Computed Tomography and Magnetic Resonance Imaging Program

Policy & Procedure Manual
May 16, 2016 - August 4, 2017
CT / MRI Program


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

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

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

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# TABLE OF CONTENTS

## PROGRAM POLICIES:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Program Faculty and Clinical Staff</td>
<td>3-5</td>
</tr>
<tr>
<td>Policy Index</td>
<td>7</td>
</tr>
<tr>
<td>Admission and Recruitment</td>
<td>8-11</td>
</tr>
<tr>
<td>Attendance</td>
<td>12-16</td>
</tr>
<tr>
<td>Behavioral Objectives - Clinical Objectives</td>
<td>17</td>
</tr>
<tr>
<td>Cheating and Plagiarism</td>
<td>18</td>
</tr>
<tr>
<td>Competency Evaluations</td>
<td>19-20</td>
</tr>
<tr>
<td>Computer, Internet and Cell Phone Use</td>
<td>21</td>
</tr>
<tr>
<td>Concern Services for Students (Assistance Program)</td>
<td>22</td>
</tr>
<tr>
<td>Confidential Information</td>
<td>23-24</td>
</tr>
<tr>
<td>Copyright Infringement Policy</td>
<td>25</td>
</tr>
<tr>
<td>Course Descriptions</td>
<td>26-28</td>
</tr>
<tr>
<td>Course Sequence and Clock Hours</td>
<td>29-30</td>
</tr>
<tr>
<td>Disciplinary Policy – Code of Conduct</td>
<td>31-34</td>
</tr>
<tr>
<td>Dress Code</td>
<td>35-36</td>
</tr>
<tr>
<td>Educational Records Policy</td>
<td>37-38</td>
</tr>
<tr>
<td>Employment Guidelines for Students</td>
<td>39</td>
</tr>
<tr>
<td>Evaluations and Counseling Sessions</td>
<td>40</td>
</tr>
<tr>
<td>Grading Procedures</td>
<td>41</td>
</tr>
<tr>
<td>Graduation Policy</td>
<td>42</td>
</tr>
<tr>
<td>Grievance Procedure</td>
<td>43-45</td>
</tr>
<tr>
<td>Harassment Policy</td>
<td>46-47</td>
</tr>
<tr>
<td>Health Care Coverage - Workplace Injury &amp; Illness</td>
<td>48</td>
</tr>
<tr>
<td>Health Requirements</td>
<td>49</td>
</tr>
<tr>
<td>Infection Control</td>
<td>50</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>51</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging Safety Policy</td>
<td>52</td>
</tr>
<tr>
<td>Mission Statement and Philosophy</td>
<td>53-54</td>
</tr>
<tr>
<td>Organizational Chart</td>
<td>55</td>
</tr>
<tr>
<td>Patient Identification</td>
<td>56-57</td>
</tr>
<tr>
<td>Post Graduate Job Placement</td>
<td>58</td>
</tr>
<tr>
<td>Pregnancy Policy for CT Students</td>
<td>59-62</td>
</tr>
<tr>
<td>Pregnancy Policy for MR Students</td>
<td>63</td>
</tr>
<tr>
<td>Pregnant Patient Policy</td>
<td>64</td>
</tr>
<tr>
<td>Radiation Safety-Individual Monitoring Devices &amp; Exposure Reports</td>
<td>65-68</td>
</tr>
<tr>
<td>Scheduling of Clinical Experiences</td>
<td>69</td>
</tr>
<tr>
<td>Security Policy and Statistics</td>
<td>70-75</td>
</tr>
<tr>
<td>Signature Policy</td>
<td>76-77</td>
</tr>
<tr>
<td>Smoking Policy</td>
<td>78</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>79-81</td>
</tr>
<tr>
<td>Supervision of Students</td>
<td>82</td>
</tr>
<tr>
<td>TB Surveillance</td>
<td>83</td>
</tr>
<tr>
<td>Textbook and Educational Supplies</td>
<td>84</td>
</tr>
<tr>
<td>Tuition, Fees, Refunds and Withdrawals</td>
<td>85-87</td>
</tr>
<tr>
<td>Venipuncture for Injection of Contrast by Students</td>
<td>88</td>
</tr>
<tr>
<td>School Resources</td>
<td>89</td>
</tr>
</tbody>
</table>
RADIOLOGY DEPARTMENT / HOSPITAL/PEOPLE MANAGEMENT POLICIES:
The following information can be found on the School of Diagnostic Imaging Learning Management System, Edvance 360. It is the responsibility of the student to review this information.

HOSPITAL POLICIES:
Disaster Emergency Group Page – HPM1349Eu  Evacuation Plan – HPM – 1465Eu
Emergency Response Team – HPM1052Eu  Emergency Operations Plan

CLEVELAND CLINIC / PEOPLE MANAGEMENT POLICIES:
Cellular Phones - 530  Non-Discrimination, Harassment or Retaliation - 005
Confidential Information - 510  Non-Smoking Policy (Smoke-Free Campus) - 630
Employee Identification Badges - 575  Personal Appearance - 536
Employee Parking  Social Media Use - 565
Equal Employment Opportunity/Workforce
Diversity and Inclusion - 004

RADIOLOGY DEPARTMENT POLICIES:
The following policies are published on the Cleveland Clinic-East Intranet and on the School of Diagnostic Imaging Learning Management System. They reflect the policies and procedures of the entire Cleveland Clinic Health System.

Fluoroscopic Room Procedure  Proper Patient Dress for Radiology
Infection Control Policy  Protocol for ordering C.T. Scans
Medical Physicists Responsibilities in QA Program  Radiation Safety - State & Federal Regulations
Meeting Radiation Safety Standards  Radiation Safety Committee
Patient Education  Radiation Safety – State and Federal Regulations
Patient Identification  Reporting of Training Related Illness or Injury
Patient Radiation Protection  Safety for Patient and Personnel in Radiology
Patient Safety – Diagnostic Contrast  Venipuncture for Administration of Contrast
Administration & Medication Reconciliation  Media

PROFESSIONAL ORGANIZATION INFORMATION:
The American Registry of Radiologic Technologists (ARRT) Standards of Ethics www.arrt.org
ARRT Computed Tomography Clinical Experience Requirements
ARRT Content Specifications for the Examination in Computed Tomography
ARRT Continuing Education Requirements
ARRT Content Specifications for the Examination in Magnetic Resonance Imaging
ARRT Magnetic Resonance Imaging Clinical Experience Requirements
ARRT Rules and Regulations
The American Society of Radiologic Technologist (ASRT) www.asrt.org

PROGRAM FORMS:
Credit/Debit Card Payment Authorization Form  QA Competency Form
CT Examination Competency Form  Request for Official Transcript
CT Safety Orientation  Return to Clinical Rotation/School Release Form
CT Signature Tracking Form  Student Evaluation
Leave of Absence Form  Student Survey of Clinical Experience
MRI Examination Competency Form  Time and Attendance Form
MRI Safety Orientation  Venipuncture / Injection: Radiology Competency
MRI Signature Tracking Form  Checklist
OBJECTIVE:
1. To establish awareness, in the communities we serve, that we provide opportunities for qualified students to become a Registered CT or MRI Technologist, regardless of age, sex, race, creed or national origin.
2. To establish guidelines and criteria for candidates applying for admission to the School of Diagnostic Imaging.
3. To define the minimum qualifications which must be met by an applicant.
4. To ensure that qualified students will be selected for admission to this educational program on the basis of ability and without discrimination with regard to age, gender, race, national origin, religion, creed, color, marital status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law.
5. To assure that Cleveland Clinic administers all programs and services without regard to disability, and provides reasonable accommodations for otherwise qualified disabled individuals.

POLICY:
1. Recruitment activities include participation in career days at local schools, distribution of posters to schools and libraries, advertising in the career supplement section of local newspapers, health fairs and direct mail of program brochures and applications.
2. All CT candidates must be a registered technologist in radiography, nuclear medicine, or radiation therapy, or a student in the final year of one of the aforementioned programs. Registration must be through The American Registry of Radiologic Technologists (ARRT) or The Nuclear Medicine Technology Certification Board (NMTCB).
3. All MRI candidates must be a registered technologist in radiography, nuclear medicine, sonography or radiation therapy, or a student in the final year of one of the aforementioned programs. Registration must be through The American Registry of Radiologic Technologists (ARRT), The Nuclear Medicine Technology Certification Board (NMTCB), or The American Registry for Diagnostic Medical Sonography (ARDMS).
4. Registered technologists must submit a copy of current licensure and certification. Students must submit a transcript to show final year status.
5. All candidates must complete application to the School of Diagnostic Imaging, CT/MRI Program and meet all of the following specified criteria:
   a. Complete and submit to the Program Director / Coordinator an application form with payment of a $20.00 application fee to cover cost of handling and other expenses incurred during the application process. Application forms may be obtained from the School of Diagnostic Imaging’s website. http://portals.clevelandclinic.org/sdi/Home/tabid/6576/Default.aspx
   b. Have a college or program transcript sent to the School of Diagnostic Imaging, if applicable.
6. Candidates must have good eyesight either naturally or through correction. They must be able to see the printed words in a textbook.
7. Candidates must have the ability to hear instructions and be able to respond to verbal requests by patients/customers.

8. Candidates must be able to lift a minimum of thirty pounds and possess the ability to support up to one hundred and seventy-five pounds. Technologists must assist, support and move patients from wheelchairs and carts onto examination tables, which requires the use of their backs and muscles.

9. Technologists work while standing, sometimes for hours. Candidates must be able to move around and stand with hands free for long periods of time.

10. Technologists must verbally instruct patients and be able to express concern and empathy for them. Candidates must possess good verbal and nonverbal communications skills.

11. Technologists must perform data entry with dexterity and accuracy.

12. All potential CT and MRI students shall undergo screening as part of the enrollment process to ensure their own safety in the MR environment. Students shall report any trauma or surgery they may have experienced prior to and at any time during enrollment that may have introduced ferromagnetic material or an implanted device. Appropriate screening of this material to determine the safety of permitting the student in zones III and IV will be completed. Students are required to complete an MR safety screening form and update it as necessary to document such implants or other foreign bodies.

13. Candidates are required to complete a physical examination and provide documentation of completion to the School of Diagnostic Imaging prior to the 1st day of clinical.

14. Students are accepted into the program based on a rolling admission process.

15. Once all spots have been filled for a class, applicants will be placed on a waiting list. If accepted candidates relinquish their positions, candidates will be removed from the waiting list and notified of admission.

16. Candidates must pass a criminal background check to be accepted into the Cleveland Clinic CT/MRI program. If a candidate does not pass the criminal background check, they will not be allowed to continue in the program. If the candidate plans to attend Akron Children’s Hospital, Southwest General (SWG), Firelands – Sandusky, Summa Health System, Aultman Hospital, Mercy Hospital or MetroHealth Medical Center for their clinical experience they will be asked to complete further requirements. These requirements will be discussed with the requesting candidate at the time of their clinical rotation.

17. Forms for the physical examination, and MRI safety and screening are provided to the student by program officials after acceptance into the program.

18. The criminal background check, as well as a confidentiality agreement, is acquired by the Silkroad onboarding process after acceptance into the program.

19. Students receiving VA benefits: The program director will evaluate official transcripts and documentation of previous education and training to determine if appropriate credit will be given.
SPECIAL ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:
It is the policy of the School of Diagnostic Imaging to grant accommodations, whenever possible, to students with a disability. The Americans with Disabilities Act (ADA) does not require an educational institution to make accommodations if the student/applicant is not otherwise qualified or if the necessary accommodations would substantially alter the course of study or outcome.

A disability is defined as a physical or mental impairment, which substantially limits a major life activity such as learning, seeing, hearing, etc.
Otherw ise qualified is defined as meeting all other requirements of the program.
It is the student/applicant’s responsibility to declare his/her disability and seek accommodation(s).

1. Procedure for requesting special accommodations
   a. The student/applicant will be required to submit to the Program Director written documentation to request special accommodations. The student’s request must be accompanied by a letter written by an independent authority (a professional authorized to conclude the need for special accommodations) to include the following information:
      i. The nature of the disability and/or specific diagnosis.
      ii. What diagnostic tests have been completed to determine the disability, and the outcome of these tests?
      iii. Any treatment undertaken for the disability. (medications, therapy, etc.)
      iv. Specific accommodations requested.
   b. The Admission Committee will review the above documentation and determine if the student meets disability criteria.
   c. If the student/applicant meets the criteria, the Admission Committee will jointly establish reasonable accommodations. It is the responsibility of the student/applicant to request specific accommodations.
   d. The Program Director will determine if the requested accommodation is reasonable, seeking input from the Regional Director of Academic Programs and others as needed.
   e. The Program Director will inform the Admission Committee of the outcome.
   f. The Admission Committee will inform the faculty as applicable and the student applicant of the decision.
2. Information regarding a disability is confidential. However, it may be necessary for individual faculty members to be informed about a disability if the accommodations may impact the structure of the course. Once a student is classified as disabled and receives reasonable accommodations, the student must continue to meet the ADA criteria in order to continue to receive the accommodations.
Maintaining a stable and reliable work force is crucial for a properly functioning health care system. Excessive tardiness or absenteeism negatively affects patient care and hospital morale, and is therefore, unacceptable. This policy establishes standards of appropriate attendance, provides a procedure for notification of absence and tardiness and establishes guidelines for the discipline and improvement of substandard attendance and tardiness. The ethics and attitudes developed through this policy will help ensure student success in the future, regardless of their place of employment.

