

Policy Title	Advanced Imaging Modalities
Policy Number:	RAD 8.09
Department:	SOMI
Functional Area:	Academic Affairs
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2025
Version:	1
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Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	RAD 8

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 St. Mary's Hospital School of Medical Imaging (SOMI) to provide students an opportunity to explore advanced imaging modalities.

III. Purpose

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

IV. Scope

This policy applies to all SOMI students.

V. Policy Details

Students enrolled in the Radiologic Technology program are provided an opportunity for limited rotations through advanced imaging modalities during the 4th and 5th 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 4th 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 3rd 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.

VI. Definitions

None

VII. Attachments

MRI History and Screening Sheet
Clearance Release Form

VIII. Related Policies and Procedures

None

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI), a department owned and controlled by Bon Secours St. Mary's Hospital of Richmond, LLC, 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.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	5/20/2022	N/A	Initial Policy	N/A	Program Coordinator Clinical Education Experience
2.0	2/22/2023	N/A	New Template & Revisions	1.0	Program Coordinator Clinical Education Experience
2.1	8/21/2024	N/A	Updated Form Language	2.0	Campus Director & Dean of Academic Affairs
2.1	2/19/2025	2/19/2028	Reviewed No Changes	2.1	CDDAA

1	2/19/2025	2/19/2028	Version changed – BSMH Template Adopted	2.1	CDDAA
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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.



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:

MRI SAFETY SCREENING STUDENT CHECKLIST	YES	NO
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: _____