



MedStar Washington  
Hospital Center

# MedStar Washington Hospital Center Medical Imaging School of Radiology Prospective Student Handbook

*2022 - 2023*

**ALL POLICIES AND PROCEDURES ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE DIRECTOR OF RADIOLOGY EDUCATION. STUDENTS WILL BE NOTIFIED IN WRITING OF ANY CHANGES.**

# ***TABLE OF CONTENTS***

<b><i>MWHC MEDICAL IMAGING SCHOOL OF RADIOLOGY</i></b>	<b><i>6</i></b>
<b><i>MISSION STATEMENT</i></b>	<b><i>6</i></b>
<b><i>PROGRAM GOALS &amp; STUDENT LEARNING OUTCOMES</i></b>	<b><i>6</i></b>
<b><i>MEDSTAR WASHINGTON HOSPITAL CENTER</i></b>	<b><i>7</i></b>
<b><i>MISSION</i></b>	<b><i>7</i></b>
<b><i>OUR VISION</i></b>	<b><i>7</i></b>
<b><i>GUIDING PRINCIPLE</i></b>	<b><i>7</i></b>
<b><i>VALUES</i></b>	<b><i>7</i></b>
<b><i>PROGRAM EFFECTIVENESS DATA</i></b>	<b><i>8</i></b>
<b><i>ADMISSION REQUIREMENTS</i></b>	<b><i>9</i></b>
<b><i>ADMISSION PROCESS</i></b>	<b><i>9</i></b>
<b><i>ESSENTIAL FUNCTIONS CRITERIA</i></b>	<b><i>12</i></b>
<b><i>AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) EXAMINATION APPLICATION</i></b>	<b><i>12</i></b>
<b><i>CURRICULUM / PROGRAM OF STUDY</i></b>	<b><i>13</i></b>
<b><i>COURSE DESCRIPTIONS</i></b>	<b><i>14</i></b>
<b><i>GRADING SCALE</i></b>	<b><i>16</i></b>
<b><i>GRADUATION</i></b>	<b><i>16</i></b>
<b><i>ACADEMIC INTEGRITY/HONOR CODE</i></b>	<b><i>16</i></b>
<b><i>ACADEMIC PROGRESS</i></b>	<b><i>18</i></b>
<b><i>ACADEMIC RECORDS</i></b>	<b><i>18</i></b>
<b><i>STUDENT RIGHTS</i></b>	<b><i>18</i></b>
<b><i>FERPA</i></b>	<b><i>19</i></b>
<b><i>ANTI-HARASSMENT POLICY</i></b>	<b><i>20</i></b>
<b><i>JRCERT NON-COMPLIANCE ISSUES</i></b>	<b><i>20</i></b>
<b><i>ASSESSMENT AND EVALUATION</i></b>	<b><i>20</i></b>
<b><i>DISMISSAL FROM THE MEDICAL IMAGING SCHOOL OF RADIOLOGY</i></b>	<b><i>21</i></b>
<b><i>DRUG-FREE EDUCATIONAL ENVIRONMENT – SEE APPENDIX</i></b>	<b><i>21</i></b>
<b><i>GRIEVANCE PROCEDURE</i></b>	<b><i>21</i></b>

<b><i>INFORMAL GRIEVANCE/COMPLAINT</i></b>	<b>24</b>
<b><i>FACILITIES</i></b>	<b>25</b>
<b><i>MEDICAL IMAGING SCHOOL OF RADIOLOGY</i></b>	<b>25</b>
<b><i>LIBRARY SERVICES</i></b>	<b>25</b>
<b><i>NON-DISCRIMINATION</i></b>	<b>26</b>
<b><i>STUDENT SERVICES</i></b>	<b>26</b>
<b><i>TIME OFF/SCHOOL BREAKS</i></b>	<b>26</b>
<b><i>TRANSFER OF CREDIT/STUDENTS</i></b>	<b>27</b>
<b><i>ARTICULATION AGREEMENTS</i></b>	<b>27</b>
<b><i>TUITION</i></b>	<b>27</b>
<b><i>TUITION REFUND POLICIES</i></b>	<b>29</b>
<b><i>CLINICAL POLICIES</i></b>	<b>30</b>
<b><i>CLINICAL SCHOOL FACULTY</i></b>	<b>30</b>
<b><i>CLINICAL INSTRUCTORS</i></b>	<b>30</b>
<b><i>COMPETENCY EVALUATORS</i></b>	<b>30</b>
<b><i>CLINICAL EDUCATOR RECOGNITION</i></b>	<b>31</b>
<b><i>DRESS CODE</i></b>	<b>31</b>
<b><i>STUDENT HEALTH</i></b>	<b>34</b>
<b><i>COMMUNICABLE DISEASES</i></b>	<b>35</b>
<b><i>COVID-19 CONTINGENCY PLAN</i></b>	<b>38</b>
<b><i>CONTINGENCY PLAN FOR EMERGENCY OPERATIONS</i></b>	<b>39</b>
<b><i>MWHC OCCUPATIONAL HEALTH</i></b>	<b>39</b>
<b><i>HANDWASHING</i></b>	<b>39</b>
<b><i>INFECTION CONTROL</i></b>	<b>39</b>
<b><i>PREGNANCY POLICY</i></b>	<b>40</b>
<b><i>LEAVE OF ABSENCE- (MORE THAN 3 CONSECUTIVE DAYS)</i></b>	<b>41</b>
<b><i>PROFESSIONAL CONDUCT</i></b>	<b>41</b>
<b><i>GENERAL PLAN FOR CLINICAL EDUCATION</i></b>	<b>42</b>
<b><i>CLINICAL EXPERIENCE</i></b>	<b>42</b>

<b>CLINICAL ROTATIONS</b>	<b>42</b>
<b>CLINICAL SUPERVISION POLICY</b>	<b>43</b>
<b>DIRECT SUPERVISION</b>	<b>43</b>
<b>INDIRECT SUPERVISION</b>	<b>43</b>
<b>REPEAT SUPERVISION</b>	<b>44</b>
<b>COMPETENCY EXAMS</b>	<b>45</b>
<b>TERMINAL COMPETENCY REQUIREMENTS</b>	<b>45</b>
<b>ACHIEVING CLINICAL COMPETENCY</b>	<b>46</b>
<b>CLINICAL SITE INFORMATION</b>	<b>46</b>
<b>CLINIC CONTACT PHONE NUMBERS</b>	<b>47</b>
<b>FERPA CONSENT TO RELEASE STUDENT INFORMATION</b>	<b>51</b>
<b>WORKPLACE HARASSMENT PREVENTION</b>	<b>52</b>
<b>PERSONAL USE OF DRUGS AND ALCOHOL IN THE WORKPLACE</b>	<b>57</b>
<b>EMERGENCY OPERATIONS PLAN</b>	<b>61</b>
<b>EMERGENCY OPERATIONS PLAN</b>	<b>70</b>
<b>HAND HYGIENE POLICY</b>	<b>75</b>
<b>DECLARED PREGNANT WORKER EXPOSED TO RADIATION</b>	<b>80</b>
<b>STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY</b>	<b>84</b>

Thank you for your interest in MedStar Washington Hospital Center Medical Imaging School of Radiology. Many men and women have graduated from MedStar Washington Hospital Center Medical Imaging School of Radiology with a certificate in Radiologic Technology, have passed the national registry, and have entered the employment setting with skills second to none!

The graduates significantly shaped this Medical Imaging Program by offering valuable observations, opinions, suggestions, criticisms, and insight from a student's perspective. Input from students, and later as graduates, is equally important to our program and our community.

The program was started at MedStar Washington Hospital Center in 1959 as a training program for Radiographers. The first Graduating class was in 1961. Today the program is the only program in existence in the District of Columbia. It is a major pipeline for recruitment for area Hospitals and Imaging Centers. Today the program has graduated over 300 Radiographers and 70% have become MedStar Washington Hospital Center Employees.

MedStar Washington Hospital Center values every student who attends the Medical Imaging School of Radiology and respects every student's rights and privileges. This *Prospective Student/ Clinical Handbook* has been prepared to allow prospective students to carefully review the opportunities, rights, responsibilities, and policies that may apply to you as a radiography student. If you have any questions, comments, or concerns please do not hesitate to contact me.

Ericka Lasley, M.S.R.S., R.T.(R)  
Director of Radiology Education, MWHC Medical Imaging School of Radiology

# ***MWHC MEDICAL IMAGING SCHOOL OF RADIOLOGY***

## ***MISSION STATEMENT***

The MedStar Washington Hospital Center Medical Imaging School of Radiology seeks to develop entry-level radiographers skilled in diagnostic imaging within a patient and family-centered care environment. The mission of the program is to produce well-educated, culturally and clinically competent, highly motivated medical imaging professionals who will safely perform diagnostic imaging procedures and to provide safe and compassionate patient care.

## ***PROGRAM GOALS & STUDENT LEARNING OUTCOMES***

1. Students will possess entry-level employment skills.
  - a. Students will obtain high-quality images on the first attempt.
  - b. Students will provide safe, appropriate patient care.
2. Students will communicate effectively.
  - a. Students will communicate effectively with other healthcare professionals in the clinical setting.
  - b. Students will obtain accurate patient histories and effectively communicate instructions.
3. Students will demonstrate problem-solving and critical thinking skills.
  - a. Students will demonstrate critical thinking skills when analyzing trauma patients.
  - b. Students will effectively adjust equipment and modify patient positioning for non-routine exams.

# *MEDSTAR WASHINGTON HOSPITAL CENTER*



## *MISSION*

MedStar Washington Hospital Center, a valued member of MedStar Health, is dedicated to delivering exceptional PATIENT FIRST health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education and research.

## *OUR VISION*

To be the trusted leader in caring for people and advancing health.

## *GUIDING PRINCIPLE*

To treat each patient as we would a member of our own family by providing the best medical treatment with caring and compassion, responsive service, and intelligent use of resources. Through this achievement, we will be recognized as a national model for excellence in patient-centered care.

## *VALUES*

- **Service** - We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **Patient First** - We strive to deliver the very best to every patient every day. The patient is the priority in everything we do.
- **Integrity** - We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **Respect** - We greet each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **Innovation** - We embrace change and work to improve all we do in a fiscally responsible manner.
- **Teamwork** - System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

**Institution Name: MedStar Washington Hospital Center Medical Imaging School of Radiology**  
**Program Type: Radiologic Technology**  
**Degree Type: Certificate**

### ***PROGRAM EFFECTIVENESS DATA***

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. The information can be found directly on the [JRCERT webpage](https://portal.jrcertaccreditation.org/accredited-educational-programs/search).

**Credentialing Examination:** The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on 1 <sup>st</sup> attempt divided by number attempted within 6 months of graduation
Year	Results
Year 1 - 2018	<b>4 of 8 - 50%</b>
Year 2 - 2019	<b>7 of 11 - 64%</b>
Year 3 - 2020	<b>5 of 9 - 56%</b>
Year 4 - 2021	<b>0 of 0 - 0%</b>
Year 5 - 2022	<b>6 of 6 - 100%</b>
<b>Program 5-Year Average</b>	<b>22 of 34 - 65%</b>

**Job Placement:** The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences 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 - 2018	<b>9 of 9 - 100%</b>
Year 2 - 2019	<b>8 of 8 - 100%</b>
Year 3 - 2020	<b>6 of 6 - 100%</b>
Year 4 - 2021	<b>0 of 0 - 0%</b>
Year 5 - 2022	<b>6 of 6 - 100%</b>
<b>Program 5-Year Average</b>	<b>41 of 41 - 100%</b>

**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 - 2022	<b>6 of 6</b>
<b>Annual Completion Rate</b>	<b>100%</b>

To access the annual program effectiveness data, refer to the JRCERT website at:  
<https://portal.jrcertaccreditation.org/accredited-educational-programs/search>



## ***ADMISSION REQUIREMENTS***

Student must:

- Be a high school graduate or possess a suitable equivalent.
- All students must have completed the minimum of an associate degree to sit for the ARRT Certification Exam. Students must be able to complete their Associate degree requirements by the end of the 4<sup>th</sup> semester, without exceeding 20 total credit hours each semester. (Total credit hour definition: MWHC MISR semester credits and Associate degree course credits).
- Overall GPA must be 2.0 higher.
- All the following prerequisite courses must be either part of the degree or completed at the start date of the radiology program: English Composition, Computer Course, Math Fundamentals of Reasoning or higher, Medical Terminology, Anatomy and Physiology I and II with a Laboratory component. All prerequisite courses must be completed with a “C” or better for admission to the radiology program.
- Applicants will be scheduled to take a HESI Admission Assessment Exam and will be responsible for testing fees. The *Cumulative Score* will be used to rank eligible students. HESI scores from previous institutions will not be accepted.
- International students must present proof of college English and Math placement tests or a passing score above 100 on the TOEFL test.
- Provide evidence of good health and successfully pass the substance abuse screening and criminal background check. Students will not be permitted to rotate into clinical sites until the MWHC Occupational Health pre-employment physical has been cleared by Occupational Health.
- Meet the criteria for technical functioning which have been developed to define the physical conditions necessary for a technologist to function in the healthcare environment. The student is advised that this level of functioning must be maintained throughout the program. The school reserves the right to require student testing as it deems appropriate to meet these technical functions physical demands. These “technical functions” have been discussed under the admission requirements and are listed on the school website.

## ***ADMISSION PROCESS***

### **Submitting the Application**

1. Submit an online application to the Medical Imaging School of Radiology from January 1<sup>st</sup> to April 1<sup>st</sup>, of the year the applicant wishes to be considered. A \$25.00 non-refundable application fee must be paid via cashier’s check or credit card, personal checks not accepted.
2. Interview with the MWHC MISR Interview Committee
3. Make cashier’s checks or money orders payable to MedStar Washington Hospital Center.
4. Credit Card payments are accepted over the phone or in person.
5. Arrange for official transcripts from all colleges previously attended be sent to:

**Ericka Lasley, M.S.R.S., R.T.(R)**  
**Director of Radiology Education**  
**MedStar Washington Hospital Center**  
**Medical Imaging School of Radiology**  
**110 Irving Street NW**  
**Suite GO – 35**  
**Washington, D.C. 20010**  
[ericka.m.lasley@medstar.net](mailto:ericka.m.lasley@medstar.net)  
202-877-6434

- International degrees awarded by institutions outside of the U.S. (and not otherwise recognized by ARRT) must be evaluated and approved by a credential evaluation service that is a member of the Association of International Credential Evaluators, Inc. (AICE) and/or the National Association of Credential Evaluation Services (NACES) before application submission. (ARRT, 2021)

<https://www.rrt.org/pages/earn-rrt-credentials/how-to-apply/international-inquiries>

<https://aice-eval.org/members/>

<https://www.naces.org/members>

- Applicants meeting initial admission requirements will be notified via email to schedule the admission test (the HESI A2 Admissions Exam). Applicants will be responsible for examination (~\$51) and proctoring fees (~\$30). HESI A2 admissions test will be administered online via *ProctorU* online proctoring service.
- After the committee has reviewed and considered each application individually, notification of acceptance or denial will be sent to each applicant.

### Selection Process

Admission to the Medical Imaging School of Radiology is competitive. The admission committee reviews each application individually, examining a variety of characteristics that indicate an applicant’s potential for academic success. Applicants are selected on academic credentials, admission test scores, and admissions essay without discrimination. GPA quality points are awarded for all required course based on the grade earned for each course. (A – 100 points, B – 85 points, and C – 75 points. **A&P I &II course and lab grades are worth 1.5 times the quality points earned**). GPA quality points and HESI A2 Admissions Exam Scores are calculated and numerically ranked as listed below; written notification of the committee’s decision will be made to each applicant during June or July of the year in which they wish to be considered.

GPA	Courses Evaluated for Competitive Admissions	Misc.	Entrance Test	Rank Order
"C" or better in all classes	<b>Minimum 2.0 overall GPA</b>	** Anatomy Courses will carry a heavier weight when calculating GPA quality points.	HESI A2 Admissions Assessment	GPA conversion (75%)+ HESI (15%) + HESI Critical Thinking Conversion Score (10%) + Bonus Points
	Anatomy and Physiology, I & II with Lab **	A - 150 points B – 127.5 points C – 112.5 points		
	English Composition and Rhetoric	A – 100 points B – 85 points C – 75 points		
	MATH i.e. MTH 130 Fundamentals of Reasoning or Higher/College Algebra	A – 100 points B – 85 points C – 75 points		
	Introduction to Computers i.e. CSC 110	A – 100 points B – 85 points C – 75 points		
	Medical Terminology	A – 100 points B – 85 points C – 75 points		

	<p><b>**Bonus points are awarded as follows:</b></p> <p>1 point – applicant resides in the District of Columbia</p> <p>1 point – the applicant has previous medical experience</p> <p>1 point – applicant previously applied</p>			
<b>HESI Admission Assessment Exam</b>				
	Completion of the HESI Admission Assessment Exam (HESI A2), an assessment tool used to evaluate prospective students and their potential for successful program completion, is required for consideration of acceptance into MedStar Washington Hospital Center Medical Imaging School of Radiology.			
	All applicants must complete these designated sections: Math, Reading Comprehension, Vocabulary and General Knowledge and Grammar, Anatomy & Physiology, <b><u>Learning Profile &amp; Personality Style</u></b> , and Critical Thinking. A study guide is available through Elsevier.			
	Applicants have two (2) attempts to complete the HESI A2 Exam within a 1-year (12-month) time frame. The scores are valid for one (1) year from the initial examination date.			
	Applicants will be contacted by MWHC MISR Faculty for a testing date after the application has been submitted and reviewed. Applicants are responsible for all testing cost.			

### **Confirming Intention to Enroll**

Once selected to attend the Medical Imaging School of Radiology, applicants must confirm their intention to enroll in writing, submit medical health assessment forms provided by the school to include the technical functions paperwork, and successfully complete drug screening and certified background check as conditions of acceptance. The student must also pay a non-refundable \$50.00 enrollment fee to secure their place in the class. Student class size is limited and determined annually by the Director of Radiology Education and Admissions Committee.

### **Alternate Student Status**

The admission committee selects applicants who may be offered admission based on alternate student status. These students will receive a letter giving them the opportunity to accept enrollment if space should become available.

### **Reapplication to the Program**

Students wishing to re-apply will follow the same process as those who are applying for the first time.

### **Students Educated in Foreign Countries**

Applicants educated outside of the United States are required to submit proof that their foreign transcripts have been evaluated by an organization recognized for foreign transcript evaluation. This official evaluation must be submitted in lieu of the official foreign transcripts.

### **Provisional Student Status**

Students are provisionally admitted to the program until all requirements have been completed. Incomplete college courses, incomplete medical forms, a failed drug screen or invalid background checks are all grounds for non-admittance.

**Enrollment Contingencies**

Acceptance of applicants will be contingent on the following:  
Completion of all academic general education requirements  
Completion of all HR Pre-employment Processing requirements  
Completion of Occupational Health Pre-employment physical  
Submission of the \$50 Enrollment Fee  
Return of Program Enrollment Agreement

***ESSENTIAL FUNCTIONS CRITERIA***

All students must be cleared by MWHC Occupational Health indicating they are capable of performing the essential functions of a student radiographer. Students must be able to perform certain psychomotor, cognitive, and affective skills that are required in the program and, upon graduation, in the profession. Students must be able to respond physically, orally, immediately to the patient. The Program or its affiliated agencies may identify critical behaviors or abilities needed by students to meet program or agency requirements. The Program reserves the right to amend this listing based on the identification of additional standards or criteria for students. If a student cannot fully meet (100%) the standards the student may request ADA accommodations. The MWHC Medical Imaging School of Radiology, Director of Radiology Education in conjunction with the Employee Labor and Relations department will review each case and assist with clinical accommodations as appropriate.

***AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT)  
EXAMINATION APPLICATION***

Upon completion of all exam requirements and at the Director of Radiology Education's discretion, students are permitted to pre-register for the ARRT exam up to 90 days before the graduation date. The ARRT will verify the student's course completion with the Director of Radiology Education. The student may not sit for the examination until their graduation date. Students have the option to receive preapproval if they wish or if there is some doubt they would not be approved prior to graduation. Please see the Director of Radiology Education for instructions.



