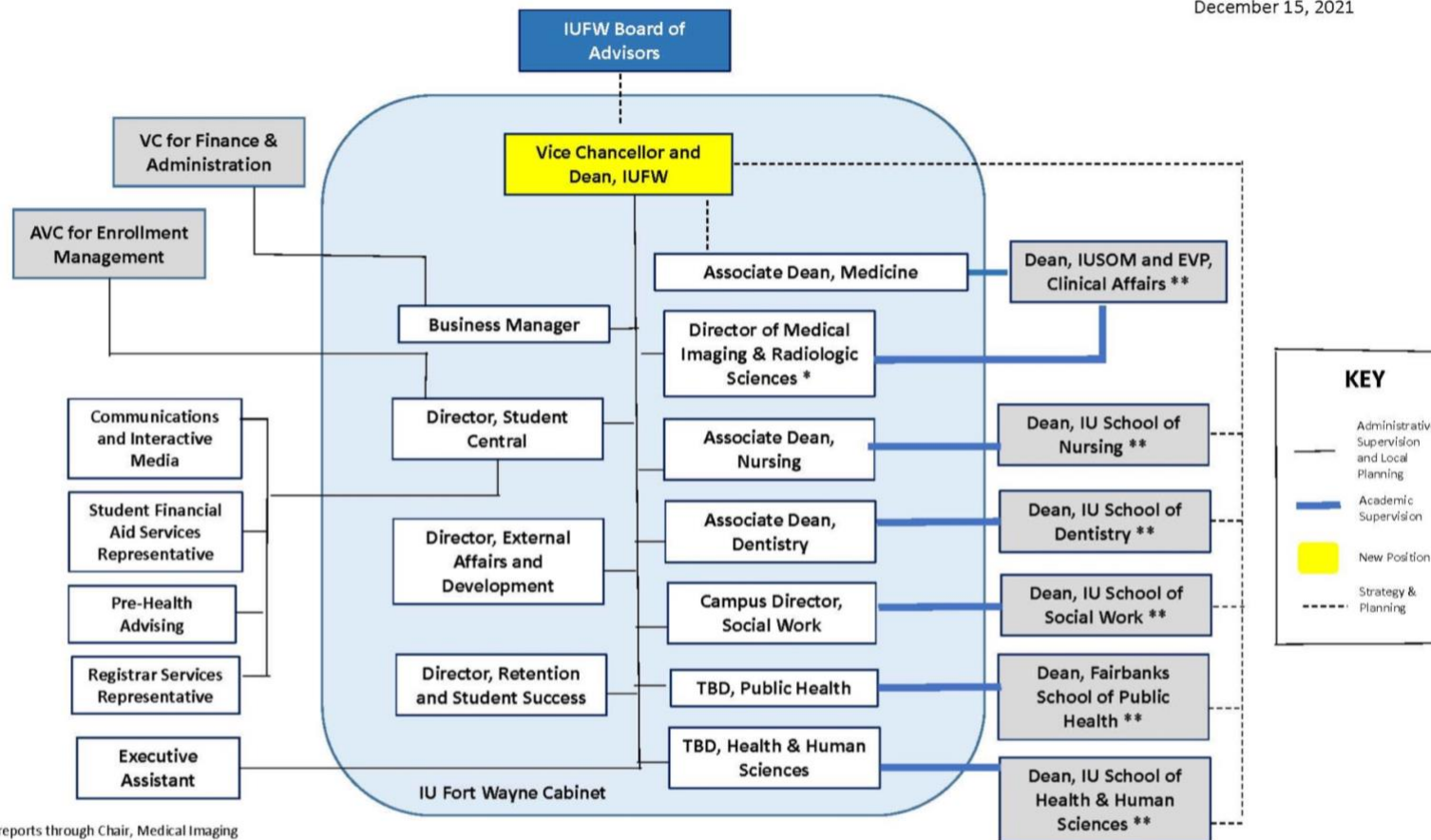
Students employed in imaging departments do so on a voluntary basis. When the student is working in this capacity, they will be considered an employee of the Department and as such must abide by the rules and regulations of the Department. The student is not permitted to wear the Medical Imaging student uniform or associated insignia while working as an employee. MIRS will not be held responsible for the student's conduct while working. Time spent as an employee cannot be counted as clinical clock hours and must be scheduled outside of both clinical and class time.