DEFINITIONS:

RECORD OF CORRECTIVE ACTION FOR ATTENDANCE
Records of corrective action for attendance may be reviewed in matters relating to employment references, early graduation, dismissal, and reinstatement after dismissal.

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

NO CALL / SHOW
This applies when a student does not attend clinicals as scheduled and also fails to report off to both the school and the clinical site. Notification received more than one (1) hour after the scheduled starting time is treated as a “no call”.

FAILURE TO CLOCK IN/OUT

Students will be charged with a quarter (.25) of a disciplinary point for each incident of failure to clock in or out. Students will be forgiven two (2) instances of failure to clock in or out prior to the accumulation of any disciplinary points. Documentation of clinical time must be provided within 1 week to avoid further disciplinary point accrual. Documentation must be provided on the official Attendance Verification Form for their time at clinical. Further documentation must be made through When to Work messaging to explain tardiness or early dismissal from the clinical site. Failure to provide documentation will result in an additional disciplinary point (1) being charged to the student.

In the event of a lost, stolen, or demagnetized badge, students will have 5 business days to replace their badge. The student will only be charged with one incident (.25) until such time as a new badge is acquired. If the badge is not replaced within that time period the student will be charged with (.25) disciplinary points for each day of clinical they attended without that badge, retroactively, as well as (.25) disciplinary points for each day until badge is replaced.

Attendance Standards: Number of disciplinary points per type of incident:

<table>
<thead>
<tr>
<th>Type of Absence</th>
<th>Disciplinary Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tardy / leaving early</td>
<td>.5</td>
</tr>
<tr>
<td>Failure to clock in/out</td>
<td>.25</td>
</tr>
<tr>
<td>Any undocumented clock in/clock out or tardy/early dismissal</td>
<td>1</td>
</tr>
</tbody>
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Corrective Action Guidelines: Discipline will be initiated for occurrences in accordance with the following chart:

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Disciplinary Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented Counseling</td>
<td>6 Points</td>
</tr>
<tr>
<td>Written Corrective Action</td>
<td>8 Points</td>
</tr>
<tr>
<td>Final Written Warning or Suspension (decision determined by program faculty)</td>
<td>10 Points</td>
</tr>
<tr>
<td>Termination from Program</td>
<td>12 Points</td>
</tr>
</tbody>
</table>
1. Clinical schedules are distributed to students and clinical sites. Any changes must be given in writing (via paper document, *When to Work*, Edvance 360, CCF email or fax) to both the clinical site and the school in advance with no less than 24 hours notice. Disciplinary points in the amount of .50 will be given for changes in the student’s clinical schedule where less than 24-hour notice is given.

2. Disciplinary points in the amount of .50 will be given if the schedule changes result in a change in the total number of clinical hours and result in the weekly minimum hour requirement not being met. Disciplinary points will not be awarded if time is rescheduled within a two-week period.

3. Permanent schedule changes will incur no disciplinary points.

4. Students are expected to be in the classroom or the assigned clinical department before their official start time.

5. All courses are approved for category A CE credits from The American Society of Radiologic Technologists (ASRT), the Section for Magnetic Resonance Technologists of the ISMRM (SMRT), or any other entity that provides continuing education credits. The ASRT requires that students are present for all lectures in their entirety in order to receive credit for the course. CE credits cannot be adjusted and will only be given to students in attendance for all lectures.

6. Notification of absence must be given to the school and the clinical site within one hour of the start of a clinical shift. Absence from a clinical shift will result in 1 disciplinary point. For the first two call-off events at each clinical site, if the student makes-up the time missed within two weeks from the date of the call-in, half of the disciplinary points will be removed from the student record. On any subsequent call-ins, the student is still required to make-up the clinical time, but will not be credited any part of the disciplinary points.

7. Failure to notify the department and/or the school of an absence within one hour of start time will result in an additional two (2) disciplinary points. No call/no show for a scheduled clinical time will result in four (4) disciplinary points.

8. All scheduled time missed from a clinical rotation must be made-up within three (3) weeks from the last scheduled day of the clinical rotation unless a leave of absence is in place. If the missed time is not completed within this timeframe the clinical grade will be adjusted according to the grading policy.

9. Students must notify their clinical site if they will be late or leaving early. Tardiness, or leaving early without meeting the scheduled time requirement, will result in .50 disciplinary points. Tardiness which results in disciplinary points in excess of six (6) points will result in disciplinary action, in accordance with the Disciplinary Policy.
10. Documentation is required of all clinical time. A supervisor or technologist must sign written time sheets each day if the student does not use KRONOS. An alternate online method, Mr. Kent, is provided for sites that do not have a Kronos time keeping system.

11. Failure to clock in or out will result in .25 disciplinary points placed on the student’s record. Documentation must be signed by a technologist verifying students’ arrival or departure time, otherwise the student will be responsible to make-up their scheduled clinical shift. In the event of a lost, stolen, or demagnetized badge, the student has 5 days to have it replaced. If the ID badge is not replaced within the 5-day period, the student will incur .25 disciplinary points each day attended without ID badge and each day of their clinical rotations until it is replaced. Please note that the HR Department may charge a fee for replacement of an ID badge. During the replacement period clinical hours must be properly documented for each day, and verified with the supervising technologist’s signature.

12. MRI program students will receive two (2) ID badges. One ID badge will contain KRONOS information. The other ID badge will contain no information and is to be worn in the MRI suite.

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

14. Students completing more than six (6) hours of clinical time are required to take a 0.5-hour break, which will be deducted from clinical time. Students who do not take a break will not be credited the clinical time.

15. Students are expected to complete a minimum of 400 clinical hours in the MRI and/or CT Program. Students must maintain a minimum clinical time requirement of no less than 4 hours a day and 15 hours per week (additional hours may be required if specified by the clinical site). Students may not exceed 10 hours in a shift or 40 hours of scheduled time in a week, class and clinical time combined.

16. If the student requires additional time to complete requirements, they are no longer required to perform the minimum 4 hours per shift and 15 hours per week, unless specified by the site.

17. Any additional clinical time needed for the student to complete ARRT and/or school requirements, after the three (3) weeks given for clinical make-up time will be at no additional cost to the student. However, the clinical grade will be adjusted for each 40 hours of additional time needed to complete the necessary requirements, after that initial 3-week period, 8 percentage points will be deducted from the student’s final clinical grade.
18. If a student leaves the facility at any time during their scheduled clinical time, he/she is required to swipe out and in at the time clock. Extended lunch periods will be considered an incident of tardiness.

19. Students are scheduled off of clinicals and class on the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Any other holidays observed by the School of Diagnostic Imaging are optional clinical days for the CT/MRI Program students. These days need to be cleared with the site and the SODI faculty before they are scheduled.

20. Students are assigned a total of four (4) semester break weeks throughout the program. There will be NO clinical time completed during the semester break weeks.

21. Jury Duty: A student who receives a summons to jury duty may be excused if the school provides the court with documentation of enrollment. A student who must serve on jury duty will be excused from clinical, but must make-up the time missed.

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

23. School Closure Policy: Class and/or clinical may be canceled only by the Program Director of the School of Diagnostic Imaging or their designee. Closure of the school as a result of inclement weather or other emergency situation will be communicated via the WKYC channel 3 – I Alert school closing system (mobile app and text alerts available) and the Edvance 360 Learning Management System (mobile app available). Students are not to call the school office to inquire as to canceling of class or clinicals. Students may be required to make up class assignments in the event of school closure.

24. Students receiving VA Benefits: If a VA student’s absences exceed 20% of the scheduled hours in a program, the school will notify the VA to terminate the payment of educational benefits.
Personal and professional development starts as a student and continues throughout a radiographer’s career. The work ethic and attitudes developed or influenced during the training period greatly impact the degree of professional success a radiographer enjoys.

During the training period, the student will:

- Show initiative by displaying motivation and energy in starting and completing tasks,
- Demonstrate a professional attitude by displaying and/or creating a positive emotional and psychological environment for patients and co-workers,
- Develop professional interpersonal relationships as evidenced by positive interactions with patients, families and co-workers,
- Possess appropriate patient perception skills by demonstrating the ability to perceive patient's needs and respond to them as needed,
- Be productive, as demonstrated by the volume of work accomplished,
- Perform high quality work, as evidenced by the accuracy and thoroughness of procedure performance,
- Possess organizational skills by demonstrating the ability to perform in a systematic and logical fashion,
- Demonstrate the ability to follow direction by possessing the ability and willingness to listen, reason and interpret tasks,
- Demonstrate flexibility by being willing to be guided and instructed,
- Demonstrate adaptability by being able to adapt procedure to patient,
- Demonstrate self-confidence,
- Demonstrate a professional demeanor,
- Present a professional appearance in accordance with school policy,
- Demonstrate dependability by being reliable and conscientious,
- Demonstrate accountability by taking responsibility for his/her actions and through attendance and punctuality.
Purpose:
Students enrolled in the School of Diagnostic Imaging – CT/MRI Program are to perform their academic work according to standards set by faculty members and allied health education departments; cheating and plagiarism constitute fraudulent misrepresentation for which no credit can be given and for which appropriate sanctions are warranted and will be applied. Definitions: (As used in this rule)

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

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

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

- The copying of words, sentences and paragraphs directly from the work of another without proper credit;
- The copying of illustrations, figures, photographs, drawings, models, or other visual and nonverbal materials, including recordings, of another without proper credit; and
- The presentation of work prepared by another in final or draft form as one's own without citing the source, such as the use of purchased research papers.
School of Diagnostic Imaging  
Cleveland Clinic  
CT / MRI Program

POLICY TITLE: Competency Evaluations  
ORIGINAL DATE: September 21, 2004  
REVISED: May 5, 2015  
PAGE: 1 of 2  
LAST REVIEWED: April 23, 2016

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

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

2. With a technologist present, the student must complete the entire procedure with little to no assistance. The technologist may help in transferring the patient, transmitting images, and may assist the student minimally. If the technologist must assist the student in order to complete the exam, the student may still complete the exam for a signature, but will not receive competency credit. The technologist must intervene if the student can potentially harm the patient, such as allowing a contraindicated item in the magnetic resonance suite or irradiating a patient unnecessarily. The student is expected to independently complete the exam and the technologist must supervise and complete the provided school competency form regarding student performance.

3. Once the student has completed the procedure, the technologist should review the procedure with the student. The technologist should then complete a competency evaluation and review it with the student. The competency form is two-sided. The front is to be completed by the technologist; the back must be completed by the student.

4. Students must receive twenty five complete procedural competency forms. Each competency evaluation must be completely checked off and signed by the supervising technologist.

5. In order for a student to receive credit for a competency, he/she must receive a score of 3 or better for each aspect of the exam listed on the competency form.

6. Upon completion of the competency form, the technologist may give it back to the student for submission. Any further questions the student may have regarding competency evaluations should be directed to the program faculty.

7. Any procedure that does not receive full credit will not be granted a competency, but may still receive signature credit to be used towards registry requirements.

8. Should employment as a CT or MRI technologist or any other position occur, that time as an employee of that institution cannot be logged as clinical experience. Clinical competencies cannot be performed during employment hours. All competencies must be completed during scheduled program clinical time.
Students are responsible for meeting the following clinical requirements:

### Clinical Requirements for MRI*

- Clinical rotation 1:
  - Minimum of 10 competency evaluations
  - Minimum of 6 student evaluations
  - Minimum of 50 procedure signatures***
  - Required MRI Safety Form – site specific

- Clinical rotation 2:
  - Minimum of 15 competency evaluations
  - Minimum of 6 student evaluations
  - Minimum of 75 procedure signatures***
  - Required MRI Safety Form – site specific

### Clinical Requirements for CT*

- Clinical rotation 1:
  - Minimum of 10 competency evaluations
  - Minimum of 6 student evaluations
  - Minimum of 50 procedure signatures***
  - Required CT Safety Form – site specific

- Clinical rotation 2:
  - Minimum of 15 competency evaluations
  - Minimum of 6 student evaluations
  - Minimum of 75 procedure signatures***
  - Required CT Safety Form – site specific

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

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

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

*** See Signature Policy
Computer and Internet:
The use of School of Diagnostic Imaging computers is limited to activities related to the curriculum. You may check e-mail and conduct program related internet searches either before or after class.

The School of Diagnostic Imaging does utilize the learning management system Edvance 360 and if allowed by the clinical site, the student may access their account to contact program faculty or check on their classes. This must not be done if there are patients to be taken care of, and only if approved by the clinical site.

