



**School of Health
Professions
Diagnostic Imaging
Program
MRI Emphasis**

CLINICAL POLICIES

2023-2024

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Diagnostic Imaging Program MRI Emphasis - Clinical Policies

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.00
Clinical Education Center Rules and Regulations

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.01
Clinical Supervision

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.02
Clinical Attendance

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.03
Clinical Rotation Assignments

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.04
Clinical Competency Grading and Remediation

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.05
MRI Safety

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.06
Pregnant Students

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.07
Clinical Dress and Personal Appearance

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.08
Emergency Medical Care

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.09
Patient Related Incidents

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.10
Student Employment While Attending Clinical Education

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.11
Demonstrating Clinical Competency

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.12
Electronic Devices

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.13
Internet Usage

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.14
Clinical Merits

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.15
Clinical Demerits

DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS POLICY # DI 5.16
Clinical Probation

Clinical Education Center Rules and Regulations

PURPOSE

Due to the multiple Clinical Education Centers affiliated with the DI program MRI emphasis it is possible for conflicts to arise between the policies & procedures of the MRI emphasis and its clinical affiliates. This policy and procedure serves to provide clarification in these situations.

POLICY STATEMENT

The policies and procedures of the Clinical Education Center always supersede the DI program MRI emphasis policies and procedures should such a conflict arise between them. **STUDENTS ARE SUBJECT TO ALL OF THE POLICIES AND PROCEDURES OF THE CLINICAL EDUCATION CENTER.**

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

Students will adhere to all policies and procedures of the Clinical Education Center that they are attending.

Clinical Supervision

PURPOSE

To ensure patient safety and the best possible care of our patients, clinical supervision is required for all diagnostic imaging students.

POLICY STATEMENT

Students are required to work under **DIRECT SUPERVISION** until they have successfully demonstrated competency. After demonstrating competency of a specific examination, the student may perform the examination under **INDIRECT SUPERVISION**.

Please note that a repeat of ANY unsatisfactory images requires that a certified technologist DIRECTLY SUPERVISE the student.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

1.0 The Diagnostic Imaging Program MRI Emphasis follows the JRCERT definitions for supervision. All clinical supervisors and clinical instructors and preceptors are aware of this policy and agree to assure compliance.

2.0 JRCERT Definitions

- 1.1 **Direct Supervision:** Student supervision by a qualified practitioner, certified in Magnetic Resonance by the ARRT, 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 procedure, and reviews and approves the procedure.
- 1.2 **Repeat Exams:** A qualified radiologic technologist, certified in Magnetic Resonance by the ARRT, must be present during student performance of a repeat of any unsatisfactory radiograph. Direct supervision is mandatory.
- 1.3 **Indirect Supervision:** Student supervision provided by a qualified practitioner, certified in Magnetic Resonance by the ARRT, immediately available to assist students in relation to the student's achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where the radiographic procedure is being performed. This availability applies to all areas where ionizing radiation is in use.
- 1.4 **Qualified Practitioner:** A magnetic resonance technologist possessing ARRT certification or equivalent, and active registration in the pertinent discipline and practicing in the profession.

3.0 Failure to comply with the supervision or repeat policy is a violation of supervision requirements. The first offense will result in a written advisement, second offense placed on clinical probation, and additional incidents will result in dismissal from the program of study.

Clinical Attendance

PURPOSE

To ensure that adequate time is being spent in clinic to complete assignments and competencies, students are required to attend clinical as assigned.

POLICY STATEMENT

The University of Texas MD Anderson Cancer Center School of Health Professions Diagnostic Imaging Program MRI Emphasis is competency based.

1. The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within MD Anderson, its satellites, and other clinical education sites.
2. Clinical rotation schedules will reflect equal and equitable experience for all students enrolled in the program. Faculty may change schedules for operational/educational purposes ONLY.
3. The clinical and didactic schedule for the MRI emphasis will not exceed 40 hours per week during the academic semester.
4. Students are required to adhere to the clinical schedule posted in Trajecsyst. Students are required to be at their assigned clinical area ready to participate in the clinical activities at their assigned arrival time.
5. Students in the MRI emphasis will not be assigned by the program to more than 10 hours of clinical education in a 24-hour period.
6. Evening, night, and weekend clinical assignments may be required to ensure that all students complete the necessary competency requirements.
7. Students are required to take a 30-minute meal break during their assigned clinical shift. Students are REQUIRED to clock in and out for meal breaks in the clinical area at all clinical sites.
8. Please refer to the Attendance Report form (see Appendix G) regarding missed clinical time.
9. Students are required to attend scheduled tours and meetings, as notified by clinical faculty and staff.