Appendix A

Organizational Charts

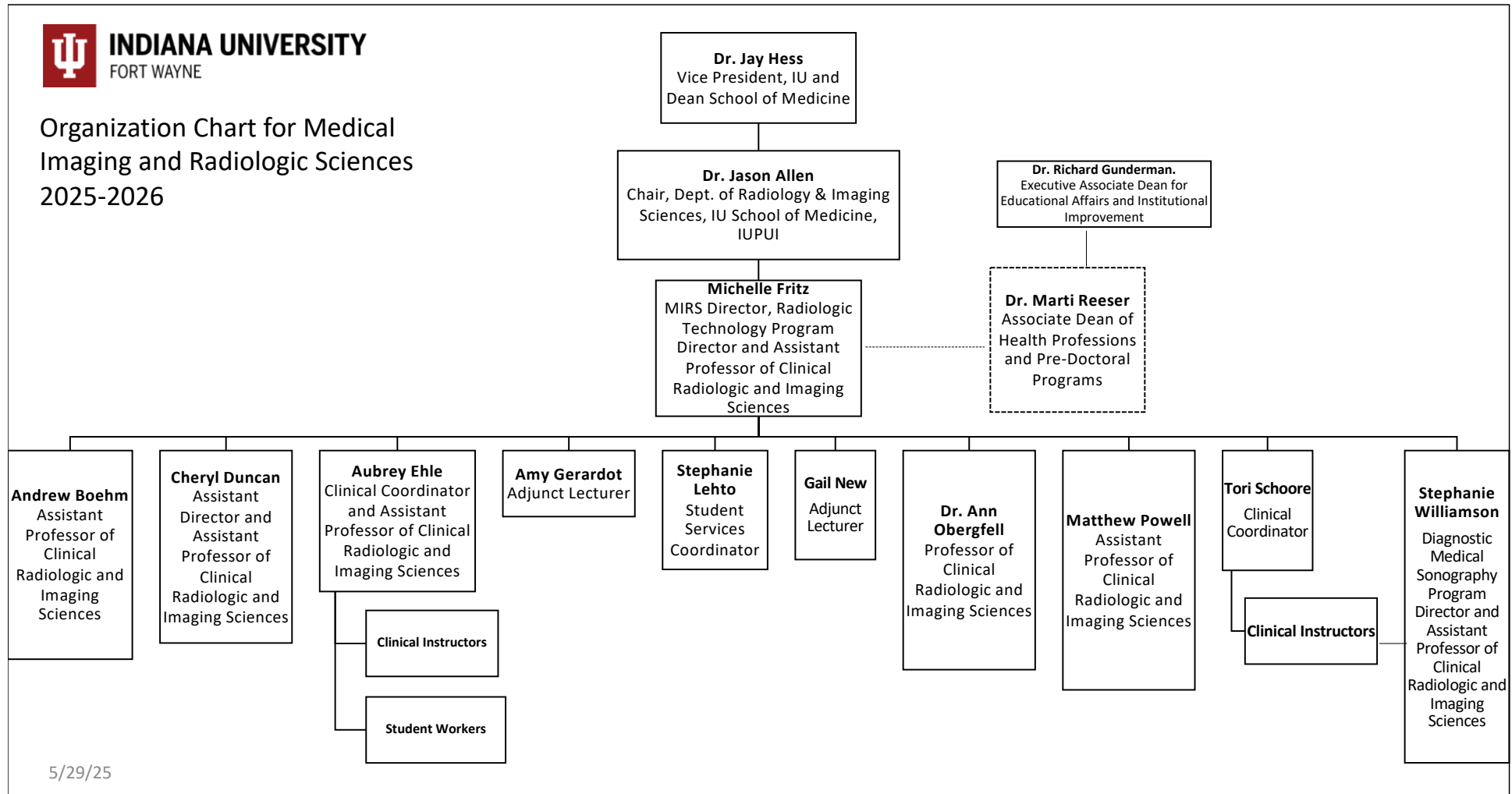
I. IUFW Organizational Chart

December 15, 2021



* Director reports through Chair, Medical Imaging
 ** Serves as a member of University Clinical Affairs