# ***COURSE DESCRIPTIONS***

## **First Semester**

### **RAD 106**

#### **Introduction to Radiography**

**3 credit hours**

This course provides students with an overview of radiography and its role in health care delivery. Topics include the history of radiology, professional organizations, legal and ethical issues, health care delivery systems, introduction to radiation protection, and medical terminology. This course provides the student with concepts of patient care and pharmacology and cultural diversity. Emphasis in theory and lab is placed on assessment and considerations of physical and psychological conditions, routine and emergency. Upon completion, students will demonstrate/explain patient care procedures appropriate to routine and emergency situations. Upon completion, students will demonstrate foundational knowledge of radiologic science.

### **RAD 120**

#### **Radiographic Procedures I**

**4.5 credit hours**

This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the Chest and Thorax, Upper and Lower Extremities, and Abdomen. Theory and laboratory exercises will cover radiographic positions and procedures. Upon completion of the course, the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings.

### **RAD 125**

#### **Patient Care Procedures**

**3 credit hours**

This course provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified.

### **RAD 130**

#### **Elementary Clinical Procedures I**

**4 credit hours**

This course provides the student with the opportunity to correlate instruction with applications in the clinical setting. The student will be under the direct supervision of a qualified practitioner. Emphasis is on clinical orientation, equipment, procedures, film evaluation, and pathology and department policies.. Upon completion of the course, the student will demonstrate practical applications of specific radiographic procedures identified in RAD 120.

## **Second Semester**

### **RAD 122**

#### **Radiographic Procedures II**

**4.5 credit hours**

This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of spine, cranium, body systems and special procedures. Theory and laboratory exercises will cover radiographic positions and procedures with applicable contrast media administration. Upon completion of the course, the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings. This course provides a basic understanding of Medical Terminology.

### **RAD 132**

#### **Elementary Clinical Procedures II**

**6 credit hours**

This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology, and patient care techniques. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.



clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology, and patient care techniques. Principles other imaging modalities will be presented. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

## **RAD 216**

## **Registry Review**

**5 credit hours**

This course provides a consolidated and intensive review of the basic areas of expertise needed by the entry-level technologist. Topics include a basic review of all content areas, test-taking techniques, and job-seeking skills. Upon completion, the student will be able to pass comprehensive tests of topic covered in the Radiologic Technology Program.

## ***GRADING SCALE***

The grading scale for the Medical Imaging School of Radiology is as follows:

<u>Grade</u>		<u>Grade Point</u>
100 – 94	A	4.0
93 – 85	B	3.0
84 - 77	C	2.0
76 and below	F	0

## ***GRADUATION***

Prospective graduates are to:

1. Complete all courses in the curriculum with a grade of C or better in each
  2. Complete all clinical competencies, including the Terminal Competency Evaluation
  3. Arrange to settle all indebtedness to the Medical Imaging School of Radiology
  4. Return all books
  5. Return MedStar Hospital Medical Center identification badge and Dosimeter
  6. Attend graduation unless excused with special permission from the Director of Radiology Education
- \* Verification of education will be on the last official day of class so the ARRT Registry can be taken at that time.
- \*\* Junior students are required to attend the graduation of the senior class unless their absence is excused by the Director of Radiology Education, who will decide what requirements will be completed to make up for the absence.

## ***ACADEMIC INTEGRITY/HONOR CODE***

Students shall observe and sustain absolute and complete honesty in all academic affairs. Violations of the following Academic Integrity/Honor Code include, but are not limited to, taking or attempting to take any of the following actions by definition:

- A. **Cheating:** The act of providing or attempting to use unauthorized assistance, material, or study aids in examinations or other academic work or preventing, or attempting to prevent, another from using authorized assistance, material, or study aids. Unauthorized materials may include but are not limited to notes, textbooks, previous examinations, papers, laptops, or prohibited electronic devices. This includes collaborating in an unauthorized manner with one or more students on an examination or assignment submitted for academic credit.



- B. **Fabrication:** Submitting fraudulent or altered information in any academic exercise. This includes citing non-existent articles, contriving sources, falsifying scientific results, etc.
- C. **Facilitating Academic Dishonesty:** The act of knowingly helping or attempt to help another violate any provision of the Academic Integrity/Honor Code. This includes:
  - 1. Providing false or misleading information regarding academic affairs.
  - 2. Falsifying evidence, or intimidating, or influencing someone in connection with an honor violation, investigation, hearing, or appeal.
  - 3. Selling or giving to another student unauthorized copies of any portion of an examination or completed assignments receiving academic credit.
  - 4. Rendering unauthorized assistance to another student by knowingly permitting him/her to see or copy all or a portion of an examination or assigned coursework and receiving academic credit.
  - 5. Taking an examination for another student.
- D. **Misrepresentation of Academic Records:** Misrepresenting or altering with or attempting to alter with any portion of a student's academic record or transcript, either before or after admission to the MedStar Washington Hospital Center Medical Imaging School of Radiology. This includes:
  - 1. Falsifying or attempting to falsify class attendance records for self, or having another person falsify attendance on your behalf.
  - 2. Falsifying material relating to course registration or grades, either for oneself or for another student.
  - 3. Falsifying reasons why a student did not attend a required class/clinical or take a scheduled examination.
  - 4. Making any unauthorized changes in any recorded grade or on an official academic record.
- E. **Plagiarism:** Using the ideas, data, or language of another without specific or proper acknowledgment. Receiving academic credit or submitting a commercially prepared research project, paper, or work completed by someone else for academic credit are examples of plagiarism.
- F. **Unfair Advantage:** Attempting to gain an unauthorized advantage over fellow students in an academic exercise. To obtain prior knowledge of examination materials (including, but not limited to the use of previous examinations obtained from files maintained by various groups and organizations) in a manner not permitted by the MedStar Washington Hospital Center Medical Imaging School of Radiology or to use computing facilities in an academically dishonest manner are examples of this violation.
- G. **Multiple Submissions:** The act of submitting, without permission, any previous work submitted to fulfill another academic requirement.

Compliance to the MWHC MISR Academic Integrity/Honor Code is expected. Academic dishonesty, however small, creates a breach in academic integrity. A student's participation in this course comes with the expectation that his or her work will be completed in full observance of the MWHC MISR Academic Integrity/Honor Code. All assignments, quizzes, and exams are to be performed solely by the student submitting the work unless otherwise stated by the instructor. Cheating is defined as utilizing unauthorized material and/or help to complete an assignment, quiz, exam, mock registry, etc. Cheating is also defined as submitting work done by another person. If a student is found to be cheating, a grade of "0" (zero) will be given for that assignment, quiz, exam, mock registry, etc. The duplication of test material in any form including, but not limited to: handwritten, photocopy, video or tape recording is also considered cheating. Portable electronic devices including cameras, cameras, smart phones, and smart watches are not permitted during testing.

Any student found to be in violation of the MWHC MISR Academic Integrity/Honor Code will be subject to strict disciplinary action.

- 1<sup>st</sup> offense – Written Record of Conference with 1-3 days suspension
- 2<sup>nd</sup> offense – Program Dismissal

The degree of discipline depends on the severity, frequency, and the circumstances under which the offense occurred. Any days missed as a result of disciplinary action will be deducted from the student's allowable

absentee days for that semester and may affect the student's graduation date. During clinical instruction, the clinical instructor and/or Department Supervisor and/or Manager has the right to release the student from their duties until the incident is investigated by the Program officials. The student may not return to the clinical site without the program's permission. All suspension or investigation days must be made up before the beginning of the next semester.

## ***ACADEMIC PROGRESS***

In order to continue in the Medical Imaging School of Radiology, a student must maintain compliance of the following:

- a. Maintain a grade of C (77%) or better in ALL radiology courses; a grade below a C in any course will be considered a failing grade. Any student who receives a course grade below a C during any semester will be dismissed from the program for academic failure.
- b. Educational benefits will be discontinued, pursuant to 38 U.S.C. 3474 when a veteran or eligible person receives a final course grade >77% in any radiology course. The school will no longer certify GI Bill benefits for this student.
- c. Students, to include veterans and/or eligible persons must follow the Withdraw, Re-entry, and Re-admission policy and be re-admitted to the program in order to be certified again.
- d. Pay tuition in accordance to employment/education option and signed payment agreement.
- e. Abide by the policies outlined in the student handbook.
- f. Failure to complete the competency exam or evaluation requirements may be carried over for one semester if the student is placed on an educational plan.
- g. Should a student be placed on an educational improvement plan; all requirements of the educational improvement plan must be met. Failure to complete all requirements outlined in an educational plan will result in dismissal from the program.

## ***ACADEMIC RECORDS***

The following documents are maintained in the student's permanent file:

1. Application for Admission
2. Transcripts and related records
3. Final transcripts
4. Master Clinical Competency form
5. Release of Record forms

## ***STUDENT RIGHTS***

### ***ACCESS TO STUDENT RECORDS***

A student has the right to inspect his/her file in the presence of a faculty member. The MedStar Washington Hospital Center Medical Imaging School of Radiology will comply with a student's request to examine his/her file in a reasonable period of time, not to exceed 45 days. Information from a student's file may be provided, with the student's permission and at the student's request, to anyone the student designates in writing. Access is available to instructors in the MedStar Washington Hospital Center Medical Imaging School of Radiology who are determined to have a legitimate educational interest. Access is also granted to the Joint Review Committee on Education in Radiologic Technology (JRCERT) in order to carry out its accrediting functions. Information may be provided to comply with a judicial order or lawfully issued subpoena. Information from the student's file may also be provided to appropriate parties in a health or safety emergency. Access to other parties and organizations may be granted in keeping with the Family Educational Rights and Privacy Act of 1974.

## ***FERPA***

The MedStar Washington Hospital Center Medical Imaging School of Radiology and its faculty and staff will protect the privacy of students' education records as required by federal law and regulations and as set forth in this policy under the Family Educational Rights and Privacy Act of 1974. A FERPA Consent to Release Student Information Form must be completed by the student before any protected information is released. An MWHC MISRFERPA Consent to Release Student Information Form is included in the Appendix of this handbook or may be obtained from the Director of Radiology Education upon request.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for eligible students to review the records. Schools may charge a fee for copies.
- Eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Eligible students must represent themselves in all student/faculty/administrative meetings, no attorney or other advisors/counselors are allowed in due process/grievance meetings (hearings). Eligible students have the right to request a family member (parent, spouse or significant other) be present as a silent witness to any meeting. Third-party attendees are to direct any questions/answers to the eligible student who then has the right to direct that question/answer to program faculty or the hospital administration.
- Generally, schools must have written permission from the eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#).

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education

## ***ANTI-HARASSMENT POLICY***

All students have the right to attend the MWHC Medical Imaging School of Radiology and all its organizational affiliates free of harassment. Please refer to the Harassment Policy in the Appendix.

## ***JRCERT NON-COMPLIANCE ISSUES***

Included in the back of this handbook is an abbreviated copy of the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences. (a complete copy can be found at <https://www.jrcert.org/accreditation-information/accreditation-standards-2021/> ). If at any time during enrollment in the Radiography Program a student feels the program is not in compliance, these noncompliant issues must be in writing and first discussed with the Director of Radiology Education. The Director of Radiology Education has 5 business days to respond. If the student is not satisfied, the discussion should be taken to the Senior Director Radiology and Radiation Safety. The Senior Director Radiology and Radiation Safety has 5 business days to respond. At any time, the student can contact the JRCERT at 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182. Email: [mail@jrcert.com](mailto:mail@jrcert.com)

The student's written allegation of noncompliance and resolution will be filed and held in the strictest confidence.

## ***ASSESSMENT AND EVALUATION***

### ***STUDENT ASSESSMENT***

The Medical Imaging School of Radiology uses a variety of methods to assess the student's ability to obtain the program's outcomes and goals. Some of these methods are tests, research paper assignments, competencies, evaluations, class presentations, and community service.

### ***PROGRAM EVALUATION***

During the program, the students will evaluate all didactic and clinical courses in the curriculum. Before graduation, the student will complete an exit questionnaire about their experiences in the program. After graduation, a survey will be sent to the graduate and to their employer to evaluate the program's effectiveness in the workplace. Results of all evaluations will be used to enhance the curriculum and program.

### ***ACADEMIC EVALUATIONS***

Evaluations and grades are given at the end of the semester. At this time formal feedback will be shared with the student by the primary faculty. Throughout the program, town hall meetings will be conducted by the faculty for feedback from the students suggesting improvements to the classes and program.

### ***CLINICAL EVALUATIONS***

Radiologic technologists will evaluate the students during their clinical rotation. The frequency of the evaluations will vary depending on the semester and the evaluation results will be reviewed with the students by faculty. During the junior year, students must maintain an overall rotation evaluation average of 80% or above at both mid-term and at the end of each semester in order to maintain program progression. The student will be counseled if the overall rotation evaluation average falls below 80%. An educational plan or personal plan will be developed as deemed appropriate by school faculty. During the senior year of the program, students are expected to maintain an overall rotation evaluation average of 90% or above at both midterm and end of the semester to maintain program progression. The student will be counseled if the overall rotation evaluation average falls below 90%. An educational plan or personal plan will be developed as deemed appropriate by school faculty.

### ***FACULTY EVALUATIONS***

Students will evaluate faculty members at the end of each semester. Clinical sites, Clinical Instructors and Competency Evaluators will be evaluated by the students at the end of the semester; periodic feedback will be

given during the year if needed, with annual evaluations given and signed. All evaluations are confidential. All evaluations are submitted to the Medical Imaging School of Radiology Director of Radiology Education and/or Clinical Coordinator anonymously via Trajecsys for review and analysis. Faculty are provided a summary of their respective evaluations in order to incorporate student feedback for improvement as appropriate.

## ***DISMISSAL FROM THE MEDICAL IMAGING SCHOOL OF RADIOLOGY***

The Medical Imaging School of Radiology reserves the right to dismiss a student for any or all the following reasons:

1. Verbal or physical abuse of any patient
2. Insubordination to established authority
3. Inability to maintain passing grades/complete syllabi requirements
4. Failure to comply with the attendance policy
5. Violation of the Academic Integrity Policy
6. Unprofessional/ unethical conduct
7. Possession of a firearm or other weapon on MedStar Health or Children's National properties.
8. Possession of illegal or controlled substances
9. Unsatisfactory clinical performance
10. Hostile workplace actions
11. Harassment
12. Failure to follow appropriate radiation protection safety policies
13. Providing false documentation of any kind
14. Falsifying clinical forms
15. Failure to pass laboratory simulation exams by the third attempt
16. Exposures made on a phantom without direct supervision of the MWHC MISR Program Director or Clinical Coordinators.
17. Exposures made on a classmate, any person(s), or animal (dead or alive).

## ***DRUG-FREE EDUCATIONAL ENVIRONMENT – SEE APPENDIX***

In keeping with the policy of the sponsoring institutions, the Medical Imaging School of Radiology has determined students must meet the same standards as MWHC Associates as outlined in the Personal Use of Drugs and Alcohol in the Workplace. Please refer to the Appendix.

## ***GRIEVANCE PROCEDURE***

### **Academic grievance:**

A formal process through which a student can appeal through his/her course instructor, the school's administrative leadership (academic policies), or the student's final grade in a course. A final course grade appeal must be based on at least one of the following claims: capricious action on the part of the faculty member that affects the student's final grade; prejudicial treatment of the student by the faculty member with respect to the application of the course syllabus, thereby affecting the student's final grade; or a documented error in calculating the student's final grade. A capricious action is defined as one made on a whim or without justifiable reasons. Prejudicial treatment is defined as treating the student lodging the final grade appeal differently than other students in the course with respect to the instructor's application of the course syllabus.

### **Non-academic grievance:**

A formal process through which a student or student group can appeal a non-academic decision made by a faculty or clinical staff member that negatively affects a student/student group's standing with the school. A

non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the quality of instruction, the fairness of the instructor, and the quality/fairness of clinical education. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the interpretation and/or application of the policies and procedures of the school, student governance issues, student activities, and other concerns that a student might present for redress. A non-academic grievance may be based on one of the following claims: arbitrary and/or capricious actions by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Director of Radiology Education; prejudicial treatment of a student by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Director of Radiology Education; or an administrative error in the application of a policy by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Director of Radiology Education.

**\*All clinical issues are considered Non-Academic grievances and must first be presented to the Medical Imaging School of Radiology Clinical Coordinator, not to the Clinical Instructor or Competency Evaluator.**

It is the intent of the Medical Imaging School of Radiology to provide each student a means to resolve any issue arising from the application of the school's policies, procedures, or rules. An academic grievance shall be addressed as follows:

1. The student should first contact the instructor within five business days of the occurrence in writing outlining his/her issue. This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. The instructor has five business days to respond. If the student is unsatisfied with the instructor's written response and wishes to further pursue his/her issue, then the student should advance to step two in the due process procedure.
2. The issue is addressed in writing to the Director of Radiology Education. This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. If the student is not satisfied with the resolution of the issue, a formal grievance procedure may begin.
3. The Director of Radiology Education will discuss the grievance, review the issues in the grievance, and respond to the student in writing within three business days.
4. If the Director of Radiology Education's reply is not acceptable, the student may request a meeting in writing within three business days, with the Senior Director Radiology and Radiation Safety. The student may request that the Chairman of Radiology, Medical Imaging School Medical Director be present at this meeting. The Director of Radiology Education will also be in attendance.
5. The Senior Director Radiology and Radiation Safety will prepare a written response to the student within five business days. If the response is not satisfactory to the student, the grievance will go to the Chairman of Radiology, Medical Imaging School Medical Director.
6. The Chairman of Radiology, Medical Imaging School Medical Director reviews all documentation involved will prepare a written response within five business days. If the response is not satisfactory to the student, the grievance will go to the Senior Director Ancillary and Rehabilitation Services.
7. The Senior Director Ancillary and Rehabilitation Services. reviews all documentation involved and renders a decision, in writing, within 10 business days. The decision of the Senior Director Ancillary and Rehabilitation Services is final.

The Senior Director Ancillary and Rehabilitation Services. has the responsibility to interpret the grievance in light of established policies, procedures, and rules but does not have the privilege to formulate or change school policies or procedures.

A non-academic grievance shall be addressed as follows:

**Step 1.**

- A. If the grievance is about a Clinical Instructor or Competency Evaluator, the student must contact the Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue.
- B. If the grievance is about the Clinical Coordinator, the student must contact the Director of Radiology Education and Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue.
- C. If the grievance is about the Director of Radiology Education the student must contact the Senior Director Radiology and Radiation Safety and the Director of Radiology Education within five business days of the occurrence in writing outlining his/her issue.

This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal.

- Type A non-academic grievance will be investigated by the Clinical Coordinator. The Clinical Coordinator has five business days to respond. If the student is unsatisfied with the Clinical Coordinator's written response and wishes to further pursue his/her issue, then the student should advance to step two in the due process procedure, the Director of Radiology Education.
- Type B non-academic grievances must be answered by the Clinical Coordinator within five business days of receipt. The Clinical Coordinator must submit a copy of his/her response to the Director of Radiology Education. If the student is unsatisfied with the Clinical Coordinator's written response and wishes to further pursue his/her issue, then the student should advance to the next step of the due process procedure, the Director of Radiology Education.
- Type C non-academic grievance must be answered by the Director of Radiology Education within five business days of receipt. The Director of Radiology Education must submit a copy of his/her response to the Senior Director of Radiology and Radiation Safety. If the student is unsatisfied with the Director of Radiology Education's written response and wishes to further pursue his/her issue, then the student should advance to the next step of the due process procedure, the Senior Director Radiology and Radiation Safety.

**Step 2.** The issue is addressed in writing to the appropriate faculty and/or administrative personnel for the MWHC Medical Imaging School of Radiology. This action must be initiated by the student within five business days following the receipt of step 1 grievance decision. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. If the student is not satisfied with the resolution of the issue, a formal grievance procedure may begin.

**Step 3.** Based on the type of non-academic grievance the student must submit their grievance in writing to appropriate faculty and/or administrative personnel. The appropriate faculty and/or administrative personnel will discuss the grievance, review the issues in the grievance, and respond to the student in writing within three business days.