Hospital computers are only to be used for radiology related patient care functions. No student should access his/her personal e-mail or the internet during their clinical rotation.

The use of personal computers and/or electronic notebooks or tablets is allowed in the classroom if the student is utilizing an e-book version of a textbook. Students are not allowed to utilize their electronic devices during class for anything other than accessing course information.

Social Media Policy:
No student shall email, post, blog or otherwise mention or discuss any Cleveland Clinic business, patient or employee business, information or circumstance on any social media site. Examples include face book, twitter, personal email or any other social outlet. Furthermore, no student shall take photographs within any Cleveland Clinic area or of any patient/patient information and post on any of the above mentioned social media outlets. This is considered a serious breach of ethics and/or confidentiality and will not be tolerated. A student may be removed from the clinical site and not allowed future access to any Cleveland Clinic site or location.

Cell Phones:
To decrease disruption and to demonstrate respect for fellow students, faculty, coworkers, and patients; all cell phones must be turned off or placed on vibrate, and put away during class, lab and clinical time. Students are NOT permitted to carry cell phones on them during clinical time.

Students who violate this policy during class, lab and clinical time will be given a Category IV disciplinary action.

Recording Devices:
Audio recording of lectures may be permitted upon permission from the instructor. Video recording of lectures is strictly prohibited.
School of Diagnostic Imaging
Cleveland Clinic
CT / MRI Program

POLICY TITLE: Concern Services for Students
(Concern Services for Students Assistance Program)

ORIGINAL DATE: September 21, 2004
LAST REVIEWED: April 23, 2016
REVISED: May 5, 2009

The School of Diagnostic Imaging is aware that students face a variety of challenges in their daily lives, with school being just one of these. Often difficult situations can be resolved without any assistance, but sometimes a problem occurs that requires assistance to be solved. With this in mind, the School of Diagnostic Imaging offers the services of CONCERN to any student who may require assistance.

CONCERN offers assessment, short-term counseling, referral if necessary and follow-up care to those who want assistance in dealing with personal problems or work issues. Common problems for which one might contact CONCERN include: family problems, child care issues, emotional problems, legal issues, marital problems, parenting issues, loss/bereavement, financial problems, alcohol and drug problems and stress.

Guidelines for using CONCERN

1. Students may confidentially contact CONCERN directly by calling 216/663-3287 or 800/989-8820. The School of Diagnostic Imaging is not notified of the names of the students who utilize CONCERN services.

2. If a student chooses to access CONCERN, the student will be provided with confidential assessment, counseling and referral services which, in most cases, will be limited to 1-3 sessions, free of charge, with a CONCERN counselor. The goal of these sessions will be to assess the primary issue of concern and if indicated to refer the student either to a mental health care provider, which the student may access through their health insurance, or to a community based service.

3. Instructors or other administrative staff from the School of Diagnostic Imaging may make voluntary referrals to CONCERN by requesting the student to contact CONCERN or by actually facilitating the scheduling of an appointment by calling the CONCERN office on behalf of the student.

4. Students are advised to schedule appointments outside of scheduled class and/or clinical hours. If the student is unable to attend the appointment as scheduled, the student should inform CONCERN staff as soon as possible.
POLICY TITLE: Confidential Information

PAGE: 1 of 2

ORIGINAL DATE: May 5, 2009

LAST REVIEWED: April 23, 2016

REVISED: May 5, 2014

POLICY:

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

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

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

REGULATIONS GOVERNING PATIENT CONFIDENTIALITY:

1. A student is not to discuss a patient’s illness with him/her unless specifically ordered by the physician or during the course of professional care. Only the doctor is qualified to tell the patient how sick he/she is or how soon he/she may be expected to recover from his/her illness.

2. A student is not to discuss patient’s he/she hears about in entity with friends or in public areas inside or outside the entity. This particularly includes discussion of patients in areas such as coffee shops, snack bars, dining rooms, and while traveling to and from work via public transportation. The patient is entitled to complete privacy when he or she is confined to the hospital, and any intrusion upon this privacy may be subject to disciplinary action.

3. A student is not to discuss his/her personal illnesses or problems with either hospital interns or residents or visiting physicians. He/she should make arrangements to visit his/her doctor’s office for personal medical care.

4. If a student is involved in an incident, argument or accident with a patient, he/she should report the incident immediately to his/her clinical supervisor or department head for his/her review and deposition. School officials must also be notified of any incidents.
5. A student may read a patient’s record only if they are directly involved in providing patient care, in checking the quality of patient care or for a legitimate business need. This information may only be discussed with those directly involved in providing or supervising that patient’s care.

6. Accessing the records of family, friends, co-workers, acquaintances, neighbors or anyone else if the student is not involved in providing their care or for a legitimate business need, is grounds for dismissal.

7. A student may not access their own medical record. Students must follow the usual process as designated through the Health Information Services (Medical Records) department.

**STUDENT CONFIDENTIALITY:**

It is inappropriate to discuss or view confidential and personal matters related to fellow students.

**DISCIPLINARY ACTION:**

Deliberate, accidental or careless release of patient information could result in legal liabilities for the student and/or hospital. The acquisition, release, discussion or other use of confidential information for purposes other than to conduct normal authorized business activities is strictly prohibited. Violation of confidentiality is a very serious matter and will be considered grounds for corrective action, up to and including dismissal. Federal law also includes criminal penalties for the misuse of protected health information.
The staff of School of Diagnostic Imaging maintains a copyright infringement policy to address sanctions and liabilities that students will face for downloading and distributing copyrighted materials.

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

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

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

- Introduction to Computed Tomography
- Cross Sectional Anatomy and Pathology
- Computed Tomography physics
- Clinical experience in Computed Tomography

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

- Introduction to Magnetic Resonance Imaging
- Cross Sectional Anatomy and Pathology
- Magnetic Resonance Imaging physics
- Clinical experience in Magnetic Resonance Imaging

Course Descriptions:

CT 100 – Introduction to Computed Tomography
This course is delivered in a traditional classroom style and provides the student with information necessary to enter into the computed tomography clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with computed tomography. Also included will be hospital and departmental organization, and hospital and program affiliation.
Prerequisite: Admission to Computed Tomography Program

MRI 100 - Introduction to Magnetic Resonance Imaging
This course is delivered in a traditional classroom style and provides the student with information necessary to enter into the magnetic resonance imaging clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with magnetic resonance imaging. Also included will be hospital and departmental organization, and hospital and program affiliation.
Prerequisite: Admission to Magnetic Resonance Imaging Program
MRI 101 - Introduction to Computed Tomography & Magnetic Resonance Imaging
This course is delivered in a traditional classroom style and provides the student with information necessary to enter into the computed tomography and magnetic resonance imaging clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation for both modalities. Students will receive an introduction to the physics associated with computed tomography and magnetic resonance imaging. Also included will be hospital and departmental organization, and hospital and program affiliation.

Prerequisite: Admission to the Computed Tomography and Magnetic Resonance Imaging Programs

CT 104 – Introduction to Computed Tomography - Online
This course is delivered online via a LMS; Edvance360 and provides the student with information necessary to enter into the computed tomography clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with computed tomography. Also included will be hospital and departmental organization, and hospital and program affiliation.

Prerequisite: Admission to Computed Tomography Program

MRI 104 - Introduction to Magnetic Resonance Imaging - Online
This course is delivered online via a LMS; Edvance360 and provides the student with information necessary to enter into the magnetic resonance imaging clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation. Students will receive an introduction to the physics associated with magnetic resonance imaging. Also included will be hospital and departmental organization, and hospital and program affiliation.

Prerequisite: Admission to Magnetic Resonance Imaging Program

MRI 105 - Introduction to Computed Tomography & Magnetic Resonance Imaging - Online
This course is delivered online via a LMS; Edvance360 and provides the student with information necessary to enter into the computed tomography and magnetic resonance imaging clinical setting. Topics to include: history, screening procedures, safety precautions, contrast agents used, contraindications, equipment operated, professional roles and behavior, professional attitudes and communications, processing of images, routine examinations and protocols utilized, image artifacts and compensation for both modalities. Students will receive an introduction to the physics associated with computed tomography and magnetic resonance imaging. Also included will be hospital and departmental organization, and hospital and program affiliation.

Prerequisite: Admission to the Computed Tomography and Magnetic Resonance Imaging Programs

MRI 102 – Cross Sectional Anatomy and Pathology
This course is delivered in a traditional classroom style and provides the student with fundamental anatomy and pathology associated with computed tomography and magnetic resonance imaging of the head, neck, face, spine, thorax, abdomen, pelvis, upper and lower extremities. The various structures will be demonstrated in the axial, sagittal and coronal imaging planes.

Prerequisites: CT 100, MRI 101, or CT 104 – Introduction to Computed Tomography or MRI 100, MRI 101, or MRI 104 – Introduction to Magnetic Resonance Imaging
CT 103 – Computed Tomography Physics
This course is delivered in a traditional classroom style and provides the student with a comprehensive study of the physics associated with computed tomography. Topics will include: terminology associated with CT, the history and generations of CT, EBCT, spiral scanning and multi-row scanning, equipment, image processing, filters and algorithms, image quality, image noise, advanced CT imaging options, artifacts, contrast administration, patient safety, quality assurance, radiation risk factors and dose.
Prerequisites: CT 100, MRI 101, or CT 104 – Introduction to Computed Tomography

MRI 103 – Magnetic Resonance Physics
This course is delivered in a traditional classroom style and provides the student with the principles of MRI scanning and the physics related to obtaining an MRI signal. Topics will include: Image weighting and contrast, spatial encoding and image formation, parameters and trade-offs, pulse sequences, flow phenomena, artifacts and their compensation, vascular and cardiac imaging, contrast agents, functional imaging techniques, instrumentation and equipment.
Prerequisite: MRI 100, MRI 101, or MRI 104 – Introduction to Magnetic Resonance Imaging

MRI 201 - Magnetic Resonance Imaging Physics - Online
This course is delivered online via a LMS; Edvance360 and provides the student with the principles of MRI scanning and the physics related to obtaining an MRI signal. Topics will include: Image weighting and contrast, spatial encoding and image formation, parameters and trade-offs, pulse sequences, flow phenomena, artifacts and their compensation, vascular and cardiac imaging, contrast agents, functional imaging techniques, instrumentation and equipment.
Prerequisite: MRI 100, MRI 101, or MRI 104 – Introduction to Magnetic Resonance Imaging

CT 200 – Computed Tomography Clinical Experience
Computed tomography technologists operate advanced imaging equipment to obtain computer generated sectional images of the human body. Computed Tomography technologists must be able to provide quality patient care while working closely with the radiologist in a fast-paced, high volume area. The clinical portion of the Computed Tomography Program is designed to prepare students to be competent, efficient working technologists. Upon successful completion of the CT clinical course, students will have met the examination requirements for the ARRT, and be eligible to sit for the CT certification exam
Prerequisite: CT 100, MRI 101, or CT 104 – Introduction to Computed Tomography

MRI 200 – Magnetic Resonance Imaging Clinical Experience
Magnetic resonance imaging technologists are highly skilled professionals who use powerful magnets to obtain detailed images of the various structures in the human body. MRI technologists must have the ability to interact effectively with physicians and compassionately towards patients. The clinical portion of the MRI Program is designed to prepare students to be competent, efficient working technologists. Upon successful completion of the MRI clinical course, students will have met the examination requirements for the ARRT, and be eligible to sit for the MRI certification exam.
Prerequisite: MRI 100, MRI 101, or MRI 104 – Introduction to Magnetic Resonance Imaging
### 1st Semester - SUMMER

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours per Week</th>
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<th>Total Hours</th>
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<tbody>
<tr>
<td>CT 100</td>
<td>3</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>MR 100</td>
<td>3</td>
<td>6</td>
<td>18</td>
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</tbody>
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*Pre-requisite to CT clinical experience.  
*Pre-requisite to MRI clinical experience.