II. Medical Imaging and Radiologic Sciences Organizational Chart



Appendix B

Practice Standards

The American Society of Radiologic Technologists' (ASRT) The Practice Standards for Medical Imaging and Radiation Therapy: Radiography Practice Standards may be found at:

<http://www.asrt.org/main/standards-regulations/practice-standards/asrt-office-of-practice-standards>

Appendix C

Ethics

I. Code of Ethics

MIRS upholds the Code of Ethics adopted by the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT). The following segment of the American Registry of Radiologic Technologists (ARRT) Standards of Ethics is reprinted with permission of the ARRT. The complete document may be found at:

<https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf>

The faculty may evaluate the student's professional conduct related to patients, colleagues, other members of the allied health professions and health care consumers based on these stated codes:

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

II. ARRT Rules of Ethics

The American Registry of Radiologic Technologists (ARRT) Standards of Ethics may be found at:
<https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf>

Appendix D

Forms

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Academic Program Concerns

IU Fort Wayne Medical Imaging and Radiologic Sciences is committed to offering high quality academic programs and student-centered services. To ensure that students are treated fairly and have the opportunity to share their concerns about their experience, we have created this online form to file a concern. Students who wish to file a formal concern to the Medical Imaging and Radiologic Sciences department should complete all the required fields and click Submit.

If you encounter any difficulties while completing the form, please call 260-257-6773 for assistance.

Email address*: _____

Date: _____

Last 4 digits of student ID#: _____

Phone Number: _____

Please indicate type of concern:

- ☐ Customer Service Concern
- ☐ Concern about an instructor
- ☐ Concern about an advisor
- ☐ Concern about a non-instructional employee
- ☐ Concern about a decision for which there is no formal appeal process
- ☐ Concern about an administrative process
- ☐ Concern about another student
- ☐ Concern about a student organization
- ☐ Other

Description of concern. Please include names, dates and locations where applicable.

Action you desire to resolve the concern. Please keep in mind that we may not be able to resolve your concern exactly as you desire, but your response will give us a better sense of your situation.

Clinical Assignment Sheet

Monday		
Rotation	Student	Technologist

Thursday		
Rotation	Student	Technologist

Tuesday		
Rotation	Student	Technologist

Friday		
Rotation	Student	Technologist

Wednesday		
Rotation	Student	Technologist

Weekends		
Rotation	Student	Technologist

IUFW Medical Imaging and Radiologic Sciences - Radiography Track

Clinical Assignment Evaluation

		2	4	3	2	1
1	When reporting to clinic/communicating when leaving area the student: is in assigned area on time, communicates reasons for leaving clinical area, returns in a reasonable time-frame, stays with assigned technologist.	5	4	3	2	1
2	The student's personal appearance: maintains IUFW dress code, clean and neat uniform, leather uniform shoes, hair neat and tied back if below shoulders, appropriate personal hygiene, proper identification badge.	5	4	3	2	1
3	The student works as a TEAM member: works collaboratively with institutional staff and/or students, builds and maintains rapport, facilitates shared workload with peers, acknowledges others' skill, experience, creativity, and contributions.	5	4	3	2	1
4	The student is respectful and considerate: demonstrates nonjudgmental attitudes, is considerate of emotional, physical and cultural needs of the patient, treats patients and staff with respect at all times, is professional.	5	4	3	2	1
5	When communicating with personnel outside of imaging (Nurses, Doctors, PAs, Respiratory, Lab, etc) the student: communicates politely and assertively, contributes to efficiency of operations and positive patient outcomes, applies engaged listening skills.	5	4	3	2	1
6	When not occupied in assigned clinical area the student: eagerly seeks and initiates additional imaging work or duties.	5	4	3	2	1
7	When faced with familiar tasks and procedures the student: demonstrates initiative , begins exams without being told.	5	4	3	2	1
8	When faced with unfamiliar procedures, special views, or alternate method the student: is able to critically think through the exam, able to problem solve and implement logical procedural variations.	5	4	3	2	1
9	When assisting with a routine exam the student: attempts to set techniques, is familiar with protocols, works with confidence.	5	4	3	2	1
10	When working with patients the student: explains the procedure, obtains full patient history for all patient populations, communicates with patient throughout the procedure.	5	4	3	2	1
11	The student practices radiation protection for self, patient, and/or others: utilizes ALARA and the Cardinal Rules of Time, Distance and Shielding.	5	4	3	2	1
12	When repeating a radiograph the student: is able to recognize the need for a repeat, explains the needed correction to the RT, correctly puts the changes into action.	5	4	3	2	1
13	The student works as a TEAM member: works collaboratively with institutional staff and/or students, builds and maintains rapport, facilitates shared workload with peers, acknowledges others' skill, experience, creativity, and contributions.	5	4	3	2	1