DEFINITIONS

Absence: Time off from a scheduled clinical shift. Please refer to the clinical syllabus regarding excused/unexcused absences.

Early Departure: Leaving clinical prior to the scheduled departure time of a clinical shift or school function. Penalties incurred for early departure from clinic will be assessed in the same manner as tardy arrivals.

Leave Without Permission (LWP): Leaving clinical assignment without permission from program officials, including Clinical Preceptors, Clinical Supervisors, and Clinical Faculty and/or the Associate Program Director. LWP is a Severe Attendance Infraction. One LWP occurrence will immediately result in clinical probation and demerits will be assessed. (See DI 5.15 Clinical Demerits)

Make-up time: Clinical time assigned by the Clinical Faculty and/or Associate Program Director to account for time missed due to excused or unexcused absences from clinical assignment in excess of the allotted Personal Time Off (PTO).

Missed time punch: Failure to clock in or out of the clinical setting upon arrival or departure, including meal breaks. Demerits will be assessed for the third occurrence and beyond per semester. (See DI 5.15 Clinical Demerits)

No call/No Show (NC/NS): Failure to follow the notification procedure and report to an assigned clinical shift. NC/NS is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and demerits will be assessed. (See DI 5.15 Clinical Demerits)

Pattern: A series of incidents (tardiness, early departure, unexcused absences, NC/NS, and/or LWP) documented over a period of weeks or months. Examples:

- Frequent absences adjacent to institutional holidays.
- A pattern of frequently reporting tardy or absent to a clinical assignment.

Personal Time Off (PTO): excused absence allowance of two (2) clinical shifts per semester.

Tardy: When a student reports to his/her clinical rotation after the scheduled start time, or returns late from a scheduled break or school function. Demerits will be given for the third occurrence and beyond per semester. (See DI 5.15 Clinical Demerits)

SCOPE

All Diagnostic Imaging Program MRI Emphasis students.

PROCEDURE

- 1.0** Students will clock in and out as they enter and leave the clinical setting using approved systems.
- 2.0** In the event of an absence or tardy, the student will notify a Clinical Preceptor or Clinical Supervisor directly, by phone or email as outlined in the course syllabus prior to the beginning of his or her shift. Leaving a message is not acceptable.
- 3.0** In the event of an absence, the student will notify the Clinical Faculty, the Education Coordinator and Associate Program Director, via e-mail **prior to the beginning of the assigned shift**.
- 4.0** In the event of a tardy arrival, the student will notify a Clinical Preceptor or Supervisor by phone prior to the beginning of the shift, as well as the Clinical Faculty via e-mail **upon arrival**.
- 5.0** If clinical shifts are missed in excess of the two (2) PTO shift allowance, they must be made up as assigned by program faculty whether the absence is excused or unexcused.

Clinical Rotation Assignments

PURPOSE

To assure each student receives an equitable and valid educational experience. Clinical rotations allow equitable opportunity for each student to complete clinical competencies and the requirements for their clinical education.

POLICY STATEMENT

All students are responsible for completing all requirements and competencies as outlined in the clinical syllabi. Clinical rotations will be arranged by the Clinical Faculty and must be strictly adhered to. Students will receive a rotation schedule outlining each phase of clinical education at the beginning of each semester. It is the student's responsibility to know and report to the clinical area to which he or she is assigned. Students must have a reliable form of transportation that will enable them to travel to all of the clinical affiliates. The costs of travel, lodging, parking, meals and other expenses are the student's responsibility. The program does not provide transportation to clinical affiliates.

SCOPE

The entire body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

Students will report on time to their assigned clinical area/site. Students who report to the incorrect clinical site will be considered absent/tardy.

- 1.0** The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within The University of Texas MD Anderson Cancer Center, its satellites, and other clinical education sites.
- 2.0** Clinical rotation schedules will reflect an equitable experience for all students enrolled in the program. Faculty may change schedules for operational purposes **ONLY**.
- 3.0** The clinical and didactic schedule will not exceed 40 hours per week during the academic semester.
- 4.0** Students are required to adhere to the clinical schedule that will be posted in Trajecsys. At the arrival shift time, students are expected to be at their assigned clinical area ready to participate in the clinical activities.

