Policy Title	Competency Termination
Policy Number:	RAD 8.05
Department:	SCHS
Functional Area:	Academic Affairs
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2025
Version:	1
Status:	Approved
Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	RAD

I. Mission, Vision and Values

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

II. Policy

It is the policy of Bon Secours Southside College of Health Sciences (SCHS) to establish the process for competency termination.

III. Purpose

The purpose of this policy is to outline the competency termination procedure.

IV. Scope

This policy applies to all SCHS Radiologic Technology (RAD) students.

V. Policy Details

A Clinical Preceptor or registered Radiologic Technologist can terminate a competency at any point during the radiographic procedure. Based on one of the criteria below, students will either receive a failing grade or no grade.

I. Students will receive a **failing grade** of 79% based on the following criteria:

1. The patient is endangered, i.e., excessive repeats, unsound professional judgement
2. The student fails to shield the patient, as deemed necessary
3. Failure to ask about possible pregnancy (patient, caregiver, parent)

Anytime in which the competency is stopped prior to completion for one of the reasons listed above, students will receive a failing grade of 79% for the radiographic procedure. Students are required to receive counseling from the Program Clinical Coordinator and obtain and complete a remedial clinical training plan (see policy RAD 8.08).

II. Students shall receive **no grade** for the competency (no repercussion) and the competency will be repeated on a different patient, if any of the following issues arise:

1. The patient condition changes, and the complexity of the radiographic procedure(s) go beyond the level of student ability
2. An urgent department issue occurs
3. The patient is belligerent, or the student/ technologist is at risk of harm
4. The patient requests that a student not perform the radiographic procedure

Clinical Preceptors or Staff Technologists have the right to refuse performing competency if the patient condition or radiographic procedure complexity is beyond the students' ability.

VI. Definitions

None

VII. Attachments

N/A

VIII. Related Policies and Procedures

RAD 8.03 Clinical Competencies and Simulations
RAD 8.08 Student Supervision

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Southside College of Health Sciences (SCHS), a department owned and controlled by Bon Secours Mercy Health Petersburg, LLC (d/b/a Southside Medical Center), and any party. SCHS, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	5/20/2022	N/A	New Template & Revisions	N/A	Program Coordinator
2.0	7/17/2023	N/A	New Template, New Numbering, & Revisions	1.0	Program Coordinator
2.1	1/16/2025	N/A	New Template	2.0	CDDAA
2.2	3/21/2025	3/21/2028	Revisions	2.1	CDDAA
1	3/21/2025	3/21/2028	Version Changed – BSMH Template Adopted	2.1	CDDAA

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.