Please list student's strengths:

Please list any areas for improvement:

IUFW Medical Imaging and Radiologic Sciences
Faculty Clinical Assessment Evaluation Form

Name:

Term:

Required Projections:

IR Selection, Direction, Grid Use (8)						
Positioning of Patient (10)						
CR Transverse Centering (8)						
CR Longitudinal Centering (8)						
CR Angle, Direction (10)						
Tube & IR Alignment (8)						
SID (7)						
Radiation Protection & Collimation (8)						
Marker Selection & Placement (5)						
Selection of Exposure Factors (6)						
Patient History (5)						
Speed and Confidence with Exam (5)						
Acceptance of Criticism (7)						
Communication with Patient & Patient Prep (5)						
Total:						

Overall Grade:

Comments:

IUFW Medical Imaging and Radiologic Sciences Clinical Competency Evaluation

Student: _____ Date: _____

MRN# _____ DOB: _____

Exam Type Performed: _____

Projections Performed: _____

___ COMP ___ POST COMP

A = Acceptable

B = Required Minor Improvement

C = Required Major Improvement

	A	B	C
1. Age Specific Communication and Care of Patient			
2. Patient Positioning			
3. Image Receptor placement			
4. Central Ray - Transverse and Longitudinal			
5. Central Ray - Angulation, Direction, and SID			
6. Tube / Image Receptor / Part Alignment			
7. Collimation and Radiation Protection			
8. Marker Selection and Placement			
9. Selection of Exposure Factors			
10. Operation of Equipment			

Please use this field to explain any category marked "C":

Do you feel that this student is capable of performing this examination with indirect supervision? Yes___ No___

Technologist Signature: _____ Date _____

(Revised 7/16)

IUFW Medical Imaging and Radiologic Sciences

Student Clinical Self-Evaluation Form

Student's Name: _____ Mid-Semester/Semester: _____

Please indicate how often you performed in the following behaviors in the clinic:

A = Almost Always, U = Usually, S = Sometimes, R = Rarely, N = Never

Behavior Categories	A	U	S	R	N
1. I treated patients with respect, meeting their physical and emotional needs.					
2. I used therapeutic communication when giving or asking for information from my patients utilizing active listening to respond to their needs.					
3. I practiced radiation protection to myself, patients, and others.					
4. I performed needed tasks without being told.					
5. When not busy, I found radiographic work or practiced procedures.					
6. I attempted procedures on my own and willingly took advice.					
7. I arrived in my assigned area on time and prepared to work.					
8. When an error was pointed out to me, I recognized and corrected my mistake.					
9. My technologist and I communicated well and worked as a team.					
10. I worked with my assigned technologist.					
11. I accurately performed procedures.					
12. I utilized the correct principles in obtaining radiographs.					
13. I attempted many procedures.					
14. When the procedure became difficult, I did not give up.					
15. My appearance is neat, clean, and in dress code.					