Clinical Competency Grading and Remediation

PURPOSE

To have all on-line and/or written competency forms completed by an appropriate clinical evaluator to document clinical competency.

POLICY STATEMENT

Demonstrating competency is the primary objective of the clinical experience. The process should be followed closely to ensure the student's success. A clinical competency score of less than 80% is considered failure and must be repeated.

Students must declare that they will challenge an examination for competency prior to beginning the procedure. Once the student declares they wish to challenge the competency, he or she is required to complete it. Declaration of the competency attempt can only be revoked by the Clinical Faculty.

All clinical competencies required by the ARRT must be completed successfully to complete the Diagnostic Imaging Program. (See Appendix J)

SCOPE

The entire body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0** In the event the student fails a competency the student will perform the exam again prior to challenging for competency.
- 2.0** In the event, of a second failed competency, the student will be required to perform remediation activities provided by clinical faculty prior to challenging for third attempt, and will be placed on clinical probation.
- 3.0** Failing a competency on a third attempt will result in the student's recommendation for dismissal.

MRI Safety

PURPOSE

This policy and procedure serves to define safe MR practices for MR students and student observers.

POLICY STATEMENT

This policy and procedure is based on the *ACR Manual on MRI Safety*.

There are no known biological risks associated with magnetic field or radiofrequency exposure to students that work in close proximity to MRI systems. The static magnetic field of the MRI machine is always on requiring that Zones III and IV be secured at all times. Ferromagnetic objects carried into Zone IV can become projectiles that may cause serious injury, death, or equipment failure.

MRI machines generate strong magnetic fields and radiofrequencies in the areas within and surrounding the MRI scanner, therefore all individuals must be screened to ensure safety prior to entering Zones III or IV of the MR environment. MR students will be educated to maintain safety in the MR environment prior to beginning clinical rotation assignment.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

DEFINITIONS

Level 1 MR Personnel – Those who have passed a minimal MR safety education program within the past 12 months. This includes student observers enrolled in the Diagnostic Imaging Program, as well as students enrolled in the MRI emphasis of the Diagnostic Imaging Program. These individuals may work unaccompanied in any zone, including Zones III and IV, but may not directly admit or be responsible for non-MR Personnel in Zone IV.

Level 2 MR Personnel – Those who have been more extensively trained and educated in MR safety within the past 12 months. This includes, but is not limited to, MR Clinical Preceptors and Qualified Staff MR Technologists. These personnel are responsible for ensuring safety of all non-MR Personnel who enter Zone IV.

Non-MR Personnel – any individual who has not had MR specific safety training within the past 12 months. This includes, but is not limited to, patients and visitors. Level 2 MR Personnel are responsible for the safety of all non-MR Personnel in the MR environment.

PROCEDURE

- 1.0 MRI students and student observers will complete the UT MD Anderson Level 1 MR Personnel safety training module in the online Education Center, which includes a MR safety screening, prior to beginning their clinical rotation assignment.

- 1.1 Students who have been certified Level 1 MR Personnel may personally enter Zones III and IV unaccompanied.
 - 1.2 Additionally, they may escort patients and visitors into Zone III; however, MR Students and student observers may not grant any individual access to Zone IV.
 - 1.3 MRI students and student observers will not bring ferromagnetic objects or objects otherwise designated as MR Unsafe into Zone IV. Any incident in which a student brings a MR Unsafe object into Zone IV will result in immediate placement on Clinical Probation and demerits will be assessed.
- 2.0** Only Level 2 MR Personnel from the clinical site may grant an individual access to Zone IV.
- 3.0** Students must comply with each clinical site's policies and procedures on MRI safety.

Pregnant Students

PURPOSE

To inform the enrolled female student of the program pregnancy policy, and assure the student the policy is consistent with applicable federal regulations and state laws and does not discriminate.

POLICY STATEMENT

The MRI student must ensure she follows currently accepted safety practices for health care providers in the MRI environment. The *ACR Manual on MR Safety* states that health care providers may continue to work in the MR environment throughout all stages of pregnancy; however, pregnant health care providers should not remain within the MR system room during image acquisition.

SCOPE

Entire Diagnostic Imaging Program MRI emphasis student body.