**Step 4.** If the Director of Radiology Education's reply is not acceptable, the student may request a meeting in writing within three business days, with the Senior Director Radiology and Radiation Safety. The student may request that the Chairman of Radiology, Medical Imaging School Medical Director be present at this meeting. The Director of Radiology Education will also be in attendance.

**Step 5.** The Senior Director Radiology and Radiation Safety will prepare a written response to the student within five business days. If the response is not satisfactory to the student, the grievance will go to the Chairman of Radiology, Medical Imaging School Medical Director. The Chairman of Radiology, Medical Imaging School Medical Director reviews all documentation involved and renders a decision, in writing, within five business days.

**Step 6.** If the response is not satisfactory to the student, the grievance will go to the Senior Director Ancillary and Rehabilitation Services. The Senior Director Ancillary and Rehabilitation Services reviews all documentation involved and renders a decision, in writing, within 10 business days. The decision of the Senior Director Ancillary and Rehabilitation Services is final.

Contacting the JRCERT is not a step in the formal grievance policy. Students must first attempt to resolve the complaint directly with the program officials. If the student is unable to resolve the complaint with the program officials and believes that the concerns have not been properly addressed, the student may submit allegations of noncompliance directly to the JRCERT. The JRCERT Standards are posted and any student wishing to report an allegation of noncompliance with the JRCERT has that ability if the grievance pertains to one of the standards. The procedure for filing a JRCERT grievance is outlined below:

1. Follow the Due Process Procedure.
2. If unsatisfied with the result from the facility, contact JRCERT in writing with your complaint.
3. All JRCERT due process paperwork must pertain to one of the Standards.
4. A copy of the complaint will remain in the Director's office for USDE record compliance.
5. All inquiries should be forwarded to JRCERT, 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-3182. Email: [mail@jrcert.com](mailto:mail@jrcert.com)
6. Complaints that cannot be resolved by direct negotiation with the school in accordance with its written grievance policy may be filed with the District of Columbia Higher Education Commission (DC HELC). 1050 First Street, NE, Washington, DC 20002, 202-727-6436. All student complaints must be submitted in writing.
7. No student will be subject to unfair actions as a result of initiating a complaint proceeding to the JRCERT or DC HELC.

While most complaints should follow the school's grievance policy, if the situation cannot be resolved at the school, the student can contact the District of Columbia Higher Education Learning Commission (DC HELC), Office of the State Superintendent of Education:

Monday – Friday, 8:30 am – 5:00 pm  
1050 First Street, NE

Washington, DC 20002  
202-727-6436  
[osse@dc.gov](mailto:osse@dc.gov)

**Students will not be subject to unfair action and/or treatment by and school officials as a result of the initiation of a complaint.**

### ***INFORMAL GRIEVANCE/COMPLAINT***

If the student has a concern that does not require formal grievance students are encouraged to share any informal grievance, complaint, comment, and/or concern with program faculty.



## ***FACILITIES***

### ***MEDICAL IMAGING SCHOOL OF RADIOLOGY***

Students have access to the school located at 110 Irving, St, NW, Washington, DC, 20010, during normal business hours or when faculty is on school grounds, Monday through Friday. Students who need additional hours for study purposes may contact the Director of Radiology Education or Clinical Coordinator to arrange for additional hours. The school location provides the classrooms, study areas, and books available for research and study. Students are to initial and date all food items stored in the school refrigerator. Unmarked items will be considered to be community property. The school will not be responsible for any personal property left on school grounds.

### ***LIBRARY SERVICES***

The William B. Glew, MD Health Sciences Library at the MedStar Washington Hospital Center provides a variety of library services and resources tailored to the needs of the radiology students. These services include:

- Maintain a reserve collection of student textbooks for loan or library use.
- Provide access to radiology and diagnostic imaging books in the reference and circulating collections
- Provide library orientation to students
- Assist students to identify resources needed for research projects
- Maintain an updated list of research resources for students
- Provide online access to radiology journals and E-books.
- Obtain articles and books on interlibrary loan as requested

Students can use the library which is in Room 2A-43 in the hospital or contact the library by phone or email.

### **Research Resources for the MWHC Medical Imaging School of Radiography Available from the Health Sciences Library**

The library has many resources available for the students of the Medical Imaging School. The library is in Room 2A-43, on the second floor between the A and B elevators across from Administration. Computers, a copier, scanners, and a fax machine are available for student use.

The online resources are available through the library's Intranet page. To access, go to StarPort, then select the **Site Services** tab and click on **Library and Media Services**.

This resource guide lists some of the resources that are available both through the library and on the Web. Please contact the library staff if you need any assistance.

#### **Contact Us**

Email: [WHCLibrary@MedStar.net](mailto:WHCLibrary@MedStar.net) or Phone: 202-877-6221  
Librarians: Fred King and Layla Heimlich

#### **\*\*COVID LIBRARY INFORMATION\*\***

The librarians are working remote during the COVID-19 Pandemic. Fred King can be reached via text: 202-748-6091, email: [fred.king@medstar.net](mailto:fred.king@medstar.net) or Zoom: 783-194-8617 (call/text first)  
Layla Heimlich can be reached via text: 917-270-4463 or email: [layla.heimlich@medstar.net](mailto:layla.heimlich@medstar.net)

## ***NON-DISCRIMINATION***

The MedStar Washington Hospital Center Medical Imaging School of Radiology student recruitment, admission practices, faculty recruitment, and employment practices are non-discriminatory with respect to race, color, creed, religion, gender, gender identity or expression, sex, age, disability, marital status, sexual orientation, military status, or national origin.

## ***STUDENT SERVICES***

### **Guidance**

Students receive educational guidance from the faculty on an ongoing basis. Structured guidance sessions regarding academic and clinical progress are conducted by the Director of Radiology Education and/or Clinical Coordinator as needed at mid-semester and the end of the semester, at the student's request or at a faculty member's request. Students seeking personal counseling or educational disabilities can be referred to the MWHC EAP services.

### **Americans with Disabilities Act**

The Rehabilitation Act of 1973 (Section 504) and the American with Disabilities Act of 1990 state that qualified students with disabilities who meet the essential functions and academic requirements are entitled to reasonable accommodations. The purpose of the American Disability Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success. It is the student's responsibility to complete the ADA request form and to provide appropriate disability documentation to the MWHC Medical Imaging School of Radiology.

Students must be able to perform according to the physical demands of the Technical Functions Criteria in order to be considered for the program. Request for reasonable accommodation must be handled on an individualized basis. Students with disabilities may submit a request to the Director of Radiology Education, Human Resources or Occupational Health, who will coordinate, review, and respond to the request.

The Director of Radiology Education will seek the assistance of Occupational Health, Human Resources, or the Legal Department in reviewing job accommodation requests made by students with disabilities. In some cases, it may be necessary to involve other internal or external resources to explore the availability and feasibility of certain accommodations. Further, it is helpful that the student and the treating physician be involved in accommodation communications, as they can provide useful information regarding what accommodations may be effective. Information regarding an students' medical condition(s) and any need for a reasonable job accommodation is considered confidential and should not be disclosed to anyone who does not have a legitimate, business-related need to know such information.

## ***TIME OFF/SCHOOL BREAKS***

A minimum of twenty days (160 hours) is available for each student per school year. Specific dates of the breaks are determined by the Director of Radiology Education.

- **Holiday Break**

The facility recognizes the following holidays: New Year's Day, MLK, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving and Christmas during which time the school will be closed for any time period determined for the holiday. A minimum five-day block, during the last two weeks of December, is allotted for a holiday break.

- **Spring Break**

A block of at least five days will be given during the spring semester.

- **Summer Break**

A block of at least five days between spring and summer semester is allotted for a break.

- **Fall Break**

A block of at least five days between summer semester and fall semester are allotted for a fall break.

## ***TRANSFER OF CREDIT/STUDENTS***

As a general rule, the Medical Imaging School of Radiology does not provide for the transfer of students from another radiology program into its curriculum. The school does not guarantee the transferability of credits to a college, university, or institution. Any decision on the comparability, appropriateness, and applicability of credit and whether it should be accepted is the decision of the receiving institution. The school does not accept or award credit for life/work experience.

## ***ARTICULATION AGREEMENTS***

The MWHC Medical Imaging School of Radiology is not articulated with any college, university, or institution.

## ***TUITION***

- The application fee for the Medical Imaging School is \$25.00 (non-refundable)
- The enrollment fee for the Medical Imaging School is \$50.00 (non-refundable)
- HESI A2 Admissions Fee for the Medical Imaging School is \$51.00 + \$30 proctor fee (non-refundable)
- Tuition is \$10,500.00 over the course of 5 semesters, \$150.00 per credit hour.
- Full semester tuition payments are due the Friday before the semester begins.
- Partial (50%) semester tuition payments must be paid as outlined below. Fifty (50%) is due the Friday before the semester begins and the remaining 50% is due the Monday of midterm week.

MWHC Medical Imaging School of Radiology Tuition Schedule				
Semester	Credit Hours	Total Tuition		
First Year Fall Semester 1	14.5	\$2,175.00		
First Year Spring Semester 2	13.5	\$2,025.00		
Second Year Summer Semester 3	11	\$1,650.00		
Second Year Fall Semester 4	17	\$2,550.00		
Second Year Spring Semester 5	14	\$2,100.00		
<b>Total</b>	<b>70</b>	<b>\$10,500.00</b>		
<b>*Partial Payment Options</b>				
	Tuition Total	Due before 1st Day of Class	Due 1st day of Midterm	Totals
First Year Fall Semester 1	\$2,175.00	\$1,087.50	\$1,087.50	\$2,175.00
First Year Spring Semester 2	\$2,025.00	\$1,012.50	\$1,012.50	\$2,025.00
Second Year Summer Semester 3	\$1,650.00	\$825	\$825	\$1,650.00
Second Year Fall Semester 4	\$2,550.00	\$1,275.00	\$1,275.00	\$2,550.00
Second Year Spring Semester 5	\$2,100.00	\$1050.00	\$1050.00	\$2,100.00
<b>Total</b>	<b>\$10,500.00</b>			

- Late tuition payments will not be accepted, students who do not pay their tuition by the due date will be unable to attend class or clinic.
- Within 30 days after the start of the program, the student will be entitled to a 50% tuition refund, provided the student is leaving on good terms. Beyond 30 days the tuition payment will be considered nonrefundable.
- Students may resign from the program at any time, without penalty. Students are responsible for all tuition payments due before the date that the written request of resignation is received by the education director. Students will not be responsible for tuition payments due after the date of resignation.
- Tuition may change during the program per Hospital Administration.
- All Fees must be paid by Check, Money Order, Cashier's Check, and or Credit Card.
- All payments will be taken to the Diagnostic Radiology Administrative Manager and she will give the student a form to take credit cards to Cashiers Office for processing. Once a credit card payment is processed the student will bring a receipt to Ms. Miller as proof of payment.
- **All funds paid by a scholarship or grant organization will be paid back to that organization if the student leaves the program.**
- Students will receive free health insurance, free parking, Associate Discounts.
- We do not participate in Federal Student Aid Programs.
- We do have an OPEID number (22460000) to request student loan deferment while in the program.
- Students may apply for the Sallie Mae Career Private loan program.

Program	Radiologic Technology
Tuition	\$10,500 \$150.00/credit hour
Books/Software Subscriptions	\$2000.00 approx.
Enrollment fee	\$50.00 inclusive- nonrefundable
Uniforms	~ \$200 - \$300 **see chart below
Total	~\$12,850
Program length	4 terms 15 weeks 1 term 10 weeks

Uniform Cost **estimated				
Approved Black Fleece Jackets	\$ 23.00	to	\$ 45.00	
Short Sleeve Lab Shirts	\$ 33.00		\$ 33.00	must purchase at least 3 \$11 each
Long Sleeve Lab Shirts	\$ 60.00		\$ 60.00	must purchase at least 3 \$20 each
Black Lab Pants	\$ 20.00	to	\$ 45.00	must purchase at least 3 **prices will vary
Clinical Uniforms	\$ 50.00		\$ 70.00	must purchase at least 3 **prices will vary
Clinical Shoes	\$ 50.00	to	\$ 100.00	**prices will vary
Totals	\$ 236.00	to	\$ 353.00	

## ***TUITION REFUND POLICIES***

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid excluding registration and application fee.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the \$50 non-refundable enrollment fee.

Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less the \$50 enrollment fee.

### Withdrawal Procedure:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of Radiology Education. The notice must include the expected last date of attendance and be signed and dated by the student.
- B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
- C. A student will be determined to be withdrawn from the institution if the student misses seven consecutive instructional days and all of the days are unexcused.
- D. All refund requests must be submitted within 45 days of the determination of the withdrawal date.

Students who withdraw from the Medical Imaging School of Radiology after the beginning of an academic year will be given a refund for the tuition as follows:

1. The \$50.00 registration fee is non-refundable
2. The remaining tuition will be disbursed as follows:
  - a. Withdrawal within the first 30 days of the semester                      50%
  - b. At and after 30 days of the semester    No refund

## ***CLINICAL POLICIES***

### ***CLINICAL SCHOOL FACULTY***

#### ***CLINICAL INSTRUCTORS***

Clinical instructors work with the students to provide support for the educational process in the clinical setting. Students report to the clinical instructor in each assigned clinical area and are to treat the clinical instructor as they would a supervisor.

Individuals designated as Clinical Instructors must:

1. Be a qualified radiographer as defined by the JRCERT
2. Have a minimum of two years of experience as a radiographer
3. Review the MWHC Medical Imaging School of Radiology Competency Evaluator packet and complete the MWHC MISR CI/CE Evaluator Attestation
4. Successfully complete the ASRT Student Supervision Module
5. Provide counseling, instruction, and evaluation of students
6. Maintain expertise in the field through continuing professional development and lifelong learning (ARRT registered with CEU compliance)
7. Be able to enforce the school policies pertaining to students
8. Participate in program continuing education activities or ARRT continuing education
9. Demonstrate a desire to work with students and to assist them in achieving their goals and objectives
10. Demonstrate a comprehensive understanding of radiographic procedures and exposure manipulation
11. Be objective when grading the student on work performed
12. Be approved by the MWHC Medical Imaging School of Radiology faculty
13. Maintain knowledge of department policies and protocol

#### ***COMPETENCY EVALUATORS***

As a part of the competency program, students will have their performance evaluated to document their progress. Competency Evaluators should meet the following criteria:

1. Maintain their ARRT certification in good standing and in CEU compliance
2. Be a registered technologist in radiography
3. Be employed as a technologist at a JRCERT approved clinical affiliate and have completed the 90-day probationary period
4. Review the MWHC Medical Imaging School of Radiology Competency Evaluator packet and complete the MWHC MISR CI/CE Evaluator Attestation
5. Successfully complete the ASRT Student Supervision Module
6. Be able to enforce the school policies pertaining to students
7. Participate in program continuing education activities or ARRT continuing education
8. Be objective when grading the student on work performed
9. Be approved by the MWHC Medical Imaging School of Radiology faculty

10. Maintain knowledge of department policies and protocol

## ***CLINICAL EDUCATOR RECOGNITION***

It is important to recognize Outstanding Clinical Educators in the Medical Imaging School of Radiology to encourage and promote the academic excellence provided by these educators. The Outstanding Clinical Educator, selected by each graduating class, will have been an MWHC Medical Imaging School of Radiology clinical affiliate for a minimum of one year, and be certified by the ARRT, NMTCB, or RDMS, as appropriate. The Outstanding Clinical Educator will be recognized at the graduation ceremony. The Outstanding Clinical Educator will be recognized for:

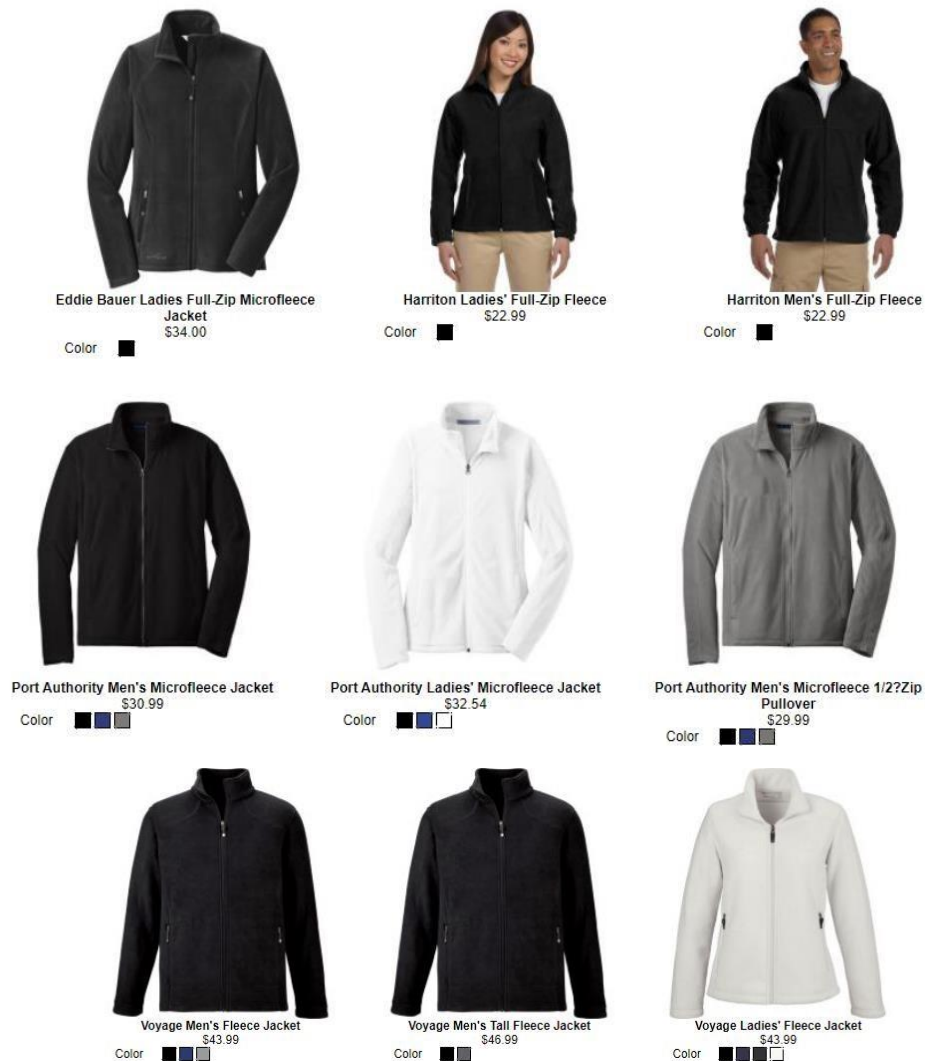
- Support of the leadership team of Radiology Services within the clinical affiliates and the Medical Imaging School of Radiology
- Positive attitude and encouraging SPIRIT values
- Demonstrating respect and a positive rapport with physicians, co-workers, and patients
- Producing images of high quality and consistent with established protocols provide safe and effective patient care using accepted methods and procedures
- Professional appearance and demeanor
- Treating students equitably and role models professional behavior

## ***DRESS CODE***

Students represent the MedStar Washington Medical Imaging School of Radiology in all school-related activities and settings. Students are expected to be neat, clean, and presentable at all times. Attire and grooming are to project an image of professionalism. Students should be particularly sensitive to what patients, staff, and visitors believe to be appropriate attire and appropriate grooming. Questions regarding appropriate attire should be directed to the Director of Radiology Education or Clinical Coordinators.

- Students are required to be in uniform at all times unless otherwise directed by the Director of Radiology Education or the Clinical Coordinators.
- Students are to wear the MWHC Medical Imaging School of Radiology approved t-shirt and black scrub colored pants for class and laboratory class participation.
- Junior students are to wear Hunter Green colored scrubs. Only minimal colored piping/trim is permitted on the uniform. Shirts worn under scrub tops will be a solid color with no graphics or printing. The undershirt can be long-sleeved, with the cuff coming to the wrist. Short-sleeved shirts are permitted but the sleeve length should not go past the sleeve length on the scrub top unless it goes all the way to the wrist. The color choices are black, white, or Hunter Green.
- Senior students are to wear Pewter Grey scrubs. Only minimal colored piping/trim is permitted on the uniform. Shirts worn under scrub tops will be a solid color with no graphics or printing. The undershirt can be long-sleeved, with the cuff coming to the wrist. Short-sleeved shirts are permitted but the sleeve length should not go past the sleeve length on the scrub top unless it goes all the way to the wrist. The color choices are black, white, or pewter grey.

