



LONG ISLAND UNIVERSITY

**MEDICAL IMAGING PROGRAM
STUDENT
CLINICAL HANDBOOK
2023-2024**

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Clinical Handbook

This handbook is required to be kept with the student at all times during their hospital rotations. The purpose of this manual is to provide the student, clinical instructors, clinical supervisors, and clinical affiliates with the procedures and policies required for a successful clinical experience. The handbook provides relevant resource information and describes the structure and function of the clinical program. The content of this handbook is designed to guide the student toward achieving the mission of LIU Post's Medical Imaging Program's Mission Statement as well as the Mission Statement of the University:

LIU Post Mission Statement

Long Island University's mission is to provide excellence and access in private higher education to those who seek to expand their knowledge and prepare themselves for meaningful, educated lives and for service to their communities and the world.

LIU Post Medical Imaging Program Mission Statement

In congruence with the LIU Post Campus' stated mission, the Medical Imaging Program is dedicated to providing a strong educational base of science and the liberal arts in combination with radiologic technology coursework. Students receive the core knowledge for entry into professional practice as well as tools for lifelong learning. Through the synthesis of clinical and didactic experiences, students develop clinical competence, conceptual understanding and critical thinking skills for effective problem solving.

We seek to prepare graduates who will have essential literacies including written and oral communication skills and be clinically competent professionals able to provide quality care to the community and other groups of interest.

Medical Imaging Program
Goals and Student Learning Outcomes

Goal 1: The student will integrate didactic and clinical course work in order to practice as competent entry-level technologists.

SLO 1.1 Student will demonstrate appropriate positioning skills to produce diagnostic radiographic images.

SLO 1.2 Student will select appropriate technical factors to produce quality images.

SLO 1.3 Student will practice principles of radiation protection.

Goal 2: The student will employ effective oral and written communication skills as practicing healthcare professionals.

SLO 2.1 Students will use effective oral communication skills with patients.

SLO 2.2 Students will develop and demonstrate proficiency in written communication skills.

Goal 3: The student will develop a strong theoretical and clinical knowledge base including effective critical thinking and problem solving skills.

SLO 3.1 Students will be able to evaluate the quality of an exposed radiograph.

SLO 3.2 Students will adapt the standard procedure when performing trauma exams.

Goal 4: The student will systematically construct a knowledge base needed to model professionalism.

SLO 4.1 Students will conduct themselves in a professional manner when interacting with patients and other members of the healthcare team.

SLO 4.2 Students will demonstrate a concrete understanding of the profession's Code of Ethics.

Program Effectiveness Data Summary 2018 – 2022
Program #0101 – LIU Post Radiologic Technology BS
Five-Year Program Effectiveness Details

Credentialing Examination Rate	number passed on 1st attempt divided by number attempted within 6 months of graduation
Year	Results
Year 1 - 2018	24 of 24 - 100%
Year 2 - 2019	20 of 22 - 91%
Year 3 - 2020	16 of 18 - 89%
Year 4 - 2021	23 of 25 - 93%
Year 5 - 2022	23 of 23 – 100%
Program 5-Year Average	106 of 112 – 94.6%

Job Placement

The number of graduates employed in the radiologic sciences compared to the number of graduates seeking employment in the radiologic science within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year	Results
Year 1 - 2019	23 of 23
Year 2 - 2020	18 of 18
Year 3 - 2021	25 of 25
Year 4 - 2022	23 of 23
Year 5 - 2023	22 of 22
Program 5-Year Average	111 of 111 - 100%

Program Completion

The number of students who complete the program within the stated program length. The annual benchmark established by the program is 75%.

Program Completion Rate	number graduated divided by number started the program
Year	Results
Year 1 - 2020	18 of 19
Year 2 - 2021	25 of 26
Year 3 - 2022	23 of 26
Year 4 - 2023	22 of 22
Annual Completion Rate 4-Year average	88 of 93 – 94.6%

Program Accreditation information

The LIU Post Medical Imaging Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Contact information for JRCERT: 20 N. Wacker Drive, Suite 2850 Chicago, IL 60606-3182

Phone 312-704-5300/Fax 312-704-5304

E-mail: mail@jrcert.org

Website: www.jrcert.org

The Code of Ethics for the Radiologic Technologist

The medical imaging professional is required to uphold a commitment to professional conduct in all of their actions. Students and graduates of our Program are expected to not only embody these professional standards but to participate in activities that demonstrate their commitment to superb patient care and a dedication towards life-long learning.

These activities include, but are not limited to, community service, research and scholarship in healthcare, and participation in local, state, and national professional organizations in the field.

In support of these endeavors and as a method of protecting the integrity of our profession, the American Society of Radiologic Technologists (ASRT) has developed a Code of Ethics that may be used by professionals in their pursuit of technical and patient care excellence. The Radiologic Technology Program of Long Island University fully accepts these standards and requires all of our students to adopt them within their daily practice.

Code of Ethics*

1. The radiologic technologist acts in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

- 10 The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

*Adapted from the ASRT, 2018

Pre-Clinical Requirements

It is mandatory that all students achieve passing grades in the following subjects prior to the beginning of clinical rotations; OSHA blood borne pathogens, hazardous materials, biomedical waste, patient rights, fire safety, confidentiality, HIPPA, CPR, radiation protection. These topics will be presented by way of lecture and videotape presentation. Competency will be demonstrated by passing an examination for each topic.

Students may be required to undergo drug testing and/or background check as the clinical affiliates require.

Clinical affiliates require that all students provide an annual physical examination, proof of recent PPD status, vaccine titers, influenza vaccination, and proof of covid vaccine.

Clinical Attendance

1. It is mandatory that **ALL** health forms be submitted to Castle Branch on time. Any student who does not submit all of the forms on time will not be allowed to start clinical and will be asked to leave the program.
2. A record of clinical attendance must be maintained on sign in sheet
3. The fulfillment of successive semesters of clinical hours is the student's responsibility.

Clinical Courses

Each semester students will be assigned to a clinical setting. During each semester the student may be assigned to a different clinical setting for a period of time based on the discretion of the Clinical Coordinator. Students refusing to complete any assigned clinical rotation will not be permitted to return to the clinical setting.