PROCEDURE

Upon admittance into the program, female students must read and sign an Acknowledgment of the Pregnancy Policy. Included in the MRI emphasis clinical policy manual is also a copy of the Voluntary Declaration of Pregnancy Form. In the event the female student becomes pregnant and chooses to voluntarily inform the program of her pregnancy status the following steps must occur.

- 1.0 Submit in writing, a declaration of pregnancy with the expected due date, to the Program Director (PD) and Associate Program Director (APD). Additionally, complete the declaration of pregnancy form in the clinic handbook.
- 1.1 The student will meet with the PD and APD who will advise the student about the possible health risks involved as a result of occupational exposure during pregnancy.
 - A. The student will discuss the **options of continuance in the program**.
 - B. It is recommended the student inform her health provider the nature of her clinical experiences before this discussion.
 - C. The student must have a clear understanding of MRI safety before making the decision to continue.
- 1.2 If the student chooses to **continue without modifications**, all appropriate MRI clinical department personnel will be notified of expectant status of the student in order to ensure proper clinical education experiences while maintaining standards of MRI safety.
- 1.3 If the student chooses to continue with modifications, the APD will make revisions to the current rotation schedule. The student must complete the minimum competency requirements and make up all clinical time missed during the gestation period.

- The student will be given a grade of **I (Incomplete)** until all competencies and clinical time are made-up.
 - **The student will be not able to sit for the ARRT Radiography exam until all didactic and clinical competency requirements are met.**
- 1.4 **If the student requests modifications that the program cannot accommodate, the student may take a leave of absence. The student must withdraw and reapply the following year.**
- 1.5 The student has the **option for written withdrawal of declaration** of pregnancy at any time. Once pregnancy has ended, the student must inform program officials in **writing to withdraw declaration of pregnancy**. A doctor's note is required to return to the clinical rotation.
- 1.6 All forms related to the student's voluntary declaration of pregnancy are kept in the secured student files.

Clinical Dress and Personal Appearance

PURPOSE

Students are to abide by the program requirements related to personal appearance, in order to present a positive, well groomed, and professional appearance; to be easily identified by patients and co-workers; and to maintain safety related to attire for themselves and their patients.

POLICY STATEMENT

The Program expects each student to present a professional, businesslike image to our patients and to the public while in the workplace. All students are expected to meet the requirements for safety in the conditions they work under and to apply common sense and good taste regarding personal appearance. Students are also expected to follow entity guidelines regarding uniforms and other specifics of personal appearance and grooming.

General Appearance

1. Clinical burgundy colored scrubs with the UT MD Anderson SHP logo must be clean, properly fitted, and appropriate to the work situation.
2. Only black or white long sleeve tops can be worn underneath scrub top.
3. Tattoos should not be visible in the clinical setting.
4. Wearing of tight-fitting, suggestive or see-through attire is prohibited.
5. Students may wear the designated warm-up jacket with UT MD Anderson SHP logo for warmth.

Footwear

1. Clean, comfortable and closed-toe shoes that are ALL white or ALL black are required. Shoelaces should match accordingly.
2. Hosiery or socks must be worn by students who provide patient care.

Grooming

1. Good personal hygiene is an essential element of appearance. Students are expected to be clean and to practice good hygiene habits.
2. Nails must be clean, well-groomed, and of a length appropriate to the work situation.
3. Artificial nails and nail jewelry is prohibited based upon health and safety guidelines related to patient contact (infection control).
4. No chipped nail polishes permitted.

Hair

1. Hair must be clean, combed, neatly trimmed or arranged.
2. Hair must be pulled back in a manner that does not hang/dangle/fall on a patient while performing an exam.
3. Any hair accessories worn into Zones III and IV of the MR environment must not be ferromagnetic.
4. Hair styles and color must appear professional and in good taste.
5. When required, students shall adhere to departmental guidelines regarding hair covering. Sideburns, mustaches, and beards must be neatly trimmed. Students whose work requires protective or other equipment on the face may be required to remove facial hair, depending upon the type of work and equipment.

Accessories

1. Jewelry may be worn in moderation.
2. Any jewelry worn into Zones III and IV of the MR environment must not be ferromagnetic.
3. One set of small stud earrings worn in earlobes only, a digital wristwatch, and one ring on either hand. All other jewelry is considered excessive for the clinical setting and therefore prohibited (i.e. large dangling/hoop earrings, any ear jewelry besides small studs).
4. Jewelry on other parts of the face is prohibited.

