

**Policy Name:** Advanced Imaging Modalities - SOMI  
**Policy Number:** RAD 8.09  
**Title of Policy Owner:** Campus Director & Dean of Academic Affairs - SOMI  
**Policy Type:**  RHEI/Shared Services  BSMCON  SCHS  SOMI  
**Approved by:** RHEI Leadership Team  
**Effective Date:** 8/1/2024  
**Version:** 2.1  
**Policy Status:** Approved

**I. Policy:**

It is the policy of Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI) to provide students an opportunity to explore advanced imaging modalities.

**II. Purpose:**

The purpose of this policy is to outline the process for students enrolled in SOMI to rotate through advanced imaging modalities.

**III. Scope:**

This policy applies to all SOMI students.

**IV. Policy Details:**

Students enrolled in the Radiologic Technology program are provided an opportunity for limited rotations through advanced imaging modalities during the 4<sup>th</sup> and 5<sup>th</sup> semesters of the program. All students will participate in a four-hour rotation through both Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Students are required to complete an MRI screening procedure prior to an MRI rotation, as outlined below.

In addition to CT and MRI, students are required to spend four hours in **three** of the following areas of their choosing (dependent on clinical site availability):

- Interventional Radiography (IR)
- Cardiac Cath
- Ultrasound/Sonography
- Nuclear Medicine
- Radiation Therapy
- Mammography

Once the student has completed the initial four-hour rotations in CT, MRI, and the three areas of their choosing (listed above), they will have the opportunity for an additional rotation through one of those areas for a maximum of two weeks (6 clinical

days) during the fifth semester. Students are able to explore the advanced imaging area of interest provided they have completed all required mandatory and elective radiologic competency procedures set forth by the ARRT and completed all required clinical assignments by the end of the 4<sup>th</sup> semester. Students are also required to meet with the Program Coordinator Clinical Education Experience to confirm all requirements were met.

### **MRI Screening Procedure**

Prior to an MRI rotation, students are required to complete the MRI screening procedure and obtain clearance.

1. Students are required to complete an MRI History and Screening Sheet twice while enrolled in the Radiologic Technology program. Once during Program Orientation and again in the 3<sup>rd</sup> semester during PRO 2103 class. Students are responsible for informing the Program Coordinator of Clinical Education Experience of any changes in their medical history.
2. A Registered MRI Technologist reviews the students MRI History and Screening Sheets for contraindications and/or clearance.
3. If a student indicates “yes” on any of the questions on the MRI History and Screening Sheet, a school representative will take necessary actions to complete the screening procedure. It may be necessary to consult a Radiologist to determine clearance.
4. If a Radiologist determines orbit radiographs are needed, students will complete the Clearance Release Form.
5. The Radiologist will then provide final clearance.

#### **V. Definitions:**

None

#### **VI. Attachments:**

MRI History and Screening Sheet  
Clearance Release Form

#### **VII. Related Policies:**

None

#### **VIII. Disclaimers:**

Nothing in this policy creates a contractual relationship between Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI) and any party. SOMI, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

**IX. Version Control:**

Version	Date	Description	Prepared by
1.0	5/20/2022	Initial Policy	Program Coordinator Clinical Education Experience
2.0	2/22/2023	New Template & Revisions	Program Coordinator Clinical Education Experience
2.1	8/21/2024	Updated Form Language	Campus Director & Dean of Academic Affairs



Clearance Release Form

**All students must complete the MRI History and Screening Sheet in preparation for a clinical rotation in MRI.**

Students who indicate on page one of the MRI History and Screening sheet, a possibility of metal in their eye(s), will need to have radiographic images of the orbits performed to be eligible to participate in clinic.

Those students must complete the following steps of the clearance process:

1. Meet with the Program Coordinator Clinical Education Experience, to obtain instructions.
2. Register as a patient with Patient Registration at Bon Secours St. Mary's Hospital -Outpatient department for 2V radiographs of the orbits.
3. Dr. Somerville is the ordering physician.
4. Dr. Somerville will read images and dictate a report (fees to be waived).
5. Student is cleared or not cleared for MRI clinical rotation based on radiographic findings.

By signing below, I agree to follow procedure outlined above and I also agree for the School to obtain the results of cleared or not cleared.

Student Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**MRI HISTORY AND SCREENING SHEET**

The following items can interfere with the images, and some may be hazardous to your safety. Please indicate if you've had any of the following:

<b>MRI SAFETY SCREENING STUDENT CHECKLIST</b>	<b>YES</b>	<b>NO</b>
Brain surgery (of any kind)		
Intracranial Pressure bolt		
Aneurysm surgery		
Have you ever, in your lifetime, worked around metal or performed metal grinding or welding (including auto body work)?		
Any eye injuries involving metal		
Ear or eye surgery		
Body piercing		
Hearing aids		
Any removable dental work		
Permanent eyeliner or tattoos		
Seizures or epilepsy		
Spinal or ventricular shunt		
Neurostimulators (TENS unit), Spinal cord stimulator		
Vascular access port		
Greenfield filter, inferior vena cava filter		
Intravascular coil, filter, stent		
Implanted cardiac defibrillator		
Internal electrodes including pacing/ stimulator wires		
Cardiac pacemaker		
Heart valve replacement		
Heart bypass surgery		
Renal (kidney) or liver disease		
Breast implant/ tissue expander		
IUD, diaphragm or pessary		
Radiation seeds (e.g. cancer pt)		
Penile prosthesis or other type of prosthesis		
History of being wounded by shrapnel, bullets, etc		
Ingested camera pill for endoscopy or endoscopic clips		
Surgical staples, clips and metallic sutures		
Metal plates, pins, screws, wires or mesh implants		
Joint replacement		
Any type of electronic, mechanical, or magnetic implant		
Any type of implant held in place by a magnet		
Have you ever taken the medication Faraheme (Ferumoxytol)		
Medication patch		
Implanted medication pump		
Insulin/ infusion pump		
Antimicrobial wound or burn dressing		
Blood disorders including diabetes or anemia		
Prior history of chemotherapy, radiation therapy, or cancer		
Respiratory problems		
Hypertension (high blood pressure)		

I, \_\_\_\_\_, (printed name) attest that all information is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date/time: \_\_\_\_\_

**Reviewed by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_