A student must successfully complete all clinical objectives and course requirements to receive a passing grade. A student can be removed from the clinical setting for any unprofessional behavior. Any behavior considered negligent or detrimental to a patient or colleague will be considered most serious and the student will be referred to the Chairperson of Health Sciences and/or the Dean of the School of Health Professions & Nursing and may be required to withdraw from the program.

The attendance policy for clinical is as follows:

Junior Students: have 4 absences to use from September-July

Senior Students: have 4 absences to use from September-May

These days are intended for use when the student is either sick or has extenuating circumstances that prohibit them from attending clinical. Any absence beyond the above mentioned days will

affect the final grade and the student will be required to make them up. Absences with physician documentation will be considered on an individual basis.

For each absence (beyond the four day limit) there will be a reduction in grade. If any student is absent for more than 20% of clinical days they will automatically receive a failing grade for that clinical course.

For Example:

- 1 Absence: A will be reduced to A-
- 2 Absences: A will be reduced to B+
- 3 Absences: A will be reduced to B
- 4 Absences: A will be reduced to B-

There will be no half-day absences permitted. Lateness is unacceptable. Hospital personnel are *not* permitted to approve or grant student time off. Students are not permitted to ask hospital staff to leave early. All vacations must be scheduled during University holidays. **There will be no exceptions.**

Clinical begins at 8:00AM. Any student that arrives after 8:00AM is considered late. If you arrive more than 30 minutes late to your clinical site, it will be considered an absence and you will need to use a day. Excessive lateness to the clinical site will not be tolerated by the program or clinical affiliate. Any lateness will affect the final grade for a clinical section and could result in dismissal from the program. Three latenesses will equal one absence.

All students should notify the Program office by email, Melissa.Labos@liu.edu, Kaitlin Kurklen, kaitlin.kurklen@liu.edu and cc your designated clinical instructor, and the clinical preceptor of lateness, absence or when leaving early. You will be notified each semester who your instructor(s) is. If you will be late due to traffic you must send an email when you arrive at your site. Do not email while you are driving. It is the student's responsibility to keep a record of all email correspondence. Continuous attendance at academic classes, clinical and seminars given by guest speakers is required. Absence from these meetings will affect your final grade.

A student may not be in the clinical setting if they are on restricted or limited duty. In the case of an injury, the student is not permitted to return to clinical without a doctor's note specifically stating that they are able to return to the hospital setting unrestricted.

Any student that is requesting time off for either vacation, bereavement, military, jury duty, or family medical leave is required to submit a completed Student Time Request form at least one week prior to the time requested. This request must be approved by the Clinical Coordinator.

If a student is diagnosed with COVID 19 and/or the flu, the amount of time they are out from clinical will be determined on an individual basis.

Any student who is absent, late, or leaving early without notification of the program office or clinical site will be given a written warning. If a second written warning is given, the student will meet with the Chairperson of Diagnostic Health Professions or the Dean of the School of Health Professions & Nursing, which may result in dismissal from the program. Anytime you are written up your clinical grade may be reduced.

Time Sheets

When arriving at the clinical site, the student must sign in with a full signature and *accurate* arrival time. When departing from the clinical site, the student must sign out with a full signature and *accurate* departure time. The student must have a supervisor or licensed technologist initial them in and out on their sign in sheet. The student MAY NOT sign in and out at the beginning of the day. If the student forgets to sign in for a day he/she MAY NOT enter this on the sheet once the day has passed and will count as an absence. The sign-in sheet is a legal document which must be maintained accurately.

Any student who is found to deviate from this above procedure will be dismissed from the clinical site and will be referred to the Health Science Chairperson and/or the Dean of the School of Health Professions & Nursing and may be dismissed from the program.

Clinical Affiliate Information

Please see the list below of clinical site locations. These represent the distance you may be required to travel. Clinical rotations require travel either two, three or five days a week, depending upon a given semester. Any student may be assigned to any clinical site for any given period of time.

Clinical site assignments will be done by the Clinical Coordinator. Students are not permitted to request their clinical sites. Students are responsible for transportation to and from their assigned clinical location. On occasion, students may be required to travel from their clinical site to campus for meetings or events.

The student is responsible for all costs associated with attending clinical rotations which may include paying to park at your designated site.

Medical Imaging Program Clinical Sites:

St. Joseph's Hospital - (516) 520-2330
4295 Hempstead Turnpike, Bethpage, N.Y. 11714

NYU Long Island - (516) 663-6971
259 First St, Mineola, N.Y. 11501

Northwell Huntington Hospital- (631) 351-2217
270 Park Ave, Huntington, N.Y. 11743

Northwell Manhasset Hospital- (516) 562-3456
300 Community Drive, Manhasset, N.Y. 11030

NYU Langone- Nrad- (516) 222-2022

Garden City- 765 Stewart Ave, Garden City, N.Y. 11530 x2215

Ohio Drive - 6 Ohio Dr., Lake Success, N.Y. 11042 (516) 355-5550

Hillcrest- 80-15 164th St, Jamaica Estates, N.Y. 11432 x3229

Zwanger-Pesiri Radiology

East Setauket- 220 Belle Mead Rd., E. Setauket, N.Y. 11733 (631) 444-5544

Smithtown- 80 Maple Ave., Smithtown, N.Y. 11787 (631) 265-5777

Stony Brook- 2500-15 Nesconset Highway, Stony Brook, N.Y. 11790 (631) 751-2900

West Islip – 759 Montauk Hwy, West Islip, N.Y. 11795 (631) 444-5544

Huntington Station – 326 Walt Whitman Rd, Huntington, N.Y. 11746 (631) 444-5544

Northwell Health Offices

Great South Bay Imaging- 620 Main Street, Islip, N.Y. 11751 (631) 439-7237

Northwell Health at Great Neck- 611 Northern Blvd, Great Neck, N.Y. 11021 (516) 233-3456

Northwell Health Reichert Family Imaging- 284 Pulaski Rd, Greenlawn, NY 11740

Center for Advanced Medicine - 450 Lakeville Rd, Lake Success, N.Y. 11042 (516) 734-8600

Northwell Health Orthopaedic Institute at Great Neck- 611 Northern Blvd, Suite 200, Great Neck, NY 11021

Northwell Health Orthopaedic Institute at Garden City- 1001 Franklin Ave, Suite 110 Garden City, NY 11530