- Black, white, or matching (Hunter Green or Pewter Grey) colored scrub jackets or white lab coats are permitted. No sweatshirts, sweaters, or sweat jackets will be permitted, with the exception of the hospital approved fleece/polyester jackets. Jackets can be purchased from below MedStar online store, or any other store as long as it is of a similar style.
- MedStar Health fleece jackets can be purchased from MedStar Health online store. <https://store.medstarhealth.org/login.php>. MWHC MISR approved jackets are listed below.



- Neck scarfs are not allowed to be worn with approved hospital jackets or lab coats while working in the clinical setting.
- Students must wear non-skid, closed-toe and closed-heel shoes of strong construction. Uniform shoes should be white or black and should be well maintained and polished as needed. Athletic shoes, nursing shoes, and closed topped clogs are permitted per department standards. Croc style shoes are NOT permitted. Footwear is to be worn with socks or hose. \*\*Designs and color variations may be permitted by the expressed written consent from the CC or the PD during RTW, Holidays, or free scrub/shoe day functions.
- All clinical scrub attire must meet the following criteria:
  - Solid color with minimal colored piping.
  - Scrub tops must measure at least 26 inches from center to back.



- Solid color scrub tops with no different color side panels.
- No low-rise scrub pants.
- No Four-Stretch (4-Stretch) Brand scrub material.
- Nails should be neat and clean, no more than a one-quarter inch from the tip of the finger. Light-colored nail polish is acceptable. No chipped nail polish is acceptable. No bold or bright color is acceptable.
- Artificial nails, including extenders, wraps, acrylics, tips, tapes, and other appliques are NOT to be worn. These guidelines are consistent with the Center for Disease Control recommendations.
- Hair must be clean, well-groomed and present a professional image. For safety reasons, hair that is shoulder length or longer that may fall forward must be secured off the shoulders and away from the face. Bangs that are longer than the eyebrow must be pinned back away from the face.
- Hair must be cleaned and confined so that it does not interfere with patient care. Hair must be kept off the shoulders and collar. If hair can be worn up, it must be done. If it cannot, it must be secured behind so it does not fall forward, over the shoulder, or in front of the face.
- Students may wear scrub caps or hospital bonnets; students may not wear scarves. Students may wear handmade bonnets and/or scrub caps.
- \*\*Designs and color variations may be permitted by the expressed written consent from the Clinical Coordinator or the Director of Radiology Education during RTW, Holidays or free scrub/shoe day functions. \*\*
- Due to close contact with patients, good oral and body hygiene are required. The use of an antiperspirant or deodorant is required. The use of fragrances, scented soaps and lotions is unacceptable due to allergies.
- Males must be clean-shaven and/or facial hair must meet CDC guidelines for N95 fit-testing.
- Display of jewelry in body piercings other than pierced ears is not acceptable. No oral body jewelry may be worn. Students are permitted to wear small earrings. For safety reasons, large hoops and large dangling earrings are not permitted. \*\*Earrings must be approved by the Clinical Coordinator or Co-Clinical Coordinator.
- Students are not allowed to eat or chew gum in clinical areas. Drinks are not permitted in the Operating Rooms. They are permitted at the discretion of the other clinical sites.
- Rings with stones are discouraged as they may damage the patient's skin or lead to injury if caught on an object.
- Students may not wear necklaces that could hang onto or over the patient's body or dangling bracelets. Watches are permitted.
- Generally, tattoos are not to be seen. If deemed inappropriate or offensive, tattoo must be covered. Smoking is prohibited at all MedStar Health and Children's National facilities. Students that smell of smoke will be sent home. This will affect the student's clinical time and attendance and may affect the student's clinical grade.
- Clinical notebooks and lead markers are required parts of the clinical uniform, students who do not have their markers or notebooks will be in violation of the dress code policy and subject to disciplinary action.
- Any attire outside of the above approved must be requested and approved by the CC or PD (i.e. shoe colors).

## ***HEALTH POLICY***

All students admitted to MedStar Washington Hospital Center Medical Imaging School of Radiology are required to receive the Hepatitis B vaccines (or sign a waiver). The vaccines are a series of three injections. The student must have the first injection prior to the first term of registration. The second injection must be received one month after the initial vaccination; the third injection must be received six months after the first vaccination.

Students entering MedStar Washington Hospital Center Medical Imaging School of Radiology must be aware that they may be exposed to various contagious diseases during their clinical education and career. Precautions to be taken are outlined in the introductory patient care courses. Additional information may be provided by each clinical facility. Students are required to use available protective devices and to use standard (universal) precautions.

Students, upon diagnosis of communicable disease(s) (i.e., chickenpox, measles, flu, etc.), must notify program faculty immediately for guidance.

Students who give birth or experience an illness or injury which requires, but is not limited to, hospitalization, surgery, or more than one week's absence may be required to be cleared by Occupational Health or provide a physician's statement which verifies:

1. That returning to routine class, lab, and clinical activities do not pose undue risk or harm to the student or others with whom the student will come in contact.
2. Compliance with the *Technical Standards* established by the MedStar Washington Hospital Center Medical Imaging School of Radiology.

## ***STUDENT HEALTH***

### **Health Assessment & Physical/Drug Screening**

Each student must complete the MWHC Occupational Health pre-employment physical by the first day of classes. Acceptance to the program is contingent upon clearance of MWHC Occupational Health pre-employment physical. Certain vaccines may be available at the MWHC Occupational Health department.

### **HOSPITAL POLICIES**

Physicals - all hospital employees and students are required to undergo a pre-employment physical exam.

Occupational Health - will examine students when an accident occurs at clinic

Managed Disability -A referral form from school staff or a supervisor is needed to visit Occupational Health/Managed Disability.

Health Insurance - is provided for student radiographers. Insurance information will be provided to students during the Human Resource Department's orientation. For additional information on the insurance provided or for claim forms, the student should contact the hospital's Benefits Department in the East Building or contact the benefits hotline at 833-914-2364 for any insurance coverage questions. Students must show proof of insurance before attending clinical rotations.

I.D. Cards - all hospital personnel and students are always required to wear I.D. cards on hospital property. These will be issued by the Human Resources Department on the first day of school.

Scrubs - hospital-issued scrubs are hospital property and are not to be removed from hospital grounds. If you take hospital scrubs home, you may be prosecuted for theft by the hospital. Students are required to wear a clean pair of hospital scrubs **ONLY** when assigned to the 3rd floor OR, IR, and main OR. Students must change into a clean pair of scrubs when you report in, then wear a gown or lab coat over the scrubs whenever you leave the area. Students are not permitted to wear hospital-issued scrubs unless they are assigned to the Main OR, Third Floor Operating room, or Interventional Radiology clinical rotations.

### ***COMMUNICABLE DISEASES***

A communicable disease is defined as any disease which may be transmitted directly or indirectly from one individual to another. A student must notify the MedStar Washington Hospital Center Medical Imaging School of Radiology Director of Radiology Education if he/she contracts or comes in contact with a communicable disease. If exposure occurs during classroom, laboratory, or clinical activities, the student will be referred to Occupational Health. At that time, it will be determined what action, if any, may be necessary to protect the student, other students, staff, and patients. If exposure occurs outside of program activities, the student must contact their own provider for guidance and notify program faculty. Time missed will be completed according to the attendance policy.

### ***COVID-19***

All MedStar Health associates and other “Covered Individuals” identified below under “Scope of Policy” must be Fully Vaccinated against COVID-19 unless they request and receive approval for a medical contraindication or religious exemption. All Covered Individuals required to be vaccinated must show proof of receipt of the COVID-19 vaccination in a manner acceptable and in accordance with the schedule required by MedStar Health.

#### **Scope of Policy**

The vaccine requirement in this policy applies to all MedStar Health Associates (including employed physicians and other credentialed individuals, employed residents and fellows), private medical staff members, other non-employed credentialed professionals, non-employed affiliated residents and fellows, board members, volunteers, students, contractors, and all vendors who work for, provide services to or otherwise do business with MedStar Health or any of its subsidiaries while on MedStar premises (collectively referred to as “Covered Individuals”). The vaccine requirement applies to all MedStar Health Associates, including those who may be currently designated as 100% remote. Professionals visiting MedStar Health premises for short-term events (e.g., consultants to Administration, Grand Round presenters) are excluded from this policy.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher

risk of developing serious COVID-19 illness. Additionally, healthcare workers caring for patients with COVID-19 have a higher risk of exposure. Students understand that the Clinical Facilities may have patients recovering from COVID-19.

Symptoms of COVID-19 include, but are not limited to:

- o Fever (subjective or 100.4 degrees Fahrenheit) or chills
- o Cough
- o Congestion
- o Sore throat
- o Shortness of breath or difficulty breathing
- o Diarrhea
- o Nausea or vomiting
- o Fatigue
- o Headache
- o Muscle or body aches
- o New loss of taste or smell
- o Or otherwise feeling unwell.

Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If a student feels sick, the student agrees **not** to go to the Clinical Facilities and the student will stay home for the period recommended by the Centers for Disease Control and Prevention (CDC), and Medstar Washington Hospital Center (MWHC).

Additionally, while participating in the Program, students agree to take all necessary precautions recommended by the CDC and adopted by MWHC to prevent the spread of COVID-19, including but not limited to, washing hands thoroughly and often, avoiding gatherings in excess of approved number of people, and wearing a mask to cover their mouth and nose. Current guidance includes universal masking, eye protection with all patient encounters, transmission-based precautions, frequent hand hygiene, physical distancing, and other prevention strategies as needed. **Guidance is subject to change without notice.**

All students are required to be vaccinated. Booster vaccines are highly suggested. Vaccinated students (at least 2-weeks after the documented second dose) are not permitted to perform any exam on a confirmed COVID-19 patient during the first semester, but ARE permitted to perform an exam on a patient under investigation (PUI). Fully vaccinated students are permitted to perform exams on confirmed COVID-19 positive patients during their second (Spring) semester. MedStar Washington Hospital Center requires COVID-19 vaccines to all student providers. Both vaccines have equal efficacy (94-95%) and similar side effects and safety profiles. MWHC provides Pfizer and Moderna vaccines at no cost to student providers.

Permission to examine a PUI or confirmed COVID-19 positive patient may differ between clinical sites per the institution policies.

**Masking Guidance \*\* Subject to change according to CDC and MSH guidance:**

- Face masks (N95 respirators or procedure masks) are optional for all asymptomatic associates, patients and visitors, including those in clinical areas.
- A new isolation order, “Masking Required” will be available in MedConnect for cases when a provider or patient requests masking in a patient’s room. This order may be used at clinician discretion for patients who are at higher risk for infection (e.g.,

immunocompromised patients) or when a patient requests that associates wear a mask in their room. Additionally, signage indicating the masking order will be available for patient doors.

- Patients can request that providers and associates wear a face mask in their treatment area. These requests **MUST** be respected and honored.
- Face masks will be available onsite for patients, visitors and associates.

Students are not permitted to wear cloth (homemade) masks during any class, laboratory, or clinical activity. The face mask must fit completely over the nose, under the chin, and snugly against the sides of his/her face. **\*\*subject to change based on current CDC recommendations and MSH guidance.**

Students are not permitted to wear cloth (homemade) masks during any class, laboratory, or clinical activity. The face mask must fit completely over the nose, under the chin, and snugly against the sides of his/her face. **\*\*subject to change based on current CDC recommendations and MSH guidance.**

Students are required to wear an N95 respirator, or PAPR hood for students with an approved N95 exemption, and MWHC approved eye protection for any PUI or COVID-19 positive patient interactions. Students with a PAPR must have their PAPR with them in clinic at all times. When not in clinic, the PAPR must be securely stored on-site. Students are only permitted to remove it from MWHC if they are assigned to an off-site clinical facility. Students who are assigned to an off-site clinical facility must take their PAPR with them to and from that site every day. Any student who does not comply with the PPE face-covering requirement will be subjected to disciplinary action as a failure to comply with the MWHC MISR clinical dress code policy. Guidance is subject to change without notice.

Voluntary COVID-19 testing is available for asymptomatic students who request COVID-19 testing for any reason. It is important to note, voluntary student testing does not replace existing infection prevention protocols, including the need to continue universal masking and proper use of Personal Protective Equipment (PPE), physical distancing, and hand hygiene.

- Wellness testing can be [scheduled online](#) or by calling the Wellness Center at **877-384-3530**.

### **Testing Process**

**Please see the Clinical Coordinators or StarPort for the most recent testing process.**

MedStar Health associates, including providers, can now schedule COVID-19 testing online using the Integrated Digital Health Platform (IDHP) at [Access.MedStarHealth.org](https://Access.MedStarHealth.org) or through the COVID-19 StarPort page [here](#).

- Associates may create an account; log in using an existing IDHP account or their MedStar Health Patient Portal (myMedStar) credentials; or continue as a guest (NOTE: Using the guest option will not allow associates to access, change, or cancel their appointment at a later time).
- The associate COVID-19 testing option can be found under “Find Care.”

- Associates can then select “MedStar Associate COVID-19 Testing” to see all associate testing options, which showcases the nearest location and earliest available appointment, OR search for a specific location by name.
- Associates may also call the Occupational Health call center at **844-354-3705** (**symptomatic and household exposures only**).

**IMPORTANT NOTE:** Associates should be tested for COVID-19 within 48 hours of symptom onset, if possible.

Associates who test positive for COVID-19 at a testing location OUTSIDE of MedStar Health must either email their positive COVID-19 test results to Occupational Health at [OHCOVID19@medstar.net](mailto:OHCOVID19@medstar.net) or call the Occupational Health Call Center at **844-354-3705** and follow the provided instructions for submitting their positive test results and return-to-work guidance.

Associates who test positive for COVID-19 do NOT need clearance from Occupational Health if the return-to-work criteria is met. A negative COVID-19 test may be required prior to returning to work. For the return-to-work criteria and additional guidance, see **Instructions for Associates Following COVID-19 Testing on StarPort or call the Occupational Health Call Center at 844-354-3705. Guidelines subject to change based on the current CDC recommendations and MSH guidance.**

### **Reporting of Test Results**

Test results will be provided to the student within 48 hours of test completion. Asymptomatic students should continue their regular clinical/class schedule while they await their test results (applies only to wellness testing or asymptomatic testing). Students with positive COVID-19 test results will be contacted by Occupational Health and provided guidance for the next steps, which include not reporting to class/clinic and additional testing. Those with negative results will be contacted by a text messaging chatbot tool. Results will also be available on the myMedStar Patient Portal at **myMedStar.org**.

Importantly, all students should continuously self-monitor for COVID-19 symptoms and contact the Occupational Health Call Center at 844-354-3705 should any symptoms present.

Students agree to abide by any and all specific requests by the School and the Clinical Facilities for their safety and the safety of others, as well as any and all of the School’s and the Clinical Facilities’ rules and policies applicable to all activities related to this Program. Students understand that the School and the Clinical Facilities reserve the right to exclude student participation in this Program if participation or behavior is deemed detrimental to the safety or welfare of others.

## ***COVID-19 CONTINGENCY PLAN***

In the event, the DMV area is mandated to shelter in place the MWHC MISR contingencies for pandemic scenarios include:

- Halt all in-class lecture and switch to synchronous online course content delivered via Microsoft Teams to mitigate the transmission of COVID-19

- Hybrid on-campus laboratory activities with no patient contact by appointment to practice and test for laboratory simulation.
- Pause all clinical-based learning activities and implement supplemental software during a shelter in place mandate
- MWHC MISR Faculty will work remotely during the shelter in place order to mitigate the transmission of COVID-19

### ***CONTINGENCY PLAN FOR EMERGENCY OPERATIONS***

Medstar Washington Hospital Center Medical Imaging School will follow the Medstar Washington Radiology Emergency Operations Plan (appendix) regarding any catastrophic event that could affect program operations, including institutional closure.

### ***MWHC OCCUPATIONAL HEALTH***

There are certain instances when a student may need to be evaluated by MWHC Occupational Health. These occasions may include situations regarding exposure to blood/body fluid/needle stick or if a student has an infectious disease. These visits would be to ensure that the health and safety of the student, patients, visitors, and Associates are considered.

### ***HANDWASHING***

Please refer to the MWHC Hand Hygiene policy in the Appendix.

### ***INFECTION CONTROL***

Students are to observe standard precautions with all patients whenever there is a possibility of exposure to blood and other body fluids. Summary of the Center for Disease Control Guidelines to Prevent Transmission of Human Immunodeficiency Virus (HIV) and Other Blood-Borne Infectious Agents in the Hospital:

- A. Needles and Other Sharps - avoid accidental injury; dispose of in sharps needle disposable boxes.
- B. Hand washing - before and after patient contact donning gloves; before and after donning gloves.
- C. Gowns - if soiled with blood and body fluids is anticipated.
- D. Masks - for prolonged contact with coughing patients and when airborne or splattering is likely.
- E. Protective Eyewear - if splashing of infectious materials is likely.
- F. Gloves – when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated items.

Standard precautions are required for all patients. Some patients also require additional precautions because of specific communicable infections or conditions. Some examples of these categories are strict isolation, contact isolation, drainage/secretion precautions, respiratory precautions, and enteric precautions. Students coming in contact with these isolation situations must observe the appropriate isolation condition. Any Student having a question regarding infection control situations should contact the supervising radiologic technologist, Clinical Coordinator, or Director of Radiology Education. Any student believing, they have received exposure to infectious material must contact the Clinical Coordinator, Director of Radiology Education and Occupational Health.

Students may feel free to refer to MedStar Health Infection Prevention policies, procedures, and standards which are available online, through SharePoint, in the Policies Database.

## ***PREGNANCY POLICY***

Declaration of pregnancy is voluntary and at the discretion of the student. A student who becomes pregnant has the following options:

**A. Voluntarily give written notice of declaration of pregnancy** – A student who voluntarily makes a written declaration of pregnancy may take advantage of lower exposure limits (0.5 rem), and additional dose monitoring provisions. The student must declare her pregnancy in writing to the Director of Radiology Education. The student will be referred to the Radiation Safety Officer (RSO) for additional counseling in protective measures and will be assigned a prenatal radiation badge.

**B. Choose not to declare pregnancy** - If the student elects not to declare pregnancy and to continue in the program, normal occupational exposure limits will continue to apply. The student must meet the academic requirements and clinical objectives with no accommodations made.

**C. Continue in the program with modification** – The student would continue on a full-time or part-time status with reassignment of rotations\*\* (as requested by the student) coordinated with the Clinical Coordinator. The student will be referred to the Radiation Safety Officer (RSO) for additional counseling in protective measures and will be assigned a prenatal radiation badge. Any didactic or clinical requirements not completed as a result of pregnancy must be made up before graduation and before being permitted to take the registry.

**D. Continue in the program without modification** – The student would continue to attend both clinical and didactic classes as scheduled with no accommodations made. The student must be able to meet the academic requirements and clinical objectives to continue in the program.

**E. Withdraw declaration of pregnancy** – If at any time the student decides to revoke her declaration of pregnancy, she may do so. This action requires written notification to the Radiation Safety Officer and the Director of Radiology Education.

**F. Request a leave of absence** – Refer to “Leave of Absence Policy”

**G. Withdraw from the program and apply for re-entry at a later time** - Refer to the program Withdrawal and Re-Entry policy

For the occupational dose limit for the whole body of 5 rem (50 mSv) per year, which applies to occupationally exposed individuals, the risk is believed to be very low. Radiology students over the age of 18 are considered occupationally exposed individuals for the purposes of radiation protection. The Nuclear Regulatory Commission (NRC) has reviewed the relevant scientific literature and has concluded that exposure of 0.5 rem (5 mSv) provides an adequate margin of protection for the embryo/fetus. Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to under 0.5 rem during the period of gestation.



