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<td>Academic Dishonesty Policy and Procedure</td>
<td>60</td>
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<td>Change of Address</td>
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<td>Child/Dependent Adult Abuse</td>
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<td>Limited Permit to Practice</td>
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<td>Radiation Safety Policies &amp; Procedures</td>
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<td>Radiology Program Policy</td>
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<td>Radiology School Accreditation Statement</td>
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<td>Re-admission Policy</td>
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<td>Registration, Licensing and Professional Societies</td>
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<td>Student Communication</td>
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<td>Student Complaint Records</td>
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<td>Student Records (FERPA)</td>
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<td>Student Review of Records</td>
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<td>Student Safety and Security</td>
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<td>Student Supervision in Clinical Rotations</td>
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<td>22</td>
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<tr>
<td>Voter Registration</td>
<td>73</td>
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</table>
The Student Handbook contains information about the policies and procedures of the UnityPoint Health – Des Moines School of Radiologic Technology. Students are responsible for reading and complying with the information contained in the Handbook. The program director shall obtain a signed form from each student acknowledging the student received and is responsible for knowing and complying with the information in the Student Handbook. Students are informed of changes prior to their implementation. Information in this handbook was correct at the time of publication.

INTRODUCTION

Healthcare can be defined as having a concern and interest for the mind, body and spirit of people. But it's much more than that. Its compassion and support for the individual. It's reaching out to the community to promote healthy lifestyles. Its technological advancements and research aimed to improve lives and enhance living. We believe the essence of healthcare is healing, caring and teaching.

The staff and physicians of UnityPoint Health - Des Moines are committed to providing quality healthcare to our patients. Whether it's revolutionizing medical treatment through human gene therapy research, creating a hospital just for kids and their families or taking superb care of women of all ages as well as older adults, we're working to improve the quality and convenience of healthcare services in central Iowa.

Accreditations:

- Our hospitals are regularly reviewed by Det Norske Veritas Healthcare, Inc. (DNV).
- Our laboratories are accredited by the College of American Pathologists (CAP).
- The Younker Rehabilitation Center is accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF).
- The John Stoddard Cancer Center's programs are accredited by The American College of Surgeons.
- Iowa Methodist's Level I Trauma Center is accredited by The American College of Surgeons.
- The Food & Drug Administration inspects our pharmacy services and blood bank.
- The blood bank also receives an annual inspection from the American Association of Blood Banks.
- The American College of Obstetrics and Gynecology reviews our Level 3 Perinatal Center.
- The Iowa Department of Public Health (Nuclear Regulatory Agency) inspects Radiology, Nuclear Medicine and Radiation Oncology.
- Medicare inspections are held for our skilled care beds (TCU), chemical dependency unit, rehab, pharmacy and behavioral health.
- Our residency programs are affiliated with the University of Iowa for Internal Medicine, Surgery, Pediatrics and Family Practice.
UnityPoint Health – Des Moines Mission Statement:

“To improve the health of our communities through healing, caring and teaching.”

Our Vision:

"Best outcome for every patient every time."

Our FOCUS Values:

Our FOCUS values are designed to guide our organization as we pursue our mission of "Improving the Health of Our Communities through healing, caring and teaching." As individuals, our consistent actions and behaviors demonstrate the values that we hold. This is also true of an organization's FOCUS values. It is our observable behavior that is the true testament of our FOCUS values.

Foster Unity

- Use the skills and abilities of each person to enable great teams.
- Collaborate across departments, facilities, business units and regions.
- Seek to understand and are open to diverse thoughts and perspectives.

Own the Moment

- Connect with each person, treating them with courtesy, compassion, empathy and respect.
- Enthusiastically engage in our work.
- Be accountable for our individual actions and our team performance.
- Take responsibility for solving problems, regardless of origin.

Champion Excellence

- Commit to the best outcomes and highest quality.
- Have a relentless focus on exceeding expectations.
- Believe in sharing our results, learning from our mistakes and celebrating our successes.

UnityPoint Health

We will be the health care system where leaders want to lead, physicians want to practice, staff want a career and patients must have their care.

Seize Opportunities

- Embrace and promote innovation and transformation.
- Create partnerships that improve care delivery in our communities.
- Have the courage to challenge the status quo.
Department of Radiology

The administration and staff of the UPH-DM Radiology Department, East Des Moines Family Care Center (EDFCC), and Iowa Radiology Diagnostic Clinics are committed to providing a quality educational atmosphere for student learning. Through interactions with dedicated managers and staff, students learn and grow professionally as they progress through the program.

Paige Jaeger  Executive Director – Radiology  241-5506
Matthew J. Millard  Director – Radiology Education  241-6880
Heather Tams  Manager – Iowa Methodist Medical Center  241-6605
Matthew Helgeson  Manager – Iowa Lutheran & Methodist West  241-5528
Kim Moyer  Clinic Admin – EDMFCC  265-4211
Donna Bennett  Manager – Iowa Radiology  226-7462
DeAnn Weauve  Manager – Iowa Radiology  226-9810

EDUCATING TOMORROW'S RADIOGRAPHERS
Accreditation Statement

The UnityPoint Health – Des Moines School of Radiologic Technology is fully accredited by the:
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Telephone: 312-704-5300
www.jrcert.org

Students retain the right to contact the JRCERT with questions, issues, or concerns. Note: The JRCERT does not respond to anonymous letters or correspondence; however, the student’s confidentiality is assured. Students may contact the JRCERT for more information.

Mission Statement

The mission of the UPH-DM School of Radiologic Technology is to educate students in the art and science of radiologic technology and to help them become competent and caring healthcare professionals.

Philosophy

UnityPoint Health – Des Moines is committed to its educational program in radiologic technology. The school of radiologic technology contributes to UnityPoint Health – Des Moines’ primary goal of providing the best possible healthcare to patients. Students will be introduced to all phases of radiologic technology. This will ensure the delivery of qualified service when meeting the needs of the patients and institutions they serve.

Goals – At the end of the program, the student should be able to:

- Practice as a competent entry-level radiographer
- Integrate critical thinking and problem solving abilities into clinical practice
- Communicate effectively in the clinical arena
- Demonstrate and evaluate professional development
- Meet the needs of the community
Learning Outcomes – At the end of the program, the student should be able to:

- Accurately position patients for examinations
- Provide quality patient care
- Distinguish between a “difficult patient” and utilizing true critical thinking/problem solving skills
- Demonstrate critical thinking/problem solving skills in the clinical setting
- Communicate through oral methods
- Communicate through written methods
- Research professionalism and develop a Personal Philosophy of Professionalism
- Model professionalism in the clinical arena
Academic Calendar*

### Summer 2017
- **July 2017**
- **August 2017**
- **September 2017**

### Fall 2017
- **October 2017**
- **November 2017**
- **December 2017**

### Winter 2018
- **January 2018**
- **February 2018**
- **March 2018**

### Spring 2018
- **April 2018**
- **May 2018**
- **June 2018**

#### 2017-2018 Holidays (No Classes or Clinicals)
- **4th of July**
- **Labor Day** – September 4th
- **Thanksgiving** – November 23rd – 24th
- **Martin Luther King Jr. Day** – January 15th
- **Memorial Day** – May 28th

*Returning 2nd Year Students start on July 3rd & New 1st Year Students start on July 10th.
**Curriculum**

Policy: The educational program shall be twenty-four months duration. Students attend class/clinical assignments Monday – Friday, 7:30 a.m. – 4:00 p.m. beginning the second semester of the program, students are scheduled into selected evening clinical rotations from 3:30 p.m. – 11:00 p.m. or 3:30 – 9:00. Students receive a semester schedule of clinical rotations. Clinical hours may vary for selected clinical sites – students do not spend more than 40 hours/week in class/clinical assignments.

Procedures: The educational program curriculum is in accordance with the published American Society of Radiologic Technologists’ (ASRT) Curriculum Guide for Programs in Radiologic Technology. Curriculum is available at [www.asrt.org](http://www.asrt.org)

The program shall comply with the Joint Review Committee on Education in Radiologic Technology’s Standards for an Accredited Educational Program in Radiologic Sciences (2014). Standards are available at [www.jrcert.org](http://www.jrcert.org)

Program faculty continually strives to provide the best quality education. At times, changes in the program are necessary to achieve this purpose – students are always notified in advance of any program changes.

**Curriculum Plan**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD100</td>
<td>Introduction to Radiology &amp; Radiation</td>
<td>2</td>
</tr>
<tr>
<td>RAD102</td>
<td>Principles of Radiographic Imaging</td>
<td>3</td>
</tr>
<tr>
<td>RAD103</td>
<td>Radiographic Procedures I</td>
<td>5</td>
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<tr>
<td>CLN101</td>
<td>Clinical Practicum I</td>
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<tr>
<td>RAD112</td>
<td>Radiation Physics</td>
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<tr>
<td>RAD113</td>
<td>Radiographic Procedures II</td>
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<tr>
<td>RAD115</td>
<td>Radiographic Image Evaluation I</td>
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<tr>
<td>CLN111</td>
<td>Clinical Practicum II</td>
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<tr>
<td>RAD120</td>
<td>Contrast Media in Radiologic Imaging</td>
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<td>RAD104</td>
<td>Radiation Protection &amp; Biology</td>
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<tr>
<td>RAD123</td>
<td>Radiographic Procedures III</td>
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### Second Year – Fourth Semester (July – October)

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<th>Course Number</th>
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<tr>
<td>RAD203</td>
<td>Radiographic Pathology</td>
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<tr>
<td>RAD204</td>
<td>Computed Tomography I*</td>
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<tr>
<td>RAD210</td>
<td>Advanced Patient Care</td>
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<td>CLN201</td>
<td>Clinical Practicum IV</td>
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### Second Year – Fifth Semester (November – February)

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<tr>
<td>RAD214</td>
<td>Computed Tomography II*</td>
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<td>RAD220</td>
<td>Critical Thinking in the Radiologic Sciences</td>
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<td>RAD211</td>
<td>Clinical Practicum V</td>
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### Second Year – Sixth Semester (March – June)

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<td>RAD216</td>
<td>Professional Development Seminar</td>
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<tr>
<td>RAD230</td>
<td>Registry Review</td>
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<td>CLN221</td>
<td>Clinical Practicum IV</td>
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**Program Total** 104.5

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**Students are not scheduled into class or clinical more than 40 hours/week**

*Presented as online classes.

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### Semesters’ Schedules

#### 1st Year Students

<table>
<thead>
<tr>
<th></th>
<th>1st Semester</th>
<th>2nd Semester</th>
<th>3rd Semester</th>
<th>4th Semester</th>
<th>5th Semester</th>
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<tbody>
<tr>
<td><strong>Monday</strong></td>
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<td>*Clinical</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td>*Clinical</td>
<td>*Clinical</td>
<td>*Clinical</td>
<td>Class</td>
<td>Class</td>
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<td>7:30 – 3:30</td>
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<td>7:30 – 3:30</td>
<td>7:30 – 3:30</td>
<td>7:30 – 4:00</td>
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<td>7:30 – 4:00</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>Class</td>
<td>Class</td>
<td>Class</td>
<td>*Clinical</td>
<td>*Clinical</td>
<td>*Clinical</td>
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<td>7:30 – 3:30</td>
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<td>7:30 – 3:30</td>
<td>7:30 – 4:00</td>
<td>7:30 – 3:30</td>
<td>7:30 – 3:30</td>
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<tr>
<td><strong>Thursday</strong></td>
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<td>Class</td>
<td>Class</td>
<td>*Clinical</td>
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<tr>
<td>7:30 – 10:30</td>
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<td>7:30 – 3:30</td>
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<td><strong>Friday</strong></td>
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<td>*Clinical</td>
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*Clinical times may vary depending on clinical site and if student’s rotation is an Evening Rotation. The most common start time is 7:30 am for class and clinical.
Online/Distance Education

There are three courses that the student must take online once enrolled in the program:

- RAD099 – Patient Care (taken as a prerequisite after being accepted but before program starts in July)
- RAD204 – Computed Tomography I (taken during the 1st Semester of the 2nd Year)
- RAD214 – Computed Tomography II (taken during the 2nd Semester of the 2nd Year)

All online classes are presented using Elsevier Evolve© and there is no additional fees or tuition to the program other than the price the student pays for the textbooks. Students are given their own secure login user names and pass words which should not be shared with anyone else.

Clinical Sites

To provide students with a variety of clinical experiences, travel to selected clinical sites in the Des Moines metropolitan area is required:

<table>
<thead>
<tr>
<th>Clinical Site</th>
<th>Address</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Methodist Medical Center</td>
<td>1200 Pleasant Street</td>
<td>Des Moines, IA</td>
</tr>
<tr>
<td>Methodist West Hospital</td>
<td>1660 60th St.</td>
<td>West Des Moines, IA</td>
</tr>
<tr>
<td>Iowa Lutheran Hospital</td>
<td>700 E. University Ave</td>
<td>Des Moines, IA</td>
</tr>
<tr>
<td>East DM Family Care Center</td>
<td>840 E. University Ave</td>
<td>Des Moines, IA</td>
</tr>
<tr>
<td>Iowa Radiology MOB III</td>
<td>1221 Pleasant St. Suite 350</td>
<td>Des Moines, IA</td>
</tr>
<tr>
<td>Iowa Radiology – West (Clive)</td>
<td>12368 Stratford Drive</td>
<td>Des Moines, IA</td>
</tr>
</tbody>
</table>

The program may add or remove clinical sites in a continuing effort to provide a quality clinical education. Students are informed prior to implementation of any changes in their clinical rotations. Students are expected to have reliable transportation and a valid Iowa driver’s license. Cost of travel to clinical sites is the student’s responsibility.

Mammography

The program has revised its policy, effective July 1, 2016, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program’s policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program’s policy and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.

Faculty

Matthew J. Millard, M.S.T.D.,R.T. (R)(CT)       Program Director       241-6883
Daniel Van Horn, B.A.,R.T.(R)                  Clinical Coordinator    241-3486
Clinical Preceptors

Justin Howard, R.T.(R)  Methodist Medical Center
James Fox, R.T.(R)  Methodist Medical Center
William Wissler, R.T.(R)  Methodist Medical Center
Kelly Hinrichs, R.T.(R)  Methodist Medical Center
Celeste Consoer, R.T.(R)  Methodist West Hospital
Chris Maly, R.T.(R)  Methodist West Hospital
Joseph Duff, R.T.(R)  Iowa Lutheran Hospital
Julie Hofman, R.T.(R)  Iowa Lutheran Hospital
Susan Cook, R.T.(R)  East Des Moines Family Care Center
Alicia Evans, R.T.(R)  Iowa Radiology – Clive
Elyse Ohannessian, R.T.(R)  Iowa Radiology – MOB III

Student Communication

- **Email** – Students are assigned a school email address. It is the student’s responsibility to check their email daily – computers are available in the radiology department to accomplish this task. Faculty is not responsible for information disseminated via email and not read by the student. **Students are cautioned against getting their information from other students – they should read their OWN email.** Students are expected to read email within 48 hours.

- **Bulletin Boards** – a bulletin board is located outside the classroom. Schedules, announcements, and other information are posted on this board. Students are responsible for checking the board daily for new information.

- **Mailboxes** – students have mailboxes in the radiology department and are responsible for checking these daily for information.

Non-Discrimination Statement

The radiology program conducts business and academic activities in a manner free from discrimination and strives to provide equal opportunity and treatment for students without regard to age, race, creed, color, gender, religion, national origin, disability, sexual orientation or gender identity, status as a disabled veteran or veteran of the Viet Nam era, political affiliation, or any other factor protected by law. Persons applying to the program are provided with the Technical (Clinical) Standards during the application process. These standards are available on the program’s website at [www.unitypoint.org/desmoines/radtech](http://www.unitypoint.org/desmoines/radtech)

Diversity Philosophy

In accordance with the UPH-DM diversity policy (PC 37), radiology department administrators, program faculty, and staff are committed to providing students with a learning environment that is rich with diversity, energy, creativity, and innovation. Students discuss diversity issues in RAD100 (Introduction to Radiologic Technology).