Orlin and Cohen Orthopedics -(516) 536-2800

Garden City – 1101 Stewart Ave. Garden City, NY 11530

Woodbury - 45 Crossways Park Dr. Woodbury, NY 11797

Lynbrook - 444 Merrick Rd. Lynbrook, NY 11563

Smithtown – 222 Middle Country Rd. Smithtown, NY

Bohemia – 3480 Veterans Memorial Hwy. Bohemia, NY 11716

Massapequa – 660 Broadway. Massapequa, NY 11758

Rockville Center- 36 Lincoln Ave Rockville Center, NY 11570

Port Jefferson- 635 Belle Terre Rd Unit 204, Port Jefferson 11777

ProHealth- Lake Success – 2800 Marcus Ave, Lake Success, N.Y. 11042 (516) 608-2841

Lenox Hill Radiology - 214 Wall St, Huntington, NY 11743 (631) 427-8860

Hospital Rules and Regulations

The student is a guest of the institution and subject to all the rules and regulations of the clinical affiliation(s). The clinical affiliate has the right to dismiss from that affiliation any student who demonstrates a breach of rules or displays unethical, insubordinate, or unprofessional behavior.

Any event that occurs at the hospital MUST be reported to the program director immediately at (516) 299-3251. If an incident report is generated by the clinical site, a copy must be received by the program director.

No cell phone use or any electronic devices, including laptops, is allowed while in the radiology department. This includes text messaging. All cell phones are to be left in your car or in your locker, you are not permitted to carry your cell phone in your pocket. Hospital phone and computers should only be used for work purposes. Students are not allowed to use hospital phones or computers for any personal reasons. If you are found in violation of this you will be sent home immediately and it will count as an absence.

Hospital Strike/ Job Action

No student is permitted to participate in any strike or job action while at the clinical site. In the event of a strike or job action, the student should leave the clinical site and check with the clinical coordinator for further directions. Appropriate care for the patient should never be compromised.

At no time should a student attempt to cross a picket line to enter the hospital.

At no time should a student leave a patient unattended.

Dress Code

All students must present a *professional appearance* at all times. It is also expected that all students practice good personal hygiene habits, cleanliness and neatness without offensive odors.

Students must wear the form of identification which is required by the affiliated hospital. In addition, students must wear a name badge which includes the words "LIU Post Student". This is mandated by New York State Law.

Uniforms

Uniforms, Scrub shirts,pants, and program fleece should be worn properly at all times while in the clinical setting. Any student not properly attired will be sent home and charged with an absence.

1. Uniform shirts are to be purchased by all students and will bear the program logo. The uniform must fit properly. Uniform pants, shirts, and fleeces will be purchased by the student through Flynn O'Hara Uniforms.
2. White or black uniform shoes or sneakers are required. High heeled shoes, clogs, crocs, vented or open toed shoes are not permitted. Shoes must be maintained and polished on a regular basis. Please check with the program director and clinical coordinator if the shoes are acceptable.
3. The hairstyle must be neat in appearance and a neutral color. Long hair must be worn up or tied back off the face.
4. No excessive jewelry or makeup is permitted. Makeup and nail polish should be neutral colors. Strong perfumes are not permitted. Students must adhere to their individual site requirements regarding tattoos, facial hair, and body piercings.

Supervision of Students

As mandated by the Joint Review Committee on Education in Radiologic Technology (JRCERT), students in the clinical practice shall be supervised according to the following guidelines.

Direct Supervision: Assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's level of achievement.
- Evaluates the condition of the patient in relation to the student's knowledge.
- Is physically present during the conduct of the procedure.
- Reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Indirect Supervision: After demonstrating competency, students may be permitted to perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of the student's achievement. A qualified radiographer must review and approve all exams.

Repeat Radiographs

It is the program's policy that unsatisfactory radiographs be repeated in the presence of a qualified staff radiographer. Any student repeating a radiograph must complete a **Student Repeat Radiograph Form**. ***Under no circumstances should a student repeat a radiograph without supervision from a licensed radiologic technologist. Students who do not adhere to this policy will be subject to strict disciplinary action.***

Approving Radiographic Images

A registered technologist must review all images taken by the student before they are accepted and the patient leaves the department. Failure to do so is a violation of the program's policy and will result in disciplinary action.

The Clinical Rotation

Each student will be given the opportunity to apply the medical imaging information that was taught in the classroom in the clinical setting. During the classroom learning experience the student will have simulated all radiographic examinations using a phantom and producing a radiograph. *Radiation protection principles will be emphasized and reinforced.*

Clinical Assignment Documentation

Students will be assigned to a clinical affiliate by the clinical coordinator. Each student will be given a time sheet and must sign precise arrival and departure times. Throughout the clinical portion of the program, the students will be given the opportunity to observe and actively participate in procedures under direct and indirect supervision.

Students are required to submit the following clinical documentation at the times indicated:

1. Medical Imaging Procedure Record (Log of cases)
2. Bi-weekly Clinical Evaluations
3. Monthly Attendance Sheet (Sign in sheet)
4. Repeat Radiograph Forms
5. Competencies/Procedures Forms

Every case that a student is involved in must be on the log sheet and the log sheet and tally sheet should match. Each case logged **must** have the name of the technologist that has approved all accepted films.

Any biweekly evaluation, procedural evaluation or competency evaluation must be complete with the technologist's name printed (**legibly**) and signature. Procedures must have 5 observed case MRNs/accession numbers with dates documented on each form.

Students are required to submit the above paperwork to the clinical coordinator at the end of each month as follows:

Seniors – submit paperwork the last Thursday of each month

Juniors – submit paperwork the last Friday of each month

Any incomplete or late paperwork will result in a reduction of the clinical grade.

Final paperwork should include an end of semester clinical evaluation form.

The final paperwork will not be accepted beyond the last official day of classes. Any paperwork missing will result in a reduction in the final grade. Please note that this is prior to final's week.

Each student will be required to dress and interact with other health care professionals and patients in a professional and confident manner. Any deviation from this behavior will be counseled by an instructor. *Any behavior considered negligent or detrimental to a patient or colleague will be considered most serious and the student will be required to withdraw from the program.*

Clinical Competency and the Evaluation Process

Each student will be assigned to the radiographic area that complements the level of experience of the student and supports and reinforces the level of didactic information that the student has received.