**SEMESTER TOTAL** 36

### 2nd Semester – FALL

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<th>Course</th>
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<tbody>
<tr>
<td>MR 102</td>
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<td>16</td>
<td>48</td>
</tr>
<tr>
<td>CT 103</td>
<td>3</td>
<td>16</td>
<td>48**</td>
</tr>
<tr>
<td>MR 103</td>
<td>3</td>
<td>16</td>
<td>48**</td>
</tr>
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**one or the other – not completed together**

**CLASS TOTAL** 96

<table>
<thead>
<tr>
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<th>Total Hours</th>
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<tbody>
<tr>
<td>CT 200/ MRI 200</td>
<td>15 - 37</td>
<td>16</td>
<td>200-400***</td>
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**SEMESTER TOTAL** 296-496

### 3rd Semester – SPRING

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<tbody>
<tr>
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<tr>
<td>MR 103</td>
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<td>16</td>
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**one or the other – not completed together**

**CLASS TOTAL** 96

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<td>200-400***</td>
</tr>
</tbody>
</table>

**SEMESTER TOTAL** 296-496

Online delivery---**Not eligible for VA Benefits**

***Depends on students availability

Program Graduation Date: August 4, 2017
First Semester: (May 16, 2016 - August 5, 2016)
MR 100 - Introduction to MRI:
MR 104 - Introduction to MRI Online:
CT 100 - Introduction to CT
CT 104 - Introduction to CT Online:
MR 101 - Introduction to CT/MRI:
MR 105 - Introduction to CT/MRI Online:

Second Semester: (August 22, 2016 – December 16, 2016)
MR 102 - Cross Sectional Anatomy (CT/MRI) and Pathology:
CT 103 - CT Physics:
MR 103 - MRI Physics:
MR 201 - MRI Physics Online:
CT 200 – CT Clinical Rotation: Continues until clinical requirements are met – Minimum 400 hours.
MRI 200 - MRI Clinical Rotation: Continues until clinical requirements are met – Minimum 400 hours.

Third Semester: (January 3, 2017 – April 28, 2017)
CT 103 - CT Physics:
MR 103 - MRI Physics:
MR 201 - MRI Physics Online:

Clinical Experience:
Must complete introductory class, or have permission from the program coordinator prior to registration. Offered for one calendar year, the student must complete 400 MRI and/or CT documented clinical hours.

Venipuncture:
Provided to all students prior to clinical experience. Offered by the faculty of the School of Diagnostic Imaging.

CPR:
Required of all students prior to clinical experience, unless already certified. Certification must be a BLS for Health Care Providers through the American Heart Association.
OBJECTIVE:
Students enrolled in the CT/MRI Program must conduct themselves in an appropriate and professional manner and must adhere to the rules and regulations of the school and clinical sites. This policy establishes guidelines that will assure an environment that is orderly and efficient. It provides standards and rules governing performance and a procedure for consistent, non-discriminatory application of the rules in the interest of maintaining the highest quality patient care and educational environment.

PROCEDURE:
When it becomes necessary to discipline a student for performance deficiencies, acts contrary to established policies or procedures, or to assure that the school's and clinical site's best interest are served, reference may be made to the categories below which relate the severity of the offenses to the corrective action. However, categories are not all-inclusive and students may be disciplined for actions not specifically designated.

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

A. **CATEGORY I** (Dismissal upon first offense)
   1. Threat of or actual physical or verbal abuse of patients, visitors, staff, employees or students.
   2. Inappropriate treatment of any patient for any reason.
   3. Falsification of any official hospital or school record.
   4. Immoral or illegal conduct and any acts of dishonesty, including cheating or plagiarism.
   5. Willful damage to or theft of property of the school, hospitals, patients, visitors, employees or students.
   6. Absence from classes or clinical experience without justifiable reason or without reporting off for three (3) consecutive clinical and/or class days, or three (3) incidents of no-call/no-show in a twelve (12) month period.
   7. Possession of firearms or other weapons on school/hospital premises.
   8. Unauthorized possession, use, copying or revealing of confidential information regarding patients, employees, students, or school/hospital activity.
   9. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with a fellow student, employee, visitor and/or patient.
   10. Unauthorized or improper use of any type of leave of absence, suspension time, vacation time or scheduled/unscheduled time.
   12. Solicitation and/or distribution of literature in violation of hospital policy.
   13. Any other serious failure of good behavior or gross neglect of duty.
B. **CATEGORY II** (1. Final Written Corrective Action or Suspension   2. Dismissal)
1. Possession, use, or sale of alcohol, narcotics or controlled substances on hospital premises or reporting to school or clinical experiences under the influence of alcohol or narcotic as evidenced by:  
a) inability to perform assigned duties or participate in class, b) demonstration of undesirable characteristics (such as breath, attitude, uncooperativeness toward patients, staff, students, visitors, others).
2. Insubordination or refusal to perform a reasonable assignment after having been instructed to do so.
3. Disorderly or outrageous conduct (fighting, malicious practical joking, horseplay, gambling) on school/hospital property.
4. Sale, loan or gift of parking control card.
5. Failure to conform to professional ethics.
6. Any serious failure of good behavior or serious neglect of duty.
7. Immoral or illegal conduct and any acts of dishonesty, including cheating or copying another persons work (plagiarism).

C. **CATEGORY III** (1. Written Corrective Action 2. Final Written Corrective Action or Suspension   3. Dismissal)
1. Conduct prejudicial to the best interest of the hospital and/or school.
2. Careless or indifferent job performance, which includes causing or contributing to unsanitary or unsafe conditions and performing unsafe procedures.
3. Careless neglect or improper or unauthorized use of hospital and/or school property or equipment.
4. Collecting funds or accepting gratuities.
5. Any other failure of good behavior or neglect of duty.
6. Repeated or chronic infractions of hospital and/or school rules with no evident improvement in performance or conduct.
7. Failure to observe school policies regarding required supervision prior to competency and on repeat procedures.
8. Failing to call in or inform the clinical site and the school regarding absence, whether scheduled or unscheduled. (No call/no show)
9. Inefficiency, incompetence or negligence in performance of duties.
10. Unnecessary radiation exposure to patients, visitors, staff, employees or students.
11. Failure to perform duties at minimally acceptable standards after counseling and guidance.
12. Profane or unprofessional language.
D. CATEGORY IV (1. Documented Counseling 2. Written Corrective Action 3. Final Written Corrective Action or Suspension 4. Dismissal)
   1. Absent from assigned area during clinical hours without permission.
   2. Unauthorized extended lunch or coffee breaks.
   3. Loitering during scheduled working and off-duty hours.
   4. Smoking, eating, or drinking in unauthorized areas.
   5. Vending or conducting personal business on hospital premises.
   6. Violation of hospital parking regulations.
   7. Improper attire or appearance.
   8. Unauthorized use of computer, telephone or cell phone during class and clinical time.
   9. Sleeping during class / clinicals.
  10. Tardiness or absenteeism in excess of that permitted by school policy.
  11. Failure to meet Behavioral Objectives as listed in Behavioral Clinical Objectives Policy. See page 16.
  12. Failure to perform in a courteous, conscientious, and caring manner in responding to the needs of patient, visitor, fellow student, or employee.
  13. Excessive failure of examination competencies.
  14. Violation of the Smoking Policy.

E. RECORD OF DISCIPLINARY ACTIONS
   1. Records of disciplinary action remain active in the student’s record for a one-year period, the exception being tardiness and attendance (see attendance policy). If any further infractions occur within the one-year period, they will be used as a basis for further progressive discipline. Records of disciplinary action within the one-year period may be reviewed in a matter relating to employment.
   2. Any student receiving a second disciplinary suspension within the 1 year, whether the two suspensions are for related or unrelated conduct, shall be terminated.

F. GENERAL
   1. Regardless of the category in which an offense is listed, a particularly flagrant violation may result in more severe discipline than that which is indicated for that category. Conversely, in the event that mitigating circumstances are judged to exist, less severe discipline may be imposed than would otherwise be indicated for the category of offense involved.

G. ADDENDUM
Providing the best possible patient care and understanding customer service is a priority at the Cleveland Clinic Health System. In support of this philosophy, The Cleveland Clinic System does not allow inappropriate treatment or behavior towards the customer. "Customer" is defined as any individual that comes in contact with the department or student during the normal course of doing business. This could include patients, visitors, family members, co-workers, etc. All employees and students are expected to conduct themselves in a professional and caring manner at all times when dealing with the customer.
In the event that a student does not conduct him/herself in a professional manner, and professional behavior is not exhibited, keeping the customer's needs in mind, the following disciplinary steps may take place. How rapidly a student goes through the following progressive steps, or at what stage the disciplinary action will be initiated, will depend upon the seriousness of the offense involved. The department manager and/or school manager will use their judgment regarding the impact the student’s behavior has on customer/patient satisfaction. The manager(s) will then determine the appropriate step of the discipline policy that applies to that particular circumstance.

**Step 1  Documented Counseling**
For rules considered less serious, a recorded conference may be the first step in the discipline procedure. It consists of a verbal conference with the student and the Program Director or education coordinator and will be documented in writing and placed in the students’ personal file.

**Step 2  Written Corrective Action**
The written warning is a document summarizing the performance problem or incident detrimental to customer/patient satisfaction. The document and situation will be reviewed with the student outlining the specific problem(s)/incident and warning the student that further behavior detrimental to customer/patient satisfaction will result in further disciplinary action.

**Step 3  Final Written Corrective Action or Suspension**
A suspension may occur when performance continues to be detrimental to customer/patient satisfaction. Depending on the seriousness of the incident or behavior the student may receive a suspension as the first step of the disciplinary process. A suspension is generally for a three-day period. However, a greater or lesser number may be deemed necessary after review of the particular situation. Suspensions should be scheduled so that consistency and continuity of the learning process is not interrupted more than necessary and as close to the infraction as possible.

**Step 4  Dismissal**
Termination will occur as the final step in the disciplinary process. Termination may occur for serious offenses relating to customer/patient satisfaction or for continued performance problems impacting on customer/patient satisfaction.
Students shall present a neat and clean, professional appearance at all times.

**Uniforms:**
1. Uniforms consist of navy blue uniform tops (scrub) and white pants (scrub). Navy blue uniform warm-up jackets may be included. Sweaters are not permitted.
2. Shirts (tanks, t-shirts, turtlenecks) both long or short sleeved may be worn under the uniform but must be solid white. No decals, designs or words on the undershirts. Crew-neck shirts are highly recommended under V-neck uniform tops. If a short-sleeve t-shirt is worn underneath a short-sleeve uniform top, the sleeves of the t-shirt must not hang below the uniform top sleeves. ¾ sleeve length tops are not permitted.
3. All shirts and jackets must have the school patch sewn on the left sleeve, two fingers down from the top of the shoulder seam.
4. Undergarments are to be solid white or skin toned.
5. Socks/hosiery must be solid white.
6. Shoes must be solid white and must be worn during all clinical hours. They must not have colored stitching, stripes, insignias, etc. Uniform stores carry many styles of solid white shoes.
7. The Cleveland Clinic ID badge must be worn at all times, with the name and photo visible, at the chest or collar level. MRI students will be provided with two badges, an inactive badge to be worn at clinical and an active badge for time keeping with Kronos.
8. The program-provided film badge must be worn.

**Grooming:**
1. Uniforms must be freshly laundered and wrinkle-free each time they are worn.
2. Undergarments should not be visible beneath the uniform.
3. Gum chewing is prohibited.
4. Perfume, cologne, and scented lotions are prohibited. Students who smoke must be mindful of the fact that they may carry cigarette odor on their person. Ill patients are particularly sensitive to scents/odors and some scents can elicit allergic reactions. If an obvious scent/odor is noticed, it will be brought to a student’s attention.
5. Excessive make-up is prohibited.
6. Tattoos must be covered or not visible during clinical hours.
7. Fingernails must be kept short (1/4 inch or shorter). Nail polish must be clear. No artificial nails of any sort are permitted; they harbor bacteria and violate the hospital infection control policy.
8. Females: Hair must be neatly groomed and hair longer than shoulder length must be tied back.
9. Males: Hair must be clean and neatly groomed. Hair longer than shoulder length must be tied back. Beards and mustaches are permitted but must be closely and neatly trimmed. Students must shave prior to class and clinical experience.
Jewelry and Accessories:
1. Excessive, dangling, or gaudy jewelry is prohibited.
2. No more than two earrings per ear are permitted. Earrings must be of the “post” style.
3. Visible body piercing, including tongue and mouth piercing, is not permitted.
4. Wearing of engagement or wedding rings is permitted, but rings must be removed when scrubbing or performing special procedures. No other rings are permitted, including nose and lip rings and clips.
5. The wearing of hats/caps is prohibited. An exception to this rule is headgear that is part of a religious protocol or required by the clinical facility (i.e. surgical caps, hoods, etc.).

Classroom Personal Appearance and Behavior

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

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

If the appropriateness of any student’s apparel is in question, faculty will have the final decision.

Overly casual clothing is considered inappropriate. Examples of overly casual attire include: tank tops, tube tops, halter tops, spaghetti strap shirts or dresses, clothing with holes in it, shorts that are too short.
This policy is in accordance with Family Educational Rights and Privacy Act of 1974.

A. You may inspect and/or review any of your official records and files.

   Exceptions:

   1. Your parents’ confidential/financial statement may not be inspected.
   2. Confidential letters and recommendations placed in your file prior to January 1, 1975, are not available to you. Right of access to future confidential recommendations in the areas of admission, job placement and awards may be waived by you.
   3. Medical, psychiatric or similar records are not accessible to you. A doctor or other qualified professional may inspect your record if you so desire.