### ***LEAVE OF ABSENCE- (MORE THAN 3 CONSECUTIVE DAYS)***

Students are strongly encouraged to avoid lengthy absences from the educational program and to postpone elective surgery until completion of the course of study whenever possible. If a student is seen in the Emergency Department, is ill for two consecutive school days, or injured during or off school hours where a physician needs to be contacted, the Director of Radiology Education may request written permission to return to the program and an Occupational Health visit may be required for evaluation prior to returning to the program. **Students should only request a leave of absence in the most extreme circumstances.** Students requesting a leave of absence must do so in writing before the leave is to be taken. All classes, academic and clinical, missed must be made up before the beginning of the next semester. Final approval of the Leave of Absence request rests with the Director of Radiology Education. Students are provided up to 15 calendar days for a leave of absence. Should more than 15 days be needed, the student will be required to re-apply apply for readmission the following year at the same point in time in order to complete the program, space permitting. All course work must be completed for the semester in which the time is missed before the beginning of the next semester. Students who are unable to make up all time and course work may receive an "I" Incomplete for that term until all makeup work and time are completed. If the student is unable to make up all missed work and time before the end of the first week of the following semester the student will have to withdraw from the program and apply for readmission the following year.

### ***PROFESSIONAL CONDUCT***

To assure that the student conducts himself/herself in a manner appropriate to the dignity of the profession, the student will:

- Practice courtesy to all patients and their families, physicians, and hospital Associates in order to promote an environment conducive to quality patient care.
- Make every effort to protect the patients from unnecessary radiation. Practice ALARA.
- Protect the patient's right to privacy and shall maintain all patient information in the strictest confidence. Students are required to complete the MWHC Confidentiality form
- Protect the public from any and all misinformation or misrepresentation.
- Conduct themselves professionally at all times to include, but not limited to:
  - Never discussing personal problems and/or social activities in the presence of a patient.
  - Never speaking or laughing obnoxiously and/or boisterously in the presence of any patient.
  - Never eat, drink or chew gum in the presence of a patient.
  - Restrict telephone use for patient-related activities only, except in emergency personal situations.
- Maintain all facilities in a neat, clean, and safe manner.
- Place the care of the patient above all else.
- Remember students represent the school at all arranged events; therefore, any photographs taken must be evaluated and approved by the faculty prior to public display. Postings of photographs or video taken on MWHC property or at an MWHC sponsored event must not be posted unless specifically authorized by MWHC Marketing and Communications.

## ***GENERAL PLAN FOR CLINICAL EDUCATION***

Each clinical education center has a Clinical Instructor responsible for supervision. The Clinical Instructor, or a designated technologist, supervises the student in the clinical education center. Supervision may be direct or indirect, depending on the progress of the student in the program.

Students are assigned to different clinical education centers. Clinical assignments will begin on the sixth week of the fall semester. Students will rotate through the different diagnostic areas to facilitate the transfer of knowledge from theory to application of skills by performing diagnostic radiographic procedures.

During the five-week MWHC MISR orientation, students are oriented to fire safety, infection control, back safety, and CPR. Following orientation, students begin attending clinical.

At each site, students are oriented to the department during orientation. At the end of each week, students are evaluated using the appropriate clinical progress evaluation in Trajecsys.

During initial rotations, students will be primarily engaged in observation. Students will become proficient and gain competence through practice and experience. The clinical competencies that follow are designed to prepare the student for job entry-level competence upon graduation. Specific category competency requirements are listed in the respective clinical education course syllabus provided by the instructor as required by ARRT.

Opportunities for attaining competence in pediatric, trauma, surgical, and bedside procedures are provided. Simulation is utilized for infrequent or limited volume examinations and will comprise a minor component of clinical education. Opportunities are provided for observation in computed tomography, echo, interventional radiology, magnetic resonance imaging, nuclear medicine, mammography, radiation therapy, and ultrasonography, during the final semester provided the student is on track to complete his/her ARRT competency requirements.

## ***CLINICAL EXPERIENCE***

Clinical experience is gained by attending five clinical courses during the five semesters of the program. Required clinical days will vary and are subject to change as deemed necessary by the Clinical Coordinator.

## ***CLINICAL ROTATIONS***

Students will be assigned to clinical areas on a rotational basis. Schedules are given to students and the site clinical instructors at the beginning of each semester. Clinical start times may begin between 5:00 am and 10:00 am; occasionally variances may occur. Students are expected to stay in the clinical area assigned.

Students may not “swap” assignments.

## ***Clinical Supervision Policy***

The Joint Review Committee on Education in Radiologic Technology (JRCERT) requires that prior to a student attaining competency; the student must function in a clinical setting under the DIRECT supervision of a qualified radiographer. The JRCERT defines a qualified radiographer as a technologist certified by the American Registry of Radiologic Technologists (ARRT). All radiologic procedures/examinations will be performed under the DIRECT supervision of a qualified radiographer until the student has obtained the required competency on a given procedure/examination. The level of supervision the student receives is determined by the student's level of competency. Students may only be tested for competency by an ARRT qualified radiographer.

### ***DIRECT SUPERVISION***

Until a student achieves and documents competency, clinical assignments shall be carried out under the direct supervision of qualified radiographers. A qualified radiographer is a staff technologist who is ARRT registered and approved by the MWHC MISR faculty. This means that an ARRT registered technologist:

- Reviews the request for the examination and evaluates the readiness of the student to perform the examination.
- Evaluates the condition of the patient in relation to the student's knowledge.
- Is physically present in the exam room with the student to verify the patient, exam to be performed, patient position, anatomical marker placement, central ray, laterality, and technical factors.
- Reviews and approves the images.

**\*\*Students are never allowed to perform portables or operating room cases alone.**

**\*\*Students are never allowed to repeat an image alone. An ARRT registered technologist must always be present when a student is repeating an image.**

**\*\* An ARRT registered technologist must always be present when a student is repeating an image and students must document all repeated images in Trajecsys.**

**\*\*All images taken by students must be approved by an ARRT registered technologist prior to the images being sent to the PACS system.**

### ***INDIRECT SUPERVISION***

**After demonstrating competency, students may perform procedures under indirect supervision.**

For indirect supervision, a qualified radiographer is immediately available to assist students regardless of the level of student achievement. This means that the qualified radiographer is present in an area adjacent to the room or location where the radiographic procedure is being performed and is within calling distance without obstacles in the way. This applies to all areas where ionizing radiation equipment is in use.

**Example of inappropriate indirect supervision:** If a technologist is in one room with a patient and a student is in another room with a patient this would not be considered indirect supervision because the technologist is not immediately available to the student. The technologist has a duty to provide care for the patient in their direct care and this presents an obstacle to providing indirect supervision to the student.

**Example of appropriate indirect supervision:** If a student is in a room with a patient and the technologist is in the work core working on paperwork or other duties which could be stopped immediately and is within voice range of the student.

### ***REPEAT SUPERVISION***

In the event of an image must be repeated students must be under the direct supervision of a qualified radiographer. This means that an ARRT registered technologist:

- Evaluates the previous image and discusses with the student how to correct the image.
- Is physically present in the exam room with the student to verify the patient, exam to be performed, patient position, anatomical marker placement, central ray, laterality, and technical factors.
- Reviews and approves the required correction BEFORE another exposure is completed.

**Example of inappropriate indirect supervision:** If a technologist is in one room with a patient and a student is in another room with a patient this would not be considered indirect supervision because the technologist is not immediately available to the student. The technologist has a duty to provide care for the patient in their direct care and this presents an obstacle to providing indirect supervision to the student.

**Example of appropriate indirect supervision:** If a student is in a room with a patient and the technologist is in the work core working on paperwork or other duties which could be stopped immediately and is within voice range of the student.

**\*\* Students are never allowed to perform portables or operating room cases alone.**

**\*\* Students are never allowed to repeat an image alone. An ARRT registered technologist must always be present when a student is repeating an image**

**\*\*Students found in violation of the direct/indirect supervision policy will automatically drop one Clinical letter grade per occurrence and be placed on a step of discipline. \*\***

Additionally, any student found to be in violation of the MWHC MISR Supervision Policy will be subject to disciplinary action as listed below.

- Initial Warnings (1<sup>st</sup> occurrence)
- Written Warnings (2<sup>nd</sup> occurrence)
- Suspension (1-3 days) (3<sup>rd</sup> occurrence)
- Dismissal (4<sup>th</sup> occurrence)

## ***COMPETENCY EXAMS***

Per ARRT standards, students must successfully complete:

- Ten (10) mandatory general patient care activities
- Thirty-Six (36) mandatory imaging procedures
- Fifteen elective (15) procedures of thirty-four available elective imaging procedures to be selected from a list of procedures
- One (1) elective imaging procedure from the head section; and
- Two (2) elective imaging procedures from the fluoroscopy studies section.

The MWHC Medical Imaging School of Radiology requires a total of 43 mandatory competency exams, 10 elective competency exams, (to include one elective imaging procedure from the head section and two electives from the fluoroscopy section), 10 terminal competency exams, and 10 patient care competency exams be successfully completed by each student prior to being recommended for graduation (73 total). A list of competencies will be provided to each student and an official record of the student's competencies will be validated by the Clinical Coordinator in Trajecsys, however, it is the student's responsibility to keep track their own records as well.

The process for proving competency will be described later in this handbook. The following competencies are the general category clinical competencies required:

Upper Extremity	Lower Extremity	Chest/Thorax	Spine/Pelvis	
Geriatric/Pediatric	Abdomen	Fluoroscopy	Mobile/Surgery	Head
Miscellaneous				
RAD 130 Clinical Education I		3 competencies		
RAD 132 Clinical Education II		15 competencies		
RAD 230 Clinical Education III		10 competencies		
RAD 232 Clinical Education IV		15 competencies		
RAD 234 Clinical Education V		10 competencies	10 terminal competencies	

## ***TERMINAL COMPETENCY REQUIREMENTS***

Students must complete ten **(10) terminal competency exams** assigned by the clinical instructor or the clinical coordinator. Students must have completed all ARRT required competencies prior to completing terminal competencies.

These competencies will include:

• 2 Portable studies	• 1 chest exam
• 1 Contrast study	• 1 abdomen exam
• 1 multiple studies with 3 or more exams	• 2 extremity exams
• 1 Spine/Hip or Pelvis	• 1 C-Arm

Terminal competencies may only be graded by the clinical instructors, clinical coordinator or by a technologist assigned by school faculty. Students may not select the exams for the terminal

competency. Students must successfully complete all terminal competencies with a grade of 90% or better to be eligible for graduation from the program.

### ***ACHIEVING CLINICAL COMPETENCY***

To achieve and document competency on an exam a student **must**:

1. Successfully achieve competency on the didactic exam and laboratory exam
2. Verbally request to test for competency on the exam prior to the start of the exam
3. Participate in any other X-ray exams that are ordered on the patient
4. Have previously documented in Trajecsys that they have observed one exam and have **practiced** the required number of exams under the **direct supervision** of a registered technologist **before the exam begins.**
  - a. **Observe** – Student watches the technologist perform the exam, while in the room with the technologist (not standing behind a control panel).
  - b. **Assisted**- Student assists the technologist in the performance of the exam by performing tasks such as placing or running cassettes, completing computer documentation, transporting or assisting the patient (this list is not all-inclusive). As students' progress in technical ability, an assist may serve as an observe as long as the student has participated in the entire exam.
  - c. **Practiced with major assistance** Student performs the exam under direct supervision with major assistance.
  - d. **Practiced with minor assistance**- Student performs the exam under direct supervision with minimal assistance.
  - e. **Perform**- Student performs the exam under indirect supervision\* Students are required to use their personal markers when testing for competency
5. Must perform the exam without technologist assistance (lifting assistance by staff is permitted)
6. Pass the competency with a minimum grade of 85%
7. Answer five questions at the discretion of the technologist on anatomy and positioning of the exam.

All competency exams will be considered pending until the final approval from the Clinical Coordinator as indicated by being included on the student's master competency file. Following the update on the master clinical file, the student may perform that procedure under indirect supervision with the exception of portable and OR exams. The Clinical Coordinator reserves the right to revoke competencies based on clinical performance and to assign clinical remediation as necessary.

### ***CLINICAL SITE INFORMATION***

MedStar Washington Hospital Center (main campus MWHC) (Academics are held here as well)  
110 Irving St NW  
Washington, DC 20010  
Phone: (202) 877-7000

MedStar Radiology Network Lafayette Centre  
1133 21<sup>st</sup> St, NW Washington, DC 20036

Phone: (202) 748-8830

Children's National Hospital  
111 Michigan Ave NW, Washington, DC 20010  
Phone :(202) 476-5000

MedStar Georgetown University Hospital  
3800 Reservoir Rd NW, Washington, DC 20007  
Phone: (202)-444-2000

## ***CLINIC CONTACT PHONE NUMBERS***

### **PROGRAM FACULTY**

Director of Radiology Education, Medical Imaging School of Radiology:  
Ericka Lasley, MSRS, R.T. (R) 202-877-6434

Clinical Coordinator, Medical Imaging School of Radiology:  
Samantha Poznanski, R.T. (R) 202-877-6467

Radiology Quality, Safety, and Education Coordinator/Co-Clinical Coordinator, Medical Imaging  
School of Radiology  
LaTanya Lewis, R.T.(R) 202-877-6867

Administrative Assistant, Medical Imaging School of Radiology:  
202-877-6343

<b>Curriculum:</b>	<b>Certification:</b>
American Society of Radiologic Technologists	The American Registry of Radiologic Technologists®
15000 Central Ave. SE	1255 Northland Drive
Albuquerque, NM 87123-3909	St. Paul, Minnesota 55120-1155
Tel: 800-444-2778, press 5 or 505-298-4500	Phone 651-687-0048
E-mail: <a href="mailto:customerinfo@asrt.org">customerinfo@asrt.org</a>	Fax: 505-298-5063
<a href="http://www.asrt.org">www.asrt.org</a>	<a href="http://www.arrrt.org">www.arrrt.org</a>
<b>Accreditation:</b>	<b>Licensed by D.C. Education Licensure Commission:</b>
The Joint Review Committee on Education in Radiologic Technology	D.C. Higher Education Licensure Commission
20 North Wacker Drive Suite 2850	1050 First St. NE
Chicago, IL 60606-3182 <a href="http://www.jrcert.org">www.jrcert.org</a>	Washington, DC 20002 <a href="https://helc.osse.dc.gov/">https://helc.osse.dc.gov/</a>
312-704-5300	202-727-6436
<a href="mailto:email@jrcert.org">email@jrcert.org</a>	<a href="mailto:osse@dc.gov">osse@dc.gov</a>

The MedStar Washington Hospital Center Medical Imaging School of Radiology is accredited for a period of two years through:

The Joint Review Committee on Education in Radiologic Technology

20 North Wacker Drive Suite 2850

Chicago, IL 60606-3182

Phone: [312-704-5300](tel:312-704-5300)

Fax: 312-704-5304

email: [mail@jrcert.org](mailto:mail@jrcert.org)

[www.jrcert.org](http://www.jrcert.org)

\*On July 27, 2022, the MedStar Washington Hospital Center Medical Imaging School of Radiology was notified and placed on probationary accreditation by the Joint Review Committee on Education in Radiologic Technology (JRCERT) due to lack of compliance with Standard Six, Objective 6.1.

The MedStar Washington Hospital Center Medical Imaging School of Radiology is licensed to operate by the District of Columbia Higher Education Licensure Commission.



# ACADEMIC CALENDAR 2023 - 2025

Fall semester begins Class of 2025	August 21, 2023
Labor Day	September 4, 2023
Midterm exams	October 9, 2023 – October 13, 2023
Thanksgiving break	November 20, 2023 – November 24, 2023
Finals	December 11, 2023 - December 15, 2023
Holiday Break	December 18, 2023 – January 5, 2024
Spring Semester Begins	January 8, 2024
MLK Day	January 15, 2024
Mid-Term Exams	February 26, 2024 – March 1, 2024
Spring break	April 1, 2024 – April 5, 2024
Finals Week	April 29, 2024 – May 2, 2024
Semester Break	May 6, 2024 – May 24, 2024
HESI Testing	Varied – Online Proctored
Summer Semester Begins	May 28, 2024
Midterm exams	June 24, 2024 – June 28, 2024
Independence Day	July 4, 2024 – July 5, 2024
Finals week	August 5, 2024 – August 9, 2024
Semester break	August 12, 2024 – August 23, 2024
Fall semester begins Class of 2026	August 26, 2024
Labor Day	September 2, 2024
Midterm exams	October 14, 2024 – October 18, 2024
Thanksgiving break	November 25, 2024 – November 29, 2024
Finals	December 16, 2024 - December 20, 2024
Holiday Break	December 23, 2024 – January 3, 2025
Spring Semester Begins	January 6, 2025
MLK Day	January 20, 2025
Mid-Term Exams	February 24, 2025 – February 28, 2025
Spring break	March 17, 2025 – March 21, 2025
Finals Week	April 28, 2025 – May 2, 2025
Graduation cohort Class of 2025	May 3, 2025
Semester Break	May 5, 2025 – May 16, 2025
HESI Testing	Varied – Online Proctored
Summer Semester Begins	May 19, 2025
Memorial Day	May 26, 2025
Midterm exams	June 23, 2025 – June 27, 2025
Independence Day	July 4, 2025
Finals week	August 4, 2025 – August 8, 2025
Semester break	August 11, 2025 – August 22, 2025

# APPENDIX

***FERPA CONSENT TO RELEASE STUDENT  
INFORMATION***

TO:

MedStar Washington Hospital Center Medical Imaging School of Radiology  
Ericka M Lasley, M.S.R.S., R.T.(R).  
Medical Imaging School of Radiology Director of Radiology Education

Please provide information from the educational records of: \_\_\_\_\_

Date Range: From: \_\_\_\_\_ To: \_\_\_\_\_

To: \_\_\_\_\_ Relationship: \_\_\_\_\_

The only type of information that is to be reviewed under this consent is:

- \_\_\_\_\_ transcript
- \_\_\_\_\_ disciplinary records
- \_\_\_\_\_ recommendations for employment or admission to other schools
- \_\_\_\_\_ all records
- \_\_\_\_\_ other (specify) \_\_\_\_\_

The information is to be released for the following purpose:

- \_\_\_\_\_ family communications
- \_\_\_\_\_ employment
- \_\_\_\_\_ admission to an educational institution
- \_\_\_\_\_ other (specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to Ericka M Lasley, M.S.R.S., R.T.(R). I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to \_\_\_\_\_ for the specific purpose described above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

ID Number \_\_\_\_\_ Date \_\_\_\_\_

## ***WORKPLACE HARASSMENT PREVENTION***

### **Policy Statement**

MedStar Health is committed to providing a work environment for all of its associates that is free of harassment, including harassment based on race, color, creed, religion, national origin, citizenship, sex, age, physical or mental disability, veteran status, marital status, personal appearance, family obligations, political affiliations, sexual orientation, gender identity or expression, genetic information or any other characteristic protected by federal, state or local laws and regulations.

### **Philosophy Statement**

MedStar Health expects all associates to contribute to a professional and collegial environment by exemplifying the SPIRIT (Service, Patient First, Integrity, Respect, Innovation, and Teamwork) Values with our patients, visitors, customers and colleagues.

### **Scope of Policy**

This policy applies to all associates, medical staff members, residents, vendors, agency staff, contractors, temporary associates, students and any other persons working in MedStar Health's healthcare environment.

### **Prohibited Behavior**

Harassment is defined as unwelcome or unsolicited comments or conduct that targets a person based on their race, color, creed, religion, national origin, citizenship, sex, age, physical or mental disability, veteran status, marital status, personal appearance, family obligations, political affiliations, sexual orientation, gender identity or expression, genetic information or any other characteristic protected by federal, state or local laws and regulations, and that is so severe or so pervasive that it interferes with an associate's job performance or creates an intimidating, hostile or offensive working environment.

All such conduct is unacceptable in the workplace, in any work-related settings - such as business trips and business - related social functions or community engagements - and when representing MedStar Health, regardless of whether the conduct is engaged in by a leader, co-worker, physician, client, patient, vendor, or other third party.