During the first semester, the student will be observing and assisting in the imaging process. Every effort and opportunity will be given to the student to demonstrate his/her ability to interact with patients in the healthcare setting.

During the entire length of the program, the student's progress will be monitored using various evaluation methods. Designated representatives from the school and clinical sites will complete these evaluations as the student progresses through the clinical assignment.

The student will be requested to demonstrate clinical competence at prescribed intervals during each semester. Each student will receive a **Clinical Handbook** at the start of the program. This book should be safeguarded, as it will be used for the entire radiography clinical experience. Additional Clinical Competency forms will be available on Canvas Brightspace at all times. ***Under no circumstances will evaluations be completed at a later date.***

There are two levels of evaluation in this text for mandatory and elective ARRT competency. The first, labeled "procedure," may be performed at the clinical site or in the Programs laboratory under the direct supervision of a member of the faculty or any registered technologist. Each student must observe and assist in a number of cases before being able to get a procedure on that case. Students are not allowed to procedure a case unless they have learned it class/lab. If a student is performing a procedure or competency, the case must be done without other students being present. The student must achieve a grade of 80% or higher before going on to complete the "competency" for that examination. Competency evaluations can only be completed by a LIU Post faculty member or a licensed radiologic technologist. If for some reason, a faculty member is unavailable for the competency evaluation, the faculty member may designate a clinical preceptor to do this evaluation.

The student is required to complete this competency examination:

1. With little help (except for patient safety)
2. With no repeat radiographs
3. Demonstrating confidence and professional skills
4. Achieving a grade of 80% (B) or higher
5. With the production of a diagnostic radiograph
6. Must know and fill out technical factors on competency form

In the second year of the program each student will be required to perform 5 re-assessment exams that are to be completed by University staff, Coordinator or Instructors. Each student will need:

- 1- Chest or abdomen
- 1- Upper extremity
- 1- Lower extremity
- 1- Spine or Pelvis
- 1- Portable

In addition to the competency evaluations, the student will be required to have completed a designated number of bi-weekly evaluation forms each semester. This form is to be completed by the technologist who supervises the student for the two-week rotation.

If the student is unable to prove competence in the clinical setting when there are a significant number of examinations offered, the student will be given the opportunity to be remediated. Remediation may occur in the hospital setting or in the University's simulated laboratory, where individual instruction will be utilized to attain the goal of competence. Please refer to the page 30-36 for the ARRT guidelines concerning competency requirements.

After the remediation, the student will be reassigned to the clinical site for additional experience. If, after remediation and additional clinical time, the student is unable to reach the competency level required, the student will be asked to resign from the program.

During each semester, the student will be tested not only on image production but also on other information that should be assimilated into a wide body of stored professional knowledge. The student will have the ability to demonstrate this knowledge during competency demonstration or verbally to an instructor during their clinical rotation.

Clinical Competency Requirements:

- By the end of RDT 200, no required competencies. Only chest, abdomen, and upper extremity can be comped as long as it has been learned, simulated and practiced in both class and lab.
- By the end of RDT 201, the student must have demonstrated at least 12 clinical competencies.
- By the completion of RDT 202, 24 clinical competencies should be demonstrated.
- By the completion of RDT 203, at least 36 demonstrated competencies must be achieved. This will include satisfactory demonstration of at least 30 of the 36 mandatory competencies.
- By the end of RDT 204, all 36 mandatory, and at least 15 of the elective radiological procedures must be demonstrated.

A student must successfully complete the above Competency Completion Requirements for their course to receive a passing grade.

Clinical Grading

The following components will factor in to all students' clinical grades:

1. Paperwork

- 2.1 Complete and accurate Imaging Procedure Logs
- 2.2 Appropriate number of cases
- 2.3 Appropriate number of Bi-Weekly evaluations
- 2.4 Appropriate number of Repeat Radiograph forms
- 2.5 Handing in paperwork on time

2. Clinical performance (Bi-Weekly evaluations grades, Weekly instructor evaluation grades, Final performance evaluation)

Paperwork	40%
<u>Performance</u>	<u>60%</u>
Total	100%

Completion of Competency Based Requirements for Graduation

In order for the student to achieve final clinical competence, the student must:

1. Have completed all required department courses with acceptable grades
2. Have completed all clinical courses with the required competencies and reassessments
3. Have completed all 36 mandatory and 15 of the 34 elective radiologic procedures as specified by the ARRT so that the student proves clinical competency (please refer to Appendix for the specific competency requirements)

If the volume of these examinations is not sufficient for the student to demonstrate clinical competence, the program director and clinical coordinator will arrange for a simulated clinical experience. The student is not permitted to simulate more than 2 mandatory and 5 electives.

4. Each student must register for five clinical practicums in the 200 series. Each practicum requires the completion of that practicum with the prescribed number of clinical hours and clinical competencies.
Information pertaining to specific clinical competency requirements for each semester can be found on page 14 of this handbook and are outlined in the syllabi for each clinical section (RDT 200, 201, 202,203 & 204).
5. All students must:
 - complete all requirements of the University
 - complete the core course requirements
 - complete the required University competencies
 - complete the required departmental courses and ARRT competencies
 - have at least 120 credits

- have paid all outstanding fees
- have filed an application to the American Registry of Radiologic Technologists
- have filed an application to the New York State Department of Health
- have filed an application to the Registrar's Office for graduation

No student will be recommended to the American Registry of Radiologic Technologists or the New York State Department of Health for licensing if he/she has not completed the above requirements.

Holidays

Program holidays will coincide with the holidays designated by the LIU Post academic calendar.

Vacation

Vacation time is available only during scheduled University holiday periods. **No vacations may be taken during scheduled clinical rotations.**

Lunch Break

Students are allowed an hour lunch for an 8 hour working day. The time of lunch will be determined by your clinical site. No student is permitted to skip their lunch break.

Inclement Weather

If the school is closed due to inclement weather on a clinical day, the students will not be required to go to clinical. If there is a delayed opening, students will not be required to go to clinical till the time campus is opening. A student can call the school at (516) 299-3637 to find out about closings and delays.