Cosmetics

1. Cosmetics must be used in good taste and moderation.
2. Heavy makeup and eye shadow is not acceptable.

Fragrances

1. Strong smelling colognes and perfumes are prohibited.
2. Colognes, perfumes, and any other scents should be used sparingly, if at all. Please note that colognes, perfumes, and other scents may be especially offensive to very sick patients.
3. **An effective antiperspirant/deodorant is a MUST.**

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

Appropriate Clinical Attire

- 1.0** DI Program MRI emphasis students must wear the appropriate program uniform, which is burgundy colored scrubs with the UT MD Anderson SHP Logo. A long-sleeved all black or all white t-shirt and/or the designated warm-up jacket with the UT MD Anderson SHP logo may be worn for warmth.
- 2.0** Clean, comfortable and closed-toe shoes that are all white or all black are required. Shoelaces should match accordingly.

- 3.0** Students must bring a laser pointer, a notepad, and their textbook when reporting to their clinical site. Laser pointers must not be brought into Zone IV, and notebooks and textbooks must not contain ferromagnetic or otherwise MR Unsafe materials.
- 4.0** Students are to abide by the policy statement above pertaining to professional appearance and dress. Students in violation of the dress and personal appearance policy will receive demerits, which may impact their clinical grade

Emergency Medical Care

PURPOSE

In the case of a medical emergency, students may go to The University of Texas MD Anderson Cancer Center emergency center or the emergency center of the clinical affiliate for care. The student is responsible for any expenses incurred.

POLICY STATEMENT

MD Anderson and its affiliates will provide emergency medical care for enrolled students during program hours at the student's expense. Students are required to carry their own health insurance coverage to defray the cost of any medical service rendered. The University of Texas System offers medical insurance policies to eligible students. **The program/institution and/or its affiliates are not responsible for any costs incurred by the student.**

SCOPE

The entire student body of the Diagnostic Imaging Program.

PROCEDURE

- 1.0 In the event of an emergency, students may take themselves to the emergency center to be cared for. The Student badge must be presented upon check in.
- 2.0 Students are encouraged, when prudent, to use the UT Health Services, 7000 Fannin St. Ste. 1620, Houston, TX 77030. 713-500-3267.

Patient Related Incidents

PURPOSE

For the protection of our patients and our staff, any unprofessional performance is not tolerated in the clinic.

POLICY STATEMENT

Any incident, that would warrant an incident report for staff would be, considered an incident for students with the following inclusion. Failing to report an incident warranting a report constitutes a major infraction.

1. Remarks deemed unprofessional by Clinical Preceptors.
2. Any complaint lodged by a patient concerning student's conduct in the presence of patients.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0 Students will stay in the assigned area until the clinical preceptor completes an incident report. The Clinical Staff and Program Faculty will be made aware of the incident.
- 2.0 The student will give an oral report to the Clinical Supervisor and Program Clinical Faculty, and if necessary to the Attending Physician as well.
- 3.0 The Program Director will decide, based on the incident report and the student's oral report, whether or not there was an infraction of rules and if any disciplinary action is to be taken.
- 4.0 If a patient related-incident occurs as a result of infraction of program rules, the student will be placed on probation.
 - 1.1 Another patient related incident during the student's tenure in the program will be grounds for dismissal.
 - 1.2 Serious incidents may warrant immediate dismissal as determined by the Program Director and Dean.

Student Employment While Attending clinical Education

PURPOSE

While it is not recommended, the program recognizes the need for some students to work while attending school. Due to the nature of the limited working business hours of the clinical sites, the faculty and staff will not make accommodations.

POLICY STATEMENT

If you are employed, or gain employment during your academic preparation you **must** maintain separate schedules of hours for work and clinical education. Your employment must be arranged outside of the clinical schedule. **Employment MUST not interfere with regular academic and clinical responsibilities of the program.** Outside activities and employment will not be considered valid excuses for poor clinical performance or lack of attendance within the program. The employment must be non-compulsory, paid and subject to all employee regulations.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0** Students have the opportunity to gain employment at The University of Texas MD Anderson Cancer Center and its affiliates while enrolled in school, however, they must maintain separate schedules from work and clinical assignments. It is the students' responsibility to maintain and balance their schedules.
- 2.0** Any exam that is performed while working as a paid employee at MD Anderson or one of its affiliates will not be considered for clinical competency.