Rate your overall progress (circle):

Outstanding 5 4 3 2 1 Needs Improvement

Goals for next time:

IUFW Medical Imaging and Radiologic

Sample Clinical Competency Requirements Checklist

Upper Extremity Mandatory - 13				Date	s/p	Contrast Media Mandatory - 3				Date	s/p	Age
A10	Digit: Finger/Thumb (3 Projections)					E10	Upper GI Series (UGI)					
A11	Hand (3 Projections)					E11	Barium Enema (ACC or Fill Colon)					
A11	Hand (3 Projections)					E12	IVU					
A12	Wrist (3 Projections)					Geriatric Mandatory - 3				Date	s/p	
A12	Wrist (3 Projections)					F10	Chest Routine					
A13	Forearm (2 Projections)					F11	Upper Extremity					
A14	Elbow (3 Projections: AP, LAT, AXIOLAT)					F12	Lower Extremity					
A14	Elbow (3 Projections: AP, LAT, AXIOLAT)					* Geriatric = Physically or cognitively impaired as a result of aging						
A15	Humerus (2 Projections)					Pediatrics (0-6 y/o) Mandatory - 2				Date	s/p	
A16	Clavicle (2 Projections)					H10	Chest Routine (2 Projections)					
A17	Shoulder (Trauma or Non Trauma)					H11	Chest routine (PIGG-O-STAT) (2 Projections)					
A18	* Trauma Shoulder (must include one: Scapular Y, Transthoracic or Axial)					Mobile Mandatory - 6				Date	s/p	
A19	* Trauma Upper extremity (Non Shoulder)					I10	Mobile AP Chest					
* Trauma = a serious injury or shock to the body and requires modification in positioning and monitoring of the patient's condition						I11	Mobile AP Chest (ICU)					
Lower Extremity Mandatory - 9				Date	s/p	I12	Mobile AP Abdomen					
B10	Foot (3 Projections)					I13	* Trauma Exam					
B10	Foot (3 Projections)					I14	Orthopedic Exam					
B11	Ankle (3 Projections)					I14	Orthopedic Exam					
B11	Ankle (3 Projections)					* Trauma = a serious injury or shock to the body and requires modification in positioning and monitoring of the patient's condition						
B12	Knee					Surgery and C-Arm Mandatory - 8				Date	s/p	
B12	Knee					J10	C-Arm Procedure (Requiring manipulation to obtain more than one projection)					
B13	Lower leg					J10	C-Arm Procedure (Requiring manipulation to obtain more than one projection)					
B14	Femur (4 Projections)					J11	C-Arm Hip/IM Femur Rod - Sterile					
B15	* Trauma Lower extremity (Non Hip)					J11	C-Arm Hip/IM Femur Rod - Sterile					
* Trauma = a serious injury or shock to the body and requires modification in positioning and monitoring of the patient's condition						J12	C-Arm Procedure (Requiring manipulation around sterile field)					
Thorax & Abdomen Mandatory - 5				Date	s/p	J12	C-Arm Procedure (Requiring manipulation around sterile field)					
C10	Chest - Ambulatory (2 Projections)					J13	Surgical Spine Procedure					
C11	Chest AP (Wheelchair or Stretcher)					J13	Surgical Spine Procedure					
C12	KUB (AP Abdomen Supine)					Post Competency Mandatory- 10				Date	s/p	
C13	AP Upright Abdomen					Exams are to be completed during the 2nd and 3rd year of the program with a Clinical Instructor (CI) or faculty member. Mandatory competencies in corresponding categories must first be completed in their entirety.						
C14	Ribs (Unilateral or Bilateral)					K10	Thorax or Abdomen					
Spine/Pelvis Mandatory - 9				Date	s/p	K11	Acute Abdomen Series					
D10	Cervical Spine (5 Projections)					K12	Upper Extremity					
D10	Cervical Spine (5 Projections)					K13	Lower Extremity					
D11	* Trauma Cervical Spine (Cross-Table Lateral)					K14	Spine					
D12	Thoracic Spine (3 Projections)					K15	Pelvis or Hip					
D13	Lumbar Spine (5 Projections)					K16	C-Arm Procedure					
D13	Lumbar Spine					K17	Mobile					
D14	Pelvis					K18	Pediatric					
D15	Hip					K19	Contrast					
D16	Crosstable - Axialateral Hip					* Trauma = a serious injury or shock to the body and requires modification in positioning and monitoring of the patient's condition						