Educational Program on the United States Constitution

In accordance with Title IV legislation, first semester students attend a program providing basic information on the U.S. Constitution and their role as responsible citizens. This program is presented in September, the anniversary month of the signing of the Constitution, and is a component of RAD100 (Introduction to Radiologic Technology).
Terminal Competencies

The program faculty has established terminal competencies that graduates should achieve through the educational process. These shall include, but not necessarily be limited to, the following:

The graduate should be able to:

1. Use oral and written medical communication.
2. Demonstrate knowledge of human structure, function and pathology.
3. Anticipate and provide basic patient care and comfort.
4. Apply principles of body mechanics
5. Operate radiographic imaging equipment and accessory devices.
6. Position the patient and imaging system to perform radiographic examinations and procedures.
7. Modify standard positioning procedures and exposure factors to accommodate for patient condition, equipment, accessories and contrast media to maintain appropriate radiographic quality.
8. Determine exposure factors to obtain diagnostic quality radiographs with minimal radiation exposure.
9. Demonstrate the process of obtaining a digital radiographic image, processing the image, and electronically sending the image to the PACs system and Laser Printer.
10. Practice radiation protection for the patient, self and others.
11. Recognize emergency patient conditions and initiate first aid and basic life-support procedures.
12. Evaluate radiographic images for appropriate positioning and image quality.
13. Evaluate the performance of radiologic systems, know the safe limits of equipment operation, and report malfunctions to proper authority.
Graduation Requirements

To graduate from the program, students must:

1. Achieve a 2.0 cumulative GPA (on a 4.0 scale) with a grade of “C” (81%) or above in each course.
2. Attend 14 hours of Professional Development Seminars
3. Participate in a Financial Aid Exit Interview, if applicable
4. Meet financial obligations to UPH-DM and the program
5. Successfully complete all program and ARRT clinical competency requirements
6. Complete all areas of Clinical Management with 94% accuracy

STUDENT RECORDS

The UPH-DM School of Radiologic Technology complies with the Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendments, which governs access to and release of student academic records. Students must provide written permission for a third party to access information. FERPA recognizes that information can, in case of an emergency, be released without student consent when necessary to protect the health and safety of others.

Students requesting the release of information must provide a written request that includes the date of the request, the information desired, a complete address where information should be sent, and the student’s signature. Requests are mailed within seven (7) business days of written request. Students will not be charged a fee for this service or for official transcripts. Final Transcripts are not released until all financial obligations have been met and all required materials (OSL badge, locker key, ID badge, etc.) have been returned.

Current student records are maintained in the Program Director’s office in a fire-proof, locked file cabinet. Previously graduated students’ records are kept in fire-proof, locked cabinets in the radiology storage area at Iowa Methodist Medical Center or have been scanned and are stored in the Program’s shared drive on the UPH-DM mainframe computer. Recent graduated student transcripts are kept on the Program’s shared drive through the UPH-DM mainframe computer system which is backed up daily. The Program’s drive is password protected and available to only radiography school staff. Records are permanently retained in program files after graduation, resignation, or dismissal. This includes transcripts, disciplinary actions, counseling forms… Every measure is taken to ensure the confidentiality and security of these records.

In the event of school closure, student transcripts will be transferred to the UPH-DM Human Resources Department to allow access by graduates.
A graduate’s educational record will contain the following:

- UPH-DM transcript
- Application for admission
- Official transcripts including high school or GED
- Written authorization for disclosure of information with documentation as to date information was mailed or given to student
- Documentation of correspondence and counseling sessions
- Documentation of completion of ARRT and Program competency requirements

Current student’s files will contain the following:

- Application for admission
- All application documents (point system record, interview scores, etc.)
- Official transcripts including high school or GED
- Financial aid records and receipts (additional information maintained by Financial Aid Officer)
- Clinical Performance Evaluation forms and/or summaries
- Current American Heart Association CPR for the Healthcare Provider card
- Professional Development Seminars attendance record
- Written authorization for disclosure of information with documentation as to date information was mailed or given to student
- End-of-semester evaluations
- Documentation of correspondence and counseling sessions
- Any other information deemed important

Files for students who have withdrawn or been dismissed from the program will contain the following:

- Application for admission
- Official transcripts including high school or GED
- UPH-DM transcript
- Documentation of correspondence and counseling sessions
- Written authorization for disclosure of information with documentation as to date information was mailed or given to student

Students’ Clinical Competency Records and Clinical Evaluations are maintained through Trajecsys.com.

Applicant files will be maintained if the applicant informs the program director to keep their information on file. Inactive files older than two years will be destroyed.

If a student believes the program has not adhered to the law regarding student records and right to privacy, the student may write to: Department of Education, 330 Independent Avenue. S.W., Washington, DC 20201.
**Change of Address**

Students are responsible for informing the program director of a change of address. This information is to be in writing. At the end of the program, students need to provide the program director with an address where the graduate will receive mail. This facilitates delivery of graduate surveys and financial statements for tax purposes. A parent’s address may be the best solution as graduates often move and change their address shortly after graduation. The program director and finance office are not responsible for mail delivered to a wrong address.

**Health Records**

Students are required to provide immunization records and must complete a Health Physical at one of UPH-DM’s Occupational Health facilities. Documentation is maintained in student files.

**Student Review of Records**

Students may review their own records in the program director’s presence. A written request is required. The program director will have seven (7) business days after receiving the written request to show a student his/her file. Students will be given a copy of their grades at mid-term and at the end of each semester.
ADMISSIONS

(Refer to website: www.unitypoint.org/desmoines/radtech for admission and post admission requirements)

Compliance with ADA (Americans with Disabilities Act)

UnityPoint Health-Des Moines Policy

Employees with disabilities may be hired to fill any position for which they are qualified. UnityPoint Health – Des Moines will make reasonable accommodations to enable employees with disabilities to perform the essential functions of their jobs.

UnityPoint Health – Des Moines is committed to complying with the Americans With Disabilities Act of 1990. The Act prohibits discrimination against a qualified individual with a disability in regard to job application procedures, hiring, advancement or discharge of employees, compensation, job training, and other terms, conditions, and privileges of employment.

The ADA policy and accompanying procedures are designed to prevent discrimination. Employment decisions will be based on the abilities of individual applicants, and not on the basis of presumptions or generalizations about a class of individuals.

Human Resources management will administer this policy and direct UnityPoint Health – Des Moines - wide efforts to provide reasonable accommodations to qualified individuals with known physical or mental impairments, while monitoring the impact on UnityPoint Health System to prevent undue hardship.

The ADA does exclude some disorders. The intent of this policy is to comply with the law, not expand it.

A qualified individual with a disability is an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position that he/she holds or desires.

Radiology Program Policy

Program policy is based on institutional policy. A student who believes he/she needs an accommodation to meet program requirements must contact the program director to discuss feasibility of accommodations. Student may be required to provide medical documentation of need for accommodation/s. Human Resources, Radiology Executive Director, and program director will determine if accommodations can be provided. Students may make an appointment with the program director to review the required documentation form/s.
CPR Certification

Students must maintain current American Heart Association CPR for the Healthcare Provider status. Copy of card must be provided to program director and will be placed in student’s file. Failure to do so may result in student not being allowed in clinical rotations.

Transfer Students Policy and Procedure

The UnityPoint Health - Des Moines (UPH-DM) School of Radiologic Technology provides opportunities for students to transfer from other JRCERT accredited programs on a space-available basis. The following standards have been established:

1. Compliance with the JRCERT student capacity for the UPH-DM program must be maintained.
2. Student must be transferring from a JRCERT accredited radiology program
3. Current official transcripts from the program must be provided.
4. Student must meet UPH-DM admission requirements
5. Student must complete UPH-DM NetLearning Education
6. Transfer credit* is allowed for courses with a grade of “B” or above
7. Students may challenge courses with a grade of “C” – if challenge examination is not successfully passed, student must re-take the course.
8. No transfer credit is allowed for courses with a grade of “C-” or below – courses must be re-taken
9. To maintain program integrity - transfer students must complete simulated radiographic competencies on any exam completed at the school they are transferring from. The student shall perform the examination on a live subject (not a patient) and simulate the exposure. A radiograph of the area in question shall be used in the image evaluation section of the evaluation form. The student shall critique the image.
10. Depending on placement, student’s time in the program will be determined on a case-by-case basis.
11. All UPH-DM graduation requirements must be met

Transfer into the program is not guaranteed and is determined on a case-by-case basis.
*Transfer credit is at the sole discretion of the program director and program faculty.

Also required:

1. A letter from the current program director providing information on student attendance in class and clinical assignments as well as assurance that student is currently in good standing with the program.
2. Interview with UPH-DM program director and clinical coordinator
3. Payment of non-refundable $300 Student Services Fee
PROGRAM COSTS – costs are subject to change; students will be notified in advance

Tuition & Fees

2017-2018 Class: Tuition for the program is $1200/semester (the program operates on a 3 semester per year calendar) and an annual non-refundable Student Services Fee of $300 for a total tuition/fees cost of $7,800 for the two-year program. A non-refundable deposit of $100 is due no more than 30 days following receipt of the acceptance letter. The deposit is applied to the first semester tuition cost.

Future classes: Tuition is based on an annual cost and is subject to change. Students are informed in advance of any changes during the program.

Tuition & Fee Payments

Tuition is due and payable each semester. The Student Services fee is due with the first and third semester tuition.

Approximately one month prior to the next semester, the program director prepares an invoice for the student. Tuition is to be paid by the first Friday of the semester. Students receiving financial aid, as verified by the Financial Aid Officer, may have their tuition costs waived until receipt of aid.

Students who fail to pay tuition by the established due date, or within 3 school days of receipt of financial aid disbursement, will be suspended until payment is received in the program director’s office. Graded work missed during this suspension cannot be made up. Time missed will be considered “unexcused”. Unexcused hours can negatively impact the clinical grade. Refer to Clinical Manual which is provided on the first day of classes and at the beginning of the 2nd year.

Students should contact the program director immediately if special conditions or terms for payment are requested.

Financial Aid

Financial aid is administered according to the regulations of the current U.S. Department of Education Financial Aid Handbook (a copy of the Financial Aid Handbook can be found on the programs website at www.unitypoint.com/desmoines/radtech). Students may contact Lynette Van Donselaar at 515-205-2523 or email her at lynette.vandonselaar@unitypoint.org

The UPH-DM Radiology School is approved by the Iowa Department of Education for education benefits administered by the US Department of Veterans Affairs. Veterans or eligible dependents planning to enroll should contact the VA Regional Office in St. Louis, MO. well in advance of their anticipated enrollment date to establish eligibility and to allow sufficient processing time by the VA. The application process for new claims takes a minimum of eight weeks to complete by the DVA. Please contact Matthew Millard if you have any questions.

Radiology School Scholarship

A scholarship may be available to students entering their second year in the program. Recipient(s) of the scholarship(s) is determined by the staff radiographers at the clinical sites. The radiographers vote on
which first year student has best demonstrated the FOCUS values and which student demonstrated the most

growth during their first year in the program and amount awarded is based on fund available.

Students may also apply for an Area 5 of the Iowa Society of Radiologic Technologist (ISRT) Scholarship,
an ISRT Scholarship, and/or an American Society of Radiologic Technologist Scholarship.

**Textbooks**

Students receive a list of required textbooks and supplemental materials at the New Student Orientation

held approximately three months prior to the first day of classes. Students are expected to have their
textbooks and materials purchased and available on the first day of classes. Due to federal financial aid
regulations, incoming students may not receive financial aid disbursements prior to the first day of

classes – this will NOT be an acceptable reason for failure to have required textbooks and materials

on the first day of classes. Approximate costs of the textbooks are:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Approximate Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year – 1st Semester</td>
<td>$495</td>
</tr>
<tr>
<td>1st Year – 2nd Semester</td>
<td>$0</td>
</tr>
<tr>
<td>1st Year – 3rd Semester</td>
<td>$68</td>
</tr>
<tr>
<td>2nd Year – 1st Semester</td>
<td>$235</td>
</tr>
<tr>
<td>2nd Year – 2nd Semester</td>
<td>$89</td>
</tr>
<tr>
<td>2nd Year – 3rd Semester</td>
<td>$100</td>
</tr>
<tr>
<td>Total for Program</td>
<td>$987</td>
</tr>
</tbody>
</table>

**Textbooks**

Students are required to have textbooks on the first day of the course. Students need to budget for
these costs as financial aid may not be available prior to the beginning of classes.
Bookstore

Students may purchase textbooks through their favorite bookstore – including online resources.

Students are cautioned to be careful with “free shipping” as the process often takes much longer to receive the books.

Tuition Assistance

Tuition assistance may be available for students in the program who are employees of UnityPoint Health – Des Moines. Please contact Human Resources at 241-6313 for more information.

Employment

Employment with UnityPoint Health – Des Moines may be available. Students should contact the Human Resources Department at 241-6313 for more information.

Housing

Students are responsible for their own housing arrangements and costs.

Program Length

The UPH-DM School of Radiologic Technology is a four-semester, 24 month program. Students take didactic courses and complete clinical radiology rotations. Students are not compensated for clinical rotations.

Articulation Agreements

Des Moines Area Community College (DMACC)

Students have the opportunity to pursue an Associate in General Studies degree through an articulation agreement between DMACC and the UPH-DM School of Radiologic Technology. Students are not given time off from classroom and clinical responsibilities to attend classes during daytime or weekend hours. Students are encouraged to contact DMACC and to look on our website (www.unitypoint.org/desmoines/radtech) for more information.
Saint Joseph’s College of Maine

Students also have the opportunity to pursue an Associate of Science in Radiologic Science Administration (ASRSA) degree program with a progressive path to a Bachelor of Science in Radiologic Science Administration (BSRSA) degree. Interested students may contact Brenda Rice for more information:

Brenda M. Rice, MHA, RTR
Program Manager, RSA
Saint Joseph’s College of Maine
278 Whites Bridge Road
Standish, Maine 04084-5236
Phone: 207-893-7782
brice@sjcme.edu

North Dakota State University

Students of North Dakota State University (NDSU) may apply to complete a two-year internship at UPH-DM School of Radiologic Technology. That internship can be used to complete a Bachelor of Science Degree in Radiologic Science through NDSU. For more information contact Poly Olson at polly.olson@ndsu.edu.

Course Syllabi

Students are provided with syllabi on or before the first day of classes each semester. Syllabi include, but are not necessarily limited to, the following information: course description, instructor/s, schedules, grading scales, grading derivation, course objectives based on cognitive, psychomotor, and affective domains, textbook requirements, and lesson plans. All syllabi are maintained in the Master Plan in the program director’s office and students may review these upon request. Course descriptions can be found in the program catalog.

Grading Policy - All didactic and clinical courses in the radiology curriculum are graded according to the following scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95% - 100%</td>
</tr>
<tr>
<td>A-</td>
<td>94%</td>
</tr>
<tr>
<td>B+</td>
<td>93%</td>
</tr>
<tr>
<td>B</td>
<td>88% - 92%</td>
</tr>
<tr>
<td>B-</td>
<td>87%</td>
</tr>
<tr>
<td>C+</td>
<td>86%</td>
</tr>
<tr>
<td>C</td>
<td>81% - 85%</td>
</tr>
<tr>
<td>F</td>
<td>below 81%</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete*</td>
</tr>
</tbody>
</table>

*Incomplete – Students receive an “incomplete” grade when they do not meet the requirements for a given semester. At the instructor’s discretion, the student may be given a time frame in which to complete the course requirements. The student, instructor, and program director shall determine an appropriate time frame for completion of work. Students, who do not complete the requirements within the established time frame, shall receive an “F” for the course and will not be promoted to the next semester.

Comprehensive Final Examinations – in selected courses (i.e. Radiographic Procedures, Radiation Physics, Principles of Imaging, etc.) – students are required to achieve two standards to successfully pass the course. These are:

1. receive a cumulative score of 81% or higher on coursework (i.e., homework, tests, quizzes, projects, etc.)
2. receive a score of 81% or higher on the Final Comprehensive Examination

BOTH of these requirements must be met for the student to pass the course. In the event that one or both are not met, the student may be dismissed from the program. Additional information is provided in the course syllabus and from the course instructor. Course requirements are fully discussed, and the student has
a chance to ask questions, when the syllabus is provided to the student. Course syllabi are provided on or before the first day of scheduled classes.

**Dissemination of Grades**

Students receive their grades and a progress report at end of the semester. Faculty reviews these records with students in individual counseling sessions and students have the opportunity to discuss their progress. At graduation, students receive an unofficial final transcript. Final transcripts are not released if student has not met graduation requirements. Grades cannot be given over the telephone. Grades for individual exams and projects are posted on MyGradeBook.com within one week of completion.

**Examination Return Policy**

Instructors make every effort to return examinations by the next scheduled class time. If examinations are ready prior to the next class time, the instructor has the option of posting a note that exams may be picked up. Students need to consider that research papers and portfolios will take additional time to be checked and returned. Students with concerns should contact the program director. If the program director is the course instructor, students should contact the Executive Director of the Radiology Department.