Mammography Policy

All students, male or female will be given an opportunity to complete a mammography rotation. If requested, the program will make every effort to place a male in a mammography rotation, however the program cannot override clinical setting policies that only allow female students to complete rotations. Placement for male students is not guaranteed and depends on availability of a clinical site that allows male students to participate.

Female students that decline a mammography rotation should be aware that not having documentation of completion of mammography clinical experience along with the required didactic course may prevent you from performing mammography exams once you are employed.

Radiation Protection Policy

It is the policy of the Medical Imaging Program to accurately monitor the levels of radiation exposure received by students. All students will be monitored during related educational experiences including clinical rotations and laboratory sessions. The faculty, Program Director and Clinical Coordinator within the program endorse the belief that any exposure to radiation at levels above those caused by natural and manmade environmental sources constitutes an increase in the probability of negative radiation effects, and that students preparing to become Radiologic Technologists MUST, from the onset of their education, assume responsibility for:

1. Wearing their film badges consistently and in accordance of the program's policy
2. Changing their film badges with their final paperwork at the end of each semester

3. Being fully aware of the levels of exposure received
4. Adhering to meeting requests from the Clinical Coordinator regarding their monitoring reports
5. Completing any forms or documentation requested by the Clinical Coordinator or Program Director regarding anything pertaining to radiation exposure.
6. Adopting responsible attitudes and behaviors with regard to laboratory and clinical practice involving the use of radiation
7. Following the policies and practices outlined in the Laboratory Procedure and Radiation Safety Manual located in Life Science Room 151 Laboratory.

The student will demonstrate accuracy in practicing radiation protection for the patients, personnel, and self by:

1. Closing doors during procedures and exposures.
2. Shielding all patients.
3. Collimating at least to image receptor size and/or part size.
4. Protecting himself/herself and others from irradiation by wearing aprons, gloves, and dosimeter.
5. Keeping repeats to a minimum.
6. Considering pregnancy status; following department protocol.

With the previously stated considerations in mind, the department has developed the following policies. Any student failing to abide by any one of the policies may be subject to termination from the program.

- The LIU Post Campus will issue appropriate monitoring devices to students for use on campus during laboratory sessions involving the use of energized x-ray equipment and for clinical assignments. These devices **MUST** be worn on the collar at all times.
- Any student who is employed and working in an area where ionizing radiation is being used **MUST NOT** wear the monitoring badge provided by the university during their work hours. A separate badge should be requested by your employer and worn during working hours.
- Monitoring badges must be worn by the student at all times while in the clinical setting. Any student who does not have their monitoring device will be asked to leave clinical and the day will count as an absence.
- Film badge reports will be reviewed by the Clinical Coordinator of the Medical Imaging Program upon receipt. These reports are maintained in the Medical Imaging office. **It is the student's responsibility to hand these badges to the clinical coordinator at the end of every semester. The students are required to review their dosage report and initial next to their name showing that they read the report and have changed their badges.**
- **If a student does not return their badge on time or have lost their badge, they will need to incur the fees that are charged to the program by CHP. The charge is \$10.50 for the badge, plus an \$18 lost badge fee if the original badge is not located by the end of the semester.**
- The clinical coordinator will discuss any readings with students and review proper radiation protection procedures with students receiving readings on their film badges.
- Any student receiving total body reading in excess of 30mr for any semester must meet with the Clinical Coordinator to discuss and document possible reasons for the exposure as well as ways to prevent a dose in the future. See radiation dose report form on page 58.
- If a student damages the badge, please inform the clinical coordinator about the incident. For example, film badges left out in the sun could detect radiation readings and be misread as radiation exposure to the student. Please inform the clinical coordinator about what occurred.
- The students are informed of the Annual Radiation Exposure Limits (Chart below)

- Upon graduation, all students are given their final film badge reports including their total exposure for the length of the program.

Annual Radiation Exposure Limits

Whole body, blood forming organs, gonads	5,000 mrem
Lens of the eye	15,000 mrem
Extremities and Skin	50,000 mrem
Fetal (Gestation period)	500 mrem
General Public	100 mrem

NOTE: This guideline is in accordance with the guidelines of the National Council on Radiation Protection (NCRP), the Bureau of Radiologic Health (BRH), and the Nuclear Regulatory Commission (NRC) for non-occupational exposure, and within the requirements of the New York State Sanitary Code.

- Any accidents with the film badge or loss of the badge must be immediately reported to the Clinical Coordinator in writing.
- During radiographic positioning labs, no students are permitted inside the x-ray room during an exposure.
- Any student who knows, or has reason to believe that he/she is receiving chemotherapy/radiation therapy, has leukemia or has any other physical condition, or is receiving any other form of treatment that may render them hypersensitive to radiation exposure, MUST notify the program Director of this condition and/or treatment, in writing, immediately.
- Once the notification has been received, the student will be reassigned to areas within his or her educational experience which do not involve exposure to radiation.
- When such reassignment is not possible, the student must decide whether or not he or she wishes to continue in the program; he/she must notify the Radiologic Technology Department in writing, stating the desire to continue.
- Should the student decide to withdraw from the program until such time as the condition or treatment no longer causes an increased sensitivity to radiation exposure, the student must follow established college withdrawal procedure. To re-enter the program, the student must follow the established readmission procedures.

The following Radiation Protection Policies must be followed by all students at all times in both the clinical and laboratory settings:

- Students must not, under any circumstances, hold image receptors during a radiographic exposure
- Students must not, under any circumstances, hold patients during a radiographic exposure
- Students must always wear their film badge while taking a radiographic exposure
- Students rotating through MRI must be appropriately screened for magnetic wave or radiofrequency hazards
- Under **no** circumstances should a student get an x-ray taken of themselves or x-ray someone without a prescription from a physician while at the clinical setting.

MRI Safety

1. Students must complete the MRI student screening form on the first day of the program. They are collected during the program orientation at which time students can ask any questions they may have about the form.
- 2- A copy of the screening form will be provided to all students on the first day of the program and can also be accessed at any time on BlackBoard or from the Clinical Coordinator.