Some examples of what may be considered harassment, depending on the facts and circumstances, are the following:

- a. *Verbal Harassment*: Derogatory or vulgar comments (including slurs, jokes, insults, epithets, or teasing) regarding any protected characteristic. Verbal harassment also includes threats of physical harm.
- b. *Visual Harassment*: Offensive gestures, posters, symbols, cartoons, drawings, computer displays, e-mails, etc. that denigrates or shows hostility or aversion based on any legally protected basis. Distribution of written or graphic material which relates to these protected characteristics and which could be viewed as offensive, vulgar or derogatory.

- c. *Physical Harassment*: Hitting, pushing or other aggressive physical gestures and contact, inappropriate touching, threats to touch and encroachment of personal space in a confrontational manner may constitute physical harassment.
- d. *Behaviors That Undermine A Culture of Safety and Quality*: Verbal or non-verbal conduct on the basis of any protected characteristic that harms or intimidates others to the extent that entity operations, quality of care or patient safety could be compromised. Demeaning, offensive or degrading conduct on the basis of any protected characteristic. Examples of these behaviors include but are not limited to abusive, loud or intimidating behavior, throwing instruments, charts or other objects, threats of violence or retribution, belittling or berating statements, name calling, use of profanity or disrespectful language, inappropriate comments written in the medical record, failure to respond to patient care needs or staff requests, and degrading or demeaning comments regarding patients, their families; entity personnel and/or the entity.
- e. *Sexual Harassment*: Sexual harassment can include all of the above actions, as well as other unwelcome conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities and other physical, verbal, or visual conduct based on sex when 1) submission to such conduct is an explicit or implicit term or condition of employment; 2) submission to or rejection of the conduct is used as the basis for an employment decision; or 3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. This can include threats that are not carried out. Sexual harassment may also include, but is not limited to, explicit sexual propositions, sexual innuendo, suggestive comments, gender-based slurs, sexually oriented or gender-based "kidding" or "teasing," "practical jokes," jokes about gender-specific traits, and improper physical contact, such as patting, pinching or brushing against another's body. Sexual harassment may include verbal or physical conduct of a sexual or gender-based nature engaged in by a person of the same sex as well as of the opposite sex.

## **Procedure**

### **I. Reporting Harassment in the Workplace**

All MedStar Health associates are responsible for helping to ensure that workplace harassment is prevented. The most effective way in which this can be accomplished is for an associate who believes that they have witnessed harassment, know of harassment or is being subjected to harassment to promptly notify a leader, Human Resources and/or the Compliance Department. If the associate makes a complaint under this policy and has not received an acknowledgement within five (5) business days, they should contact the HR Leader immediately.

### **II. Compliance Department Hot Lines**

Associates who wish to contact the Compliance Department to discuss and/or raise complaints of possible violations of this policy should call the Integrity Hotline at 1-877-811-3411 or submit a complaint online through the MedStar Health intranet at <https://www.compliance-helpline.com/medstar.jsp>.

### **III. Internal Investigations**

In keeping with its commitment under this policy, MedStar Health will promptly and effectively investigate complaints under this policy upon receipt.

To the extent possible, investigations under this policy will be treated as confidential; however confidentiality cannot be guaranteed. Therefore, the investigator(s) and those participating in the investigation should take reasonable steps to maintain the confidentiality of the complaining party, the alleged transgressor, witnesses and other individuals who may assist or otherwise be involved in the investigation.

#### **a. Exceptions**

It is important to note that complete confidentiality cannot be guaranteed in such investigations. For example, it may be necessary to reveal the identity of the complaining party and/or witnesses in order for the alleged transgressor to be apprised of the allegations against them and to be afforded a fair opportunity to provide a response to the allegations. In such instances, the alleged transgressor, the complaining party and any affected witnesses should be reminded of the company's non-retaliation policy described below.

#### **b. Harassment Complaints**

MedStar Health will investigate all complaints of harassment. Intentionally making false claims or reports of harassment are serious in nature, and will be handled appropriately.

Every leader who learns of any associate's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to their immediate leader and HR Leader.

Upon completion of the investigation, MedStar Health will take corrective measures against any person who has engaged in conduct in violation of this policy, if MedStar Health determines such measures are necessary. These measures may include, but are not limited to, counseling, written warning, suspension, or immediate termination. Anyone, regardless of position or title, whom MedStar Health determines has engaged in conduct that violates this policy will be subject to corrective action, up to and including termination.

### **IV. Non-Retaliation**

Associates have a legal right to report and/or assist in investigations of possible violations of this and/or the Equal Employment Opportunity policy. MedStar Health acknowledges, and will take appropriate steps to protect, this legal right. Specifically, it is MedStar Health's policy that an associate who reports and/or assists in the investigation of a possible violation of this policy will not be subjected to retaliation, of any form, on or off workplace premises, by supervisory or non-supervisory personnel.

Retaliation that is prohibited by this policy includes, but is not limited to, the following conduct that occurs as a direct result of an associate's report of and/or assistance in the investigation of a harassment policy violation: explicit or implied threats, verbal or physical, inappropriate comments, acts of intimidation, presence in the associate's work area without business reasons, negative change in working conditions, unwarranted corrective action or unwarranted exclusion from meetings, conferences or other work-related events.

If an associate believes that they are being subjected to retaliation as described above, they should immediately notify a leader, Human Resources and/or the Compliance Department.

Anyone, regardless of position or title, whom MedStar Health determines has engaged in conduct that violates this policy against retaliation will be subject to corrective action, up to and including termination.

## **Responsibilities**

### **I. Leaders**

- a. Adhere to the letter and the spirit of MedStar Health's Workplace Harassment Prevention Policy, and related laws and regulations.
- b. Promote compliance with the terms of this policy and be alert to possible policy violations.
- c. Foster an environment that reflects MedStar Health's SPIRIT Values and is free from harassment or retaliation.
- d. Immediately report to Human Resources any known, perceived, or rumored violations of this policy.
- e. Cooperate with any internal investigations that may arise from any known or perceived violations of this policy.
- f. Periodically review MedStar Health's Workplace Harassment Prevention Policy with associates and document that such reviews have taken place and reinforce the importance of acting upon any conduct which could be perceived as harassing in nature.

### **II. Associates, and All Persons Providing Services to MedStar Health**

- a. Adhere to the letter and the spirit of MedStar Health's Workplace Harassment Prevention policy, and related laws and regulations.
- b. Foster an environment that reflects MedStar Health's SPIRIT values and is free from harassment or retaliation.
- c. Inform management and/or Human Resources of situations where actual or potential violations of this policy exist.
- d. Cooperate with management and/or Human Resources to ensure compliance with this policy.
- e. Cooperate with any internal investigations that may arise from known or perceived violations of this policy.
- f. Review and ensure understanding of this policy and present any questions regarding the policy to management and/or Human Resources.

### **III. Human Resources**

- a. Assist in ensuring that leaders and associates comply with and understand this policy.
- b. Ensure that federal and state government nondiscrimination posters, as well as MedStar Health's Workplace Harassment Prevention and Equal Employment Opportunity (EEO) policies, are displayed permanently in conspicuous locations in all MedStar Health facilities.
- c. Ensure MedStar Health's EEO, Harassment Prevention, and Accommodations for Individuals with Special Needs policies are covered in new associate orientation programs.
- d. Assist in educating leaders and associates regarding this policy, its requirements and their responsibilities under this policy.
- e. Where appropriate, report complaints of known or perceived violations of this policy to the Legal Department.
- f. Where appropriate, conduct internal investigations of complaints regarding known or perceived violations of this policy.

- g. Serve as MedStar Health's representative to federal and state employment discrimination agencies regarding charges filed by associates, former associates and/or job applicants and, with the assistance of the Legal Department, provide requested information, position statements and the like to appropriate entities to foster resolution of complaints and charges.
- 

Please contact Human Resources with any questions regarding this policy.

Provisions of this policy apply to all associates to the extent they do not conflict with relevant terms of an applicable contract



## ***PERSONAL USE OF DRUGS AND ALCOHOL IN THE WORKPLACE***

To ensure that an associate's personal use of drugs or alcohol does not affect the safety of our patients or other associates. This policy applies to all employed associates, physicians (private and employed) and physician residents, as well as non-employed individuals who work or learn at MedStar Health sites, including without limitation: students, rotating residents, volunteers, contingent staff and contractors.

References made to "associates" are intended to apply to all of the above.

MedStar Health does not permit the use of illicit substances or misuse of alcohol by associates while working or engaged in MedStar Health business. Associates who use, possess, sell, divert or transfer illicit drugs, or who offer to divert, buy or sell such substances, are subject to corrective action up to and including dismissal. Likewise, associates who use drugs or misuse alcohol during work hours or whose use of drugs or alcohol off-duty affects their job performance or reflects poorly on MedStar Health's reputation are subject to corrective action or dismissal. "Illicit drugs" includes street drugs, such as marijuana, cocaine or heroin, but also includes lawful medications used without a valid prescription from a treating provider or used for a non-therapeutic purpose. As a High Reliability Organization (HRO), MedStar Health employs a Care for the Caregiver approach in all instances in violation of this policy.

### **Philosophy Statement**

MedStar Health expects all associates to contribute to a professional and collegial environment by exemplifying the SPIRIT (Service, Patient First, Integrity, Respect, Innovation, and Teamwork) Values with our patients, visitors, customers and colleagues.

### **Procedure**

#### **A. Establishment of Reasonable Suspicion**

All associates who believe they may be impaired by drugs or alcohol, suspect that a co-worker may be impaired or who have reason to suspect diversion or noncompliance with this policy are expected to report their concerns to their supervisor. MedStar Health will remove a potentially impaired associate from the workplace where there is reasonable suspicion that the associate may be under the influence of illicit drugs or alcohol at work, or when there is reasonable suspicion that an associate has been involved in diversion of drugs in the workplace.

Reasonable suspicion may be based on reports or direct observation of appearance, behavior, or conduct that includes, but is not limited to: slurred speech; glassy eyes; inability to perform tasks; sleeping or inability to stay awake; accident involving hospital property or on hospital premises; agitated or violent behavior; disorientation; loss of coordination; or odor of alcohol/drugs on breath or clothing.

Reasonable suspicion may also be based on recommendations from investigators at the local site after investigation of evidence that includes, but is not limited to: indicators from diversion analytics software; reports from automated dispensing machines or electronic safes; discovery of physical evidence; possession of alcohol or illegal drugs; unauthorized or inappropriate possession of controlled substances; discrepancies regarding narcotic counts or administration; or information from another credible source.

**B. Fair and Transparent Management of Cases**

1. Associates who self-report potential impairment are placed on leave and treated with as much privacy as possible.

MedStar Health offers a job-protected leave of absence, short-term disability benefits (pay), and continued health insurance coverage to all eligible associates in order to allow the associate to seek and receive appropriate treatment.

2. Associates who are suspected of being under the influence of drugs or alcohol in the workplace, are placed on suspension with pay pending completion of an investigation, which includes a urine drug test, and may include additional investigatory steps.
  - a. This leave may be converted to a leave of absence with short-term disability benefits if the associate immediately seeks treatment (which is encouraged).
3. Associates who are suspected of diverting drugs for sale or distribution to others will be placed on suspension with pay pending completion of an investigation.
4. Non-employed individuals are not eligible for employment-based benefits, such as leaves of absence, short-term disability benefits or health insurance coverage. However, MedStar Health remains committed to encouraging all impaired individuals to receive effective treatment, and to considering each case on an individualized basis.

5. Where required by law, and in accordance with all applicable laws, rules, and regulations, MedStar Health will complete reporting to appropriate agencies, i.e., professional licensing boards, other State/Local agencies, etc. All reporting will be conducted in collaboration with MedStar Health's Office of the General Counsel.
6. If the associate seeks to return to work, a final decision on whether and under what conditions an associate returns will be made based on the totality of the facts and circumstances then known to MedStar Health.
  - a. Factors that may be considered include, without limitation, whether the associate voluntarily self-reported the issue, whether the associate cooperated fully in MedStar Health's investigation, whether the associate's behavior placed patients or associates at risk, whether the associate violated legal, ethical, or behavior standards, whether the associate has successfully completed treatment and is committed to continuing in recovery, whether the associate's treating provider recommends return to the healthcare work environment, whether


there is a suitable position available, and whether the associate's license (if any) remains intact. If MedStar Health concludes that an associate or non-employed individual diverted drugs for sale or distribution, the associate or non-employed individual will be terminated and will not be eligible to return to work.

- b. Before returning to work, the associate must be cleared through Occupational Health as fit for duty, at which time consideration will be given to any required accommodations or on-going monitoring and treatment recommended by the associate's caregiver. Associates will be required to enter into, and comply with, a monitoring agreement as a condition of continued employment. Violation of the monitoring agreement may result in corrective action, up to and including dismissal.

7. MedStar Health will conduct an individualized assessment of each case using a small group of leaders with experience in managing diversion/impairment issues for similar associates.
8. To ensure future safety of patients and associates, MedStar Health will use dedicated peer review committees to monitor and oversee associate's or non-employed individual's compliance with monitoring agreements. These committees include a Physicians Health Committee (including residents, fellows and credentialed providers), a Nurses and Licensed Health Professionals Health Committee, and an Associates Health Committee.

---

Please contact your supervisor or Human Resources with any questions regarding this policy. Provisions of this policy apply to all associates to the extent they do not conflict with relevant terms of an applicable contract.

		<b>EMERGENCY OPERATIONS PLAN</b>	
<b>Title:</b>	<b>Emergency Management Plan: FY 21</b>	<b>Section:</b>	Emergency Management Plan
<b>Emergency Management Critical Function:</b>	Safety and Security	<b>Type:</b>	EMP Document
<b>Purpose:</b>	To describe the framework for managing all phases of the disaster cycle.	<b>Number:</b>	EMP 01
<b>Forms:</b>		<b>Effective Date:</b>	07/01/2020

- I. **Purpose/Objectives.** The Emergency Management Plan at the MedStar Washington Hospital Center is designed to provide a safe and effective environment of care for patients, visitors and staff during disasters. The plan covers the physical area of the main hospital campus along with the off-campus facilities - Trinity Square, Trinity Center and Off-Site Medical Practices that support patient care.
- II. **Responsibilities.** The Board of Trustees, through Senior Administration and the Medical Staff, have ultimate responsibility for the delivery of quality patient care and implementation of the Emergency Management Plan when needed. The administration is also responsible for maintaining the support necessary for an effective emergency management program. The Hospital Chief Executive Officer/President when not Incident Commander will assign overall hospital and offsite emergency response authority and management to the Incident Commander.

#### A. **Emergency Management Committee**

The Committee is responsible for the overall design of the Emergency Management Plan, completion of an annual Hazard Vulnerability Assessment (HVA), and revision to the Plan based on the HVA, drills/exercises and actual events that are experienced by the hospital. The Committee also identifies and facilitates education and training for emergency preparedness. The Committee membership includes representatives from nearly all disciplines within the hospital and ambulatory sites and meets on a monthly basis. The Committee chairperson reports to the Environment of Care Committee.

#### B. **Executive Staff**

The Executive staff shall provide needed support for and awareness of the hospital's emergency management program. The Emergency Manager meets regularly with the CEO and COO to apprise them of important issues and provide updates on planning and response related activities.

The executive staff is responsible for filling general staff and command roles in the incident command system during emergency operations. They are responsible for knowing the plan as well as being familiar with appropriate community, corporate and federal response plans. Executive staff is expected to participate during exercises, drills and actual incidents when they occur.

#### C. **Department Managers/Supervisors**

Department Managers/Supervisors are responsible for knowing the general plan as well as details of their departmental plan. The Department Managers/Supervisors are also responsible for ensuring all staff members are properly oriented to their duties during emergency operations. Department Managers/Supervisors are expected to participate during exercises, drills and actual incidents when they occur.

#### **D. Associates/Medical Staff**

All associates/medical staff are responsible for knowing their duties and role during emergency operations along with knowing the emergency codes or the resources available to identify the code type and initial response steps. All associates/medical staff are expected to participate during exercises, drills and actual incidents when they occur.

III. **Scope.** The Emergency Management Plan applies to all associates and departments of the MedStar Washington Hospital Center and the off-campus facilities that support patient care (the outpatient psychiatric facility at Trinity Square, the cardiac rehab program at Trinity Center and the Off-Site Medical Practices). The Emergency Management Program addresses the four phases of emergency management. The objectives related to each phase for FY 21 are listed below:

#### **A. Mitigate**

1. Continue to monitor/assess supply, equipment and pharmaceutical caches.
2. Create/update plans for IT/IS failure & back-up systems.

#### **B. Prepare**

1. Staff education will be conducted regarding departmental plans.
2. Staff education will be conducted related to the Armed Assailant Plan, Code Pink and Adverse Weather Plan.
3. Registration on Everbridge will continue to be encouraged, particularly with all MWHC Leaders.
4. Training on evacuation procedures will be provided to relevant staff.
5. Western Shelter Tent: Train super-users to set up and educate/support other key stakeholders.
6. Decontamination training will be provided to Emergency Department Associates and Team Decon members.
7. Keep Primary and Backup Hospital Command Center in ready state.
8. Maintain Emergency Equipment/Supply inventory in Ready Room.

#### **C. Respond**

Response to emergencies will be tested throughout the year. Activities planned include:

1. Participation in a MedStar Health system wide exercise/s.
2. Participation in a DC Emergency Health Care Coalition exercise/s.
3. Conducting testing of back up wired and satellite phone systems.
4. Conducting an announced exercise for MWHC.
5. Testing all MOUs.
6. Administration participation in up to 4 Table Top exercises designed to provide critical decision-making practice and Emergency Operations Plan use.
7. Encouraging attendance and participation in the Corporate Emergency Management Summit.

#### **D. Recover**

System recovery will be assessed after exercises/events.

IV. **Program Design.** The Emergency Management Committee is responsible for the Emergency Management Plan. Procedures, processes, Job Action Sheets, response plans and reference materials are available in the Emergency Operations Plan (EOP). The EOP is housed within an electronic database accessible via StarPort, the web-based portal for the hospital. Hard copy manuals are housed in the Hospital Command Centers as well on regularly updated thumb drives located throughout the facility.

V. **The Emergency Management Plan includes the following elements:**

- A. **Hazard Vulnerability Analysis (HVA).** An HVA is performed annually and after significant events. The Kaiser-Permanente HVA is used for this analysis. The HVA is reviewed and updated by select members of the emergency management committee (Engineering, Safety, Nursing, and Administration) and then sent to the entire emergency management committee for review. Copies are provided to the DC Department of Health, Health Emergency Preparedness and Response Agency (DC DOH-HEPRA) for their information. Final results are tabulated and provided to executive staff for review and approval. Specific procedures to respond to identified threats are developed by the Committee in collaboration with the appropriate hospital committees and departments. The HVA process and data validation are located in the Emergency Operations Plan. In addition, the DCHMC health care system HVA done every other year is used as a planning tool and is also made available in the HVA.
- B. **Hospital Command Center (HCC).** The HCC is located in the Sterrett Board Room of the 2A2 suite. Access is available 24/7 via MWHC Public Safety or the nursing supervisors. Monitoring and maintenance is performed monthly after all incidents and drills. Rolling pelican cases with materials needed to establish an alternate command center location are located in the closet behind the reception desk in the East Building, VOIP Telephones and laptops are located in room 5101 for use in the alternate command center. An alternative HCC can be set up in the Board Room of the East Building.
- C. **Incident Command System (ICS).** MWHC utilizes the Hospital Incident Command System (HICS) as its command and control structure for incidents. Education and training is provided through a variety of methods. Executive staff members receive regular briefings during staff meetings and exercise their knowledge and skills during drills and incidents. First Responders are provided specialized classes and participate in exercises. Other hospital personnel receive education in department meetings, in-services and use of a web-based learning system with specialized content related to emergency preparedness content (SiTEL).
- D. **Community Integration.** MWHC integrates with the community emergency preparedness and response plans through the District of Columbia Hospital Association's (DCHA) Emergency Preparedness Committee, participation in the DC Health & Medical Coalition (DCHMC). These groups act as a liaison between area hospitals and local, regional and federal agencies and are responsible for maintaining two emergency communication networks; the Hospital Mutual Aid Radio System (HMARS), Hospital Information System (HIS) web-based portal as well as having mutual aid agreements with area hospitals.
1. When external authorities (e.g., police, fire, EMS, etc.) need or are required to be notified, the appropriate contact and the condition for contact are included within the operating plan. Current telephone numbers are located in public directories while special telephone numbers are maintained as reference materials in the Operating Plan. Area hospitals are notified of a

disaster via the HMARS radio network.