**Missing Examinations**

Policy: Students are expected to attend all class sessions. In the event a student misses a class when a test is presented, the instructor of the course reserves the right to administer a different test and/or deduct points – refer to syllabi. Students will not receive credit for in-class graded work missed due to a class absence. The following procedure will be followed:

Procedure: It is the student’s responsibility to check in with the instructor within 24 hours of returning to school. If a student has not checked with an instructor for missed work within the allotted 24 hours, he or she will receive a zero for any missed graded work (i.e., test, quizzes). Students will be required to make-up test(s) he/she may have missed the first day they return to school unless prior arrangements have been made with the course instructor. If a student takes time out of Clinicals to make up a test or lab, the time missed from clinical will be deducted from the student’s STO Bank.

**Promotion Policy**

Students must maintain a cumulative 2.0 grade point average (based on a 4.0 scale) each semester to remain in the program. Students must have an 81% “C” or higher in 100% of their courses, including Clinical Practicum I-IV, in order to graduate. All graduation requirements must be met.

Students are required to have a “C” (not a C-) or better in every course to progress to the next semester. The student who is unable to complete course requirements may be granted an “Incomplete” – this is at the discretion of the course instructor, approved by the program director, and based on individual student performance. If an “I” is not granted, the student will be dismissed from the program and may petition to be reinstated the following year. Upon receiving the petition in writing, the program director, clinical coordinator, clinical instructor, and the executive director will evaluate the student’s past didactic and clinical progress to determine if the student will be allowed to reenter the program, if space is available.

Students, who believe an error has been made in their semester grade(s), should notify the program director immediately. Students have thirty (30) calendar days after receiving their grades to protest a grade.

**SATISFACTORY ACADEMIC PROGRESS (SAP) POLICY & PROCEDURES**

To Remain Eligible to Receive ANY and ALL of your Financial Aid

1. You must maintain a 2.0 (“C”) cumulative (overall) Grade Point Average, **AND**
2. You must receive a passing grade (C or above) in 100% of courses each semester. Students are evaluated for SAP at the completion of each semester.

**Failure to maintain # 1 and # 2 above will place you on:**

Satisfactory Academic Progress (SAP): PROBATION (for the following semester)

(You can receive aid while on SAP PROBATION, but you’ve been warned you’re at risk for losing your eligibility for all Financial Aid)

Failure to maintain # 1 and # 2 above for TWO CONSECUTIVE SEMESTERS will place you on:

Satisfactory Academic Progress (SAP): TERMINATION (for the following semester)

(You will receive NO AID for any future semesters until you’ve fully maintained the above SAP academic requirements.). Student is referred to the Appeals Process below.

3. The maximum time frame for financial aid eligibility is 150% of the normal program length. Since 64 credit hours are required for certificate completion, students can receive financial aid for up to 96 attempted credits. Please note: Academic progress and financial aid eligibility are also subject to other Federal regulations wherever applicable.

- Grade of an F is counted in computing the student’s cumulative GPA and as attempted credits but not as completed credits.
- For repeated coursework, the grade and the credits for the most recently attempted course will be counted for SAP purposes.
- Withdrawn, Incomplete, and Failures are considered attempted but not completed credits.
- Transfer credits that are accepted toward the certificate will be counted both as completed credits and attempted credits but will not be counted in computing the student’s cumulative GPA.

4. Students are notified in writing within two (2) weeks of completion of each semester if they have failed to successfully complete the semester.

Appeals: Appeals must be filed, in writing, to the Radiology School Program Director within one (1) week of notification of failure to progress in the program. Appeals are handled on a case-by-case basis, and will require sufficient, tangible documentation in writing and solely in writing, from a “third-party” source, supporting and justifying an extenuating highly unusual circumstance(s) that significantly contributed to an adverse academic performance during BOTH of the preceding terms. Furthermore, you must explain in your own words, the situation that caused the academic difficulties, explain why it was outside of your control, provide documentation, and furthermore explain why that extenuating factor is no longer present and is no longer likely to cause an academic problem. Successful appeals allowing another term of probation eligibility are entirely at the discretion and professional judgment of the Financial Aid Director. The decision to hear and review this initial appeal’s finding is solely at the discretion of the Financial Aid Director and Radiology School Program Director. (Allow two (2) weeks for a decision on all “SAP Appeals”.)

**Refund Policy**

Students who withdraw completely or are dismissed from the UnityPoint Health – Des Moines School of Radiologic Technology by the second Friday of the semester will receive a full refund of applicable tuition. A completed Withdrawal Form must be completed by the student and received by the Program Director prior to this deadline for a refund to be issued. Federal guidelines for refunding disbursed Title IV Funds are found in the section entitled “Return of Title IV Funds.” Students will be granted a refund only after refunds required by Federal and State regulations have been made and if there is a credit balance remaining.
If the student is a member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty they may:

(a) Withdraw from the student’s entire registration and receive a full refund of tuition and mandatory fees.
(b) Make arrangements with the student’s instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student’s registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full.
(c) Make arrangements with only some of the student’s instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be assessed for those courses. Any course for which arrangements cannot be made for grades or incompletes shall be considered dropped and the tuition and mandatory fees for the course refunded.

Return of Title IV Funds

If a student withdraws completely or is dismissed from the UnityPoint Health – Des Moines School of Radiologic Technology prior to completing 60% of the semester, the Higher Education amendments of 1998, Public Law 105-244 requires any federal Title IV financial aid received to be returned or repaid in accordance with federal policies.

Students will be notified if they are required to repay federal or state funds (grants and/or loans). Failure to repay or make satisfactory payment arrangements will result in becoming ineligible to receive Federal Title IV funds at any institution.

In addition, the School is required to return any unearned portion of Title IV funds that have been used to pay tuition. Any outstanding balance resulting from such a return of funds will be the responsibility of the student. Repayment arrangements must be made with the UnityPoint Health – Des Moines Finance Office.

Re-admission Policy

Students seeking readmission to the program must comply with all post-admission requirements. JRCERT Standards for student capacity shall be followed.

Students who were dismissed or withdraw from the program will be considered for readmission by the faculty on a case-by-case basis. Students who were dismissed for academic reasons will not be considered for readmission until a period of one year has lapsed. Students will only be considered for readmission once.

When readmission is requested after a dismissal or withdrawal for either academic or non-academic reasons, the program director and/or clinical coordinator will administer didactic and/or clinical placement examination/s to evaluate the student’s retention of knowledge and clinical skills and determine appropriate placement in the program. Students seeking readmission to the first semester must meet current admission requirements, will be placed in the pool of applicants, and given equal consideration for admission with other program applicants.
NetLearning

All students and new employees are required to complete annual NetLearning modules through the UPH-DM website to document continued knowledge of policies and procedures. Documentation is maintained in the employees’ and students’ files. Some of the topics included in the NetLearning modules include, but not limited to: Dating Violence, Domestic Violence, Sexual Assault and Stalking, Reporting of Child/Dependent Adult Abuse, Fire Safety, Infection Control…

Dating Violence, Domestic Violence, Sexual Assault and Stalking

Within the NetLearning is a module titled, Workplace Security. This module addresses the following topics defined as:

**Dating Violence** – violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on the reporting party’s statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. For the purposes of this definition:

- dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
- dating violence does not include acts covered under the definition of domestic violence.

**Domestic Violence** - as a felony or misdemeanor crime of violence committed:
- by a current or former spouse or intimate partner of the victim.
- by a person with whom the victim shares a child in common.
- by a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner.
- by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.
- by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

**Stalking** - engaging in a course of conduct directed at a specific person that would cause a reasonable person to
- fear for the person’s safety or the safety of others; or
- suffer substantial emotional distress.

**Sexual Assault** - an offense that meets the definition of Rape, Fondling, Incest or Statutory Rape as used in the FBI’s UCR program and included in Appendix A of 34 CFR Part 668.

Definitions obtained from [https://www2.ed.gov/admins/lead/safety/handbook.pdf](https://www2.ed.gov/admins/lead/safety/handbook.pdf)

This module demonstrates the signs of workplace violence, identifies the reporting process, and discusses the four A’s to Respond to Violence (Accept, Assess, Act, and Alert). It also covers ways to prevent workplace violence through the Awareness + Action = Prevention model. Prevention of personal safety is discussed which include how communication, positive and healthy behaviors, and mutual respectful behavior play a major role in prevention of dating violence, domestic violence, sexual assault, and stalking. The module must be completed by all incoming students and new employees and once each year the student is enrolled in program and/or each year an employee is employed.
UnityPoint Health – Des Moines School of Radiologic Technology will follow the *Workplace Violence Prevention Plan* adopted by UnityPoint Health – Des Moines health care centers and is as follows:

**Workplace Violence Prevention Plan**

*Resources are available to employees to reduce the risk of workplace violence.*

**Policy**

UnityPoint Health Des Moines (UPHDM) is committed to providing a safe and healthful environment. Reasonable steps will be taken to reduce the likelihood of injury or death from violent acts at the work place. UPHDM will balance its commitment to provide safe, quality care to patients with our equal commitment to employee safety and health.

Designated departments are responsible for the implementation of the comprehensive workplace violence plan. However, employees must work together to educate and assist others in the prevention of workplace violence.

Threats, threatening behavior, or acts of violence will not be tolerated by anyone on UPHDM property. Incidents should be promptly reported following the appropriate procedures. No acts of reprisal will be allowed against individuals appropriately filing reports.

The confidentiality of employees reporting incidents of workplace violence will be protected and shared only on a need to know basis. Anyone with concerns about confidentiality or acts of retaliation should report their concerns immediately to the Human Resources Department.

**Procedures**

**Definitions**

**Workplace Violence:** Any physical or verbal assault, threat, harassment or stalking occurring while on UPHDM property.

**777:** Emergency assistance phone number used to summon help and to report an act of violence. **Non-emergency reports should call extension 16476.**

**Confidential Report of Incident:** A *Security Incident Report* form must be used to document facts regarding acts of violence occurring on UPHDM property. These forms are maintained by the Risk Management Department and are completed by Public Safety. An *Occurrence Report form* may also be filed.

**Accountability**

**Each Employee:**

- If presented with a potentially violent act, takes immediate action to diffuse situation and/or seek help.
- Learns and follows established safety practices and conflict management techniques.
- Reports incidents observed or personally experienced.
• Immediately self-reports to Human Resources or department director any arrests or criminal convictions. If working in a direct patient care job, self-reports information of founded abuse.
• Self-discloses protective orders and volatile domestic situations to Public Safety.

**Response Team:**
A response team is available for incidents of workplace violence.

**Serious Incidents:**
A **serious incident** may include an employee who is held hostage, verbally abused, physically assaulted, robbed, or murdered, etc. The response team for such an incident is to include minimally these personnel:

- Behavior Response Team
- 3 Public Safety officers
- 1 Patient Care Coordinator (on off shifts)
- 1 maintenance/plant operations employee
- 1 transporter
- 1 guest relations coordinator
- 1 critical care social worker

Units in which such an episode is occurring are to phone **777** and notify their manager if it is during their working hours. If an episode occurs on an off shift, notify a Patient Care Coordinator. When the Behavior Response Team arrives, if the manager or coordinator is not present, the team will ask the unit to notify one or the other plus the Administrator on Call to request their presence.

The Public Safety Officer and response team assess the situation, and collect data and details about the incident. The Public Safety Officer documents these on an **Security Incident Report form.**

The Response Team will also:
- Develop a plan of action.
- Identify a team leader to direct and communicate to the others.
- Carry out the plan of action.
- Document the process according to guidelines for their areas.
- Communicate the incident to appropriate departments.

After the incident is over, the employee is offered the services of the Employee Assistance Centre. If the employee wishes to talk with a counselor, the Assistance Centre is called or paged at once.

Public Safety forwards the Incident Report form to Risk Management. The department management notifies the Assistance Centre of significant episodes in case emotional follow up and support may be warranted for the employee involved.

**Minor Incidents:**
Minor incidents are defined as incidents toward an employee such as threats, harassment, minor physical or verbal assaults, etc. The response team for this type of episode will minimally include the Behavior Response Team.

Responsibilities include:

- Assessing the situation and collecting data/details about the incident.
- Documenting the episode on a Public Safety Incident Report form.
- Communicating with appropriate personnel per the officer’s judgment.

Public Safety Department:
- Provides public safety services to help maintain a safer work environment.
- Completes and maintains records of reported incidents.
- Recommends and maintains emergency communication system.

Emergency Communications Center:
- Responds to actual and potential workplace violence calls. Coordinates notification of Response Team.
- Contacts local law enforcement when appropriate.

Department Management:
- Learns and follows workplace violence prevention techniques recommended by UPHDM.
- If presented with a potentially violent act, takes immediate action to diffuse situation and/or seek help.
- Conducts ongoing appropriate coaching and discipline of employees.
- Takes appropriate action to prevent incidents of violence involving non-employees, for example, adjusting the physical environment.

After an occurrence of violence, the direct supervisor is responsible for coordinating appropriate follow-up which may include, but is not limited to, scheduling individual counseling, arranging for debriefing of victims/witnesses, approving necessary leaves, taking appropriate action to minimize the risk of a future occurrence, and recommending appropriate disciplinary action.

The direct supervisor documents any workplace violence incidents or potential threats on the Occurrence Report form and submits a copy to Public Safety.

Risk Management:
- Compiles, analyzes, and reports incidents to appropriate authorities.
- Contact/liaison with outside agencies.
- Coordinates conflict resolution system for third parties with legal department.
Guest Relations:
- Receives concerns from patients and acts as a resource for diffusing situations involving patients.

Human Resources:
- Conducts pre-screening of employees including reference, criminal background and adult/child abuse registry checks.
- Receives reports and maintains confidential files with criminal history and abuse registry information.
- Coordinates suspensions, terminations, and other notifications of job/benefit change or loss.
- Counsels management and staff on policies and issues surrounding workplace violence prevention plan.
- Coordinates conflict management system for employees.

Education:
- Develops and presents annual education/training programs on workplace violence prevention.

Occupational Medicine:
- Conducts pre-placement assessment including a drug screen.
- Assists employees who experience an incident of workplace violence according to established procedures for work-related injuries.

Emergency Department:
- Provides initial treatment to employees who are injured by workplace violence according to established procedures.

Employee Assistance Center:
- Responds to calls from Behavior Response Team. Assesses need for immediate intervention.

Health & Fitness Center:
- Provides opportunities for employees to learn and practice stress management techniques.

Related Human Resources Policies:
Drug Screening - Health
Employee Assistance Program - Benefits
Employee Selection - Employment
Employee Health Services - Health
Harassment Free Environment - Work Environment
Personal Leave - Time Off
Problem Resolution - Work Environment
Substance Abuse Awareness Program - Work Environment
Workers Compensation - Health
Weapons on UPHDM Property – Work Environment

Related Forms:
Effective Date: November 1997
Update Dates: May 2013
Review Date: November 2000; August 2001
Child/Dependent Adult Abuse

Even though radiographers are not considered “mandatory reporters” it is still the responsibility of radiographers and students to report any suspected child or dependent adult abuse that they witnessed during the imaging of patients. Therefore, the UnityPoint Health – Des Moines School of Radiologic Technology will follow the Child/Dependent Adult Abuse Policy adopted by UnityPoint Health – Des Moines health care centers and is as follows:

TITLE: CHILD/DEPENDENT ADULT ABUSE POLICY: UPHDM045

I. PURPOSE

To define the role of UnityPoint Health – Des Moines (UPH-DM) in the prevention, screening, identification, assessment and reporting of suspected child and dependent adult abuse.

II. DEFINITIONS

The definitions below are based on the Code of Iowa, Iowa Administrative Code and the Code of Federal Regulations.

Assault - when a person, without justification, does any of the following:
- Any act, which is intended to cause pain or injury to, or which is intended to result in physical contact which will be insulting or offensive to another, coupled with the apparent ability to execute this act.
- Any act, which is intended to place another in fear of immediate physical contact which will be painful, injurious, insulting or offensive, coupled with the apparent ability to execute the act.
- Intentionally points any firearm toward another, or displays in a threatening manner any dangerous weapon toward another.

Caretaker or Custodian – A person, related or non-related, who is a staff member of a facility or program, who provides care, protection or services of a child or dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

Child - Any person under the age of eighteen years.