	Upper Extremity Elective	Date	s/p		Pediatrics (0-6 y/o) Elective - Choose 3	Date	s/p	Age
L10	Scapula			R10	Upper Extremity			
L11	AC Joints			R11	Lower Extremity			
	Lower Extremity Elective - minimum 2	Date	s/p	R12	Abdomen			
M10	Digits (Toes) (3 Projections)			R13	Spine / Head			
M11	Calcaneus (2 Projections)			R14	Contrast Study			
M12	Bilateral Standing Knees			R15	Mobile Study			
M13	Patella				Venipuncture Pt. Care Skills - Mandatory 2	Date	s/p	
	Thorax & Abdomen Elective - minimum 2	Date	s/p	S19	Venipuncture 1			
	Choose 1:			S19	Venipuncture 2			
N10	Decubitus Chest							
N11	Decubitus Abdomen							
	Choose 1:							
N12	Sternum							
N13	Upper Airway (Soft Tissue Neck)							
N14	SC Joints							
	Vertebral Column Elective - minimum 1	Date	s/p					
O10	Sacrum and/or Coccyx							
O11	Scoliosis Series							
O12	Sacroiliac (SI) Joints							
	Contrast Media Elective - minimum 3	Date	s/p					
	<i>*One must be Myelography or Arthrography</i>							
P10	Small Bowel Only Series							
P11	Esophagus							
P12	Cystography / Cystourethrography / VCUG							
P13	ERCP							
P14	Myelography							
P15	Arthrography							
	Head Elective - Choose 3	Date	s/p					
Q10	Skull							
Q11	Paranasal Sinuses							
Q12	Facial Bones							
Q13	Orbits / Orbits for MRI							
Q14	Zygomatic Arches							
Q15	Nasal Bones							
Q16	Mandible / TMJ							

Patient Care Skills	Date	Completed by:
CPR Y1		
CPR Y2		
Blood Pressure		
Temperature		
Pulse		
Respiration		
Pulse Ox		
Care of Medical Equipment		
Sterile & Medical Aseptic Technique		
Patient Transfer		
<i>Patient Care Skills section to be recorded by MIRS faculty</i>		

Competency requirements per semester			Actual completed	
	Mandatory	Elective	Mandatory	Elective
1st Year Fall	2	0		
1st Year Spring	10	2		
1st Year Summer	25	4		
2nd Year Fall	40	6		
2nd Year Spring	50	8		
2nd Year Summer	60	10		
3rd Year Fall	65	12		
3rd Year Spring	68	14		

IUFW Medical Imaging and Radiologic Sciences

Sample Semester Grade Report

THIRD YEAR - SPRING SEMESTER
MID-SEMESTER GRADE REPORT

NAME OF STUDENT: STUDENT NAME Semester: SPRING 3rd Year

I. CLINICAL EDUCATION VI

A. CLINICAL ASSIGNMENT EVALUATION AVERAGE:

CLINICAL EVALUATION

Average: _____ = 0.000 (wt. 100%)

Conversion: 0.00%

B. CLINICAL EDUCATION VI GRADE CRITERIA:

a. 30% Clinical Assign. Eval. Avg.:	<u>0.00%</u>
b. 30% Clinical Documentation:	<u>0.00%</u>
c. 40% Course Assignments:	<u>0.00%</u>
TOTAL:	<u>0.00%</u>

C. OTHER REQUIREMENTS:

a. Clinical Personal Days:

Time Allotted:		Time Missed:		Time Left:	0
----------------	--	--------------	--	------------	---

(Exceeded allotted personal time = overall grade lowered by one letter grade)

b. Fluoro cards Submitted: _____

(# Needed: 1 by end of 3rd Year Fall, 1 due by end of 3rd Year Spring or 3% reduction in overall Clin Exp grade)

c. Number of Competency Evals. Completed:	MANDATORY:		ELECTIVE:		TOTAL:	0
(# Needed by end of semester: 68 M, 14 E; Total: 82)	SCORE:					0.00%

d. Number of Clinical Assignment Evals:

Submitted:		Attended:		SCORE:	#DIV/0!
------------	--	-----------	--	--------	---------

(Failure to send an evaluation for each clinical rotation will result in a grade reduction proportional to the number of weeks of required.)