Demonstrating Clinical Competency

PURPOSE

To ensure students are ready to enter the workplace as an entry-level MRI technologists, they must prove competence in the clinical setting.

POLICY STATEMENT

The Program Faculty and Clinical Staff will evaluate the student clinical competencies and assignments. Group or committee review may be used when deemed appropriate by the Clinical Faculty, Associate Program Director or Program Director.

Specific requirements for each rotation will vary according to the department in which the student is assigned. Students will be assigned to work with an ARRT MR Certified Registered Technologist or other professional depending (e.g. nurses for venipuncture) on the area rotation.

During clinical education, the student is expected to participate in all aspects of patient care (e.g. clean and stock room and all duties as assigned). The included Clinical Competencies (see appendices) have been established to assist the student in obtaining competency in Clinical Practice.

The student is expected to continue strengthening his or her skills and technical understanding of the imaging equipment, further developing manual skills in patient contact, positioning and machine manipulation, teamwork and attention to clinical data. The student will also be expected to continue to learn professional skills and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0 Students will be active in clinical education and obtain a variety of experiences.
 - 1.1 The student will prove competency through clinical evaluations of their skills as well as documented clinical competencies on specific imaging procedures as outlined by the ARRT and the program's requirements.
 - 1.2 The following process has been established to assure successful completion of the required clinical competencies.
 - A. Observe and assist in the care of patients and performance of diagnostic imaging procedures.
 - B. Document all attempts at demonstrating clinical competency.
 - C. Complete clinical competencies.

- D. Review the competency by evaluating images with the Clinical Preceptor or qualified Technologist. This process should be completed within five (5) days of performing the exam.
 - E. Ensure all required signatures are on the competency forms. The program will not grant competency if the required signatures are not present.
- 1.3 **Always remember that the patient's safety and comfort is your primary goal as well as obtaining the highest possible standards in Diagnostic Imaging.**
- A. **Do not attempt any imaging procedures you do not feel comfortable performing.**
 - B. **You must always work under the direct or indirect supervision of an ARRT MR Registered Technologist.**

2.0 Continued Competency

- 1.1 All students are required to first demonstrate competency in performing a procedure and then demonstrate continued competency on the procedure.
- 1.2 To demonstrate continued competency, starting Semester 2, the student may be challenged on any competency previously completed.
- 1.3 If you are unable to satisfactorily complete and pass the competency, it will be **REVOKED**.
- 1.4 When a competency is revoked, the student must prove competency on the procedure again with direct supervision.
- 1.5 **Any student who has more than one competency REVOKED in any one semester will be placed on clinical probation.**

3.0 Final Competencies

- 1.1 All radiography students must complete final competency requirements to be eligible to complete the radiography curricula and take the ARRT certification exam. The student will be provided the required final competency list at the completion of the programmatic competency requirement.

Electronic Devices

PURPOSE

For the safety and consideration of all patients and other students, pagers, mobile phones, laptop computers, and other electronic devices are not permitted in the clinical setting.

POLICY STATEMENT

All electronic devices including mobile phones are **PROHIBITED** in the clinical setting. Mobile phone usage is considered hazardous in many areas of the clinical/hospital setting. Additionally, the use of mobile phones and accessories may violate HIPAA regulations.

Students may keep mobile phones in backpacks or lockers. The phones may be used **ONLY** during breaks.

Students who need to be available by phone for their children or family members may provide the telephone number of the program office, during normal business hours at [713-792-3455, option 3](tel:713-792-3455). The Administrative Assistant will take a message and notify the program faculty. The program faculty will contact the student in the clinical area/site. Family may contact the Clinical Faculty on evening and weekend rotations for emergency situations.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI emphasis.

PROCEDURE

Students who carry a mobile phone or other electronic devices on their person in the clinical setting will be in violation of this policy, and will subject to demerits.



Making Cancer History®

Internet Usage

PURPOSE

The purpose of this policy is to provide rules and guidelines regarding the appropriate use of the institution's and clinical affiliate's equipment, network, and Internet access.

POLICY STATEMENT

Student use of school and clinical sites computers, networks, and Internet services is a privilege, not a right. Students are not to use computers at clinical sites for personal use, including but not limited to "surfing" the Internet for non-clinical information, checking personal emails, or instant messaging. Students shall only use the Internet and computers of the clinical sites for clinic or school related activities. The use of the clinical sites computers and Internet services must be preapproved by the clinical supervisor.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI emphasis.