Child Abuse - Any non-accidental physical injury, sexual abuse, mental or emotional injury, denial of critical care, child prostitution or presence of illegal drugs suffered by a child as a result of the acts or omissions of a person responsible for the care of the child, manufacturing or possession of a dangerous substance, or bestiality in the presence of a minor.

Confidentiality - The withholding of information from any manner of communication, public or private.

Corporal Punishment – The intentional physical punishment of a child. Physical contact with the body shall not be considered corporal punishment: if the contact is reasonable
and necessary under the circumstances, and is not designed or intended to cause pain or if the parent, foster parent, custodian, or caretaker uses reasonable force.

**Dependent Adult** - A person eighteen years of age or older whose ability to perform the normal activities of daily living or to provide for the person’s own care or protection is impaired either temporarily or permanently.

**Dependent Adult Abuse** – Any of the following as the result of willful misconduct or gross negligence or reckless act or omission of the caretaker taking into account the totality of the circumstances: physical injury, unreasonable confinement, unreasonable punishment, assault, sexual offense, sexual exploitation, exploitation or neglect.

Dependent Adult Abuse does not include any of the following:
1. Circumstances in which the dependent adult holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.
2. Circumstances in which the dependent adult’s caretaker, acting in accordance with the dependent adult’s state or implied consent, declines medical treatment or care.
3. The withholding or withdrawing of health care from a dependent adult who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of health care is done at the request of the dependent adult or at the request of the dependent adult’s next of kin, attorney in fact, or guardian pursuant to applicable Iowa Laws and UnityPoint Health Des Moines Policy #005 Life Sustaining Procedures.

**Exploitation** - A caretaker who knowingly obtains, uses, endeavors to obtain to use or who misappropriates, a dependent adult’s funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication or property for the benefits of someone other than the dependent adult.

**Gross Negligence** - An act or omission that signifies more than ordinary inadvertence or inattention, but less than conscious indifference to consequences; and, in other words, means an extreme department from the ordinary standard of care.

**Health Care Practitioner** - A licensed physician and surgeon, osteopath, osteopathic physician and surgeon, dentist, optometrist, podiatric physician or chiropractor, a resident or intern in any of such professions; a licensed dental hygienists, a registered nurse or licensed practical nurse; a physician assistant; and an emergency medical care provider certified under Iowa Law (147A.6)

**Immediately** - Is defined as soon as possible and should not exceed 24 hours. Conformance with this definition includes notification of the Department of Human Services (DHS) for child abuse or Iowa Department of Inspections and Appeals (DIA) for adult abuse via answering machine, FAX or voice mail.

**Intimate Relationship** - A significant romantic involvement between two persons that need not include sexual involvement but does not include a casual social relationship or association in a business or professional capacity. In determining whether persons are in
an intimate relationship, the following nonexclusive list of factors may be included: duration of relationship, frequency of interaction, whether the relationship has been terminated and the nature of the relationship characterized by either person’s expectation of sexual or romantic involvement.

**Injury of Unknown Source** – An injury should be classified as an “injury of unknown source” when both of the following conditions are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the patient AND
- The injury is suspicious because of the extent or the location of the injury (e.g. the injury is in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

**Mental Abuse** - Includes but is not limited to humiliation, harassment, intimidation, fear, shame, agitation, degradation and threats of punishment or deprivation. Examples of verbal or nonverbal conduct that can cause mental abuse include but are not limited to staff taking photographs or recording of resident that are demeaning or humiliating using any type of equipment (e.g., cameras, smart phones, and other electronic devices) and keeping or distributing them through multimedia messages or on social media networks. Depending on what was photographed or recorded, physical and/or sexual abuse may also be identified.

**Misappropriation** - Taking unfair advantage of or wrongfully or dishonestly exercising control over property. (See UPHDM Policy #099, Patients’ Valuables and Possessions)

**Neglect** - The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult’s life or physical or mental health. Example—staff member is asked by a resident on a restricted diet for something to eat that is a restricted dietary item for that individual. The staff member gives the resident the food item knowing that the resident is not supposed to eat it.

**Person responsible for the care of a child** - Includes:

- A parent, guardian, or foster parent.
- A relative or any other person with whom the child resides, and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
- An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- Any person providing care for a child, but with whom the child does not reside without reference to the duration of the care.

**Physical Abuse** - Includes hitting, slapping, pinching, kicking and includes controlling behavior through corporal punishment. Physical abuse as it relates to children means any non-accidental physical injury suffered by a child as the result of the acts or omissions of the child’s parent, guardian or custodian or other person legally responsible for the child.
Physical injury - A physical injury or injury which is at variance with the history given of the injury, which involves a breach of skill or care or learning ordinarily exercised by a caretaker in similar circumstances. Physical injury includes damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and health condition or damage to any bodily tissue which results in the death of the person who sustained the damage.

Qualified Mental Health Professional - Are the following licensed professionals:

- a certified psychologist
- a registered nurse
- a social worker
- a marital and family therapist
- a mental health counselor or
- an individual holding at least a master’s degree in a related field as deemed appropriate by a board of Behavioral Science Examiners

Recklessly - Means that a person acts or fails to act with respect to a material element of a public offense when the person is aware of and consciously disregards a substantial and unjustifiable risk that the material element exists or will result from the act or omission. The risk must be of such a nature and degree that disregard of the risk constitutes a gross deviation from the standard conduct that a reasonable person would observe in the situation.

Resident - A resident of a health care facility as defined in Iowa code chapter 135C (such as a nursing home or ICF/MR), a patient in a hospital, a tenant of an assisted living program, a tenant in an elder group home or a participant in an adult day services program.

Sex Act or Sexual Activity - Any sexual contact between two or more persons by:

- penetration of the penis into the vagina or anus
- contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person
- contact between the finger or hand of one person and the genitalia or anus of another person, except during the course of examination or treatment of a person licensed as a doctor of medicine or osteopathy, physician assistant, chiropractor, or nurse
- use of artificial sexual organs or substitutes in contact with the genitalia or anus
**Sexual Exploitation** - The consensual or nonconsensual sexual conduct with a dependent adult or child, by a caretaker which includes but is not limited to kissing, touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes or genitals or a sex act. Sexual exploitation also includes the transmission, display or taking of electronic images of the unclothed breast, groin, buttock, anus, pubes or genitals of a dependent adult or child by a caretaker for a purpose not related to treatment, care, monitoring, assessment or diagnosis or as part of an ongoing investigation. Sexual exploitation does not include touching which is part of a necessary examination, treatment or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the caretaker for the purpose of reassurance, comfort, casual friendship or touching between spouses or domestic partners in an intimate relationship.

**Sexual Misconduct** - Any act, or sexual activity in violation of law, with a current or former patient or client, for the purposes of arousing the sexual desires of the physician, counselor, therapist, health practitioner or any other health care practitioner of the hospital.

**Staff Member** - An individual who provides direct or indirect treatment or services to patients/residents in a facility or program. Direct treatment or services include those provided through person to person contact. Indirect treatment or services include those provided without person to person contact such as those provided by administration, dietary, laundry and maintenance. Specifically excluded from this definition are individuals who do not provide care to patients such as building contractors, repair workers or others in the facility for a very limited purpose and not on a regular basis.

**Unreasonable Confinement** - Confinement that includes but is not limited to the use of restraints, either physical or chemical for the convenience of staff. Unreasonable confinement does not include the use of confinement and restraints if the methods are employed in conformance with state and federal standards governing confinement and restraint or as authorized by a physician or physician extender.

**Unreasonable Punishment** - A willful act or statement intended by the caretaker to punish, agitate, confuse, frighten, or cause emotional distress to the dependent adult. Such willful act or statement includes but is not limited to intimidating behavior, threats, harassment, deceptive acts, or false or misleading statements.

**Willful Misconduct** - An intentional act of unreasonable character committed with disregard for a known or obvious risk that is so great as to make it highly probable that harm will follow.

**Verbal Abuse** - The use of oral, written or gestured language that includes willfully disparaging and derogatory statements to patients or their families or within their hearing or visual distance, regardless of their age, ability to comprehend or disability.

Examples of verbal abuse include, but are not limited to:

- threats of harm
- confinement
- intimidation
- physical pain
- mental anguish
- symbolic gestures of anger or contempt
- humiliating or degrading comments

III. MANDATORY REPORTERS

A. Child Abuse

Each of the following classes of persons is required to report any case of suspected or confirmed child abuse. (Code of Iowa § 232.69.1)

- Every health practitioner who, in his or her scope of professional practice examines, attends, or treats a child and who reasonably believes the child has been abused, (notwithstanding section 140.3 governing the confidentiality of venereal disease records. This provision applies to a health practitioner who receives information confirming that a child is infected with a sexually transmitted disease).
- Social Workers
- Certified Psychologists
- Employees and operators of licensed day care centers
- Members of the staff of a mental health center
- Dental Hygienists
- An employer or operator of a substance abuse program or facility licensed under chapter 125
- Counselor or mental health professional, who, in the scope of professional practice, examines, attends, counsels, or treats a child and reasonably believes a child has suffered abuse. Any other person that believes that a child has been abused may voluntarily make a report.

Immunity for Reporting Alleged Child Abuse

A person participating in good faith in the making of a report, photographs, or x-rays, or in the performance of a medically relevant test, or aiding or assisting in an assessment of a child abuse report shall have immunity from any liability, civil or criminal, which might otherwise be incurred or imposed. The person shall have the same immunity with respect to participation in good faith in any judicial proceeding resulting from the report or relating to the subject matter of the report.

Practitioners must report abuse whenever it appears to have resulted from acts or omissions of a person responsible for the care of the child. When it appears that the abuse is the result of acts or omissions of a person other than the person responsible for the care of a child, such abuse must be reported if the child is less than 12 years of age. Although not mandatory, abuse that is caused by a person other than the person responsible for the care of the child may be reported if the child is 12 years of age or older. Any questions regarding reporting requirement should be directed to the Law Department.

B. Dependent Adult Abuse

Each of the following classes of persons are required to report suspected dependent adult abuse:

- Employees (see definition - “staff member”) The UPH Law Department is consulted if questions occur when determining employee groups who may be exempted as mandatory reporters.
Persons who, in the course of employment, examine, attend, counsel, or treat dependent adults and reasonably believe that the dependent adult has suffered abuse, including all members of the hospital staff and health practitioners.

- Social Workers
- Certified Psychologists
- Peace Officer
- Home Health Aide

Immunity for Reporting Alleged Dependent Adult Abuse

A person participating in good faith in reporting or cooperating with or assisting the Department (or the Iowa Department of Inspections and Appeals) in evaluating a case of dependent adult abuse has immunity from liability, civil or criminal, which might otherwise be incurred or imposed based upon the act of making the report or giving assistance.

The person has the same immunity with respect to participating in good faith in a judicial proceeding resulting from the report or cooperation or assistance or relating to the subject matter of the report, cooperation, or assistance.

IV. SCREENING

This section applies to all UPHDM health care practitioners working in sites licensed under Iowa Lutheran Hospital or Iowa Methodist Medical Center. This includes all adult and children inpatient and outpatient services at IMMC, Blank, Methodist West and ILH, and any off-site premises of the licensed hospital.

The hospital does not employ persons with a record of abuse or neglect nor retain such health care practitioners. The hospital conducts a criminal background check on all final health care practitioners in accordance with HR Policy.

Founded incidents of child/dependent adult abuse may disqualify a candidate from employment at UnityPoint Health Des Moines. Prior to hiring any candidate with a history of founded abuse, UPHDM will obtain an evaluation from the Iowa Department of Human Services relative to appropriateness of hire.

In addition, when hiring for a position requiring Certified Nursing Assistant (CNA) training, applicants are hired only if they are in good standing on the Direct Care Workers Registry. The Transitional Care Unit (Skilled level of care) currently requires that employees in positions requiring a CNA be maintained on the registry.

V. PREVENTION

Inpatients and their families are provided information concerning their rights and responsibilities and how to report grievances/complaints. The Patient Rights Brochure and other information regarding abuse are distributed in various locations with the health system.

A critical part in the prevention of abuse is maintaining adequate staff-including evening, night, weekends and holiday shifts. Staffing is covered under the HR Flexible Staffing Policy and procedure (Employment 11-1) and Inpatient Unit Scheduling and Staffing.
Guidelines (Employment 21-1). These policies reflect the hospital's responsibility to deploy adequate staff on each shift, in each area in numbers sufficient to meet the needs of the persons served in accord with the plan of care.

In those situations where there is an increased potential for abuse, the following actions will be taken to decrease the likelihood of abuse from occurring:

- Supervision of staff to identify inappropriate behaviors such as derogatory language, rough handling, ignoring patients while giving care and/or directing patients who need toileting assistance to urinate or defecate in their own beds
- Assignment of appropriate numbers of staff to work areas
- Increased monitoring of patients with needs and behaviors that might lead to conflict or neglect. Examples include patients:
  - with a history of physical aggression
  - with a history of verbal abuse
  - who wander and enter other patient rooms
  - who are self-injurious
  - with a communication disorder
  - who require heavy care or are totally dependent
  - who have difficulty communicating, such as patients with cognitive, mental or physical impairments
- Involvement of Public Safety personnel making rounds during all hours and times
- Supervisory, management and administrative rounds
- Use of observational cameras

VI. EDUCATION

A. A staff member employed by UPHDM receives education related to the definition of abuse and abuse reporting requirements within thirty (30) days of employment.

B. Mandatory Reporters employed by UPHDM complete two (2) hours of training related to identification of child and dependent adult abuse within 6 months of initial employment, or show evidence of completion from an outside entity within the last five years; including a certificate with the IDPH approval number of the course taken. Course completion will occur every five years in accordance with state laws for all mandatory reporters at UPHDM.

C. This training includes:
   - Prevention, intervention, and detection
   - Services provided through the Employee Assistance Program and Wellness Center
   - The elements of abuse and neglect
   - Procedure for reporting possible abuse to the DHS and IDIA
   - Legally and ethically appropriate behavior as defined by UPHDM policies

D. Health Care Practitioners credentialed through the Medical Staff Office – As part of the credentialing process the medical staff office screens applicants via the abuse registry and requires documentation of initial and ongoing education for mandatory reporters. At the time of credentialing, credentialed Health Care Practitioners also receive the information outlined in section A (above).
VII. REPORTING

The following general criterion is used for the purpose of identifying signs of potential abuse:

- Injuries which are not consistent with the description of the manner of occurrence or explanation provided
- Varying accounts of the cause of injury
- Unusually fearful or withdrawn behavior by a patient; or emotional reactions that appear inappropriate or disproportionate to the extent of the injury
- Characteristics, behavior or capabilities inconsistent with the patient’s age
- A pattern of physical injuries; evidence of prior injuries
- Evidence of malnourishment, poor hydration, lack of medical/dental care, inappropriate supervision, or other indications of denial of critical care
- Injuries that appear suspicious because of the extent or location of the injury.
- Evidence of rape or other sexual abuse
- Evidence of a dangerous substance in the presence of a minor
- Other evidence as defined by the individual case

Refer to attached Procedure and UPHDM’s reporting form, “Dept of Inspection and Appeals Report of Possible Dependent Adult Abuse.”

VIII. EVIDENCE OF ABUSE

Photographs and other tests - A person who is required to report a case of child/dependent adult abuse may arrange for photographs, x-ray, or other physical examinations or tests, which would provide evidence of the abuse.

When physical evidence of abuse is present, the Patient Flow Coordinator/Patient Care Coordinator or their designee is called to take photographs of evidence. Every effort is made to obtain photographic documentation in a sensitive, respectful, and dignified manner. Photographs are maintained as part of the legal medical record. (Refer to UPHDM Policy #025 Patient Photography)

IX. SOCIAL SERVICES AND ADDITIONAL SUPPORT

Social Service is available to assist in gathering information and reporting suspected abuse. Note: Iowa Department of Human Services forms for reporting are available from the DHS homepage (A-Z Services) at www.dhs.state.ia.us for use in reporting child abuse (Child Abuse Mandatory reporter form # 470-0665) and dependent adult abuse (Dependent Adult Abuse Mandatory Reporter form # 470-2441) that occurred outside a licensed health care facility or program. Social workers obtain the necessary reporting forms. Licensed and certified professionals may provide immediate and short-term medical or mental health services to a minor who is an alleged victim of sexual abuse, rape or other forcible felony without the prior consent or knowledge of the alleged victim’s parent or guardian.
X. IMMEDIATE ADULT/CHILD PROTECTIVE CARE

In an alleged abuse occurring outside the licensed hospital setting, a physician may order hospitalization or may request social services intervention to arrange for temporary shelter and care if it is determined that an alleged victim requires immediate protective care in order to prevent further abuse.