2. Hospital personnel are identified in an emergency by displaying their hospital identification badges. Key personnel in the Hospital Incident Command System are also identified by a vest labeled with their role (i.e., Triage Unit Leader).
3. Assigning all available personnel in emergencies to cover all necessary staff positions is the joint responsibility of Section Chiefs along with the Staging Area Manager. The Hospital Command Center is responsible for coordination among all sections.

E. **Emergency Operations Plan.** The Plan includes specific responses to identified threats. Within these specific response plans, the responsible party(ies) for evaluating the situation and, when appropriate, how to initiate the specific hospital response is identified (e.g., Code Orange, Code Purple, etc).

The Plan encompasses the management of the following during emergency operations:

1. **Communication**, including event notification, activating the command system, notifying staff and external agencies and assessing the effectiveness of communication within the facility as well as to external organizations.
2. **Notification/Response.** Hospital personnel are notified when an emergency response measure is initiated via multiple modalities. Staff is initially notified via pager. Personnel in-house are notified by public address announcements and Code StarPort messages. Key hospital departments also maintain contact information for personnel not in the hospital. A mass messaging/notification system Everbridge, is also available. Registration is required of all MWHC Leadership.
3. **Resources and Assets**, including mobilizing and allocating responders, equipment, supplies, PPE, and transportation and acquisition of needed resources from external sources (government agencies, vendors, corporate and community partners).
4. **Safety and Security**, including management of possible vulnerabilities, control of access to the facility and the safety and security of all staff, patients and visitors. The Plan identifies management of radioactive or chemical events and decontamination as well as the specific decontamination procedures and policies. OSHA's guidelines for First Receivers are the reference document for this part of the plan.
5. **Staff Responsibilities**, including issues related to staff support during incidents, including transportation, housing and meals. Incident stress debriefing is also available through the Employee Assistance Program.
6. **Utilities Management**, including alternative means of meeting essential building utilities: electricity, water, ventilation, fuel sources and medical air/gases/vacuum. The plan also identifies a backup internal and external communication system which include:
  - a. Back-up telephone system (Centrex system)
  - b. Portable Radios – internal system
  - c. ASCOM/CISCO Wireless Telephones
  - d. H-MARS – Hospital Mutual Aid Radio System
  - e. Satellite telephones



- f. Pagers
- g. E-mail
- h. Fax
- i. Mass messaging system (Everbridge)
- j. Internet (share-points such as StarPort, Crisis Resource Information and Communication System-CRICS and Hospital Information System- HIS).

7. **Patient Clinical and Support Activities**, including management of patient activities such as modifying or discontinuing services, triage, readjusting patient flow, mortuary services, vulnerable populations and mental health needs. The Plan delineates the management of a hospital evacuation [both partial (horizontal) and complete (vertical)]. The evacuation plan was extensively revised in 2018 to include patient tracking, fire evacuation routes, management of patient records and medications, and patient flow.

8. **Recovery.** The Plan outlines re-establishing normal operations following a disaster.

9. **Evaluation.** An annual evaluation of the Emergency Management Plan’s objective, scope, performance, and effectiveness is completed by the Chair of the Emergency Management Committee and submitted to the Environment of Care Committee.

VI. **Orientation and Education Component Design.** The orientation and education component pertaining to emergency management addresses the following criteria:

- A. Overview of the Emergency Management Plan.
- B. Hospital Incident Command structure and where/how the individual’s role fits in.
- C. Importance of the individual’s role.
- D. Information needed to perform appropriately during emergency operations.
  - 1. Communication methodologies during emergency operations.
  - 2. Procedures for obtaining equipment and supplies.
  - 3. Training protocols for specific incidents and situations.
- E. Obtaining assistance for personal matters.
- F. As part of annual requirements, personnel must demonstrate competencies in mandatory areas. Emergency Management is included in these documented competencies. New personnel receive mandatory Emergency Management training in Hospital Orientation and within their respective areas of hire during the orientation process. This is validated annually through attendance at educational sessions as well as participation in planned drills and educational interviews.
- G. Affected staff will receive necessary education to ensure NIMS compliance.

VII. **Performance Measure Design.** Performance standards, included as Attachment A, have been established to assist the Emergency Management Program in promoting a safe, controlled, comfortable

environment of care during emergency operations. The following areas were considered prior to selection of the current standard(s):

- A. Staff knowledge and skill
- B. The level of staff participation
- C. Monitoring and inspection activities
- D. Emergency and incident reporting procedures that specify when and to whom reports are communicated
- E. Inspection, preventive maintenance, and testing of critical operating components.

VIII. **Emergency Procedures Design.** Emergency procedures are developed in each of the Environment of Care management or emergency operations plans and published in the Emergency Operations Plan. These procedures address the following:

- Mass Casualty Incident (external or internal) *Code Orange*
- Chemical / Hazardous Material Exposure *Code Green*
- Fire *Code Red*
- Evacuation (partial or complete) *Code Black*
- Infant/Child Abduction *Code Pink*
- External environmental hazard (shelter in place) *Code Purple*
- Bomb Threat *Code White*
- Armed Assailant / Hostage Situation *Code Silver*
- Associate/medical staff situational awareness *Code StarPort*
- Loss of Utilities
- Weather Emergencies *Code Grey*
- Chemical Decontamination
- Radiological Decontamination

Additional response plans are developed as new threats are identified by the Emergency Management Committee.

IX. **Implementation of the Management Plan.** The Plan ensures timely implementation / response of the organization to a wide variety of emergency events, mass casualty incidents or natural disasters in accordance with the organizational mission and services, as well as applicable law and regulations. This is assessed through training exercises, quarterly reports and the annual effectiveness report.

- A. **Exercises.** Subject to TJC Standards, the Emergency Management Plan is executed at least twice a year either in response to an actual emergency or in planned exercises. At least one exercise each year involves full hospital activation with integration of a community response and simulation of patient management. Each exercise minimally exercises the following core measures:
  - 1. **Communication**, including event notification, activating the command system, notifying staff and external agencies and assessing the effectiveness of communication within the facility as well as to external campus, city and regional organizations.

2. **Resources Mobilization and Allocation**, including mobilizing and allocating responders, equipment, supplies, medical surge, PPE and acquisition of needed resources from external sources (government agencies, vendors, corporate and community partners).
3. **Safety and Security**, including control of access to the facility.
4. **Staff Roles and Responsibilities**, including role in the incident command system, department plan.
5. **Utility Systems**, including appropriate function and use of back-up systems, if needed.
6. **Patient Clinical and Support Activities**, including patient flow and availability and response of departments (i.e. ICU, OR, radiology, lab)
7. Observers are designated for each exercise in key locations: (i.e. HCC, ED) as well as departments that may be specifically targeted by the exercise objectives (i.e. Telephone Operators, Protective Services).
8. Each exercise is followed by a formal critique with all participants of the drill or event. Corrective action plans are established and are tracked and monitored by the Emergency Management Committee. After Action Reports (AAR) and Improvement Plans (IP) are completed by the exercise coordinator and reported to the Emergency Management Committee on each incident or exercise that required implementation of all or part of the Emergency Operations Plan. Each AAR includes identification of the primary issues along with 'action items' to be addressed. AARs, along with quarterly reports on all performance improvement projects are presented to the Environment of Care Committee.

- X. **Inspection, Testing, and Maintenance Activities.** Monthly inspections of the Hospital Command Center and Ready Room are performed. In addition, the Engineering Department maintains written procedures that include performance standards for inspecting, testing, and maintaining critical operating components of utility systems.
- XI. **Measurement systems.** The Emergency Management Plan is part of the organization wide Information Collection and Evaluation System (ICES) for identifying and evaluating conditions in the environment of care. The ICES is used to aggregate information from the Plan. This is part of the Safety Officer's effort to direct an ongoing, organization wide process to collect information about deficiencies and opportunities for improvement in environment of care management programs. It includes summaries of problems, failures, user errors, and relevant published reports hazards, as well as reports on findings, recommendations, actions taken, and results of measurement, all of which are presented to and discussed by the Environmental Safety Committee.

Monitoring compliance satisfies legal requirements, tests the program against regulatory and performance standards, and identifies opportunities for improvement. It also serves as a basis for the Environmental Safety Committee's annual evaluation of the objectives, scope, performance, and effectiveness of the Utility Systems Management Plan.

**EMERGENCY MANAGEMENT PLAN  
PERFORMANCE INDICATORS  
FY 21**

- A. **Indicators:** The following indicators have been agreed to for FY 21 by the Emergency Management Committee and accepted by the Environment of Care Committee:

**1. Staff Skill and Knowledge**

- 100% of MWHC leadership will complete required NIMS courses.
- 100% of MWHC Leaders will register on the Everbridge system.
- 100% of Associates complete the SiTEL Emergency Management Module.
- Conduct refresher emergency preparedness training for more than 75% of the operating departments/units.
- Present weekly emergency preparedness theme activities during September for National Preparedness Month.
- Increase Associate/Provider familiarization with Code Silver and their expected response through instruction messaging and Public Safety provided announce workshops.
- Provide instruction to staff on shelter in place procedures due to bad weather and environmental/security reasons.
- Provide “Stop the Bleed” instruction to Hospital and Ambulatory Staff.

**2. Monitoring and Inspection**

- Complete monthly/quarterly inspections of Ready Room and address deficiencies within 72 hours.
- Complete monthly inspections of HCC and resolve identified issues within 72 hours.

**3. Incidents and Drills**

- Conduct a minimum of two functional exercises with either DCHMC partners and/or MedStar Health; a real-world incident will substitute for one exercise.
- Provide a minimum of three scenario-based response training sessions for IMT members. The scenarios will address internal/external threats from the HVA.
- Conduct quarterly Code Pink exercises.
- Participate, when possible, with DC HMC sponsored training and exercises.
- Present Closed POD exercise in collaboration with MNRH.
- Periodically distribute plausible scenario vignettes with accompanying questions to Unit/Department leadership for discussion with their colleagues.
- Present a minimum of three emergency management updates/mini drills to physician and senior leadership.
- Promote emergency preparedness importance via different activities during September.
- 100% of incidents/events will receive a post event review.
- After Action Reports will be completed for all incidents/drills. Identified issues will be logged and monitored; resolving identified urgent issues within three months and non-urgent issues within six months.

- B. **Data Collection:** Progress on the FY 21 goals is collected on a quarterly basis. Emergency Management after action reports are generated for major incidents and exercises.
  
- C. **Data Review and Reporting:** Incident report and progress summaries are generated quarterly for the Emergency Management Committee and reported to the Safety Committee and executive management.

**EMERGENCY OPERATIONS PLAN**

<b>Title:</b>	<b>Radiology Command Post</b>	<b>Section:</b>	<b>Emergency Operations Plan</b>
<b>Emergency Management Critical Function:</b>	<b>Staff Responsibilities</b>	<b>Type:</b>	<b>Departmental</b>
<b>Purpose:</b>	<b>To outline how and when the Radiology Command Post will operate during a declared hospital emergency (i.e., Code Orange, Code Purple, etc).</b>	<b>Number:</b>	<b>DEPT. 21</b>
<b>Forms:</b>		<b>Effective Date:</b>	<b>3/28/17</b>

**Center Location:** CCR CT Scan  
**Contact#:** 7-5301  
7-5305 (fax)

**I. Center Command Structure**

- A. The individual in charge of the Radiology Command Post will be called the Radiology Unit Leader.
- B. The Radiology Unit Leader reports to the Operations Section – Medical Care Branch Director.
- C. The Radiology Unit Leader will be one of the following for the duration of each work shift: Coverage for off shifts and weekends must be taken into account.

Name/Title	Pager	Office Number
1. Chairman, Department of Radiology	7550/703-867-8394	6088
2. Radiologist on call		3613/301-306-2110
3. Director of Radiology	5471/202-744-6090	6444
4. Manger on site		5301/2601
5. Chief Technologist on duty		3616/2061
6. Director IR		319-621-9236

- D. Individuals assuming command of the Radiology Command Post will don the appropriate command vest and use the corresponding Job Action Sheet (JAS) to provide response guidance.
- E. The Radiology Command Post will remain operational until such time as a demobilization order is given by the Incident Commander.
- F. Support personnel will be assigned to assist the Radiology Unit Leader with answering the phone and record keeping. They will come from:

<b>Title</b>	<b>Phone</b>
Medical Office Assistant Critical Care CT	5301
Medical Office Assistant Critical Care Radiology	3616
Medical Office Assistant Diagnostic Radiology	6481

## **II. Activation Procedure**

- A. The Radiology Command Post will be opened by CCR CT Scan** upon announcement of an emergency code (example Code Orange) by overhead announcement and/or pager. At night the Center will be opened by CCR CT Scan.
- B. The Radiology Command Post “Go Kit”** will be retrieved from CCR CT Scan. This kit contains command vests, and other incident command tools
- C. The Radiology Command Post staff will place in operation any stored phones, faxes, computers.** There should be a minimum of two phone lines, and a fax.
- D. The Hospital Command Center (HCC) shall be notified by phone (7-9506/9508)** once the Radiology Command Post is operational. The HCC shall be advised of the phone numbers and fax numbers being used at the Radiology Command Post.
- E. The HCC-Logistics Section shall be notified of any immediate support needs** by phone (7-9502), unless directed to submit via email.

## **III. Response Procedure**

- A. Personnel reporting to the Radiology Command Post will sign in at the Command Center** using the Appendix A. Aggregate numbers of medical staff, by specialty, should be compiled at the beginning of the response and reported to the Medical Care Branch Director/Operations Section Chief at extension 7-9508 or 7-9510. Appendix B provides a tool that may be used for this purpose.
- B. Reporting personnel should be given a task assignment.**
  - 1. The on call and back up Radiologist will report to CCR, based on the volume of patients expected in the event. When there are multiple trauma cases, the on-duty radiologist will determine if the IR physicians need to come to the hospital. MMGR radiologists are available to read MWHC studies remotely, as long as we have functioning network. The technologists will scan all documents to include quick start card that contains contact information for the interpreting radiologist. If the radiologist is reading remotely, a preliminary reading will be called to the CCR charge technologist. A runner will deliver the reading to the Casualty Command Center or faxed to the location of the patient ( ICU, OR, etc.) Additional radiologists will be contacted to help as needed.
  - 2. All technologists and radiology support personnel will stop non-urgent studies/assignments and return to their base of operation for re-deployment as follows:

- 2 Diagnostic Technologists to MedStar
- 2 Diagnostic Technologists to ER
- 2 Diagnostic Technologists to cover in-house urgent imaging
- 2 Technologists to remain in CCR CT
- 1 Technical Aide to CCR CT
- 1 MOA to CCR CT

- 3. Deploy additional Diagnostic Technologists to MedStar, ER, and Main Radiology as necessary. The Diagnostic staff will take a digital portable to yellow team leader when code orange is called. Portable will remain in the ED + MedStar for at least the first two hours of

the code orange. May need a portable for green team as well. A digital portable will be brought to main CCR xray.

4. Assign MRI Personnel as follows:

- 2 MRI Technologists to the Main MRI Department
- 1 MRI Technologist to the 4<sup>th</sup> floor MRI Scanner
- 2 MRI Technologists to the 3T scanner
- 1 Technical Aide to the Main MRI Department
- 1 Technical Aid to the 3T Scanner
- 1 MOA to Main MRI

5. Decision making concerning clinician utilization should take into account the potential need for an on-going response. Hence, an appropriate number of physician and physician extender staff should be kept in reserve to work the next shift.

**C. Initial priorities should focus on evaluation of current patient census.**

1. CAT scans will be prioritized by the requesting Casualty Care Unit Leader.
2. Life threatening injuries will be addressed using the highest survival prediction as priority 1 scans
3. Priority 1 scans will be completed in the order they are received as long as they can be completed within 20 minutes of request. If a Priority 1 scan is being delayed greater than 20 minutes, the Casualty Care unit Leader will request from the Radiology Command to open the next available CT ( 4th floor IR POB) to increase CT's threshold for performing scans. →
4. Patients received from MedStar or the ED will be returned to those units unless they have a clear disposition. All unstable patients are to be accompanied by a healthcare provider. Every attempt will be made to provide a "wet reading" immediately; in some circumstances it may be necessary to provide the reading to the referring unit after the patient has been returned.
5. All patients registered as "Disaster" patients can be viewed in Medconnect.

**D. Department member safety will remain of paramount importance.** The HCC will provide instructions for when special precautions are warranted.

1. These instructions are to be efficiently and quickly shared with department personnel by the Radiology Command Post.

2. Requests for needed PPE or other protection measures should be directed to the HCC-Logistics Section (79502).

**E. Normal patient care practices will be followed unless modified by the Incident Commander.**



**F. Communication will normally be done by phone, and email. In emergent situations radios shall be used.**

1. The radios will be issued by the Logistics Section or their designee.
2. Caution should be taken to insure that all personnel are on the designated channel.
3. "Just in time" instruction on proper radio use can be obtained by going to StarPort Emergency Preparedness Page and reading "Radio Instructions".

**G. The Radiology Unit Leader will ensure their Command Post is effectively communicating information and resolving problems with the other Medical Command Posts and the HCC/Operations Section - Medical Care Branch Director.**

**H. Volunteer MDs and physician extenders may present offering their services.**

1. Consultation with the Medical Affairs Officer or designee should take place BEFORE accepting their services.
2. Screening and registration forms in the Go Kits should be completed and forwarded to the Medical Affairs Office so credentialing checks can be completed as required.
3. Task assignment(s) should take into account the volunteer's clinical specialty, and experience - quality patient care will remain the objective.
4. Appropriate orientation and supervision must be provided.

**I. All department members are to prominently wear the hospital ID at all times.**

**J. General messages to the HCC should be submitted on HCC form# 213 form via phone, fax, email and/or hand delivery.**

**K. The HCC will present periodic situation updates which shall be distributed to staff and where appropriate, patients/families.**

**L. Personnel injuries or illness should be cared for in the Emergency Department or Occupational Health depending on the nature of problem and time of day. The HCC - Planning Section should be notified when department members receive any medical care themselves.**


**M. Critical actions taken and issues resolved by Radiology Command Post personnel should be documented on the HCC form #214 and submitted via fax, email or hand delivery to the HCC- Planning Section at the end of each work shift.**

**N. The HCC- Planning Section will be responsible for leading extended operations planning but will require assistance from the Radiology Command Post.**

#### **IV. Demobilization and System Restoration**

- A. The Incident Commander, based on information/advice received from various sources, will determine when department demobilization will be undertaken.
- B. The initiation of demobilization activity at the department level will be coordinated by the Radiology Unit Leader.
  1. Response priorities are to be established and communicated to department members.
  2. Repair and replacement of equipment and supplies shall be coordinated where necessary with the HCC -Logistics Section (7-6229/30).

3. Completion of demobilization activities shall be documented and reported at the end of each shift to the Planning Section using the form designated by the Planning Section.
- C. All remaining completed incident command documents shall be submitted via fax, email or hand delivery to the HCC-Planning Section.
  - D. The Incident Commander will announce the time and location for the response debriefing; the Radiology Unit Leader and others they designate shall attend this meeting and participate in After Action Report writing as requested.
  - E. The Radiology Unit Leader should conduct a post incident debrief with members of the department at the earliest opportune moment and record their comments for reporting to the Incident Commander. The lessons learned may be discussed at hospital debrief and /or included in the After Action Report that will be written.

 <b>MedStar Washington Hospital Center</b>	<i><b>HAND HYGIENE POLICY</b></i>	
	<b>MWHC Hospital Wide Policy</b>	
	<b>Original Date</b> 11/16/2016	<b>Last Review Date</b> 11/16/2016
<b>Document Owner:</b> Dir Infection Prevention		
<b>Approved:</b> Infection Control Committee		<b>Date:</b> 1/14/2020
<b>Approved:</b> Clinical Quality Improvement & Safety Committee (CQISC)		<b>Date:</b> 2/27/2020
<b>Approved:</b> Medical Executive Committee		<b>Date:</b> 3/11/2020

- I. **PURPOSE:** To prevent the transmission of microorganisms to patients and healthcare workers.
  