(For example: A student sent 12 out of 15 weekly evaluations, so that student's grade would be 12/15 = 80%)

e. Program Violations: NA

(If given a Written Warning, overall grade is lowered by one letter grade)

II. DIDACTIC COURSE GRADES:

A. Seminar (3 cr)	<u>F</u>
B. Quality Mgmt in Medical Imaging (3 cr)	<u>F</u>
C. Medical Imaging Capstone (3 cr)	<u>F</u>
D. Clinical Education VI (3 cr)	<u>0.00% F</u>

COMMENTS:

FACULTY SIGNATURE: _____

DATE: _____

STUDENT SIGNATURE: _____

IUFW Medical Imaging and Radiologic Sciences

Clinical Incident Report

Student Name: _____ Incident Date: _____

Description of Incident: (Attach additional document if needed)

Signature of Person Completing the Report: _____

Name of Witness to Incident (if applicable): _____

Student Response to Incident: (Attach additional document if needed)

Student Signature: _____

IUFW Medical Imaging and Radiologic Sciences
Faculty Conference - Clinical Incident Report

To be Completed by the Student:

1. Explain three ways your behavior or actions may have influenced or contributed to the incident.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. List 5 goals that will help modify your behavior in the future.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Student Signature: _____ Date: _____

Faculty Comments: _____

Faculty Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

IUFW Medical Imaging and Radiologic Sciences
Declaration of Pregnancy for Student Technologists

I, _____, voluntarily declare by means of this written notice to Medical Imaging and Radiologic Sciences that I am pregnant; the estimated date of conception is _____ and anticipated due date _____.

I am aware of the radiation risks associated with radiation exposure and understand the monthly dose equivalent to the embryo/fetus is 0.5 mSv. I will receive a fetal radiation monitoring badge to record any exposure accrued during the pregnancy and agree to wear it as prescribed.

I have received a copy of NRC regulatory guide 8.13 Instruction Concerning Prenatal Exposure.

I will work with Program faculty to determine which option for Program modification, outlined in the Program pregnancy policy, I will elect to follow during the pregnancy.

I understand that my education as a student technologist may put me at risk of exposure to radiation and therefore agree to hold harmless the University, Medical Imaging and Radiologic Sciences, or any clinical affiliate for any defects and/or injury that may result from exposure to Radiation during the educational Program. I understand it is my responsibility to comply with all radiation safety rules established by the Program and the clinical affiliates in order to keep radiation exposure to myself and my unborn child at a minimum.

I understand that I have the right to revoke this declaration at any time during the pregnancy and that the revocation must be in writing.

Signature: _____ Date: _____

Witness: _____ Date: _____

Program Director: _____ Date: _____

IUFW Medical Imaging and Radiologic Sciences
Bloodborne Pathogens Exposure Incident Form

In the event of an exposure incident, this form must be completed. This form is intended to evaluate the control methods used to prevent employee/student exposure.

Name of Person Exposed: _____ Incident Date: _____

Location of Incident: _____ Incident Time: _____

Exposure Type (please check)

- **Sharps injury**
- **Needle stick**
- **Splash to mucous membranes**
- **Broken skin contact**
- **Other:** _____

Identification of Potentially Infectious Material(s): _____

Description of Incident: _____

Witnesses to Incident: _____

Describe engineering and work practice controls in use: _____

Describe protective equipment in use: _____

Who/What is responsible for the failure of these controls? _____

What changes need to be made to prevent reoccurrence? _____

Has the exposed individual been advised to seek medical attention? _____

Report prepared by: _____ Position: _____

Exposed individual's signature to indicate concurrence with report: _____

Copies to:

1. Program Representative
2. Exposed Individual
3. IUFW Associate Vice Chancellor of Academics and Operations