Patient Protection

Protection of each patient is the responsibility of the student performing any radiologic procedures. It is imperative that the correct patient and/or body part be examined. . In the event that this happens the following must be followed:

1. Report occurrence immediately to your assigned technologist or supervisor.
2. Fill out a program incident report.
3. Notify the Program Clinical Coordinator and set up a meeting to discuss the situation

Pregnancy Policy

A student who becomes pregnant may voluntarily disclose her pregnancy in writing to the director of the Medical Imaging Program. Confirmation by a physician is not required. If such disclosure is made, the Nuclear Regulatory Commission requires that action be taken to limit the total radiation exposure of the embryo/fetus to 0.5 rem (mSv). This is one-tenth of the dose limit that an adult worker/student may receive in a year. The purpose of the lower limit is to protect the unborn child. Information about Prenatal Radiation Exposure to the possible developmental effects of low- level radiation is available from the Program Director.

After consultation with her personal physician and the Program Director, the “declared pregnant” student is expected to select one of the following options:

1. She may continue in both the clinical and didactic portions of the program with no adjustment in clinical assignment. She will be expected to adhere strictly to all radiation safety requirements, including the wearing of personnel monitoring devices. If the student’s current clinical setting does not allow for pregnant students to rotate through all areas, she will be reassigned to a clinical setting that allows clinical rotation with no adjustments.
2. She may withdraw from clinical courses, while continuing her didactic education. In that case, she will be required to fulfill the clinical requirements after delivery. This procedure will extend the duration of the program for the student, and may necessitate repeating a clinical education course. A pregnant student registered for a departmental course that requires activities in energized labs will be monitored for fetal dose.
3. She may continue full-time status with limited rotations excluding fluoroscopy, surgery, and portables.
4. She may request a leave of absence from all courses with the expectation that she will resume her education after delivery. Readmission to the program will be on a space available basis and requires that the student withdrew in good standing.

The student must submit in written form, within 48 hours, her decision with regard to the options noted under section one of the above.

The following are procedures which apply to the options:

1. Application for leave of absence will be reviewed, on an individual basis, by the Program Director
2. The student may attend classroom instruction only and will be required to fulfill the clinical

objectives after delivery. The number of absences from classroom instruction will determine whether or not the student will be required to repeat the entire course(s). Pregnant students registered for departmental courses which have energized laboratories will assume complete responsibility for their laboratory practice and must be prepared to leave the room before each x-ray exposure. This will occur under the direct supervision of a faculty member.

1. If maintaining full-time status, the following is a mandatory requirement:
Strict adherence to all safety precautions for protection purposes is required.

The decision to inform the program that she is no longer pregnant is the individual student's decision. A student may withdraw a declaration of pregnancy, in writing to the Program Director, at any time. Under this circumstance, the student retains the right to continue their progress in the Medical Imaging program without modification.

Undeclared Pregnancy Policy

If the student chooses not to declare her pregnancy and notify the program faculty, the program will be unable to provide the necessary accommodations for the student in order to ensure proper protection to the embryo/fetus. However, it is the student's right to complete the Medical Imaging Program in its entirety without modification.

Should further information be requested, student will be referred to:

- **RADIOLOGIC SCIENCE FOR TECHNOLOGISTS** Physics, Biology, and Protection, 11th edition. Stewart C. Bushong - Chapter 40, Occupational Radiation Dose Management. Pages: 610-613.
- New York State Department of Health Sanitary Code, Chapter 1: Part 16.

The intent of the following guidelines is to educate the student in the basic principles and practices of infection prevention and control so as to prevent their possible acquisition of an infection or a communicable disease as well as to maintain a safe environment for the patient/client during a radiographic procedure to prevent transmission of infection. Students should adhere to personnel health guidelines in the Employee Health Policy of the hospital they are assigned. The following guidelines are precautions and not intended to contradict any hospital policies:

A. Personnel

1. Guidelines of the hospital regarding proper attire, surgical scrub and draping of patient must be followed.
2. Frequent and thorough hand hygiene is required:
 - a) before and after all patient contacts
 - b) before and after donning (putting on) gloves
 - c) after personal use of the lavatory
 - d) before leaving for meals and upon return
 - e) after cleanup of any organic matter
3. Policies and procedures for each category of Isolation as delineated in the Standard Precaution Isolation System practiced in all health care facilities.

4. Policies and procedures for infectious waste must be followed as delineated in the Hospital Infectious Waste Policy.

B. Equipment:

1. Supplies intended for “one patient use only” will be discarded after the completion of a procedure. Disposable patient equipment is considered contaminated and is to be bagged and discarded according to hospital policy.
2. Most equipment today is considered a one patient use item only. In the event that reusable patient care equipment is utilized for a procedure the item is to be placed in a sealed container or bag in to be labeled as biohazard and sent for decontamination to a designated area for processing as set forth by the hospital.
3. Needles, syringes, scalpel blades, and other sharps are to be disposed of in a designated puncture resistant container labeled for biohazard sharps. They are clearly marked in all areas within the hospital.
4. Linen: all linen once used is considered contaminated and is to be discarded in a hamper which contains a large plastic linen bag which is specifically designed to contain all linen safely.
5. Portable equipment is specifically used in a hospital when a patient is unable to come to the Radiology Department. The radiographer is to use a disinfectant/detergent wipe to disinfect any portion of the equipment which has had direct contact with the patient after each use. In special situations when a patient is on Airborne and Contact Precautions (Isolation) the whole piece of the equipment must be disinfected. A sign indicating the type of Isolation Precaution will be easily identified on the front of the door of the patients’ room.
6. In the Radiology Department all tables and to be decontaminated by wiping it down with a disinfectant wipe or solution.
7. Barium Enema examination: All equipment for a barium enema is now disposable. Barium suspension is prepared at the time of use. Personnel are to wear gloves and if contamination during the procedure is anticipated (impervious or water resistant) gowns are readily available for use. Spills should be wiped immediately with a disposable cloth wearing gloves. It is to be disposed of in the designated trash receptacle.
8. Blood/Body Fluid Spills are to be cleaned wearing appropriate personal protective equipment which will include gloves and an impervious gown. The area is to be wiped with disposable paper towels and flooded with the disinfectant solution specified by the hospital. For a small spill the paper towels may be disposed of in the trash. If this is a large spill most hospitals have designated environmental service department who will clean the spill.
9. Cleaning of rooms: All rooms are to be cleaned on a scheduled basis. Interventional radiology rooms utilized for invasive procedures are to be cleaned after each procedure.