- II. **POLICY:** MedStar Washington Hospital Center promotes hand hygiene as an essential component in safe patient care. The expectation is that all associates will follow this policy 100% of the time in non-emergency situations. Compliance with hand hygiene policy meets [National Patient Safety Goal 07.01.01](#) and the [CDC Guideline for Hand Hygiene in Healthcare Settings](#).
  
- III. **SCOPE:** This policy applies to all associates at MedStar Washington Hospital Center, (including private Physicians), contracted services personnel, volunteers and students, working across the continuum of care. All associates will be notified of this policy at the time of hiring through new associate orientation.

It is the responsibility of all associates, physicians, temporary staff, volunteers and students to follow this policy for the prevention of health-care associated infections. It is the responsibility of each department manager, director, and leader to ensure that all aspects of this policy and procedure are followed.

#### IV. DEFINITIONS:

**Antiseptic Hand Wash:** Washing hands with water and soap or other detergents containing an antiseptic agent.

**Antiseptic Hand Rub:** Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.

**Hand Hygiene:** A simple and effective method of preventing the spread of pathogenic organisms via the hands. Hand hygiene applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

**Hand Antisepsis:** Refers to either antiseptic hand wash or antiseptic hand rub.

**Hand Cleaning Agents:**

- a. **Alcohol-based Hand Rub:** An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations used contain 60% - 95% ethanol or isopropanol.
- b. **Antimicrobial Soap:** Soap (i.e., detergent) containing an antiseptic agent.
- c. **Antiseptic Agent:** Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCM), and quaternary ammonium compounds.

- d. Detergent:** Detergents are compounds that provide a cleaning action. Although products used for handwashing or antiseptic hand wash in health-care settings represent various types of detergents, the term “**soap**” is used to refer to such detergents in this guideline.

**Patient Care Area:**

- a. When a curtain/curtain track exists:** Environment beyond the curtain/curtain track threshold.
- b. When a curtain/curtain track does not exist:**
- In defined areas (e.g. an exam room): The doorway.
  - In open areas (e.g. hallway): The bed, stretcher, or chair that hold the patient, and any equipment that is dedicated to that patient.

**Surgical Hand Antisepsis:** Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgery personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often leave persistent antimicrobial activity.

**Visibly Soiled Hands:** Hands showing visible dirt or visibly contaminated with proteinaceous material, blood or other body fluids (e.g., fecal material or urine).

## V. PRINCIPLES OF HAND HYGIENE

### a. GENERAL PRINCIPLES

- i. General soap removes most dirt and microorganisms from the superficial skin layers. Antiseptics control or kill microorganisms from the deep skin layers. Antimicrobial solutions are used within the hospital.
- ii. Handwashing is necessary in, but not limited to, the following situations:
  1. When hands are visibly soiled with dirt or organic material.
- iii. Hand antisepsis is necessary in, but not limited to, the following situations
  1. When hands are already clean and not visibly soiled, to remove or destroy transient micro-organisms.
- iv. Hand hygiene (using alcohol-based hand rub or soap and water) must be done upon entering and exiting the Patient Care Area as described in the Definitions section.

### b. WHEN TO PERFORM HAND HYGIENE:

- i. Before and after entering or leaving the Patient Care Area as described in the “DEFINITIONS” section.
- ii. Before and after contact with inanimate objects (including but not limited to dedicated medical equipment, the bed or stretcher including bedding, or the tray table) in the immediate vicinity of the patient, and at the end of an interaction with a patient.
- iii. Before and after having direct contact with patients including intact skin (e.g., when taking a pulse or blood pressure, lifting a patient or performing other physical assessment or having direct contact with a patient for any reason).
- iv. Before donning gloves and after removing gloves.
- v. Before and after performing an invasive or non-invasive procedure requiring clean or aseptic technique.
- vi. Before and after contact with body fluids or excretions, mucous membranes, non-intact skin and wounds.
- vii. When moving from a contaminated-body site to a clean-body site during patient care (e.g. changing a soiled dressing or performing perineal care and then handling a central line). Gloves should also be changed.
- viii. Before and after eating.
- ix. After using a restroom.

### **c. HOW TO PERFORM HAND HYGIENE**

- i. **Soap or antimicrobial soap and water:** Soap or antimicrobial soap and water should be used:
  1. When exiting a patient care area for an enteric patient.
  2. When hands are visibly soiled with blood or other body fluids.
  3. Before and after eating.
  4. After using a restroom.
  5. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel or hand blower. If available, use towel to turn off the faucet.
- ii. **Alcohol-based hand rub:** Alcohol-based hand rub should be used:
  1. If hands are not visibly soiled.
  2. For routine hand hygiene.
  3. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
  4. Follow the manufacturer's recommendations regarding the volume of product to use.
  5. A hospital approved pocket-sized alcohol-based hand rub may be utilized in areas where access to a wall unit may not be available.
- iii. **Procedural Areas:**
  1. Interventional Procedures/Radiology, Operating Rooms, Labor Delivery and Cardiac Cath Lab Associates will observe the "Surgical Hand Scrub (Perioperative)" and/or the "Surgical Hand Antisepsis procedures" as described in Elsevier Nursing Skills.
  2. NICU Associates will observe the [Clinical Practice Guideline for Hand Antiseptics in the Neonate](#)

### **d. DRYING OF HANDS**

- i. Paper towels or hand blowers should be within easy reach of the sink but beyond splash contamination. Hand blowers are restricted from patient care areas.
- ii. Lever-operated towel dispensers should be activated before beginning handwashing.

### **e. NAIL CARE**

- i. Do not wear artificial fingernails or extenders when having direct patient care contact. These items have been shown to pose a direct risk of infection (bacterial and fungal) to patients (Refer to [Dress Code and Personal Appearance-HRP 302](#)).
- ii. Fingernails should not be longer than ¼ inch long for associates who provide direct patient care.
- iii. Chipped nail polish should be removed.

### **f. GLOVE USE**

- i. Perform hand hygiene before donning gloves.
- ii. Remove gloves and perform hand hygiene after every patient interaction.
- iii. Do not wear the same pair of gloves for the care of more than one patient.
- iv. Do not wash gloves.
- v. Change gloves, including performing hand hygiene, during patient care if moving from a contaminated body site to a clean site. (e.g. changing a soiled dressing and then handling a central line).
- vi. Appropriate glove use is addressed in the MWHC's [Standard Precautions](#) Policy

## **g. HAND LOTION**

- i. Some products interfere with persistence of skin antiseptics or glove integrity.
- ii. Associates are not allowed to bring in personal hand lotions for use in the hospital setting. Contaminated hand lotions have been implicated in outbreaks of disease (primarily gram-negative rods) in healthcare facilities. Large bottles or poorly designed nozzles can become colonized, allowing for spread of microorganisms on hands of healthcare workers.
- iii. Associates with dermatitis related to hand hygiene or glove use are encouraged to report the problem to their supervisor and Occupational Health and Safety (OHS). A plan for the associate will be created based on the severity of the dermatitis. A change in the type of hand hygiene agent and/or gloves used by the associate or work restrictions may take place only after the approval of OHS.

## **h. STORAGE AND DISPENSING OF HAND CARE PRODUCTS**

- i. Liquid products should be stored in closed containers.
- ii. Disposable containers should be used.
  1. Do not add soap to a partially empty soap dispenser. The practice of “topping off” dispensers can lead to bacterial contamination of soap.

## **i. SPECIAL CONSIDERATIONS IN DESIGNATED BEHAVIORAL HEALTH AREAS**

- i. Associates in designated behavioral health areas may utilize an approved pocket alcohol-based hand rub where wall units are not available for safety.
- ii. Associates in designated behavioral health areas who are performing routine visual wellness checks, in which nothing is touched upon room entry/exit, will perform hand hygiene at the beginning and end of rounding.
  1. Hand hygiene is required should the associate need to perform care or touch the patient care area during wellness rounds.
- iii. Hand hygiene will be performed at the start and end of distribution of meal trays to patients in a common area, but not in between each tray unless contact occurs.
- iv. Hand hygiene will be performed at the start and end of distribution of medication to patients in a common area via assembly line, but not in between each patient unless contact occurs.
- v. Hand hygiene for behavioral health patients is addressed in the Inpatient Psychiatry Hand Hygiene Policy.

## **j. PATIENTS, FAMILY and VISITORS**

- i. All family and visitors are encouraged to practice frequent hand hygiene, especially upon entry and exit of the patient care environment.

## **VI. PERFORMANCE IMPROVEMENT MONITORING**

Hand hygiene (HH) compliance will be audited by trained observers in all areas and compliance results reported quarterly. Observers will audit HH compliance while staff are entering and exiting the patient care area and score the observation as Yes or No based-on compliance.

The following circumstances will **not** be considered non-compliant with HH policy when:

- a. An associate enters a patient care area to response to an urgent/emergent situation – such as a code blue, rapid response, code BERT or behavioral health crisis, fall, unexpected or unplanned removal of life saving medical equipment, and does not perform hand hygiene.

- b. An associate carries something into a patient care area and performs hand hygiene immediately after putting items down.
- c. An associate exits a patient care area, performs hand hygiene, does not touch anything and then enters another patient care area within 30 seconds of performing the exit hand hygiene.
- d. An associate touches a patient while helping him or her to ambulate at the patient care area threshold.
- e. An associate does not cross the curtain track.
- f. An EVS associate who, in the process of cleaning a patient room, goes back and forth to their cart, stationed immediately outside the patient room, for supplies without touching anything else, but performs hand hygiene when the task is complete (i.e. moving to a new location).
- g. A Food & Nutrition associate who, in delivering or retrieving patient trays, performs hand hygiene once in between trays without touching anything else other than the tray (hand hygiene upon exit will count as hand hygiene for entry of next room so long as nothing other than tray is touched).
- h. An associate moving contaminated equipment or linen to a dirty utility/linen room, if hand hygiene is performed upon exiting dirty utility/linen room.
- i. Associates in designated behavioral health areas performing specific tasks as described in the Special Considerations for Designated Behavioral Health Areas section.

**VII. LEGAL REPORTING REQUIREMENTS - Not applicable**

**VIII. REFERENCES INCLUDING LAWS, REGULATIONS OR GUIDELINES**

- a. [CDC Guideline for Hand Hygiene in Healthcare Settings](#)
- b. [World Health Organization Guidelines on Hand Hygiene in Healthcare](#)
- c. [Standard Precautions](#)
- d. [Dress Code and Personal Appearance-HRP 302](#).
- e. [Clinical Practice Guideline for Hand Antiseptics in the Neonate](#)
- f. Elsevier nursing skills: Surgical Hand Scrub (Perioperative) and Surgical Hand Antisepsis

**IX. RELATED POLICIES:**

- a. [Standard Precautions](#)
- b. [Dress Code and Personal Appearance-HRP 302](#)
- c. [Clinical Practice Guideline for Hand Antiseptics in the Neonate](#)

<b>Title:</b>	<b><i>DECLARED PREGNANT WORKER EXPOSED TO RADIATION</i></b>	<b>Section:</b>	Administrative
<b>Purpose:</b>	This policy specifies the actions that should be taken when a worker voluntarily identifies herself in writing through her supervisor to the Department of Radiation Safety as a Declared Pregnant Worker.	<b>Number:</b>	212.05
<b>Forms:</b>	Declaration of Pregnancy Form	<b>Effective Date of This Version:</b>	7/1/2005

**I. Scope**

This Standard Practice applies to all Washington Hospital Center employees, contract and agency staff.

**II. Policy and Practices**

**A. Formally Declaring Pregnancy**

1. WHC encourages any worker who is exposed to radiation in the course of performing job duties and who believes that she may be pregnant to formally declare her pregnancy. WHC acknowledges that any such declaration should only be on a voluntary basis because the worker desires the increased level of radiation protection safety that will be provided. A Declared Pregnant Worker can revoke at any time and for any reason this declaration by formal written notification. WHC is committed to maintaining the radiation exposure of all workers "As Low As Reasonably Achievable" (ALARA).

2. WHC encourages any worker who believes that she may be pregnant or who is planning to become pregnant to review the instructions in the Nuclear Regulatory Commission's Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure." Each female employee assigned a radiation monitor is given this information as part of the instruction prior to being assigned a film badge. Additional copies of Regulatory Guide 8.13 are available from the Radiation Safety Office.

3. By regulation, the decision to become a Declared Pregnant Worker is voluntary, must be declared in writing, and may be revoked (in writing) at any time for any reason by the worker.

4. Many occupational activities that may/could include radiation exposure at WHC do not result in annual exposures greater than 100 millirem (about 20% of the Declared Pregnant Worker limit). WHC would not change a Declared Pregnant Worker's work assignment if the exposure is expected to be lower than the 100 millirem requiring monitoring in 10 CFR Part 20. In the event that the exposure level may/could exceed 100 millirem requiring such monitoring, the supervisor with the advice of the Radiation Safety Department may make assignment changes to limit potential exposure.

5. WHC recognizes that many workers regard their pregnancy status as a personal matter, and WHC will make every effort to maintain the privacy of Declared Pregnant Workers within the limits of implementing the increased radiation protection safety requirements. This means Department of Radiation Safety staff who are associated with providing dosimetry (film badges or TLD rings), providing radiation training relevant to



exposure of the embryo/fetus, and program oversight may be informed of the Declared Pregnant Worker's status.

**B. How the Declaration of Pregnancy is Made**

A declaration of pregnancy must be made in writing through the employee's supervisor to the Department of Radiation Safety. The employee contacts her supervisor to obtain a Declaration of Pregnancy Form (Exhibit 1) from the Department of Radiation Safety.

**C. Dosimetry Actions**

1. When a declaration of pregnancy is received, the Department of Radiation Safety will evaluate the Declared Pregnant Worker's monitoring needs and ensure that adequate dosimetry is issued and processed in order to provide timely dose monitoring.
2. Records of declared pregnancies, associated revocations, doses (both the Declared Pregnant Worker and the embryo/fetus) must be maintained and reported as required by 10 CFR Part 20.
3. If it is determined that a Declared Pregnant Worker's embryo/fetus is not likely to receive a cumulative dose of 100 mrem from external radiation, or 100 mrem from internal radiation, it is not required by 10 CFR Part 20 to provide dosimetry. However, dosimetry may be provided to Declared Pregnant Workers who routinely access Restricted Areas.
4. The Radiation Safety Officer (or designee) will review and sign the Declaration of Pregnancy Form.

**III. Responsibilities**

**A. Declared Pregnant Worker**

1. Any worker who believes she may be pregnant and who desires the increased level of radiation protection provided by formally declaring her pregnancy must inform the Department of Radiation Safety through her supervisor, in writing, of her pregnancy.
2. The worker contacting the Department of Radiation Safety or her supervisor initiates this process. The Department of Radiation Safety will provide a Declaration of Pregnancy Form which should be used to declare the pregnancy.
3. Upon travel to another facility where the Declared Pregnant Worker could receive occupational exposure, the Declared Pregnant Worker should inform the other facility of her Declared Pregnant Worker status.
4. Any dose received at another facility must be reported to WHC by the Declared Pregnant Worker.
5. It is the Declared Pregnant Worker's responsibility to notify the Radiation Safety Department upon termination of her pregnancy declaration. This is accomplished in writing using the Declared Pregnant Worker form.

**B. Department of Radiation Safety Dosimetry**

1. Evaluate the personnel dosimetry monitoring needs, ensure adequate participation in the Dosimetry Program, and provide timely dose monitoring for all Declared Pregnant Workers.
2. Review and maintain all records of declared pregnancies and associated revocations. A record of dose received by the embryo/fetus must be maintained and reported to the Declared Pregnant Worker on an annual basis.
3. If a Declared Pregnant Worker indicates that additional information is desired, or if the Declared Pregnant Worker could potentially exceed 500 mrem during the gestation period, the Department of Radiation

Safety will initiate appropriate action and ensure instruction is provided to the Declared Pregnant Worker. Individual instruction will be based on the Declared Pregnant Worker's request and potential to exceed any dose limit.

4. Maintain this policy and the Declaration of Pregnancy Form and ensure that applicable WHC staff receives initial and annual training on this policy.
  5. Inform and copy documentation to Managed Disability of changes in the status of a Declared Pregnant Worker.
- C. Supervisor/Manager
1. Promptly have any employee who desires to declare a pregnancy complete the Declared Pregnant Worker declaration form.
  2. Contact Department of Radiation Safety to answer any questions that may arise concerning the policy and its implementation.
  3. Written declarations of pregnancy must be forwarded to the Radiation Safety Officer. Retain a copy for department records.
  4. Work with the Department of Radiation Safety to evaluate and modify work schedules and job responsibilities, if needed, to stay within dose limits.

#### **DECLARATION OF PREGNANCY FORM**

#### Exhibit 1

This form is used by workers whose job duties may result in exposure to radiation and who desire to formally request status as a Declared Pregnant Worker, or to revoke this status if it has been previously declared. Please read this form carefully. Staff in the Department of Radiation Safety are available to answer any of your questions.

#### **1. Please check one of the following boxes:**

I am formally declaring that I am pregnant. In accordance with 10 CFR Part 20, this disclosure is voluntary and is made for the purpose of lowering the dose limit for my embryo/fetus. I realize that work restrictions may be imposed to ensure that my embryo/fetus does not receive a dose in excess of that given in 10 CFR 20.1208 (500 mrem during the entire gestation). I authorize WHC to release this information as necessary to implement the dose limit for my fetus.

Estimated date of conception: \_\_\_\_\_ (Supported by documentation)

I am withdrawing my previous declaration of pregnancy. I understand that, as a result of signing and submitting this form, any work restrictions that have been imposed as a result of my previously submitted "Declaration of Pregnancy" will be lifted.

#### **2. Separately, check one of the following boxes:**

I would

I would not

like to receive information about radiation exposure or the policy concerning the declaration of my pregnancy from someone in the Department of Radiation Safety.

(Please indicate what type(s) of concern(s) you have.)

Printed Name:

Signature:

Date:

Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form. Return this completed form to Radiation Safety, EB 5104. If declaring a pregnancy, please attach medical certification from your health care provider.

Reviewed by Dosimetry Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Radiation Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Dosimetry assigned: \_\_\_\_\_

<b>Reference:</b>	This version supersedes September 1, 1999 version.
<b>Approved By:</b>	_____ James F Caldas
<b>Approval Date:</b>	
<b>Additional Signature Information:</b>	Revisions reviewed by the Radiation Safety Committee, June 2005

# ***STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY***

*EFFECTIVE JANUARY 1, 2021*

Adopted by:  
**The Joint Review Committee on Education  
in Radiologic Technology – April 2020**



*Joint Review Committee on Education in Radiologic Technology*

*20 N. Wacker Drive, Suite 2850*

*Chicago, IL 60606-3182*

*312.704.5300 • (Fax) 312.704.5304*

[www.jrcert.org](http://www.jrcert.org)

Email: [mail@jrcert.com](mailto:mail@jrcert.com)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

Copyright © 2020 by the JRCERT

## Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

# Standards for an Accredited Educational Program in Radiography

## Table of Contents

### **Standard One: Accountability, Fair Practices, and Public Information**

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

### **Standard Two: Institutional Commitment and Resources**

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

### **Standard Three: Faculty and Staff**

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

### **Standard Four: Curriculum and Academic Practices**

The program's curriculum and academic practices prepare students for professional practice.

### **Standard Five: Health and Safety**

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

### **Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement**

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

## **Standard One: Accountability, Fair Practices, and Public Information**

**The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.**

### **Objectives:**

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

## **Standard Two: Institutional Commitment and Resources**

**The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.**

### **Objectives:**

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.



### **Standard Three: Faculty and Staff**

**The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.**

#### **Objectives:**

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

## **Standard Four: Curriculum and Academic Practices**

**The program's curriculum and academic practices prepare students for professional practice.**

### **Objectives:**

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

## **Standard Five: Health and Safety**

**The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.**

### **Objectives:**

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

## **Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement**

**The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.**

### **Objectives:**

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.