B. No one may inspect your record with the following exceptions:

   1. Faculty at the School of Diagnostic Imaging who has legitimate academic interests and school secretaries who must work with the students’ files.
   2. School officials who have legitimate academic interests.
   3. Individuals concerned in connection with a student’s application for or receipt of financial aid.
   4. Representative of State educational authorities.
   5. Representative of the administrative head of Cleveland Clinic.
   7. Representative of the Secretary of Education.

   The School of Diagnostic Imaging is not required to notify you that your records have been inspected as listed in exceptions under “B”.

C. You will receive prior notice when your records are being inspected, without your consent, in the following situation:

   Pursuant to a court order or lawfully issued subpoena.

D. You may sign a release of information form to give consent to release your records to other persons or agencies. Such forms are available in the School of Diagnostic Imaging office.

   On this form, you must indicate:
   1. The records to be released.
   2. The reasons to be released.
   3. To whom the records are to be given.
E. All students have a file which is maintained in the School of Diagnostic Imaging office. If you have any questions or concerns about your record, you should discuss such issues with the manager of the school. Appropriate changes, deletions or corrections will be considered at this time. If this conference does not resolve the differences, you may request that a hearing be held. You have the right to legal counsel at the hearing at your expense. The manager of the school will give you a written decision and state the reasons for the conclusion. You may add written explanatory materials to your file after submitting such to the manager of the school.

F. Student’s financial aid records are maintained by the School of Diagnostic Imaging.

G. All files and required documents, for students receiving veteran’s educational benefits, will be maintained in the school office. Such files will be retained for three (3) years.

H. Contents of Permanent Educational Record:
   1. Official School of Diagnostic Imaging transcript.
   2. Official transcripts from all schools attended including high school. GED may be accepted in lieu of a high school transcript.
   3. Results of standardized tests, as applicable.
   4. Final Summary.

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

J. Request for Course Materials:
   Students are provided with course descriptions, syllabi and other materials for radiography courses throughout the program. Students are expected to retain such materials for any further use and/or reference. The school is not responsible for providing additional copies for student use.
Should employment as a radiologic technologist, or other position by one of the clinical sites occur, that clinical time as an employee of the institution must be in addition to the hours required by the school and cannot be logged as clinical experience. Any procedures performed during working hours cannot be documented on school provided paperwork if the school will be responsible for verifying ARRT compliance.
1. Students are required to have their clinical instructor or other department technologist complete the required number of student evaluation forms per quarter. These student evaluation forms will be given to a technologist at each facility, who will review them with the student. The student is responsible for turning in six forms from each clinical site. A student may not submit all six evaluations at the end of a clinical rotation. Evaluations should be submitted on a regular basis throughout the clinical rotation in order to accurately demonstrate student progress.

2. Counseling sessions will be offered throughout the semester as needed to include:
   a. Review summary of Student Evaluation forms.
   b. Review Student Competency Examination Summary form.
   c. Review grades.
   d. Review attendance.

3. Information regarding the number of exams performed is to be used as counseling tools, not as a liability towards the student’s letter grade.

4. Students will be held responsible for non-compliance issues and disciplined accordingly.

5. Additional counseling sessions will be conducted if the Program Director, Education Coordinator or Clinical Instructor finds them necessary.
The purpose of these guidelines is to encourage students to be fully prepared for the CT or MRI Registry exam.

1. The grading scale is as follows:
   - 100 – 93 A
   - 92 – 84 B
   - 83 – 75 C
   - 74 – 67 D
   - 66 – 0 F

2. Students must maintain a “C” grade or better in each course of the CT/MRI Program in order to receive a certificate upon completion of all courses. Students not satisfying this minimal academic requirement will be counseled and those receiving a "D" course grade will be placed on academic probation. If a student receives two or more “D” course grades in any given semester he/she will be dismissed from the program. Students who receive an "F" in any course will be dismissed from the program.

3. Upon receipt of less than a “C” in a didactic course, the student is placed on academic probation. The student must retake this course, at his or her own expense, and receive a passing grade. If they should receive a D or F in the course again, or any other course in the meantime, they will be dismissed from the program.

4. If a student does not complete all required course assignments by the end of the semester, they will receive an incomplete grade. Incompletes must be resolved within 5 weeks into the next semester or the grade converts to an “F”, or failing grade.

5. Upon receipt of less than a “C” in a clinical course, the student is placed on academic probation. If the student should fail the clinical course, with a grade of an “F”, they will be dismissed from the program.

6. Students are counseled throughout the program as needed regarding academic grades, clinical grades, attendance, tardiness, evaluations, and other pertinent information regarding student progress.

7. Students who are dismissed from the program may reapply for acceptance. Their re-acceptance is subject to approval by the School of Diagnostic Imaging Subcommittee on Student Readmission.

8. A quantitative exam will be administered on two occasions prior to completion of the program. Students must take this exam to receive a certificate from the school. The exam will be offered at the end of the fall semester and at the end of the spring semester. Students must take the exam using Edvance 360.
PURPOSE:
To provide the student with guidelines regarding graduation requirements. Upon successful completion of the introduction course, physics course, cross sectional anatomy and pathology course, clinical program requirements and ARRT requirements, the student is awarded a certificate of completion and is eligible for the ARRT registry examination.

All students must meet the following criteria for graduation.

CRITERIA:
- Satisfactory completion of all program courses.
- All competencies must be completed as outlined in the Competency Examination Policy.
- All required ARRT requirements must be completed.
- All regular and make-up hours must be completed.
- Tuition and fees must be complete.
- All reference books or other material must be returned.
- ID badge and dosimeter badge must be returned.
- Completed quantitative exam.
- Exit survey.

PROGRAM AWARDS AT GRADUATION:

Academic Awards:
Academic awards are based on the final cumulative grade point averages achieved by graduates. A graduate with a GPA between 3.5 and 3.99 will be commended as graduating with “Academic Honors”. A graduate with a GPA of 4.0 will be commended as graduating with “Academic Distinction”.

Exceptional Student Award
The CT/MRI Program presents this award to one graduate that has been selected by the program faculty based on the following criteria:
- Academic achievement
- Clinical achievement
- Involvement in extracurricular activities
- Service to others through volunteerism
- Leadership
POLICY STATEMENT
The School of Diagnostic Imaging recognizes that students have the right to due process in academic and non-academic matters.

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

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

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

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

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

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

STEPS

1. The first step of appeal should involve discussion with the program director. Every effort should be made to resolve the issue at this step of the process. The program director has 5 business days to respond to the student in writing following the initial appeal request by the student as to the decision rendered.

2. If the decision rendered at the first step is deemed unacceptable by the student, the second step of appeal should involve the administrator for the Imaging Institute. The Imaging Institute administrator 5 business days to respond to the student in writing following notification of appeal as to the decision rendered.

3. If the decision rendered at the second step is deemed unacceptable by the student, the third step of the appeal involves the Health Professions’ Education Council’s Student Appeals Committee. Two committee members will review each appeal. The decision and recommendations at this step are final. The Health Professions’ Education Council has 10 business days to respond to the student in writing following notification of appeal as to the decision rendered.

4. An appeal should be filed with the Center for Health Sciences Education office. The education office will assign someone to assist the student throughout the appeal process.

5. The student shall have the opportunity to appear in person before the reviewing party at each step of the appeal process.

6. Appeals at each step must be made in writing by the student within 10 business days after receipt of the reviewing party’s response. Email is acceptable. The Center for Health Sciences Education must be copied on all communications at each step of the appeals procedure.

7. The Human Resources and Legal Departments are available, in a consultative capacity, to the Program Director, Program’s Medical Director, system-wide Education Coordinator, Director, Allied Health Educational Partnerships or to the Chairman, Education Institute as it relates to the student’s appeal.
8. The student may continue in the program until the appeal process is completed. The school faculty reserves the right to suspend clinical experience during the appeal process. In such an event that the appeal is granted, any time missed must be completed.
POLICY TITLE: Harassment Policy  

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

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

HARASSMENT: 
Harassment is an assault on an individual’s dignity and worth. It can include, but is not limited to the following:
1. offensive jokes
2. ridicule
3. racial, religious, sexual or ethnic slurs
4. unwelcome advances, requests or demand for favors, verbal abuse or kidding that is distasteful
5. discussion, gossip, rumors or comments regarding an individual’s personal life, relationships and/or preferences

SEXUAL HARASSMENT: 
The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as any unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:
1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or student status;
2. submission to or rejection of such conduct is used as a basis for decisions affecting that individual with regard to employment or to student status (e.g. grades, references, assignments, etc.);
3. such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or educational experience, or creates an intimidating, hostile or offensive work and/or educational environment.
PROCESS TO REPORT A COMPLAINT:
If you are a student who believes you have been subjected to (1) sexual harassment by Cleveland Clinic program faculty, staff or employee; or (2) any other form of gender discrimination under Title IX, you may report such misconduct or file a formal complaint with the Title IX Coordinator in the Education Institute, Administration Office, Main Campus, NA22. Complaints must be submitted in writing.

If you are a student who believes you have been or are the victim of sexual harassment, including sexual assault, sexual violence or other sexual misconduct, by another student, you may report such conduct or file a complaint under Title IX with the Title IX Coordinator in the Education Institute, Administration Office, Main Campus, NA22. Complaints must be submitted in writing.
POLICY
The School of Diagnostic Imaging/Cleveland Clinic recognizes that personal health maintenance is the responsibility of the individual students. Students are responsible for the cost of their own health care insurance while enrolled in the School of Diagnostic Imaging. The school has information available regarding student health insurance plans. Students are required to submit proof of health insurance coverage upon acceptance into the program.

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

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

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

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

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

- Signed physical exam by a Physician (MD)/Certified Nurse Practitioner (CNP) or Physician’s Assistant (PA) required for ALL entering students and performed within the last 6 months.
- Documented immunity status for the following childhood diseases:
  - Rubella
  - Rubeola
  - Varicella
- Two doses of the measles, mumps & rubella vaccine
- Tuberculosis testing within three months of program start date
- Hepatitis B vaccine is not required, but highly suggested due to the possible exposure to blood and body fluids
- Tetanus Diphtheria booster is recommended if it has been more than seven years
- A completed MRI screening form
- Annual seasonal flu vaccine is mandatory
  - Students who do not receive the seasonal flu vaccine will not be able to participate in clinical experience during influenza season.
  - Influenza season typically occurs sometime between November - March. The exact dates are determined annually when influenza is identified in the community.
  - The Cleveland Clinic will consider, as part of its student influenza policy, bona fide religious and/or medical conflicts with the vaccine. Exemption requests should be submitted to the program director who will address the request in light of applicable patient safety concerns.
  - Students are responsible for obtaining the flu vaccination at their own cost and must submit documentation to the program.
Students are provided courses designed to inform them that there is the potential for hospital-acquired infections as a result of exposure in the department. Many patients are of an undiagnosed nature when diagnostic work-ups are performed. All patients should be considered potentially infectious and therefore require that Standard Precautions be followed. Hand washing between patient contacts is essential in preventing the transmission of infection. Personnel and students must have a basic knowledge of how diseases are spread and the precautions that must be taken in order to contain them. In this way, imaging services can be provided around the clock without compromise to the patient and with a minimum of risk for all.

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

Hand washing between patient contacts is essential. The hospital's hand washing policy must be followed.

Eating and drinking are prohibited in the Imaging Department except in the designated areas.

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

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

2. Leaves of absence, up to one year, will be considered for students with personal issues, medical or emergency conditions or pregnancy. Verification is required. There are no additional charges incurred for extending the length of the program due to an approved leave of absence. If a student that is receiving VA benefits has absences exceeding 20% of the scheduled hours in a program, the school will notify the VA to terminate the payment of educational benefits.

3. Leaves of absence require approval by the Program Director.

4. Students must complete a Leave of Absence form and submit it to the Program Director. This should be submitted at least two weeks in advance, if possible, and include the date on which the student intends to leave the program; the date the student intends to return and the reason for the requested leave.

5. Students must be in good academic standing at the time of the request.

6. Students on leave of absence must complete all course work, didactic and clinical, before graduation. Course work covered during most quarters is provided only once a year. Therefore, each request must be considered individually.

7. Students on leave of absence are required to speak with the Program Director two weeks prior to the petitioned return date. Students returning from a medical leave of absence must present a return to clinical rotation release form from their doctor, which states that they are physically able to return to full clinical duties.

8. Students returning from a leave of absence are not guaranteed placement in the program if their return causes the number of students for which the program can accommodate to be exceeded. Every effort will be made, however, to permit the return of the student on the return date requested.

9. If a student is using Title IV funds for tuition and fees, the leave of absence may not exceed 180 days in any 12-month period and is the only leave of absence granted in that 12-month period (see exceptions listed below). One additional leave of absence may be approved if it does not exceed 30 days and the school determines that it is necessary due to unforeseen circumstances. This type of leave of absence would have to be subsequent to the granting of the single leave of absence, which is granted at the schools discretion. Subsequent leaves of absence may be approved if the school documents that they are granted for jury duty, military reasons, or circumstances covered under the Family and Medical Leave Act of 1992 (FMLA) (Public Law 103-3), enacted February 5, 1993.
POLICY TITLE: Magnetic Resonance Imaging Safety Policy
ORIGINAL DATE: September 21, 2004
REVISED: May 5, 2015

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

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

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

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

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

*It is the policy of the Cleveland Clinic SODI that all students, whether in the CT or MRI program, must have an MRI safety screening form on file at the school.
MISSION STATEMENT:
To develop exceptional entry-level imaging professionals whose expertise will meet the needs of the community they serve, and whose academic education and clinical experience will provide a foundation for lifelong learning.