C. Hand Hygiene Procedure:

The principle of hand hygiene is primarily the removal of resident microorganisms which are found on all people's hands and the removal of organic matter. Today we have two ways of decontaminating hands.

One is the use of soap and warm water using friction for 15 seconds and rinsing thoroughly under running water. The second is, you may use the alcohol based hand sanitizer if there is no organic matter on your hands, which is now available in all hospitals. For patients who have a diarrheal illness you must use soap and water. Hand hygiene is required before and after using gloves.

Hand Hygiene Technique with Soap and Warm Water is as follows:

1. Remove all jewelry.
2. Turn water on and run until it is warm.
3. Apply a small amount of liquid soap in the palm of your hands and warm water and make suds.
4. For assisting with invasive procedures wash your hands and forearm carefully with an antimicrobial soap with warm water and a nail pick to remove all organic matter from under your nails. This may require a 2 minute wash.
5. Rinse well under warm running water, beginning at the elbow and rinsing downward over the hands.
6. Dry hands thoroughly, using paper towels.
7. If the sink you are using does not have foot control pedals, turn off the handles with the paper towel used for drying your hands; do not touch the area of the towels which came in contact with the handles.
8. Dispose of the paper towels, being careful not to touch the waste container.

When using Waterless Alcohol Based Hand Sanitizer:

1. Place enough solution in the palm of your hands to be able to work with friction between your fingers and around your wrists.
2. Procedure must take 15 seconds.
3. Allow to air dry.

D. Glove Technique:

Gloves are to be worn only *ONCE* for each patient contact. Students are to change immediately to new gloves after direct contact with the patient's secretions or excretions even if the care of the patient has not been completed. Wash hands before and after using gloves. Gloves are not to be worn in hallways or areas outside the patient care areas whether they are clean or not since gloves are identified as contaminated when worn.

1. Hand Hygiene is required with either soap and/or water or the alcohol based solution before and after donning gloves. If gown is worn, gloves are to cover cuffs of gown.
2. Remove gloves by grasping edge of cuff and pulling inside out over hands.
3. Discard gloves into trash receptacle in room.
4. Wash hands with either soap and water or alcohol based solution after removing gloves.

Note: When gloves, gown, and mask are worn, remove gloves first, then gown, then mask, using prescribed technique for each.

E. Gown Technique:

Gowns are worn when caring for a patient on Standard Transmission Precautions (Isolation) to prevent contamination of your clothing as well as preventing you from becoming a vehicle for transmission of an infectious agent to another patient.

See next page for proper gowning technique.

1. Put on gown over uniform. Fasten at neck, then waist.
2. Remove Gown by:
 - a) Untie waist tie with gloves on.
 - b) Remove gloves without contaminating yourself. If hands become contaminated, wash your hands with soap and water if organic matter is present or if no organic matter is present wash hands with the Alcohol Based Hand Sanitizer. Gloves are removed by grasping edge of cuff and pulling inside out over hands.
 - c) Untie neck tie.
 - d) Remove gown, pull gown forward, and remove by bringing clean side outward over hands.
3. Discard gown into appropriate trash receptacle in room.
4. Wash hands with either soap and water or the Waterless hand sanitizer

F. Mask Technique:

Masks are recommended to prevent transmission of infectious agents through the air. Properly fit tested masks can protect the wearer from:

- Inhaling large particles aerosols (droplets that are transmitted by close contact and generally travel only short distances. Six to eight feet.
- Inhaling small particles (droplet nuclei) that remain suspended in the air and thus travel longer distances.

1. Masks are used only *ONCE*. They should never be lowered around the neck and reused.
2. Replace the mask if it becomes moist (20 minutes - 1 hour).
3. The mask must cover the nose and mouth.
4. Don mask before entering the room for Airborne Precautions or Droplet Precautions. Each of these precautions requires a specific mask and you will be educated on which one is indicated for which Precaution. If you have any questions on what mask to use ask the nurse caring for the patient.
5. Before Mask is removed wash your hands.
6. Discard mask in a trash receptacle in the room.

G. Isolation: Standard Precautions and Transmission-based Precautions

These are procedures which have been designed to prevent the spread of pathogenic microorganisms (create infection) among patients, hospital personnel and visitors. Since agent and host factors are more difficult to control, interruption of the chain of infection is directed primarily at the time of transmission.

Standard Precautions is a two-tier Isolation System: The **first** part of the system is primarily considered Universal Precautions. It states that all patients are to be considered possible infectious. It incorporates the use of good hand hygiene practices and wearing PPE (Personal Protective Equipment) at time when you the health care worker anticipates possible contamination.

The **second** part of the system is the Transmission Based Precautions which are designed for specific pathogenic organisms. It is to be used in conjunction with Standard Precautions.

Types of Transmission-Based Precautions are:

1. **Airborne Precautions:** Hand Hygiene and use of a special fitted mask. (ex. Pulmonary TB)
2. **Contact Precautions:** Hand Hygiene and use of Gown and Gloves. (ex. Diarrheal illness and Multi-Drug resistant organisms)
3. **Droplet Precautions:** Hand Hygiene and use of a surgical mask. (ex. Flu)
4. **Airborne + Contact Precautions:** Hand Hygiene and use of a special fitted mask, gown, and gloves. (ex. Chickenpox)

There are numerous psychological implications related to the isolation of a patient:

1. Every effort must be made to make the patient feel accepted and safe. Allow him/her to express their feeling both positive and negative.
2. Explain the reason for each technique to promote patient understanding and comfort.

H. Medical Imaging of the Patient requiring Transmission-Based Precautions (Isolation)

1. Student is to be properly dressed: mask, gown, etc. As indicated and must confine him/herself to the immediate area.
2. Cassettes are to be placed in a barrier so that they do not come in contact with the patients' skin, clothing, or bedding.
3. Cassettes and portable units are to be cleaned with an appropriate disinfectant after the examination has been completed. This cleaning is to be completed prior to the equipment being removed from the respective patient care unit.
4. Students are to discard their gown, gloves, and mask in the room. Under no circumstance should they leave the contaminated area wearing their mask, gown, or gloves.
5. Students are not permitted to enter an airborne isolation room without being properly fit tested first.