In the case of alleged child abuse, the juvenile court may order the hospital to retain physical custody of the child until further ordered. Verbal/telephone orders from the court are documented in the patient’s medical record noting:

- the name of the person giving the order
- the name of the judge
- the time of the order
- the exact wording of the order

Written court orders are documented and retained in the patient’s medical record.

In cases in which the Juvenile Court has assumed temporary custody of the child, the court is notified before discharging the child from hospital care. The court designates to whom the child may be released. When possible, discharge is anticipated so that a written order may be faxed or delivered and placed in the medical record prior to discharge.

In unusual cases, it may be necessary to accept and document a verbal/telephone order from the court, which is later authenticated by a written order. If a verbal/telephone order is provided the order is fully documented in the patient’s medical record as described above. If the person making the report has reason to believe that immediate protection for the child is advisable, that person shall also make a verbal report to the appropriate law enforcement agency.

XI. MANDATORY REPORTING

Mandatory reporters are required by Iowa law to report possible abuse and follow the procedure outlined herein to meet the law. All allegations, observations, or suspected cases of abuse, neglect or exploitation that occur are explored by the health system and, based on the type of event, are referred to the appropriate authorities for investigation.

A person who is required to report abuse who knowingly and willfully fails to do so within 24 hours may be subject to criminal penalties, professional licensing actions and civil liability.

XII. PUBLIC SAFETY

Public Safety is immediately called if there appears to be a continuing risk of violence or if there is a concern that an alleged perpetrator may have accompanied or followed the patient to the hospital. Public Safety officers work with local law enforcement as appropriate to assist in maintaining a safe environment. The patient may also be offered the option of a non-publicized classification (See UPHDM Policy #120-Patient Confidentiality/Release of Information)

If there is reported missing belongings or evidence of misappropriation of patient property, an occurrence report is completed and Public Safety is notified to investigate and complete a Public Safety incident report. (See UPHDM policy #099)
XIII. INVESTIGATION AND RESPONSE OF SUSPECTED ABUSE OCCURRING ON UPHDM PREMISES

If you witness a potential abuse situation, our policy includes the following critical steps:

- Make sure the dependent child or adult is safe.
- Immediately report via phone call the suspected abuse to your supervisor, their designee or Patient Care Coordinator (PCC) who will assist you in taking appropriate action. If you are unable to reach one of these individuals, contact the Administrator of the Day (AOD) through the hospital operator.
- If the alleged abuser is an employee, it is important that they are separated from patient contact. This means removing the employee from all patient care assignments or contact. Your supervisor, their designee, the PCC or AOD will assist you with this process.

When a situation is identified as abuse, neglect or misappropriation of patient belongings, the employee or health care practitioner who hears or observes evidence of the potential occurrence reports the incident to the supervisor or their designated agent. The attached procedure is followed. “Supervisor” is defined as the employee’s immediate supervisor, the supervisor of the area where the possible abuse occurred, or in their absence, a supervisory designee which may also include a Patient Care Coordinator or the on-call Administrative Representative.

If the supervisor (or designee) is the alleged abuser, the staff member may directly report the abuse to the responsible department (Inspections and Appeals or Human Services) within 24 hours or the next business day. A thorough, objective investigation is conducted to ascertain the appropriate course of action based upon the facts surrounding the situation. UnityPoint Health Des Moines as the result of their independent investigation shall determine what, if any, employment action should be taken in accordance with UPHDM HR policy. These actions may include placing the alleged abuser on administrative leave, reassigning them or terminating the alleged abuser as a result of the hospital investigation.

Clinical Quality, in association with Risk Management, Administration, the Law Department, Human Resources and other areas as indicated, assist in using occurrence tracking and other data to identify high risks or internal trends that may affect the public safety of persons served. As a result, an improvement plan is identified to positively impact the protection of children and dependent adults. (See UPHDM Policy #105-Occurrence Reporting.)

Abuse indicating licensed clinicians or certified nursing assistants are unsafe to provide patient care/treatment are communicated to the licensing board or nurse aide registry following a thorough, objective investigation. This will be accomplished following consultation of the Manager with Human Resources, Administration and the Law Department.

UnityPoint Health Des Moines will also assure that further potential abuse is prevented and appropriate corrective action is taken.
Physicians who become aware of abuse on the part of another physician have a duty to report to both the Department of Human Services and the Board of Medical Examiners.

Nothing within this policy or procedure prevents a mandatory reporter or any other person from notifying the appropriate department directly of any suspected abuse.

XIV. PROCEDURE

Refer to attached Procedures to outline actions and reporting in the event of any suspected abuse.

XV. POSITION STATEMENT

UnityPoint Health – Des Moines will not penalize or take adverse action against a physician or any hospital employee described in this abuse policy because the hospital employee, physician or other mandatory reporter (hereafter “Protected Person”) because the person made a report of dependent adult abuse or child abuse or other violation of this policy. Any Protected Person who believes he or she has been penalized or harassed for making a report of dependent adult abuse or child abuse, or was prevented from making such a report, shall report such harassment or penalty to the Compliance Officer, who shall have the duty and responsibility to conduct a prompt investigation into the matter to determine whether discipline of the individual alleged to have penalized or harassed the Protected Person is warranted. Such conduct shall not be permitted, ratified nor condoned by the hospital and its organized medical staff.
PROCEDURE – CHILD ABUSE

Managing and Reporting Suspected Incidents

Definitions:

**Child** – Any person under the age of eighteen years.

**Child Abuse** – Any non-accidental physical injury, sexual abuse, mental or emotional injury, denial of critical care, child prostitution or presence of illegal drugs suffered by a child as a result of the acts or omissions of a person responsible for the care of the child.

The following procedure is used when possible child abuse is identified:

1. **Make sure the child is safe** - If the alleged abuser is an employee, separate the employee from patients. The patient may need to be retained and immediate protective care provided. (Refer to UPHDM Policy #045, Section “Immediate Adult/Child Protective Care”.)

2. **Report the suspected abuse to the immediate supervisor or a licensed clinician of the area.**

3. **In the event the supervisor of the area is not available, contact the Patient Care Coordinator (PCC) or management designee.**

4. **Notify attending/treating physician of suspected abuse.**

5. **If physical evidence of abuse is present, call the Resource Nurse or Patient Care Coordinator to obtain photos. Notify Public Safety to obtain a camera. (Refer to UPHDM Policy #025)**

6. **If the alleged abuse may have occurred on UPHDM premises and an employee may be involved, the supervisor or PCC interviews the employee and places the employee on paid suspension.**

7. **The Mandatory Reporter must immediately report possible abuse, using the Dept. of Human Services (DHS) “Report of Suspected Child Abuse” * as a guide to collecting information prior to call, by phone to the Dept. of Human Services (DHS) at 1-800-362-2178. Form can be located at [www.dhs.state.ia.us](http://www.dhs.state.ia.us) (Child Abuse Mandatory reporter form # 470-0665)**

8. **Contact Social Services to assist with completion of written report * to the Iowa Department of Human Services (DHS). (Behavioral Health and Emergency Department staff file reports without contacting Social Services)**

9. **Manager/designee or PCC notifies service line administration. After hours or on weekends, the Administrator-of-the-day (AOD) is contacted.**

* Note: Iowa Department of Human Services forms for reporting are available from the DHS homepage - (A-Z Services) at [www.dhs.state.ia.us](http://www.dhs.state.ia.us).
10. The person observing the possible abuse completes an occurrence report.

11. Reporting of suspected child abuse to the DHS or DIA is recorded as a disclosure of Personal Health Information on the departmental disclosure log.

12. The Manager or Executive Director contacts the following departments as indicated:

- Law Department
- Guest Relations
- Clinical Risk Management
- Human Resources
- Public Relations
- Public Safety
- Clinical Quality
- Environmental Risk Management

13. Abuse indicating licensed clinicians or certified nursing assistant are unsafe to provide patient care/treatment are communicated to the licensing board or nurse aide registry following a thorough, objective investigation.

Physicians who become aware of abuse on the part of another physician have a duty to report to both the Department of Human Services and the Board of Medical Examiners.
PROCEDURE – DEPENDENT ADULT ABUSE

Managing and Reporting Suspected Incidents

Definitions:

**Dependent Adult** - A person eighteen years of age or older whose ability to perform the normal activities of daily living or to provide for the person’s own care or protection is impaired either temporarily or permanently.

**Dependent Adult Abuse** – includes any of the following as the result of willful misconduct or gross negligence or reckless act or omission of the caretaker taking into account the totality of the circumstances: physical injury, unreasonable confinement, unreasonable punishment, assault, sexual offense, sexual exploitation, exploitation or neglect.

**Supervisor** – Refers to the supervisor, manager, or designee (including patient care coordinators or administrative support) of the employee involved or the area where the possible abuse occurred.

**IMPORTANT NOTE:** The following procedure is used to guide employees when possible dependent adult abuse is identified and in no way is intended to prevent a mandatory reporter or any other person from notifying the appropriate department directly of any suspected abuse:

1. Make sure the dependent adult is safe.

2. If the alleged abuser is an employee, separate the employee from patients.

3. Retain the patient in the facility and provide immediate protective care as needed. (Refer to UPHDM Policy #045, Section “Immediate Adult/Child Protective Care”.)

4. If physical injury is present, seek appropriate medical care through emergency procedures or by notifying the attending/treating physician.

5. If immediate protection is needed for the dependent adult or others involved, contact Public Safety to determine if the appropriate law enforcement agency should be contacted.

6. Report suspected abuse to the immediate supervisor, their designee or Patient Care Coordinator who will assist in investigation and obtaining necessary information to report the incident to the Iowa DIA or DHS.

7. Important Note: In the events the possible dependent adult abuse involves a skilled level patient from the Transitional Care Unit at ILH, consider the need to report any suspected crime to the local law enforcement. Serious Bodily Injury must be reported within 2 hours. Refer to policy/procedure “Reporting Suspected Crime on the Transitional Care Unit.”

8. Contact the Patient Flow Coordinator/Patient Care Coordinator to take photographs as evidence. (Refer to UPHDM Policy/Procedure #025)
9. Attempt to determine where the alleged abuse occurred – in a licensed health facility or in the community.

**Possible Abuse occurring in a health facility**
When alleged abuse occurs in any UPHDM licensed site or any other licensed health care facility such as a nursing home, mental health facility, etc. the supervisor must report possible abuse to the DIA within 24 hours or the next business day.

9a. Obtain and record the following information as preparation for reporting, using the UPHDM’s reporting form “Dept of Inspection and Appeals Report of Possible Dependent Adult Abuse.”

- Date and time of incident
- Name, date of birth and diagnoses of the dependent adult
- Whether the dependent adult sustained an injury, and if photographs were taken.
- The nature and extent of the alleged dependent adult abuse, including evidence of previous dependent adult abuse allegations by the alleged victim.
- A list of staff members working at the time in the area of the alleged abuse, including each staff member’s full name, title, date of birth, address and telephone number.
- If known, the alleged perpetrator’s full name, title, date of birth, social security number, address and telephone number.
- Other information which the person making the report believes might be helpful in establishing the cause of the abuse or identity of the person or persons responsible for the abuse or helpful in providing assistance to the dependent adult.
- The name address and telephone number of the person making the report.

OR

**Possible Abuse occurring in the community** - (not in a licensed health care facility)
When alleged abuse occurs outside of any licensed health care facility, the supervisor works with social services to report possible abuse to the DHS within 24 hours.

9b. To record information to be reported, use the DHS form “Suspected Dependent Adult Abuse Report” and instructions (pg 2) available from the DHS homepage (A-Z Services) at [www.dhs.state.ia.us](http://www.dhs.state.ia.us) (Dependent Adult Abuse Mandatory Reporter form # 470-2441).

10. Notify attending/treating physician of suspected abuse if not previously contacted.

11. Complete an occurrence report to assist with quality trending.

The following procedure is used **by the supervisor** to guide the internal investigation and reporting:

1. Investigate facts related to possible dependent adult abuse. Assist in obtaining information as part of internal investigation and for reporting alleged abuse to the DIA or DHS as appropriate. Document facts and events related to alleged abuse investigation and actions taken.
2. Attempt to determine where the alleged abuse occurred. If an UPHDM employee may be the alleged perpetrator, remove the employee from the work area. Consult Human Resources to determine appropriate employee action until an investigation is completed.

3. Consult the Law Department for advisement as needed. Notify service line administrator of possible adult abuse. After hours or on weekends, contact the on-call Administrative Representative.

4. Contact other support staff as indicated, such as: Guest Relations, Clinical Risk Management, Environmental Risk Management, Clinical Quality, Public Relations, etc.,

5a. Within 24 hours (or next business day) of knowledge of possible abuse, notify the DIA when alleged abuse occurs in a licensed health care facility. It is preferable to submit the written report (see 9a above) via fax to 515-242-5022. If unable to complete written report within 24 hours (or next business day), a verbal report must be called to 281-4115 within that time frame. Inform the DIA that the written report will follow. Maintain a copy of report and confirmation of fax for UPHDM records.

5b. Within 24 hours of knowledge of possible abuse, notify the DHS when alleged abuse occurs in the community. Submit the written report (see 9b above) within 24 hours. If unable to complete written report within 24 hours, a verbal report must be called to the DHS 24-hour hotline at 1-800-362-2178 within that time frame. Submit the written report within 48 hours. Maintain a copy for UPHDM records.

6. Record a disclosure of Personal Health Information on the departmental disclosure log when suspected dependent adult abuse is reported to the DHS or DIA.

7. Following a thorough, objective investigation, in consultation with the employee’s Manager, Human Resources, Administration and the Law Department, the licensing board or nurse aide registry is notified when a licensed clinician or certified nursing assistant is involved in abuse and unsafe to provide patient care/treatment.

8. Forward all documentation pertaining to alleged abuse investigation and action taken to Risk Management. Documentation related to employee action is submitted to Human Resources.

Guidelines for Medical Record Documentation of possible dependent adult abuse

NOTE: when documenting such incidents, entries must be documented as witnessed facts, or clearly referenced as unsubstantiated, unwitnessed information.

Document the following:

- a detailed physical assessment related to possible abuse – include descriptive elements such as measurements, color, complaints of pain, vital signs, etc.

- if pictures were taken of the area involved in the possible abuse – date and time, by whom, area photographed, etc.

- circumstances related to the possible abuse complaint - who complained of what, (use quotes if possible), when and where did the possible abuse occur.
- In order to maintain anonymity by the reporter, documentation of a DHS/DIA referral is not recommended unless the person reporting believes the documentation is required to show appropriate follow-up in preventing a patient safety concern after discharge from UPHDM.

ATTENDANCE POLICIES & PROCEDURES

Students continual attendance in both class and clinical assignments is imperative for their successful completion of the program. Educational programs in radiologic technology are no longer “on-the-job training” – they involve a nationally recognized curriculum designed to provide students with the classroom and clinical experiences needed to successfully complete the program, pass the ARRT national board examination, and become competent and caring healthcare professionals. Due to the rigor of the program, students need to make every effort to attend all class and clinical assignments.

Class/Clinical Attendance – Students are expected to attend all class/clinical sessions. Students are also expected to be on time to their class/clinical assignments. A complete attendance policy is located in the Clinical Syllabus available on the website and provided on the first day of classes.

Holidays

Policy: Seven (7) holidays are observed per year: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

Procedure: Students will not be allowed to be on any campuses for either clinical or classroom didactic education during the 7 recognized holidays.

If a holiday falls on a Saturday, the holiday will be observed on the Friday before. If a holiday falls on a Sunday, the holiday will be observed the Monday after the holiday.

Doctor Appointments

Policy: Doctor appointments should be made outside of regularly scheduled school time.

Procedure: If a student absolutely has to leave school for a short period of time (i.e., one hour), every attempt should be made to schedule the appointment in the afternoon. The time missed will be considered unexcused. Students must inform the program director prior to leaving for an appointment. In the program director’s absence, the clinical coordinator must be informed.

Bereavement Leave

Policy: Students will be granted up to three days funeral leave when the funeral is for an immediate family member. Immediate family shall be considered to be the husband or wife, parents, sibling, children, grandparents, mother-in-law, father-in-law, stepparents, stepchildren, stepbrothers, and stepsisters.
Procedure: In the event another relative would hold the same close relationship, special approval granting funeral leave may be requested from the program director.