PROCEDURE

Students who violate the policy and/or rules by misusing the clinical sites computers or Internet, including checking email, or using them for non-business or non-school related purposes may have their computer privileges revoked and may also be subject to further disciplinary action.



Making Cancer History®

Clinical Merits

PURPOSE

To provide numerical documentation of clinical performance that exceeds the stated expectations and requirements.

POLICY STATEMENT

Merits will be issued for:

| ACCOMPLISHMENT | NO. OF MERITS |
|---|---------------|
| Written thanks or praise from patients | 1 |
| Five written comments from clinical staff regarding performance | 1 |
| Participation in program activities, e.g information sessions, student interviews | 1 |

One merit equals one hour of compensating time off from clinical assignment. Merits can only be used during the final week of the clinical semester and all course requirements must be met prior to approval.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI emphasis.

PROCEDURE

- 1.0 Merits are assigned by Program Faculty and are used in exchange for compensating time off from clinical assignment.
- 2.0 One merit equals one hour of compensating time.
- 3.0 Merits **cannot** be carried from one semester to the next.
- 4.0 Merits DO NOT off-set demerits or makeup time.
- 5.0 Any student placed on probation/disciplinary action forfeits merits earned.

Clinical Demerits

PURPOSE

To provide numerical documentation of unsatisfactory clinical performance in which will affect the student's clinical grade.

POLICY STATEMENT

Demerit(s) will be issued for:

| INFRACTIONS | NO. OF DEMERITS |
|---|------------------------------|
| Not following the notification procedure when tardy to or absent from clinic | 2 |
| Not submitting the required number of clinical evaluations | 1 |
| Clocking in or out on unapproved electronic devices (i.e. mobile phones, tablet, laptop, etc.) | 2 |
| Leaving clinic or assigned clinical area without permission (LWP) | 5 |
| Failure to complete the required number or competencies | 2 (for each missing comp) |
| Failure to turn in assignments by the due date. (e.g. clinical site evaluation, evaluation of clinical preceptor by student, logsheets) | 10 |
| Failure to comply with the dress and personal appearance policy | 2 |
| Failure to follow the electronic devices policy | 5 |
| Failure to follow the Internet usage policy | 5 |
| Tardy arrival to clinic or class, after two (2) excused | 2 |
| Failure to follow professional standards of ethics | 2 |
| Mislabeled images | 2 |
| Patient abandonment (e.g. leaving a patient to go to lunch without approval from the supervising technologist) | 2 |
| Inconsistent performance in the clinical setting | 2 |
| All missed punches after two (2) excused (e.g. forgot to punch in/out to clinical shift, forgot to punch in/out for meal break) | 2 |
| Passing a bad image without Clinical Preceptor's approval | 2 |
| Not entering the appropriate data in the computer system | 2 |
| Failure to attend or participate in scheduled tours and/or meetings | 5 |
| Sleeping or the appearance of being asleep in the clinic | 5 |
| Not following professional code of conduct | 2 |

NOTE: This is only a partial list; the above list and other infractions may result in the issuance of demerits at the discretion of program faculty.

One demerit equals one point deduction from the final internship course grade. Students are expected to maintain a consistent professional attitude and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0** Demerits are assigned by Program Faculty.
- 2.0** The number of demerits given will depend upon the severity and frequency of the infraction.
- 3.0** One demerit equals one point deducted from the final internship course grade.

Clinical Probation

PURPOSE

To notify students who demonstrate a consistent lack of performance in the clinical requirements of the program and/or are performing below average (below grade “C”) that they are failing to progress clinically in their internship course. Continued performance without progress will result in clinical suspension and/or dismissal from the program.

POLICY STATEMENT

When a student demonstrates a consistent lack of performance in the clinical requirements of the program and is performing below average (below grade “C”) the student is placed on clinical probation. A student can also be placed on clinical probation for severe infraction of program policy or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

If a student is placed on clinical probation, he or she will write an action plan, with a designated time frame, for him or her to demonstrate that their weakness in clinical performance has been overcome. At the time of assigning the probationary status, the student will be advised of the problem and be offered suggestions and methods to improve his or her clinical performance by the Clinical Faculty. If the student does not demonstrate improvement the program will recommend dismissal to the SHP Academic Standards Committee.