Needle and Sharp Safety: With the constant development of more and more radiological invasive procedures it is important to note that all needles, syringes, and sharps must be handled safely and disposed of immediately after use in a specially designed Sharps container.

Patient's Bill of Rights

A Patient's Bill of Rights was first adopted by the American Hospital Association in 1973. This revision was approved by the AHA Board of Trustees on October 21, 1992.

Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will

contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
6. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
7. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

8. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the

right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

10. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
14. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
15. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families

are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary. A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

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HIPAA - Health Insurance Portability and Accountability Act

HIPAA is a body of national standards for electronic medical records and transactions for healthcare providers, health plans, and employers. It also addresses the security and privacy of electronic health records.

What are the main objectives of HIPAA?

1. Accountability. HIPAA hopefully will reduce waste, fraud, and abuse. New penalties will be imposed.
2. Insurance Reform. HIPAA offers continuity and portability of health insurance, as well as providing limits on pre-existing provisions.
3. Administrative simplification. HIPAA mandates standards on electronic data transactions in a confidential and secure manner.

Who must comply with HIPAA?

Any healthcare provider that electronically stores, processes or transmits medical records, medical claims, remittances, or certifications must comply with HIPAA regulations. HIPAA does not require a practice to purchase a computer-based system as it applies only to electronic medical transactions.

What is the difference between HIPAA-ready and HIPAA-compliant?

HIPAA-ready typically refers to software products used by healthcare providers, insurance companies and clearing houses that comply with HIPAA guidelines. HIPAA-compliant refers to the doctors, hospitals and insurance companies themselves that are in compliance with HIPAA regulations.

Does HIPAA specify how compliance is to be achieved?

No. HIPAA regulations give health-care organizations the decision to decide how they will implement HIPAA compliance, and are technology and software-neutral.

What are the HIPAA compliance deadlines?

1. Privacy Rule: April 14, 2006
2. Transactions & Code Set Rule: October 16, 2006
3. Security Rule: April 21, 2006

(Note: The deadline dates are one year later for small businesses)

What are the penalties for HIPAA non-compliance?

Fines up to \$25,000 for multiple violations, \$250,000 or imprisonment up to 10 years for knowing abuse or misuse of individually-identifiable health information.

Drug-Free Workplace Act of 1988

The following is a restatement of the University's policy regarding the use of "controlled substances" in the workplace or clinical site. The Act applies specifically to any person employed pursuant to a federal grant (or contract) or to any student who received federal financial aid.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the Long Island University workplace or clinical site is a violation of University policy and any person who violates the foregoing is subject to appropriate disciplinary action.

The foregoing policy statement is written and promulgated pursuant to the requirements of the Drug-Free Workplace act of 1988. See: 41 U.S.C. Section 701. The Act requires the employee "to notify the employer/school of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction."

Any employee/student who wishes to seek information regarding drug counseling or rehabilitation may contact the Student Health & Counseling Center at (516) 299-2345.

All questions concerning this policy statement may be directed to the Long Island University Personnel Office.

Felony or Misdemeanor Convictions

During the course of study in radiography, should you be convicted of a felony or misdemeanor, you must contact the American Registry of Radiologic Technologists and the New York State Department of Health to verify that you satisfy requirements for New York State licensing and the National Registry. (Please refer to the program application you submitted prior to acceptance.)

OSHA Bloodborne Pathogens Standards –

- Paper copy available in the Program Office
- Electronic version available on Blackboard in Patient Care Course – RDT 103

ACADEMIC DISHONESTY: PLAGIARISM and CHEATING

<http://www.liu.edu/CWPost/StudentLife/Services/Counseling/AcadPolicies/Conduct/Standards>

Plagiarism: representing in any academic activity the words or ideas of another as one's own (whether knowingly or in ignorance) without proper acknowledgement. This principle applies to texts published in print or on-line, to manuscripts, to your own work, and to the work of other students.

Cheating: Improper application of unauthorized materials, information, or study aids.

Facilitating Academic Dishonesty: assisting another to cheat, fabricate, or plagiarize.

Fabrication: falsification or invention of any information or citation in an academic activity.

Sabotage: this is understood as stealing, concealing, destroying or inappropriately modifying

classroom or other instructional material, such as posted exams, library materials, laboratory supplies, or computer programs.

If, the instructor determines that a student has committed academic dishonesty by plagiarism, cheating, or in any other manner, the instructor has the right to:

- 1. Fail the student for that paper, project, assignment or examination**
- 2. Fail the student for the course**
- 3. Bring the student up on disciplinary charges for review by the School of Health Professions and Nursing and/or the Disciplinary Process as outlined at**

<http://www.liu.edu/CWPost/StudentLife/Services/Counseling/AcadPolicies/Conduct/Disciplinary>

Honor Code Violations

The following violations can result in possible dismissal from the Medical Imaging Program.

1. Falsification of eligibility requirements (clinical competency forms)
2. Forgery or alteration of any document related to clinical documentation or patient care (technologist initials or signature and false log sheets)
3. Accessing patient information on computers at clinical sites on any patient other than the one they are completing.
4. Abuse, neglect, or abandonment of patients
5. Violating patient confidentiality (HIPAA)
6. Attending clinical while under the influence of drugs or alcohol
7. Refusing to perform any case or rotate through any area

Progressive Disciplinary System

Rules and regulations are necessary in any organization in order to insure consistency and orderly operation, as well as to protect the rights and the safety of everyone involved. The Medical Imaging Program uses a progressive disciplinary system that applies a series of penalties for successive infractions:

Verbal Warning- An informal warning will be given to the student for any unacceptable action or behavior. The student will meet with the Clinical Coordinator/Program Director and a record of the violation will be kept in the student file. It simply states the violation and how to correct the problem.

Written Warning- This is a more formal write up. This will require the student to meet with the Clinical Coordinator, Program Director, and may be referred to the Chair or Dean of Health Professions and Nursing.

Dismissal- If, after the appropriate actions have been carried out and the student still fails to improve performance or continues repeating violations, the student will be dismissed from the program. If the violation is considered a major offense, the student may be immediately dismissed from the program. Please refer to the appeal process outlined in the Program's Student Manual on pages 20-21.