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

PROGRAM PHILOSOPHY:

1. The curriculum of the CT / MRI program reflects the philosophy of the health system and the School of Diagnostic Imaging and revolves around the humanistic approach to patient examination.

2. The basic purpose of the school is to provide learning opportunities and to prepare students to become competent health care workers in the radiologic community.

3. We believe that education is a continuous, dynamic process in acquiring abilities including knowledge, understanding and skills which have a direct influence on the growth and development of an individual.

4. We believe that learning is an integrative process taking place in the student which results in a change of behavior. Students learn by utilizing all their senses. We believe that motivation and a conductive environment are essential for learning. Learning is best achieved when it proceeds from the normal to the abnormal, from the simple to the complex, and when the students are actively participating in the learning process.

5. We believe that radiography is an essential occupation in the health field, concerned with providing technical assistance to the radiologist in the room and carrying out the procedures requested by a physician. On the basis of our beliefs, the students are taught the knowledge, skills and abilities necessary to provide those services appropriate to the hospital/clinical environment.

6. We believe it is our responsibility to be aware of current trends in imaging techniques. Therefore, we include these trends in the learning experience of the student, so that the student can be an effective member of the allied health team.
7. We believe that the evaluation of the student is a vital component of any educational program and is an on-going process. Although conventional methods of evaluation of theoretical and clinical learning are used, we recognize the importance of continual change and refinement, and the development of increasing efficient instruments for evaluation.

8. An annual budget for the School of Diagnostic Imaging will be prepared by the Program Director and the Administrative Director of Academic Programs.

9. The Cleveland Clinic will provide the Program with a qualified full-time Manager, Coordinator, and instructor who will assume direct supervision of program content, coordination of didactic and clinical education, student evaluation and counseling, budget preparation and file maintenance. A clinical instructor or designee will be provided by each clinical site to supervise, instruct, advise and evaluate students.

10. Euclid Hospital will provide the Program with a classroom facility, computer lab, and adequate office space and equipment.

11. The School of Diagnostic Imaging Advisory Committee will be established for the purpose of planning and evaluating the school’s quality of education.
POLICY TITLE: Organizational Chart

ORIGINAL DATE: June 23, 1983

REVISED: April 23, 2016

PAGE: 1 of 1

LAST REVIEWED: April 23, 2016

School of Diagnostic Imaging
Cleveland Clinic
CT/MRI Program

Stephen Jones, M.D.
President & CEO
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CT/MR Coordinator

Halley Majersky
CT/MR Instructor

Barbara Fertig
Radiology Coordinator

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

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

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

Exception:
Blood/blood component administration requires the use of three identifiers:
1. Patient’s Name
2. Patient’s Date of Birth
3. Cleveland Clinic ID or medical record number

Procedure:
1. An identification band is placed on the following patients: all inpatients, procedural, surgical, observational status, emergency department and patients receiving care or services with more than minimal risk. The ID band contains at least the following information: patient name, date of birth and the Cleveland Clinic ID number or medical record number. In the event a patient cannot respond due to medical condition or is a minor, verification of the patient’s identification will be obtained from a relative, guardian or prior caregiver who can make a positive identification. Supporting documentation, such as a picture ID, should be obtained if at all possible. A patient presenting unable to communicate his/her identity and no means to identify himself/herself is assigned a temporary name (i.e., John Doe) and temporary medical record number.
2. The following groups of patients with minimal risk do not require identification bands:

a) Outpatient Rehab Services
b) Outpatient diagnostic testing and non-invasive procedures performed in Laboratory, Cardiology, Radiology, Respiratory Therapy, EMG, and Biometrics
c) Routine office visits with no invasive procedures scheduled

3. Patient Identification involves: reliably identifying the individual and matching the service or treatment to that individual. The following steps must be followed:

a) Before providing care, treatment, or services, the clinical caregiver will ask the patient to state his/her name and date of birth. The Cleveland Clinic ID or medical record number may be used as a secondary option for either the patient name or date of birth when it is not possible to obtain accurate name or date of birth information.

b) The clinical caregiver will visually match the stated patient name and date of birth (or Cleveland Clinic ID number or medical record number) with a 'source of truth'. 'Sources of truth' include the Cleveland Clinic ID band and the patient’s medical record. For patients not requiring an ID band, match the stated patient name and date of birth to the requisition as defined below.

c) Once the patient is identified, the caregiver will match the service or treatment to the patient. For example, match or verify the patient’s name and date of birth (or Cleveland Clinic ID number or medical record number) with the requisition, eMAR, physician order, blood product, consent, surgery schedule, etc.

4. When active patient involvement is not possible or the patient’s reliability is in question the clinical caregiver (physician, nurse, radiology tech, lab tech, etc.) who is currently providing care to that patient will confirm the patient’s identity using the two approved identifiers. Patient with ID Band: The clinical caregiver is to use the two approved identifiers from the ID band and compare to the medical record.

Patient previously identified No ID Band: The clinical caregiver (physician, nurse, radiology tech, lab tech, etc.) currently providing care to the patient will participate in the identification process by identifying two approved identifiers from the medical record. If the care giver is unable to verify two patient identifiers prior to providing care in an emergent situation, formal identification of the patient will occur as soon as possible.

5. Identification discrepancies or uncertainties are resolved prior to providing any further care, treatment or services.

6. Patients not requiring a Cleveland Clinic ID band will be asked to state their name and birth date.
Students may be recruited by the Cleveland Clinic for post graduate employment based on recommendation from the radiology supervisors and managers if the student demonstrates good clinical skills and attendance. The CT / MRI program does not offer guarantee of job placement within the Cleveland Clinic or elsewhere.

The CT / MRI program makes every effort to post all notices of employment opportunities available to the students and periodically receives telephone calls, flyers and/or letters regarding job opportunities in all areas of radiography. All employment information available is posted. In addition, the student has available to them information on continuing education in radiation therapy, nuclear medicine, diagnostic medical sonography, mammography, MRI and CT.

The CT / MRI students can also request personal assistance from the program personnel to assist in honing interview techniques, portfolio maintenance, and writing a cover letter and resume.
Purpose:
To limit occupational exposure of the pregnant students.

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

Procedure:
A. Declaration of Pregnancy

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

The written declaration of pregnancy must include an estimated date of conception. The estimated date of conception will be necessary in the determination of the accumulated dose the embryo/fetus may have received prior to the declaration of pregnancy. A form that will be used to document the declaration of pregnancy is included with this policy.

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

B. Calculations of Exposure

The rem (5 mSv) dose limit shall be the sum of the deep-dose equivalent to the declared pregnant worker from external sources of radiation and the dose from radionuclides in the embryo/fetus and/or pregnant student. Radionuclides that may have been administered to the worker for diagnostic or therapeutic procedures should not be considered.
It is the responsibility of the Radiation Safety Officer to implement this policy and to assure compliance with the policy.

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

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

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

It is the policy of the radiography program that no program objective should be sacrificed however; consideration will be given to a change in the clinical rotation assignments due to pregnancy. It is advised that, based upon the knowledge that a fetus is particularly sensitive, the student should decide whether or not the added risk of working with radiation is sufficiently low. The student is advised that the American College of Radiology recommends that no consideration be given for abortion if the fetus exposure is less than 10,000 mrem. This amount of radiation to a technologist is unheard of in routine diagnostic radiology. The recommendation applies to a patient who has received repeat x-ray examinations directly to the abdomen during pregnancy.

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

**Information for the Student Radiation Worker**

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

**Personnel Monitoring**

The declared pregnant student that is likely to receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv) must wear a second personnel monitoring device at waist level behind the lead apron, if applicable, to record the most representative exposure to the embryo/fetus. This will not result in a policy change for the radiation student who currently wears a personnel monitoring device at waist level. However, for the student who wears a single personnel monitoring device at the collar, a second personnel monitoring device must be issued to be worn at waist level. In this way the most representative exposure to the embryo/fetus can be recorded while maintaining a consistency with previous exposure records.
Student Responsibilities
Once the declaration of pregnancy has been made in writing, a review of the individual's exposure history must be made. If it is determined to be unlikely that the embryo/fetus will receive in excess of 500 millirem during the entire gestation period, reassignment or restrictions may not be necessary. However, if it is determined that the dose to the embryo/fetus is likely to exceed 500 millirem, consideration may be given to reassignment of the declared pregnant student to an area of little or no radiation exposure or to placing certain duty restrictions on the individual to limit the exposure to the embryo/fetus.

The pregnant CT –Computed Tomography student has the following options available:
1. Continue in the CT program as scheduled.
2. Request a full leave of absence from both academic and clinical course work. (See Leave of Absence Policy)
3. Request a clinical leave of absence, but continue with academic course work.
4. Clinical time missed during the clinical leave of absence must be completed prior to graduation.

Education
Educational material is made available for the pregnant student to review. Examples of suggested publications are:
1. NRC Regulatory Guide 8.13
2. NCRP Report No.116

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

During CT –Computed Tomography program orientation and also upon declaration of pregnancy, there will be documentation of the student's review of NRC Regulatory Guide 8.13, NCRP Report No.116, and the school's policy for the declared pregnant radiography student.
1. A declaration of pregnancy must be made in writing and is voluntary. A declaration may also be revoked at any time. This must also be done in writing.

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

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

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

5. Pregnant students may not stay in the MR suite during the operation of the scanner since there is insufficient data pertaining to the effects of the electromagnetic fields. There is no evidence to support or allow unnecessary exposure.
PURPOSE:
To ensure all patients of childbearing age who are pregnant or suspect they are pregnant are not unnecessarily exposed to radiation.

POLICY:
Technologists and students performing MRI or CT exams on women of childbearing age are responsible for asking the patient if there is a possibility of pregnancy. This information must appear in the Radiography Information System or other computer system, if available.

When the CT / MRI department is notified of possible pregnancy, the patients’ exam will be delayed until the referring physician can be notified. A decision will be made by the radiologist and referring physician as to whether to proceed with the exam.

Facility guidelines to protect the patient and fetus/embryo must be employed and documented in the Radiology Information System or other computer system, if available.
PURPOSE:
To establish guidelines for the recording of exposures and use of Individual Monitoring Devices by the student according to Ohio Administrative Codes.

POLICY:

1. Monthly individual radiation monitoring devices will be provided by the school to each CT program student.

2. The dosimeter device must be worn whenever the student is at the clinical site. Failure to do so will result in disciplinary action. If a student comes to clinical without their dosimeter device, they will not be permitted to continue their clinical experience until the dosimeter device has been obtained. Missed clinical time must be made up according to the attendance policy.

I. Location of Monitoring Devices:

1. If only one IMD is worn, it shall be worn at the collar level outside the lead apron. If two monitors are worn, one shall be at the collar level outside the lead apron and one shall be worn at the waist level under the apron. In case of pregnancy, it is the responsibility of the student to notify the school so a fetal monitor can be ordered. The badge should be worn at waist level under the apron.

2. When two monitors are worn, they must never be interchanged. In accordance with Ohio Administrative Code 3701:1-38-12(A)(4)(6)(i)(ii), the reported deep dose equivalent for the single IMD may be multiplied by 0.3 for determination of effective dose equivalent (EDE). For double IMD personnel, the EDE may be determined by multiplying the waist IMD reported value by 1.5 and adding the calculative value to the collar IMD dose value, multiplied by 0.04.

II. Exchange of Individual Monitoring Devices:

1. A new IMD will be assigned each month.

2. The student is responsible for returning the old dosimeter at the end of each month to the SODI designee for processing. The student is also responsible to report any lost or damaged badges as soon as possible to the SODI designee.

3. If an IMD is lost, damaged, or not returned within 90 days after the wear date, a $15.00 replacement fee will be charged to the student by the School of Diagnostic Imaging. The $15.00 fee is for the cost to replace or process the lost, damaged, or untimely returned dosimeters, charged to the SODI by the dosimeter company.
III. Review of Personnel Monitoring Records

1. Each student must review and initial the monthly radiation exposure reports indicating they are aware of their radiation exposure.

2. Students receiving doses in excess of over ALARA Level II limits, Level I = 125mrem and Level II = 375 mrem, will be notified as soon as possible. For those individuals with doses in excess of Level II, an investigation will be performed and documented immediately as to the cause with possible suggestions for prevention of such doses in the future.

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

IV. Miscellaneous Personnel Monitoring

1. No one shall purposely expose a personnel monitor.

2. Since personnel monitors are designed to measure only radiation received occupationally, it should never be worn when receiving diagnostic and/or therapeutic radiation exposures as a patient.