*Leave of Absence*

I. **Purpose**

This policy is written to declare UnityPoint Health – Des Moines’ School of Radiologic Technology objectives and policies relative to approved leave of absence from school for a period exceeding ten (10) regularly scheduled school days, commonly referred to as “leave of absence.”

II. **Procedure***

A. A leave of absence shall be requested in writing by the student and submitted to the program director.
B. The reasons or grounds for which leaves of absence may be granted cannot be stated precisely. In general, leaves will be granted for situations which are not of the student’s choosing. Examples of circumstances which may necessitate a leave of absence are extended illness, pregnancy, etc.
C. A student may not request a leave of absence longer than twelve (12) months.*
D. Only one leave of absence will be granted a student.**
E. An approved leave of absence is a commitment that the student may be absent from school for a specified length of time approved in writing at the time the leave is commenced.
F. It will be the responsibility of the program director to terminate students who do not return on the specified date or make other arrangements.
G. The student’s time in the program may need to be extended to meet requirements.

* Student capacity, as set by the JRCERT, as well as competency level set by the program shall be adhered to and returning student may not be offered a position in the program at the point he/she left for the leave of absence. Student may be required to take "challenge" exams to determine appropriate placement in the curriculum. Due to capacity limits, student may not be able to return to semester in which he/she took leave of absence. Student may have to re-apply as a new incoming student. Contact Program Director for more information if considering application for a Leave of Absence.

** If a student needs a leave of absence longer than 12 months and/or needs more than one leave of absence during the program, he/she must withdraw and apply for re-admission. Placement in program is determined on an individual basis – see above.

*Class Cancellation*

Policy: Students enrolled in the program have chosen healthcare as a future profession. Providing quality healthcare to the community involves a 24/7 commitment from healthcare providers. In an effort to instill this commitment into students, classes and clinical assignments are rarely cancelled. This is in accordance with UnityPoint Health -Des Moines’ around-the-clock service to patients and their families. The radiology program faculty has a commitment to student safety; therefore, the following guidelines apply during inclement weather.

Procedure:

1. The executive director of the radiology department, program director or clinical coordinator shall be the only personnel authorized to cancel school.
2. Students need to check their UPH-DM email as this is the means used to communicate delayed and/or cancelled classes.
3. If a “late start” is announced, the time is figured from the regular start time of 7:30 a.m. For example: a student at an off-site who does not have
to normally report until 8:00 a.m., would report at 9:30 a.m. for a “2 hour delay” (not at 10:00 a.m.)

4. Students must be responsible for their own safety. For road conditions, students are encouraged to contact, and comply with, recommendations of the Iowa Highway Patrol:

1-800-575-5555 or from a cellular phone: *55

Note: Students are granted 10 hours/semester of Student Time Off to use at their discretion before the clinical practicum grade is affected.
Dress Code

Purpose

Students are required to dress in a manner that supports the safety, sanitation, environment, legal, and customarily acceptable requirements of their position in the program. The faculty reserves the right to determine what is appropriate clinical attire.

Students will dress in a manner that enhances the patients, visitors, and community’s confidence in them as competent members of UnityPoint Health – Des Moines health care team’s strong commitment to service.

Students are required to be in the school uniform at any time they are attending classes and/or clinical assignments.

Policy

A. Good taste, courtesy toward other people, and common sense are always expected from students.

B. Good hair grooming is expected. The guidelines are cleanliness and neatness. Beards and mustaches must be trim, neat, and always clean. Long hair must be worn in a controlled and tasteful style which will not interfere with the student’s vision or their ability to perform their clinical assignments. Hair that is shoulder length or longer must be pulled back and away from the face. Good grooming also includes body cleanliness. Unusual hair color and other adornments distract patients and family members from the excellent care and service received. These are not appropriate for professional attire.

C. Fingernails should be short, clean and neutral in color if painted. If nail polish is worn, it should be free of chips. Fingernails can promote the spread of infection and be a safety hazard when providing patient care. Artificial nails can harbor bacteria and spread infection. Long nails and long artificial nails are not appropriate in patient care areas.

D. Students are required to wear navy blue scrub pants and tops or navy blue scrub dress at any time they are on campus – this includes when only attending classes. They may wear a white lab jacket. Nylons may be white or flesh color. Students must wear nylons or socks. Knee high socks are not permitted with skirts or dresses. Students are to wear undergarments. White slips are to be worn with dresses and skirts. Sweat shirts and T-shirts will not be permitted unless prior approval is received from the clinical coordinator. Tops with advertising and/or printing on them are not allowed. Clothing should be clean, pressed, in good condition (free of holes and tears), and should fit properly. Students may only wear gray, black, or white shirts under their scrub tops.
E. Hose/socks and shoes are required. Students must wear white leather tennis shoes with little to no color present or students may wear leather tennis shoes which are solid black or navy blue with no additional colors present. Rubber clogs may be worn in navy blue, black, or white – holes in the top of shoes are not allowed. Shoes must be polished or clean to promote a professional appearance. Footwear must meet safety standards established by the medical center. Sandals and canvas shoes are not acceptable. Socks are to be navy blue or white – no multi-colored socks are allowed. If a student questions the acceptability of their shoes and/or socks, they should consult with the program director or clinical coordinator.

F. Jewelry worn in the department should be kept at a minimum. Wedding rings, engagement rings, and a watch are permissible. Costume jewelry should not be worn during clinic hours. Dangling necklaces and earrings are not allowed for reasons of safety and cleanliness. Bracelets of any style are not allowed. Excessive jewelry (numerous rings per hand, more than 2 earrings per ear, visible body piercing except in ears).

G. Before displaying any tattoo, students must meet with the Program Director in order to determine whether the tattoo is appropriate or inappropriate. Tattoos containing prohibited content must be covered.

Not Acceptable:
Prohibited content includes, but is not limited to, tattoos that are:
- Obscene
- Sexually explicit
- Advocate discrimination based on:
  - Race
  - Color
  - Religion
  - National origin
  - Age
  - Sex, including gender presentation and sexual orientation
  - Citizenship
  - Disability
- In addition, tattoos that symbolize affiliation with gangs, supremacist or extremist groups, advocate illegal drug use, depict nudity, or are of a nature such as to bring discredit to UnityPoint Health-Des Moines must be covered.

H. Makeup must be kept to a minimum and should look as natural as possible. Body odor and perfume/cologne can be offensive to patients, family members or co-workers. Some perfumes/colognes can cause an allergic reaction in sensitive individuals. Perfumes and colognes should not be worn in areas with patient contact. Excellent personal hygiene is an expectation of all students and employees. Body odor is unacceptable.

III. Implementation:

In the event a student does not make a satisfactory impression, the clinical instructor or clinical coordinator shall require the student to correct his/her appearance. If this involves leaving the clinical site, the student will forfeit the time during the period of absence.

Failure to adhere to these guidelines or repeated failure to comply with requirements regarding dress will be treated in accordance with the program’s disciplinary policies.

Drug Free School

Policy: UnityPoint Health – Des Moines School of Radiologic Technology is a drug free school. The unlawful manufacture, distribution, dispensation, possession, use, or sale of a controlled substance in the
Medical Center or at any clinical site is prohibited. Additionally, the unlawful use, distribution, or possession of alcohol by students on Medical Center or clinical site premises or at Medical Center or clinical site activities is strictly prohibited. (This prohibition includes after duty alcohol use resulting in intoxication at school or clinical sites). Applicants who have been accepted into the program will be required to complete a drug screen prior to beginning the program. A portion of the Student Services Fee will be used to pay for this service.

Procedure: Students who violate this policy will be terminated.

Injured While on Clinical Rotations

Policy: Student radiographers are not covered under UnityPoint Health – Des Moines’ Workman’s Compensation Program. All students need to carry medical insurance. Students are allowed to participate in the medical center’s insurance program at the same cost as an employee. Students should contact Human Resources at 515-241-6313 for more information.

Procedure: Students injured during the time they are in a clinical or classroom setting while they are acting in the role of a student are responsible for all medical costs accrued as a result of the injury.

Professional Malpractice/Liability Insurance

Students who are currently enrolled in the radiology program, are functioning within the scope of practice for student radiographers, and in compliance with program policies on didactic and clinical education are covered under the UnityPoint Health – Des Moines’ Professional Malpractice/Liability Insurance. Additional information on coverage is available from the program director and students interested in obtaining additional coverage may visit http://www.hpso.com/associations/asrt.jsp?refID=WL937i

Smoke Free Environment

Purpose

To provide a smoke free environment for all UnityPoint Health – Des Moines patients, employees, students, visitors, and medical staff. UPH-DM is a leader in the smoke free movements because smoking - the nation’s leading preventable cause of death - is inherently at odds with our healthcare mission. A smoke free policy is one of the strongest statements UnityPoint Health – Des Moines can make about the dangers of smoking and our concern for our patients and employees.

Policy

Effective July 1, 2006, UnityPoint Health – Des Moines:

A. Prohibit smoking or the use of tobacco in all facilities and grounds occupied by and vehicles owned by UnityPoint Health – Des Moines.
B. Prohibit smoking in all patient rooms.
C. Prohibit smoking in all meeting and eating rooms at all off campus meetings, retreats, seminars, and other functions held for UPH-DM employed
D. Prohibit the sale of smoking materials and related supplies in all UPH-DM facilities.
E. Permit smoking for patients in chemical dependency programs and for patients in the psychiatric unit.

III. Responsibilities

A. This smoke free policy will be uniformly applied throughout the Health System to employees, students, medical staff, patients, and visitors.
B. This policy will be enforced departmentally and/or by the Facility Support Services Department. Employees and students who fail to follow this policy may be disciplined according to applicable disciplinary policies.
Students: Smoke breaks are not allowed. Students may smoke within their 30 minute lunch break only. Students are not to leave their clinical area to smoke unless on lunch break. Students are not to go with their radiographer to smoke unless it is during the student’s lunch break. Smoking must occur off-campus. This policy applies at ALL clinical sites.

Students who do not comply with the policy will receive demerit/s and be disciplined through the following steps:

1st violation  verbal warning
2nd violation  written warning
3rd violation  suspension (missed work must be completed, however, student will not receive credit for missed work)
4th violation  dismissal

Employment

Policy: Continuation in the program is conditional upon maintenance of minimum acceptable grades and clinical performance. Work schedules may not conflict with or interfere with program schedules. Failure to maintain a “C” or higher in each course will result in dismissal from the program. Due to the rigor of the curriculum, we recommend that students do not attempt to work full time.

Students, when not on scheduled school time, may NOT perform radiographic procedures. Students may only perform radiographic procedures, based on their competency level, when scheduled in clinical rotations.

If employed as a Limited Radiographer by UnityPoint Health – Des Moines, or another healthcare facility, the student is responsible for following that institution’s policies as well as federal and state regulations on using ionizing radiation.

Consumption of Food/Chewing Gum

Policy: Students are allowed 30 minutes for lunch. Students may not consume coffee, soft drinks or other refreshments in sight of the public or patients. Students are not allowed to chew gum in view of patients, families, or visitors.

Procedure: The disciplinary policy will be invoked for infractions.
**Clinical Policies & Procedures**

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**Clinical Syllabus**

Students are provided with a Clinical Syllabus on the first day of classes. This syllabus is also available on the website and contains information relevant to clinical behaviors, clinical policies, clinical rotations and program competencies. Program faculty reviews the syllabus with students prior to clinical assignments.

**Consent Forms**

Students shall not sign consent forms at any time during their educational program. This includes being the “second signature” on a consent form. **Only a physician, nurse, or staff radiographer is authorized to sign a consent form.** Students may, under the direct supervision of a physician, nurse, or staff radiographer, explain the procedure to gain the knowledge to appropriately perform this task.

**Cell Phones**

**Cell phones are not to be carried during clinical rotations.** If a student is expecting an emergency call, he/she should notify the clinical coordinator regarding the need to receive a message.

Cell phones are to be turned off when in class and clinical sessions.

Failure to follow this policy will result in the following disciplinary actions:

1st Offence – Step B - Written warning using warning notice + **2 Demerits**

2nd Offence – Step C - One to five day suspension + **4 Demerits**

3rd Offence – Step D – **Dismissal from program**

**Telephone Calls**

Policy: The Radiology Department’s phone is for business only. Students are not to make or receive personal phone calls in the department.

Procedure: If a student needs to make a personal phone call due to extenuating circumstances, he/she should use the phone in the lounge. Long distance phone calls are **not** to be made and billed to the Medical Center.
Limited Permit to Practice

At the end of the 1st year of the program, students may have the opportunity to obtain a State of Iowa Limited Permit to Practice. This allows students to be employed as Limited Radiographers during their time off from school. A student who has a written disciplinary action on file may not be granted permission to apply for the Permit to Practice. Additional information is provided at the beginning of the second year in the program.

Technical Standards

Students are required to meet the Technical (Clinical) Standards of the program in order to perform patient care responsibilities in the clinical area. Students needing accommodations to meet these requirements are referred to the Americans with Disabilities Act Policy in this handbook.

Students must review the following clinical standards to determine their ability and compatibility with the physical requirements of radiographers.

Physical Activity Requirements

Occasional

- Crouching - positioning patients for exams and stocking supplies.
- Repetitive motions - entering computer data.
- Grasping - positioning patients for exams and procedures.
- Pulling - moving laundry bags that can weigh as much as 100 pounds.

Frequent

- Pushing - transporting patients in wheelchairs or on carts using 25 pounds of force. Moving portable and C-arm equipment with 20 pounds of force to areas of the hospital.
- Pulling - assisting and moving patients off and onto carts using eight to 24 pounds of force.
- Lifting - moving patients (who can weigh more than 50 pounds) from wheelchairs/carts off and onto exam tables.
- Fingering - entering computer data and setting techniques for exams.
- Carrying - carrying cassettes that can weigh as much as 25 pounds.

Constant

- Stooping - positioning of exams and assisting patients in and out of wheelchairs.
- Reaching - positioning patients and manipulating portable equipment.
- Standing - all clinical assignments require standing.
- Walking - transporting and assisting patients into dressing/exam rooms. Walking to other areas of the department and hospital to do exams or have films interpreted.
- Talking - talking to patients, co-workers, and physicians.
- Hearing - perceiving the nature of sounds at normal range; ability to receive detailed information through oral communication – not through lip-reading (ex., when personnel are wearing masks; when patients/staff are not facing the student; telephone communication; overhead paging, etc.) and to make fine discriminations in sound.
- Feeling - perceiving attributes of patients and objects such as when positioning patients for procedures or palpating veins for IV insertion.

Physical Demand Requirements

- Heavy clinical assignments: Students may exert up to 50 pounds of force occasionally, and/or up to 40 pounds of force frequently, and/or up to 20 pounds of force routinely while performing exams and pushing carts, wheelchairs, and portable equipment.
Visual Acuity Requirements

- During clinical assignments, students are required to use a computer terminal and set the proper exposure techniques on the X-ray equipment.
- Clinical assignments require critiquing of radiographs.
- Clinical assignments require working with printed and/or written documentation.
- Students must assess patient’s condition, i.e., color, respiration, motion, etc.

Intellectual and Emotional Requirements

- Students must be able to assess radiographs and determine diagnostic quality.
- Students must be able to adapt to perform duties during emergency situations.
- Students must be able to follow protocols.
- Students must maintain patient confidentiality.
- Students must be able to maintain a high standard of courtesy and cooperation in dealing with co-workers, patients, and visitors and satisfactory performances despite the stress of a hospital work environment.

Clinical Conditions

- Students are subject to electrical, radiant energy, and chemical hazards.
- Persons in radiology sciences have been identified as having the likelihood of occupational exposure to blood or other potentially infectious materials and, therefore, are included in the OSHA Exposure Control Plan with its specifications to prevent contact with the above materials.

Applicants who have been accepted into the program will be required to complete a “Pre-Employment” Physical and once again this does include a drug-screen. The cost of the physical will be paid from the Student Services Fund.
STUDENT CODE OF CONDUCT

Students are expected to adhere to the UnityPoint Health – Des Moines Code of Conduct as well as the School of Radiologic Technology’s academic and clinical policies and procedures. The UPH-DM Code of Conduct is discussed during Entry Education (during the student’s first week in the program). Program policies and expectations are discussed during review of the Student Handbook and Clinical Manual.

*Ethical and Professional Conduct*

Policy: UnityPoint Health – Des Moines School of Radiologic Technology requires students behave in accordance with standards of ethical and professional conduct. Enrollment of a student in the school is considered to constitute his/her agreement to comply with the standards. All members of this community are responsible for the academic and professional integrity of the school. Students must demonstrate such integrity at all times in completing classroom assignments, when taking examinations, when discharging their patient obligations and in dealing with others. Students also have the responsibility of reporting acts of academic dishonesty and professional misconduct to the program director or executive director of the radiology department.