3. IMD must be worn only by the person to whom it is assigned.

4. In the event of pregnancy, see the Pregnancy Policy for more information.

V. Overexposure and Reporting Overexposures to the State

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

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

1. Immediate notification by telephone if there is an exposure or threat of an exposure to the whole body \( \geq 25 \) rems, to the lens of eyes of 75 rems, or a shallow dose to the skin or extremities or total organ dose of \( \geq 250 \) rems.
2. Twenty-four hour notification by telephone if there is an exposure or the threat of an exposure to the whole body $\geq 5$ rems, to the lens $\geq 15$ rems, or a shallow dose to the skin or total organ dose to the extremities of $\geq 50$ rems.

3. In addition to the notification, a written report will be filed with the state within thirty (30) days. The report will include a description of the licensed or registered source of radiation involved. If it’s a radioactive material, the report will state kind, quantity, chemical and physical form. For radiation generating equipment, the report will state manufacturer, model and serial number, type and maximum energy of radiation emitted.

4. The report will include for each occupationally overexposed person, the name, social security number, and date of birth.

5. The individual who received the overexposure will also be notified no later than notifying the State in writing.

VI. State Required Exposure Limits for Education and Training

<table>
<thead>
<tr>
<th>Radiation Source</th>
<th>Rem/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Body: Head &amp; Trunk</td>
<td>0.1 rem (1 mSv)</td>
</tr>
<tr>
<td>Active Blood Forming Organs</td>
<td>50 rem (500 mSv)</td>
</tr>
<tr>
<td>Lens of the Eyes; or Gonads</td>
<td>1.5 rem (15 mSv)</td>
</tr>
<tr>
<td>Hands, Forearms, Feet &amp; Ankles</td>
<td>5 rem (50 mSv)</td>
</tr>
<tr>
<td>Skin of Whole Body</td>
<td>5 rem (50 mSv)</td>
</tr>
<tr>
<td>Embryo/Fetus– entire pregnancy</td>
<td>0.50 rem (5 mSv)</td>
</tr>
</tbody>
</table>
Lost, Damaged, or Not Returned Dosimeter Report

$15.00 fee is imposed if dosimeter not returned within 90 days from wear date.

Name: ___________________________ Program  □ Radiologic Technology
                     □ CT

Description:

□ Lost Dosimeter

□ Damaged Dosimeter

□ Not returned in 90 days from wear date

Wear date _____________________

Return date _____________________

□ Date paid _____________________

□ Cash

□ Check

□ Credit Card

____________________________________________
Student Signature

____________________________________________
School Official Signature
1. Students are eligible to begin their clinical rotation after successful completion of the Introduction to
   Computed Tomography and/or Introduction to Magnetic Resonance Imaging course. Students are only
   required to take the Introduction course related to the modality of interest, but are strongly encouraged to
   complete both courses at no additional cost. Students must receive a grade of a “C” or better in the course
   in order to be eligible to begin clinical.

2. A current technologist who is employed in the modality of interest who wishes to enroll in the clinical
   course of the same modality may be granted permission from the coordinator to waive the Introduction
   course. Upon review of the applicant, the coordinator may require the applicant to take a placement exam.
   Upon receipt of a grade of 75% or better, the technologist may begin their clinical rotation.

3. Student rotation schedules will be posted prior to the beginning of each clinical experience. In order to
   maximize the type of learning experiences and educational opportunities for the students, rotations may
   include day, evening, or weekend shifts. Students are expected to adhere to their rotation schedule.
   Failure to do so will result in disciplinary action. Students will not be scheduled for class and clinical time
   in excess of 40 hours per week.

4. Student clinical times will vary dependent on the student’s availability and the requested clinical site. The
   student is responsible for maintaining their schedules through When to Work. The student will input their
   schedules into the preferences on When to Work and the school faculty will approve and generate a
   schedule that will be posted on When to Work, E360, and SharePoint. Clinical sites outside of the
   Cleveland Clinic Health System will have their schedules emailed to the assigned clinical liaison, lead
   techs, or appointed designee.

5. Student rotations will be determined by the school and may not be altered by the student or clinical site
   without approval by the school.

6. In the event that an assigned clinical site becomes unavailable, or the student wishes to go to an alternative
   site, all efforts will be made with the student for reassignment to another institution. If another clinical site
   is not available, or the student chooses not to go to the alternative site, the student must wait until another
   appropriate site becomes available.

7. It is the responsibility of the clinical site to insure that student experiences have educational merit.
   Students must not be used in place of employees.

8. Should a student’s supervising technologist leave the department for any reason (illness, flex time, doctor's
   appointment, etc.) and there is no one to assume supervision of that student, the student will be sent
   home. This will not result in points towards the student, but will result in lost hours that must be
   rescheduled.

9. Decisions are made at the discretion of program officials. All decisions are final.
Security/Safety Measures:
All School of Diagnostic Imaging students must wear a Cleveland Clinic ID badge in a visible manner while in a Cleveland Clinic building. The badge must be readily available while on the grounds and entering and leaving the building, as hospital security personnel may request to see it.

Euclid Hospital maintains a 24 hour per day security force. The main security desk located in the Emergency Department is always staffed, and can be visited in person or reached by phone at 216-692-7688 or ext. 67688. For emergencies, dial “0” for the operator and they will connect you directly to security. All security concerns should be reported promptly to the Security Department.

Security personnel routinely patrol the hospital, the parking lots and all grounds. Access via the various property and hospital entrances are controlled according to the day and time. There is also an emergency call button in the Health Center parking lot that directly contacts the Security Department.

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

Ohio’s Concealed Carry Law:
It is the policy of the Cleveland Clinic to prohibit any person from carrying a concealed handgun or other deadly weapon onto the property of any Cleveland Clinic facility, including Euclid Hospital. Only law enforcement officers on official business are exempt from this policy. Questions regarding this policy may be directed to Security at ext. 67688.

Criminal Actions & Other Emergencies:
Any emergency situation, criminal activity, incident or potential security problem should be immediately reported to the Euclid Hospital Security Department at ext. 67688 or from the outside at 216-692-7688. Security can also be reached by dialing “88” on any hospital phone. Security incidents may also be reported in person to the main security desk in the Emergency Department or to any security officer. The Security desk is staffed 24 hours per day. Any person witnessing, discovering or suspecting a crime or other incident should report it to security immediately. For additional safety information, refer to the back of the identification badge. When an emergency problem is reported, security personnel will be dispatched to investigate. Security personnel will summon the appropriate official police agency to the premises as needed. The Euclid Hospital Security Department maintains cooperative relationships with local, state and federal law enforcement agencies, and reports according to legal guidelines any criminal occurrences on the premises. Statistics are available concerning the occurrence on the hospital campus of specific criminal occurrences and arrests. The above policy refers only to security practices and procedures within the building, parking lots and grounds of Euclid Hospital.
Provision of Information in accordance with the Student Right-to-Know and Campus Security Act of 1990 (Public Law 101-542)

The following information is provided to current and potential students and employees in accordance with the above named law.

- Information concerning graduation rates and ARRT (licensure exam) passing rates of students entering the School of Diagnostic Imaging is published annually in the Policy Manual and is available on the school’s learning management system, Scholar 360, and on request to prospective students and employees of the Cleveland Clinic.

- The campus security information on the next page is provided to current and potential students and employees in accordance with the above named law. The Policy Manual, which is reviewed or revised yearly, contains policies regarding the reporting of criminal actions or other emergencies, campus security, campus law enforcement and substance abuse. The policy Manual also contains information about crime prevention, security and substance abuse education programs.

- Campus security statistics are also available on the website of the Office of Postsecondary Education of the U.S. Department of Education at www.ope.ed.gov/security. Statistics are available after the end of October for the past three years.

- In accordance with the Campus Sex Crimes Prevention Act (Section 160 of Public Law 106-386), Euclid hospital is providing the following website as a resource for the campus community to obtain law enforcement information regarding registered sex offenders: www.cuyahoga.oh.us/sheriff/sou/default.asp. The information is available through this website is maintained in accordance with the State of Ohio Sexual Sex Offender Registration Bill (House Bill 180) signed into law in 1997 and is provided by the Cuyahoga County Sheriff’s Office as a community service.

Motor Vehicle Policy:
Students are responsible for their own transportation to classes and clinical experiences at Euclid Hospital or at other facilities utilized in the course of the program. While at Euclid Hospital, students may park in the hospital parking lots while observing the parking policy. At facilities other than Euclid Hospital, students are responsible for following that facilities parking policy.
School of Diagnostic Imaging  
Cleveland Clinic  
CT/MRI Program  
Campus Crime Statistics

Statistics concerning the occurrence of criminal offenses on campus reported to Euclid Hospital security authorities and/or Euclid police.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Burglary</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Arson</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

Statistics concerning the occurrence of criminal offenses on public property reported to Euclid Hospital security authorities and/or Euclid police.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Burglary</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Arson</td>
<td>0</td>
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<td>1</td>
</tr>
</tbody>
</table>

Statistics concerning the number of VAWA offenses on the Euclid Hospital Campus.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Arrests in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence.</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Dating violations</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Stalking</td>
<td></td>
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<td>1</td>
</tr>
</tbody>
</table>

Statistics concerning the number of VAWA offenses on the Public Property.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence.</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Dating violations</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Stalking</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
Statistics concerning “Hate Crimes” (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) that occurred on the **Euclid Hospital Campus**.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Burglary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Arson</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larceny-Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intimidation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Destruction/damage/vandalism of property</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Statistics concerning “Hate Crimes” that occurred on the **Euclid Hospital Campus** broken down by category of bias (e.g., race, religion).

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>2012 Total</th>
<th>2013 Total</th>
<th>2014 Total</th>
<th>Race</th>
<th>Religion</th>
<th>Sexual Orientation</th>
<th>Gender</th>
<th>Disability</th>
<th>Ethnicity/National Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Burglary</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Arson</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Simple Assault</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larceny-Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Intimidation</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Destruction/damage/vandalism of property</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Statistics concerning “Hate Crimes” (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) that occurred on Public Property.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Burglary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Arson</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larceny-Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intimidation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Destruction/damage/vandalism of property</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Statistics concerning “Hate Crimes” (i.e. incidents directed at individuals because of race, gender, religion, ethnicity, sexual orientation or disability) that occurred on Public Property.

### Occurrences of Hate Crimes – Category of Bias for Crimes Reported in 2014

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>2012 Total</th>
<th>2013 Total</th>
<th>2014 Total</th>
<th>Race Total</th>
<th>Religion Total</th>
<th>Sexual Orientation Total</th>
<th>Gender Total</th>
<th>Disability Total</th>
<th>Ethnicity/National Origin Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Negligent manslaughter</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex offenses – Non-forcible</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Burglary</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Arson</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Simple Assault</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larceny-Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intimidation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Destruction/damage/vandalism of property</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Statistics concerning the number of arrests for the following crimes on the **Euclid Hospital Campus**.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Arrests in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapons: carrying, possession, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drug abuse violations</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Liquor law violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapons: carrying, possession, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drug abuse violations</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Liquor law violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapons: carrying, possession, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drug abuse violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Liquor law violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Statistics concerning the number of unfounded crimes **On Campus** or on **Noncampus property** or on **Public Property**.

<table>
<thead>
<tr>
<th>Criminal Offense</th>
<th>Number of Offenses in 2012</th>
<th>Number of Offenses in 2013</th>
<th>Number of Offenses in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total unfounded crimes</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Signature Procedure:

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

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

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

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

Multiple signatures may be obtained for quality assurance exams only. The exam may have the same date but must be documented as different times. This is the only category in which this is acceptable.

If a student should obtain signatures for exams required by the ARRT from an institution outside of the assigned clinical sites, the school can no longer be responsible to verify ARRT requirements.

The ARRT has implemented an online verification process where the student is responsible for entering their exams on the ARRT website. Once the exams are entered they are to be verified by the technologist who is assigned to the student. This eliminates the audit process for post primary exam applicants and keeps a running total of performed exams for the student.

The faculty at the Cleveland Clinic SODI CT/MRI Program will be performing the verification process as Clinical Instructors. The teaching technologist’s will continue to fill out all program paperwork as it is stated in the policy manual.

The student will enter their exams into the ARRT website on a weekly basis, as a minimum, but could enter daily if they prefer.

The exams will then be verified by the SODI CT/MRI program faculty.
Students are responsible for meeting the following clinical requirements:

**Clinical Requirements for MRI***

- Clinical rotation 1:
  - Minimum of 10 competency evaluations***
  - Minimum of 6 student evaluations
  - Minimum of 50 procedure signatures
  - Required MRI Safety Form – site specific

- Clinical rotation 2:
  - Minimum of 15 competency evaluations***
  - Minimum of 6 student evaluations
  - Minimum of 75 procedure signatures
  - Required MRI Safety Form – site specific

**Clinical Requirements for CT***

- Clinical rotation 1:
  - Minimum of 10 competency evaluations***
  - Minimum of 6 student evaluations
  - Minimum of 50 procedure signatures
  - Required CT Safety Form – site specific

- Clinical rotation 2:
  - Minimum of 15 competency evaluations***
  - Minimum of 6 student evaluations
  - Minimum of 75 procedure signatures
  - Required CT Safety Form – site specific

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

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

* Any procedures completed above the minimum requirement will carry over into the second clinical rotation for credit.
*** See Competency Evaluation Policy
The School of Diagnostic Imaging is committed to creating a safe and healthy environment for students, faculty, patients and visitors, and as such, follows the Cleveland Clinic policy on smoking. Violation of the smoking policy will result in initiation of a disciplinary action starting with a documented counseling, and increasing in severity with repeated smoking policy infractions.

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

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

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

E-Cigarettes are viewed as a fire risk due to the heating element and the lithium battery.
POLICY TITLE: Substance Abuse

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

POLICY:
I. Prohibited conduct

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

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

II. Procedures
A. Suspected student chemical use requiring immediate action.

1. A student will be removed from class or clinical area by the instructor when the student’s behavior indicates there is impairment. Detection of alcohol on the breath or the odor of a mood altering substance is sufficient reason to believe a person is under the influence of a chemical.

2. The instructor will notify the School of Diagnostic Imaging or designee.

3. The student will be accompanied by the instructor, school Manager or designee to the Emergency Department for screening and evaluation. This evaluation may include collection of urine and/or blood samples, and a physical exam. The results of the evaluation will be documented and made available to the school Manager or designee.

4. If the result of the evaluation indicates chemical use, the Manager or designee will notify CONCERN (Employee Assistance Program) at 216-581-5345 or 800-989-8820. The student will be informed of this action, and that readmission to class and clinical will depend on faculty input and the recommendations from CONCERN.
5. If a student refuses the evaluation in the Emergency Department or is at a Clinical site outside of the Cleveland Clinic or where drug testing is not possible, he/she will be dismissed for the remainder of the school activity that day. The school will attempt reasonable means to ensure safe transport home. The incident will be documented by the involved school representative. The student must see the Manager or designee prior to attending class or clinical. At that time, the student will be informed that CONCERN has been contacted and that readmission to class or clinical will depend upon faculty input and recommendation from CONCERN.

B. Suspicion of chemical dependency or abuse, (excluding being under the influence during school activities).

1. The instructor will document observed behaviors that might indicate a chemical abuse problem.

2. Any concerned individual (e.g., fellow student) may discuss suspicions of drug abuse with the instructor or Manager of the school. Confidentiality will be maintained.

3. The instructor will review documentation and evidence with the Manager.

4. If warranted by evidence, the Manager will notify CONCERN.

5. Further action will depend upon the recommendations of CONCERN and faculty input. If a treatment plan is recommended, the student will be granted a medical LOA. Student failure to comply with the agreed upon treatment plan will result in a disciplinary action up to or including dismissal from the school. Such failure may also lead to notification of the ARRT which may refuse to allow the student to take the licensure exam.

C. Self-referral for chemical abuse.

Students with chemical dependency problems are encouraged to seek appropriate help. Students may call CONCERN (Employee Assistance Program) to arrange for treatment and after-care support. (Call 216-581-5345 or 800-989-8820 to contact CONCERN).

Other sources for additional information or assistance include:

<table>
<thead>
<tr>
<th>Source</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Alateen &amp; Alanon</td>
<td>216-621-1381</td>
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<tr>
<td>(Hotline)</td>
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<tr>
<td>Drug &amp; Alcohol Hotline</td>
<td>800-821-4357</td>
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<tr>
<td>(Hotline)</td>
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<tr>
<td>Free Clinic</td>
<td>216-721-4010</td>
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<tr>
<td>Alcoholic Anonymous</td>
<td>216-241-7387</td>
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<tr>
<td>Focus on Recovery Helplines</td>
<td>800-234-0420</td>
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<td></td>
<td>800-888-9383</td>
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CONTESTABILITY:

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

RIGHT TO CONSULT LABORATORY:

Every student has a right to consult the testing laboratory for technical information regarding prescription and non-prescription medication.

If you wish to discuss any aspect of this policy or should you wish to view the complete Cleveland Clinic drug test policy, please contact the School of Diagnostic Imaging.

FEDERAL REGULATIONS:

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

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

There are millions of employed individuals whose job performance and productivity are adversely affected by their progressive dependence on drugs and alcohol. As many as 20% of all college students use chemical substances and drugs at a level of concern to themselves and others. Some estimate that 70% of the working population and 90% of college students consume mood-altering chemicals of some type and the cost to the United States economy is estimated to be more than 26 billion dollars per year.
1. Students shall not take the responsibility or the place of qualified staff. Until students successfully complete a competency evaluation in a given procedure, all clinical assignments must be carried out under the direct supervision of qualified imaging professionals.
   a. A qualified technologist reviews the request for examination in relation to the student's achievement;
   b. A qualified technologist evaluates the condition of the patient in relation to the student's achievement;
   c. A qualified technologist is present during the performance of the examination; and
   d. A qualified technologist reviews and approves the images.

2. After demonstrating competency, students may be permitted to perform procedures with indirect supervision. Indirect supervision is defined as that of supervision provided by a qualified radiographer immediately available to assist regardless of the level of student achievement. The following are the parameters of indirect supervision:
   a. A qualified technologist reviews the request for examination in relation to the student's achievement;
   b. A qualified technologist evaluates the condition of the patient in relation to the student's achievement;
   c. A qualified technologist is present in an area adjacent to the student;
   d. A qualified technologist reviews and approves the images.

3. Unsatisfactory exams must be repeated only in the presence of a qualified imaging professional.

4. Students must not perform any examination without direct supervision until they have completed a competency evaluation with a passing grade on that specific examination.

5. Students employed by respective institutions may not be responsible for direct or indirect supervision of other students in the program.

6. Students who fail to observe the above policy will be disciplined.

7. Should a student's supervising technologist leave the department for any reason (illness, flex time, doctor's appointment, etc.) and there is no one to assume supervision of the student, the student will be sent home. This will not affect the students’ points in any way. Missed clinical time will be made up according to the attendance policy.

8. Program clinical instructors are assigned in each of the clinical facilities. If the Program clinical instructors are unavailable because of illness, time off, schedule, etc., the positions will be covered by department clinical instructors. These individuals will be the supervisors, or their designee. This assures that students have a clinical instructor at all times to provide instruction and assistance. School policy titled *Advisory and Program Staff* lists the clinical instructors and their backups.
POLICY

The School of Diagnostic Imaging, Cleveland Clinic students are required to be screened periodically for tuberculosis (TB). The testing schedule will follow CDC/OSHA guidelines.

PROCEDURE

1. The School of Diagnostic Imaging shall maintain a roster of students requiring periodic TB screens.

2. It is the student’s responsibility to maintain an updated TB test.

3. Students who fail to complete TB screens may be subject to disciplinary action up to and including termination. In addition, students who have not completed the necessary TB screens will not be scheduled at the clinical site until the screen is completed.

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

**Online Textbook Purchasing Information**

You can purchase textbooks or e-books directly from the publisher. The student will be provided with the website from the specific publishers. The list of required textbooks and the publisher is available upon request from the program officials.

**Evolve / Elsevier.com- Publisher**

**Delmar Cengage Learning – Publisher**

**Cengage**

**Mosby.com - Publisher**

**Corectec.com**

Corectec is an on-line registry review course.
Phone Number: (706) 310-1845
Fax Number: (706) 243-6395
Address: PO Box 7275, Athens, GA 30604
Email Address: corectec@aol.com
Web site: www.corectec.com

Edvance360 is the learning management system for the School of Diagnostic Imaging. This system provides communication, on-line learning, and access to course information throughout the entire program. The students are required to have an email address and to check the Edvance 360 learning management system routinely for pertinent school information. Students are responsible for all information posted on E360.
The URL for Edvance360 is https://edvance360.com/cchs/
TUITION & FEES:

Programs:
MRI Program: $2,880.00  
CT Program: $2,880.00

Individual Courses:
Introduction to CT / MRI: $340.00  
Cross Sectional Anatomy & Pathology $595.00  
MRI Physics: $595.00  
CT Physics: $595.00  
CT or MRI Clinical: $1,200.00

Additional Expenses:
Supplemental fees: $30.00 for each class
Corporate Health fee: $30.00 one-time fee at time of onboarding
Application fee: $20.00
Installment plan fee: $25.00
Technology (online course) fee: $50.00
Acceptance fee: $100.00 applicable toward first semester tuition
Textbooks (estimated): $400.00
National Registry Exam: $200.00 ($400.00 if using NMTCB or ARDMS as supporting category)
Uniforms (estimated): $250.00
Akron Children’s Hospital clinical fee: $75.00(required of each student performing clinical at ACH)

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

Students can obtain information regarding the federal governments’ Lifetime Learning Credit and Hope Scholarship at www.irs.gov. In addition, students can search the Cleveland Foundation website to see if they meet the eligibility requirements of the various scholarships at www.clevelandfoundation.org. Cleveland Scholarship Program information is available at www.cspohio.org.
The students are encouraged to apply for the annual Ohio Society of Radiologic Technologists (OSRT) grants. Applications and guidelines are available on the OSRT website at www.osrt.org and students are notified when the deadline is each year. The OSRT grants are distributed at the annual meeting. The student need not be present to be awarded a grant. Students may also be eligible for an annual American Society of Radiologic Technologists (ASRT) scholarship. Information on the ASRT scholarship is available online at www.asrt.org and will also be distributed to the students as it becomes available to the program.

GENERAL INFORMATION:

Tuition and fees for courses taken at School of Diagnostic Imaging are payable by cash, check, money order or credit card. Payments must be made on or before the due date. A $20.00 fee will be assessed if checks are returned for insufficient funds. If a check is returned due to insufficient funds, the student must pay by money order or credit card from that point on. The tuition and fees are subject to change upon due notice to the student.

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

PAYMENT OPTIONS:

1. Payment in full.
2. Semester payments: Due before the start of the first day of classes.
3. If payment is received after due date, a $25.00 late fee will be assessed for each overdue payment.
4. Installment Payment Plan.
INSTALLMENT PAYMENT PLAN (IPP)
The School of Diagnostic Imaging offers an Installment Payment Plan (IPP) for students who desire this option. The plan allows the student to pay the semester tuition and fees in three monthly payments beginning on the tuition due date. The cost of this service is $25.00. There will be no other fee or interest charges for the service, unless the student fails to meet payment deadlines. If a student fails to meet a pre-arranged payment due date, a $25.00 late fee will be assessed to each overdue payment.

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

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

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

REFUND POLICY:
Regardless of enrollment in the installment plan the following refund policy will be followed. Full refund of paid class tuition at the School of Diagnostic Imaging will be granted if a student officially withdraws prior to the first day of the semester; minus the non-refundable $100.00 acceptance fee. There are no refunds of fees or the clinical course. Acceptance fees may not be carried over to the next year’s class. Partial refunds of tuition only will be granted if a student officially withdraws during the refund period.

Through the end of the first week of the semester.................90% refund of full semesters tuition
Through the end of the second week of the semester.............70% refund of full semesters tuition
Through the end of the third week of the semester..............50% refund of full semesters tuition
Through the end of the fourth week of the semester............25% refund of full semesters tuition
Fifth week of the semester and after.............................No refund
No refunds will be issued if a student is dismissed or has financial obligations to SODI.
POLICY

Students will be presented with a formal class on IV Therapy and required to practice on a provided mannequin. The venipuncture/injection procedures will be done on an arm mannequin in a classroom/lab setting. When in the clinical environment, students are required to demonstrate venipuncture competency a minimum of three times under direct supervision of personnel deemed qualified by the clinical institution. When the above two items have been accomplished, the student still must have a qualified imaging professional present in the department when performing venipuncture. The student may be required to perform venipuncture competency more than three times in accordance with a specific clinical site policy.
SCHOOL RESOURCES

Facilities:
The facilities on the third floor include a classroom, a computer lab, a computer-tutoring lab, a copy room, a student lounge, a small resource room for quiet study, and five faculty offices.

Equipment:
The school has 25 HP computers in computer lab with internet access. There are also 3 HP computers in the computer-tutoring lab with internet access and a printer. Both classrooms have a SMART board and computer with internet access. The main computer lab computers have 13 radiography computer programs, 3 MRI computer programs, 2 CT computer programs and a cross sectional anatomy program. The program has 4 cross sectional models; 2 head models and 2 head/torso models. There is also a full body skeleton and multiple disarticulated bones. The programs have the following periodicals available for student use: *Magnetic Resonance in Medicine, Journal of Magnetic Resonance Imaging, and Society for Magnetic Resonance Technologists, ASRT Radiologic Technology, and the ASRT Scanner*. The school also has miscellaneous radiographic, CT and MRI images available on the computer and film files.