Ethical and professional conduct means the student will demonstrate the following behaviors:

1. Is truthful.
2. Keeps commitments
3. Demonstrates respect for the dignity and rights of others regardless of age, gender, color, race, religion, creed, physical or mental disability, ethnic origin, national origin, status as a disabled veteran or veteran of the Viet Nam era, political affiliation, or any other factor protected by law.
4. Assumes responsibility for actively participating in the learning process
5. Cooperates and assists with the learning process.
6. Request supervision/guidance appropriately.
7. Adheres to UnityPoint Health - Des Moines and the program’s policies and procedures.
8. Uses principles of safe practice when caring for patients.
9. Demonstrates preparedness for assignments.
10. Demonstrates attempts to alter behavior based on constructive criticism.
12. Is accountable for the conduct of own guests in the Medical Center complex.

Procedure: Failure to meet expectations for ethical and professional conduct will result in implementation of the disciplinary policy and procedures.

*Academic Dishonesty Policy and Procedure*

Academic dishonesty consists of any deliberate misrepresentation of an academic record, academic status, examination performance, papers, online course work, or other work prepared outside of class, or of one’s efforts toward the fulfillment of course or degree requirements.

Plagiarism is the representation of another person’s ideas, statements or research as one’s own and includes having another person write a paper or do an assignment and copying, summarizing or paraphrasing another’s work without appropriate and standard documentation.
Unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject them to civil and criminal liabilities. This includes illegal downloading or unauthorized distribution of copyrighted materials using the school’s information technology system.

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

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to $250,000 per offense.

For more information, please see the Web site of the U.S. Copyright Office at http://www.copyright.gov, especially their FAQ's at www.copyright.gov/help/faq.

Cheating refers to dishonesty in completing examinations and includes copying from another student’s paper and use of unauthorized materials during an exam.

Students who plagiarize or cheat and students who provide the material for plagiarism or for cheating are guilty of academic dishonesty. The penalty will depend upon the nature, extent and frequency of the infraction and ranges from a failing grade for the exam or assignment to dismissal from the program.

Online academic dishonesty would include, but not limited to, signing on under a different student’s secure access to complete assigned work or online examinations, taking an examination as a “group test” with fellow students, or having another individual sign on under your log in information and complete any assigned work or examinations.
Students who cheat on a test (either admitted to by the student or directly observed by the instructor) will receive a zero on the test. The first time a student is found cheating on a test, he/she will receive a zero for the test and will be given a verbal warning. If a student cheats a second time, he/she will receive a zero for the test and will be issued a written warning. The next regularly scheduled test will be taken individually with the program director, clinical coordinator, or course instructor. The student will sit on the front row in front of the course instructor for additional tests. On the third offense the student will be terminated from the program.

A student who wishes to deny the instructor’s allegations or appeal the instructor’s decision may do so through the Grievance Procedure.

In the event a student does not adhere to the program’s expectation of student conduct, disciplinary action will be initiated according to the program’s Corrective Discipline Policy and/or according to UPH-DM policies and procedures. The program reserves the right to suspend, temporarily suspend, dismiss, or expel a student for inappropriate conduct.

- **Temporary Suspension**: Students are suspended from all classroom, clinical, and other activities and not permitted on UPH-DM or affiliated clinical site properties for the time frame in which an investigation is being conducted.
- **Suspension**: Students are suspended from all classroom, clinical, and other activities and not permitted on UPH-DM or affiliated clinical site properties for a specified period of time.
- **Dismissal**: Students are dismissed from the program and may be permitted to return through the readmission process.
- **Expel**: Students are expelled from the program and not permitted to return.

* Suspension: Students who are suspended, either temporarily or for a specified period of time, will have the hours missed deducted from the “attendance bank” and these hours will affect the clinical grade. In addition, due to missing clinical, the student will receive a “0” for that week’s Clinical Performance Evaluation and will be required to repeat the missed rotation after graduation. In the event of a temporary suspension, if the investigation proves the student was not at fault, no hours will be deducted and the student will have the opportunity to make up the clinical time missed prior to graduation and will receive points from the Clinical Performance Evaluation. **Students do not receive credit for work missed during a suspension** (i.e., tests, quizzes, graded homework, etc.). The student is, however, required to complete the missed work to document competency.

Students retain the right to invoke the Grievance Procedure – refer to policy in this handbook. UnityPoint Health – Des Moines and the Radiology School policies and procedures will be followed to resolve the situation.

**Corrective Discipline Policy and Procedures**

The ultimate objective of effective discipline is to rectify misconduct in a just and constructive way and to reduce the likelihood of its recurrence. Student is referred to Clinical Syllabus for complete policy and procedure.
GRIEVANCE PROCEDURE

Policy: The Grievance Procedure was established and is implemented to prevent students’ morale from being adversely affected because complaints and/or misunderstandings are ignored or unresolved, and so consistent and fair treatment can be provided.

The objectives of the Grievance Procedure are:

1. To provide students with a means of being recognized and heard.
2. To provide students with a neutral party (i.e., a Human Resources facilitator) whose role is to assist them in voluntarily reaching a win-win situation together. The HR facilitator encourages the focus of the agreement to be on the interests of each party rather than on their positions in the dispute.
3. To provide a formal mechanism to insure handling of student complaints.
4. To resolve student complaints in a sound and fair manner, investigating and considering all the relevant facts.
5. To insure consistency in application of policies and supervisory decisions.
6. Every effort should be made to resolve complaints at the lowest educational levels.

Procedure: The grievance procedure is as follows:

Step 1

- Student should orally discuss unresolved problems with the clinical coordinator. If the problem involves the clinical coordinator, the student should go to Step 2.
- The clinical coordinator should arrange a meeting with the student within three (3) academic days from receiving the problem.

Step 2

- Students who perceive their problem to be unresolved following three (3) academic days after Step 1 has been taken, may contact the human resources facilitator. Student must put in writing their problem and suggested problem resolution.
- The human resources facilitator should forward a copy of the problem statement to the appropriate level of school management.
The student’s school management should meet with the student and respond in writing within three (3) academic days from receiving the written problem from human resources.

School management should send a copy of their response and the original problem statement to human resources.

Step 3

- Students who perceive their problem to be unresolved following three (3) academic days after Step 2 has been taken may contact the human resources facilitator and request a copy of their problem statement to be sent to the executive director of the radiology department.

- The executive director of the radiology department should meet with the student and respond in writing within three (3) academic days from receiving the written problem from the student.

Step 4

- Students who perceive their problem to be unresolved following three (3) academic days after Step 3 has been taken may contact the human resources facilitator and request a copy of their problem statement to be sent to the appropriate vice-president or his/her designee.

- The vice-president or his/her designee should meet with the student and respond in writing within three (3) academic days from receiving the written problem.

- A final decision will be given to the student within three (3) academic days following the meeting with the vice-president or his/her designee.

The decision of the vice-president or his/her designee will be final.
If the student still feels that the problem is unresolved he/she does have the option to have their grievance to be reviewed by the Iowa College Student Aid Commission:

Iowa College Aid

www.iowacollegeaid.gov/content/contact-iowa-college-aid
Phone: (515) 725-3400
Phone: (877) 272-4456 (Information Service Center)
Fax: (515) 725-3401
Hours: 8:00 AM - 4:30 PM CST

At any time that the student feels there is a situation that needs the attention of the Program Director or Clinical Coordinator and the feel that it isn’t a true “Grievance”, they are always welcome to stop by the faculty offices, send an email, or make a phone call to inform them on their concerns. If the concern is about the faculty they may choose to contact the UPH-DM Radiology Administrative Director, Paige Jaeger, at (515) 241-6171 or via email at paige.jaeger@unitypoint.org.

Student Complaint Records

In compliance with Federal Title IV regulations, the program director is charged with maintaining records of student complaints. Records are maintained in the program director’s office and are available to the appropriate federal, state, and accreditation agencies.
RADIATION SAFETY POLICIES & PROCEDURES


1. Understand and apply the cardinal principles of radiation control: time, distance, and shielding
2. Do not allow familiarity to result in false security.
3. Never stand in the primary beam
4. Always wear protective apparel when not behind a protective barrier.
5. Always wear a radiation monitor and position it outside the protective apron at the collar.
   Note: Iowa Law: 40.37(3) (Students must comply with Iowa Law at all sites)

   An individual monitoring device used for monitoring the dose to the whole body shall be worn at the unshielded portion of the whole body likely to receive the highest exposure. When a protective apron is worn, the location of the individual monitoring device shall be near the midline of the body, outside of the apron.

6. Should not hold a patient during radiographic examination. Use mechanical restraining device when possible. Otherwise, have parents or friends hold the patient.
7. The person holding the patient must always wear a protective apron and, if possible, protective gloves.
8. Use gonadal shields on all people of childbearing age when such use will not interfere with the examination.
9. Examination of the pelvis and lower abdomen of a pregnant patient should be avoided whenever possible, especially during the first trimester.
10. Always collimate to the smallest field size appropriate for the examination.

Also, Students must not hold image receptors during any radiographic procedure.

Radiation Safety

In accordance with federal regulations for maintaining radiation exposure “As Low As Reasonably Achievable” – ALARA,” faulty provides students with information about protecting themselves, patients, patients’ families, and the healthcare team. Core principles of radiation safety for the student, patient, patient’s family, and health care team, as well as how to correctly wear the OSL monitoring badge is provided in RAD100, prior to clinical rotation assignments. Students are reminded that film badges are not a protective device – they are a radiation measuring device.
Policy: Students receive and are required wear an OSL badge during clinical rotations. The radiology department provides the badge at no cost to the student. Failure to wear the OSL badge, or failure to wear the OSL badge correctly, will result in disciplinary action.

To assure student safety:

1. The health physicist reviews radiation monitoring badge reports
2. Radiation monitoring badge reports are discussed at the quarterly Radiation Safety Committee Meeting.
3. If a student’s badge report exceeds the Iowa Department of Public Health (IDPH) safety levels, as adopted by the Radiation Safety Committee, the student receives a letter documenting the exposure. Depending on dose level, the student may be required to wear an additional radiation monitoring badge. The program director is notified.
   a. ALARA limits are; Level I = 200 mrem DDE/quarter and Level II = 400 mrem DDE/quarter.
4. In addition to the IDPH safety levels, the student will also be counseled by the Program Director if their quarterly badge report is above 40 mrem, or if their yearly badge report is above 150 mrem.
5. Quarterly radiation monitoring badge reports are posted for student review and then maintained in the radiology supervisor’s office. Students receive an annual report and a copy is maintained in their file.
6. Coursework (RAD104 Radiation Protection and Biology) covers information on radiation monitoring devices and radiation protection in greater detail during first semester of program.
7. Students are required to leave their radiation monitoring device in the rack provided in the lounge and not take them out of the department – unless scheduled at an off-site clinical rotation.
8. If a student loses their radiation monitoring device they must inform the program director ASAP so a replacement badge may be ordered.

In the event a student was required to leave clinical assignments due to a high radiation monitoring reading, the program director would counsel the student on policies and procedures for completing the program. A student’s time in the program may need to be lengthened to allow time to meet program competencies.

Pregnancy

Policy: The radiology program has adopted the following position statement in regard to pregnant radiology students “Customary radiation safety practices for pregnant radiation workers shall be followed.”

Procedure: In addition to the above position statement the following recommendations should be considered:

1. Students are not required to declare a pregnancy.
2. If the student chooses to inform the program director of her pregnancy it must be in writing and indicate the expected date of confinement (delivery). (Forms are available in the program director’s office.)
3. For declared pregnancies, the adaptation of the guidelines for occupationally exposed pregnant workers identified in NCRP Report # 39, Section (240) will be followed:
   “During the entire gestation period, the effective absorbed dose equivalent limit to fetus from occupational exposure of the expectant mother should not exceed 0.5 Rem.”
4. The student may choose to un-declare her pregnancy at any time in writing by completing the bottom portion of the original Declaration of Pregnancy Form.
Radiation could be damaging to the human embryo or fetus. The first three months of pregnancy are the most critical for protecting the embryo from radiation. Upon confirmation of a pregnancy, a student may:

1. Continue the educational program without modification or interruption.

2. Continue the program with modification of clinical assignments. The student must complete required class and clinical objectives prior to graduating.

3. Take a one-year leave of absence.

A copy of Regulatory Guide 8.13 is available for viewing upon request.
**Student Supervision in Clinical Rotations**

The UPH-DM School of Radiologic Technology complies with the Joint Review Committee on Education in Radiologic Technology (JRCERT) *Standards and Guidelines* for protecting patients from unnecessary radiation exposure.

*Standard 4.4* Assures that medical imaging procedures are performed under the **direct supervision** of a qualified radiographer until a student achieves competency.

The JRCERT defines direct supervision as student supervision by a qualified practitioner* who: reviews the procedure in relation to the student’s achievement; evaluates the condition of the patient in relation to the student’s knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until competency is achieved.

*Standard 4.5* Assures that medical imaging procedures are performed under the **indirect supervision** of a qualified radiographer after a student achieves competency.

For radiography, the JRCERT defines indirect supervision as that supervision provided by a qualified practitioner* immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

*Standard 4.6* Assures that students are **directly supervised** by a qualified radiographer when repeating unsatisfactory images*.

*A qualified practitioner is defined as: A radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession. Additional information on clinical supervision is provided in the Clinical Manual.*
American Society of Radiologic Technology (ASRT) Code of Ethics

Students are expected to comply with the ASRT Code of Ethics during their educational program. Additional discussion of this Code is conducted during RAD100 – Introduction to Radiologic Technology. Failure to comply with the ethical code will result in disciplinary action according to the program’s Corrective Discipline Policy and Procedures.

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist’s obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care (retrieved May 22, 2012 from www.asrt.org).

The ASRT Code of Ethics is available at www.asrt.org

Patient’s Rights & Responsibilities

UnityPoint Health – Des Moines promotes the rights, interests, and well-being of the patient. It is our policy that these rights be respected and no patient shall be required to waive these rights as a condition of treatment.

The UPH-DM Patients’ Rights & Responsibility brochure is provided on the first day of classes and a copy is available online at: http://www.unitypoint.org/desmoines/filesimages/UP%20Updated%20PDF's/00509-13%20Patient%20Rights%20bro.pdf

Patient Confidentiality (HIPAA)

HIPAA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals and other health care providers. HIPAA took effect on April 14, 2003. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.

In addition, HIPAA requires that all patients be able access their own medical records, correct errors or omissions, and be informed how personal information is shared used. Other provisions involve notification of privacy procedures to the patient. HIPAA provisions have led in many cases to extensive overhauling with regard to medical records and billing systems.

Policy: Students in the UnityPoint Health Des Moines Radiology program are expected to comply with the Health Insurance Portability and Accountability Act (HIPAA). Information on patient confidentiality is
provided at Entry Education Sessions. Unauthorized disclosure of any confidential patient information by any student, whether by accident or by intent, may be grounds for termination.

Confidential information consists of all privileged information received as a result of treatment, examination, observation, and conversation. Professional codes of ethics and laws protect the confidentiality of this information.

Because the information in the medical record is privileged, information can only be released with the authorization of the patient, or by court order, subpoena, or statute. In cases of substance abuse, information can only be released by a valid court order and subpoena.

Confidential information also includes written reports, documents, records, computer printouts, electronic data, schedules and any other written means of presenting information incident to the Medical Center operation.

Patient information that is available on the computer terminals or personal computer is subject to the same confidentiality and is not to be displayed except when it is necessary to view the computer display as part of your job assignment. Do not allow others to view the display.

Procedure: Students are informed about this policy during the First Day Orientation and by completing the NetLearning exercises. Students not complying with this policy will be subject to the disciplinary policy and procedure.

Reporting of Patient Child Abuse

Pursuant to Iowa Code Section 261.9(1)(h), any UnityPoint Health – Des Moines employee or student located in Iowa who in the scope of the person’s employment/training responsibilities examines, attends, counsels or treats a child must report suspected physical or sexual abuse to the institution’s administration and to law enforcement. Any report of suspected child physical or sexual abuse should be made as soon as possible, but within 48 hours, to the Program Director and the employee/student shall immediately make a report to local law enforcement.

RESOURCES FOR STUDENTS

Chapel

Students are invited to use the chapel on either the Methodist campus or the Iowa Lutheran campus for individual and group worship, as well as for reflection and solitude.

Check cashing/ATM machines

Students may cash personal checks at the Cashier’s Office located by the main entrance on the Methodist campus. Students must present ID badge for identification.

ATM machines are located throughout the Methodist and Lutheran campuses

Day Care Facilities
Students may use the UPH-DM day care facilities. Students should contact Becky Torgeson at 241-8828 for more information.

**Employee Assistance Program**

The Employee Assistance Program (EAP) is available to enrolled students in the UPH-DM School of Radiologic Technology.

The EAP program helps employees, students, and their families utilize counseling or other types of assistance with personal and work-related problems. The assistance center offers confidential counseling and referral services to help students deal with school-related problems.

All students, their spouses, children, and significant others are eligible to use this service. Students may contact the Assistance Center for confidential counseling and referral services 24 hours a day at (515) 263-4004 or 1-800-732-4490. The Assistance Center is staffed with professional counselors to help with problems including:

- Marital and family problems
- Needs of elderly parents
- Financial problems
- Emotional problems
- Alcoholism or substance abuse
- Stress and other personal problems
- Costs: up to six (6) visits per year are provided at no cost to the student or family member. Students or family members are responsible for the cost of additional therapy if additional help is requested or required. Factors such as a student’s insurance program and the type of assistance needed are considered before any referral is made.

When a student voluntarily seeks assistance from the Assistance Center, no information about the student is provided to the program director, faculty, or other department administration.

**Employee Health Services**

All students should carry medical insurance. Students are allowed to participate in the medical center’s insurance program at the same cost as an employee. Students are not covered by Employee Health Services. Students may contact the Human Resources Department at 515-241-6313 for more information.

**Food Service**

Students may use the cafeterias available at UPH-DM Methodist and Lutheran campuses. They may also bring their lunch. A microwave and refrigerator are available in the department lounge.

**Gift Shops**

The IMMC/BCH Gift and Flower Shop on the Methodist Campus provides a variety of cards, candies, gifts, UPH-DM apparel, and other items. Students may use payroll deduction if they are employees of UPH-DM. A gift shop is also available on the Iowa Lutheran Hospital campus.

**Health and Fitness Center**

Student memberships are available. Your membership fee includes the use of exercise facilities at both Iowa Methodist and Iowa Lutheran hospitals:

- Expert qualified staff
- Fitness center orientations
• Rowing machines
• Life Fitness & Cybex Weight Equipment
• Exercise bikes
• Treadmills
• Stair machines
• Gravitron weight machine (Lutheran location)
• Dumbbells
• Nordic Track (Methodist location)
• NuStep
• Ellipticals

These services are available for an additional fee:

• Specialty exercise classes
• Fit-n-Fun
• Personal training (for employees only)
• Body Composition Analysis
• Fitness evaluations
• Tae Kwon Do
• Massage Therapy
• Recreational programs
• Guest passes

Call the Health and Fitness Centers at 241-6073 (Methodist) or 241-6701 (Lutheran) for more information.

Library

Policy: Students are encouraged to use the UPH-DM library resources.

Procedure: Students are welcomed to use the Oliver J. Fay medical library. Students have 24 hour/day, 7 days/week access to the library, computers, and online resources.

• Computer Usage Rights and Responsibilities

Throughout program coursework, students will utilize computer and online resources to augment their education. User’s rights and responsibilities are presented and discussed during Entry Education sessions. Students are expected to comply with these rules and regulations. Failure to appropriately use computers and online resources will result in disciplinary action.

Lockers

Student lockers are available. Students may be required to share a locker. Students should contact the Program Director at 241-6880 for more information.

Parking

Students are allowed to park in the Employee Parking Lots while at the Iowa Methodist Medical Center, Methodist West, and Iowa Lutheran clinical sites. There is a $15 deposit, which is collected the first day of school, for the parking card for the IMMC site which will be returned to the students at the end of the program or if they leave the program as long as they have the card to turn back in.

Photocopy Machine
Policy: The photocopy machine is to be used for work related items only. It is not to be used for personal use. Students are not to use the photocopy machine to copy class notes, schedules, etc.

Procedure: Students not abiding by the policy will be disciplined according to program policy.

**Photo Identification Card**

Policy: Each student shall be issued a photo identification card during their “sign-in” process. This photo identification card will carry a photo of the student and the student’s first and last name, title, and department. When the student is scheduled to be on UPH-DM or other clinical site premises, the photo identification card must be worn at all times where it can be clearly seen and the photo and name are visible. There should be no stickers or other objects obscuring the identity of the student. A temporary card may be issued pending preparation of the permanent card. The photo identification card may be utilized to identify authorized UPH-DM personnel, authorized presence at the UPH-DM in the event of a disaster, and for identification for cashing checks.

Students in the program are given access to the same hospital areas as staff radiographers. This access is appropriate when on clinical rotations only.

Procedure: Any change of name must be reported to the Human Resources Department immediately so a new photo identification card, with current information, may be issued in exchange for the old one. There is no charge for this badge.

Loss of photo identification card must be reported as soon as possible so a duplicate card can be issued. A photo identification card lost or stolen while in the custody of a student will require a replacement fee. Contact Human Resources for fee.

A photo identification card damaged beyond use may be exchanged for a new one without charge if the damage card is presented at the time of replacement. Willful damage of the photo identification card will result in a replacement fee.

At the time of graduation, withdrawal, or termination, students will return their photo identification card to the program director. Failure to do so will result in the program not releasing the final grade transcript and the UPH-DM not releasing the terminal paycheck (if student was employed by UPH-DM) until the identification card is returned or the fee is paid.

If students come to school without their photo identification card, they will be required to obtain their photo identification card before they can be in the clinical area. If a student must leave the clinical site to obtain their identification card, the time they are absent will be considered unexcused and affect their clinical grade.

**Voter Registration**

Students are encouraged to learn more about voter registration and obtaining a voter registration card by calling 1-800-SOS-VOTE (1-800-767-8683).

**STUDENT SAFETY AND SECURITY**

*Disclosure of Campus Security Policies and Crime Stat...*
in relation to campus security and campus crime statistics. This information is also available, upon request, to any applicant or interested party. If additional information is needed, the program director should be contacted at 515-241-6880 or matthew.millard@unitypoint.org

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<tr>
<td>Liquor Law Violation</td>
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<td>Drug Abuse Violation</td>
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<td>Weapon Possession</td>
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Data obtained from The Campus Safety and Security Data Analysis Cutting Tool which can be found at http://nces.ed.gov/collegenavigator/?q=UnityPoint+Health+-+Des+Moines&s=IA&id=153542.
**PROGRAM ACCREDITATION**

**Joint Review Committee on Education in Radiologic Technology (JRCERT)**

The JRCERT promotes excellence in education and enhances quality and safety of patient care through the accreditation of educational programs. The only agency recognized by the United States Department of Education to accredit educational programs in radiography and radiation therapy, the JRCERT accredits educational programs in radiography and radiation therapy and in the related disciplines of magnetic resonance and medical dosimetry.

Programs accredited by the JRCERT must demonstrate that they are in substantial compliance with the relevant JRCERT accreditation standards: Standards for an Accredited Educational Program in Radiologic Sciences (radiography and radiation therapy), Standards for an Accredited Educational Program in Magnetic Resonance, or Standards for an Accredited Educational Program in Medical Dosimetry.

**Accreditation of an educational program offers value to each of the following groups:**

**Students:** Accreditation of an educational program provides students, as graduates, assurance that the educational program will provide them with the requisite knowledge, skills, and values to competently perform the range of professional responsibilities expected by potential employers nationwide. It also assures they will be eligible for licensure in each of the 50 states. By requiring programs to teach the entire curriculum developed by the professional society, the American Society of Radiologic Technology, it also assures students they will have the foundation knowledge to continue to develop as professionals in the various fields of the radiation sciences.

**Patients:** Accreditation of educational programs assures patients that students who perform procedures have appropriate supervision during the educational process. It also assures them that graduates will have met the minimum level of competency as defined nationally by the profession.

**Educators:** Through the process of programmatic accreditation, educators are assured that their educational programs are keeping pace with the profession and with standards developed through national consensus.

**Profession:** The profession is assured, through programmatic accreditation, that educational programs in the field are providing consistent minimum education in the profession as the profession itself has defined it.

(available at [www.JRCERT.org](http://www.JRCERT.org))
Program Status and Accreditation Term

The UnityPoint Health – Des Moines School of Radiologic Technology holds full accreditation status with the JRCERT.

Standards for an Educational Program in the Radiologic Sciences

The development of each of the sets of accreditation standards includes not only a thorough review of current standards by the JRCERT Board of Directors but also the input of relevant communities of interest. By policy, the standards are comprehensively reviewed at least every five years. During this cycle, the Directors identify concepts that merit specific review and discussion and develop appropriate survey instruments to solicit feedback. The results of surveys, input received during professional meetings across the country, and input from a variety of other sources are considered as the standards are reviewed and potentially revised. As the Directors consider all of the input and attempt to reconcile differing opinions, draft documents are developed and distributed for comment (available at www.JRCERT.org).

The JRCERT Standards are available at www.jrcert.org

Program Non-Compliance with JRCERT Policies & Procedures

Policy: This policy has been implemented to prevent students’ morale from being adversely affected because complaints and misunderstandings are ignored or unresolved, and so consistent and fair treatment can be provided. If a student believes the program is not in compliance with the JRCERT Standards of Education, the following policy has been established and implemented:

The objectives of the Policy are:

1. To provide the student with a means of being recognized and heard
2. To provide a formal mechanism to insure handling of student complaints.
3. To resolve student complaints in a sound and fair manner, investigating and considering all the relevant facts.
4. To insure consistency in application of policies and supervisory decisions.
5. To resolve complaints at the lowest management level.

The Procedure is as follows:

Step 1: A student’s complaint should be initially discussed by the student with the program director. It is the responsibility of the program director to act on the complaint issue and respond to the student within three (3) working days from receipt of the complaint.

Step 2: If within four (4) working days after Step 1 is taken, the complaint is not resolved, the student should discuss the complaint with the executive director of
radiology. It is the responsibility of the executive director to act upon the complaint and respond to the student within three (3) working days from the receipt of the complaint.

Step 3: If the complaint is not resolved, the student may place the complaint in writing and send it to:

<table>
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<tr>
<th>Joint Review Committee on Education in Radiologic Technology</th>
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<tbody>
<tr>
<td>20 N. Wacker Dr., Suite 2850</td>
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<tr>
<td>Chicago, Illinois 60606-3182</td>
</tr>
<tr>
<td><a href="http://www.jrcert.org">www.jrcert.org</a></td>
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Note: The JRCERT office does not respond to anonymous correspondence; however, student confidentiality is assured. Students should contact the JRCERT for more information.
The UnityPoint Health – Des Moines School of Radiologic Technology has established a process of program review to assure a quality educational process in compliance with Standard Five of the *Standards for an Educational Program in the Radiologic Sciences*:

*The program, in support of its mission and goals, and in compliance with the JRCERT, developed and continually implements a system of planning and evaluation to determine student learning outcomes and program effectiveness – the information is used for program improvement.*

Program faculty has developed multiple assessment tools. These include, but are not limited to:

1. A Cycle of Assessment to assure ongoing review of student academic learning and program effectiveness.
2. An assessment plan “Assessment of Student Academic Achievement.”
3. A process for annual review of assessment
4. Advisory Committee – meets annually (students may be invited as deemed appropriate)
5. Student Evaluation forms – students are informed of these tools through the Clinical Syllabus provided on the first day of the program
   - a. Weekly Clinical Performance Evaluation forms
   - b. Clinical competency check-offs (pediatric, adult, geriatric, mobile radiography, surgery, trauma, etc.)
   - c. Performance Evaluation (test-out) forms
   - d. Daily Achievement Record
   - e. Other forms as needed to document competencies
6. Mid-term and End-of-semester evaluations
7. Course Instructor Evaluation forms
8. Clinical Staff Evaluation forms
9. Clinical Site Evaluation Forms
10. Terminal Evaluation of the Program
11. Graduate Surveys
12. Employer Surveys
Through continual assessment of student academic achievement and program effectiveness, the UPH-DM School of Radiologic Technology continues to provide a quality program educating students for today’s exciting healthcare responsibilities and opportunities.
ARRT Certification and Iowa Permit to Practice

To become a registered technologist, graduates must take the American Registry of Radiologic Technologists (ARRT) examination. Upon passing this examination, the initials “R.T. (R.)” signifying “registered technologist, radiographer,” are carried after the name. The ARRT may restrict eligibility for certification if a person has a felony conviction or has participated in other illegal or unethical activities. Students with questions may contact the ARRT for further information.

The American Registry of Radiologic Technologists®
1255 Northland Drive
St. Paul, Minnesota 55120-1155 USA
Phone (651) 687-0048
www.arrt.org

To be employed in Iowa, graduates must obtain a Permit to Practice from the Iowa Department of Public Health, Radiological Health Section, Lucas State Office Building, 5th Floor, Des Moines, Iowa 50319. Telephone: (515) 281-0415. Information on application and fees is provided during the last semester of the program.

Professional Societies

American Society of Radiologic Technologists (ASRT)
The mission of the American Society of Radiologic Technologists is to advance and elevate the medical imaging and radiation therapy profession and to enhance the quality and safety of patient care.

ASRT Publications

Members Only Newsmagazine
All members receive the ASRT Scanner, an informative monthly newsmagazine covering local and national issues, news and research in the radiologic sciences. The editors welcome your letters, articles and photographs.

Scholarly Journals

Radiologic Technology is the radiologic sciences’ oldest peer-reviewed scientific journal. Published bimonthly, the Journal covers all professional disciplines and specialties. Members also enjoy free, online access to the Journal via the ASRT Web site. The Journal includes peer-reviewed articles, essays, regular department columns, commentary and other editorial features. Also, you can earn Category A continuing education (CE)
credits by completing the Journal’s Directed Reading Quizzes. Members who select radiation therapy as their area of interest receive four issues of Radiologic Technology and two issues of Radiation Therapist with continuous membership professional

Enjoy Full ASRT Membership on a Student Budget – cost is $35/year*

Enhance your professional future by joining the association that will enrich your career. The ASRT is the largest organization in the world representing radiologic science professionals like you.

ASRT membership opens the door for networking opportunities to help you make that transition from obtaining your education to building your career. With a wealth of resources, the ASRT will support your journey as you grow professionally. Including the possibility of winning scholarships to help pay for your radiology education.

As a student enrolled in a radiologic science program, you will enjoy the privileges experienced by registered radiologic technologists. Simply ask your program director for a letter of enrollment verification on school letterhead, write in the date you anticipate graduating and include it with your membership application. The application is available online.

Students graduating within six months of applying for membership or who have an initial certification are ineligible for the student category. The $10 application fee is waived in the student category.

*Costs are subject to change – check ASRT website for current information www.asrt.org
Iowa Society of Radiologic Technologists (ISRT)

**PURPOSES**

The purposes of this Society shall be to advance the science of radiologic technology, to assist in establishing and maintaining high standard of education and training, to elevate the quality of patient care, and to improve the welfare and socioeconomics of radiologic technologists. These purposes shall not be restricted by any consideration of nationality, race, color, sex or creed.

**FUNCTIONS**

To provide meetings at which to transact Society business, to present scientific papers, to carry on educational activities, to discuss professional problems; to encourage similar programs among organizations affiliated with the Society. A scholarship is awarded to a 2nd Year Radiology Student in the Area 5 district each year.

An application for membership is available online – go to [www.isrt.org](http://www.isrt.org) to download the application and view membership costs.
**Area 5 of the ISRT – (The Areas of the ISRT will be dissolved as of December 31, 2017)**

There are 7 Area Societies that are affiliates of the ISRT. Each of them are dedicated to the same standards as their parent national and state organizations. They provide an opportunity to meet with other technologists, share ideas, and continue their education. A scholarship is awarded to a 2nd Year Radiology Student in the Area 5 district each year.

Students may join the Area 5 for $5.00/year – application information may be obtained from:

**Matthew Millard, M.S.T.D.,R.T.(R)(CT) – Area 5 President**

matthew.millard@unitypoint.org

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*Information in this Student Handbook was correct and accurate at the time of publication. Policies and procedures for UnityPoint Health-Des Moines, the School of Radiologic Technology, and the associated clinical sites may change. Every effort is made to provide current and accurate information. Enrolled students are informed in a timely manner of policy and procedure changes prior to their implementation.*