Probation will result in a one-letter grade drop in final internship course grade applicable in the current semester. Should demerits also be incurred during the semester in which the student is placed on probation the course grade will be determined as follows, demerits will be applied to the student’s internship course grade and then the letter grade drop will be applied. (e.g. If a student scores 90 by completing the course requirements, and has incurred 10 demerits and been placed on clinical probation $90-10 = 80$ (B). After applying the letter grade drop, the grade issued is “C”.) Students whose final course grade is below average (below grade “C”) will be recommended for dismissal via the SHP Academic Standards Committee for failure to meet or abide by the published program policies and requirements. The student will be allowed due process.

SCOPE

The entire student body of the Diagnostic Imaging Program MRI Emphasis.

PROCEDURE

- 1.0 Students who fail to progress clinically and are earning a below average (below grade “C”) will be placed on clinical probation.
- 2.0 The student will formulate a plan of action based on the suggestions and methods for improvement provided in the advisement from the Program Faculty.

- 3.0** Students who fail to meet the stated goals in their plan of action within the allotted timeframe will be referred to the SHP Academic Standards Committee for dismissal.
- 4.0** A student can also be placed on clinical probation for severe infraction of program policy, or the continuation of an unprofessional attitude or performance that has required previous advisement by the Program Faculty.

Appendix A

Letter of Understanding

The following agreement is intended to acquaint the Diagnostic Imaging Program student with the requirements and guidelines bearing on his/her program at The University of Texas MD Anderson Cancer Center, School of Health Professions (SHP).

I understand that during my education at UT MD Anderson, safety for our patients, students, and staff are the first priority. Signing this document is verification that I have read and understand the Program Policies to include but not be limited to:

1. During my clinical education, I understand I must be directly or indirectly supervised 100% of the time during clinical assignment. All repeat examinations require direct supervision.
2. Three-year track students: The program is nine semesters in length and continues throughout the summer semesters.
3. I have reviewed and understand the governing regulations of the SHP published in the SHP Catalog.
4. I have reviewed and understand the governing regulations of the Diagnostic Imaging Program as published in the Diagnostic Imaging Program Student Handbook and Clinical Policies Manual.
5. I understand that I am responsible to adhere to all applicable provisions concerning conduct, general departmental and grooming standards promulgated by the Program and its clinical affiliate facilities.
6. I acknowledge that as part of my professional education, attendance is required and missing clinical experiences and/or didactic classes will affect my grade and can be grounds for dismissal from the program.
7. I acknowledge that as part of my professional education, I am required to demonstrate continued competency in the academic and clinical setting. Failure to maintain competency may result in dismissal from the program. If I have or am diagnosed with a physical, mental or learning disability prior to starting or during the program, it is my responsibility to notify the Program Director in writing so that reasonable accommodations can be made.
8. I will purchase the required uniform including lab coats, scrubs and any protective materials the clinical education center requires. The upkeep of these items is my responsibility.
9. I will purchase the required textbooks and course materials.
10. I will attend clinical education as scheduled and I will strictly adhere to the clinical rotation and time schedule. I understand assignments are made to clinical affiliates to gain additional experience. Clinical assignments include rotations to the MD Anderson Cancer Center Main Campus and associated Houston Area Locations, Houston Methodist Hospital (HMH), Houston Methodist West Hospital, Memorial Hermann TMC, Memorial Hermann Hospital Southeast, Memorial Hermann Hospital Southwest, Memorial Hermann Surgical Hospital-First Colony, Memorial MRI & Diagnostic, UTMB Galveston, UT Medical School Diagnostic Imaging Center, TIRR Memorial Hermann, CHI Baylor St. Luke's Hospital Main Campus, CHI Baylor St. Luke's Medical Center McNair Campus, Texas A&M Veterinary Medical Teaching Hospital, Texas Children's Health Clinic – Bellaire, Texas Children's Health Clinic - Kirby, Texas Children's

Health Clinic-Cypress, Texas Children's Health Clinic-Sugar Land, Texas Children's Hospital-TMC, and Michael E. DeBakey VA Medical Center.

11. I understand clinical assignments may be scheduled for day, evening, night, and weekend rotations. Refer to clinical syllabus for rotation schedules.
12. I understand rotations may require travel up to 60 miles from the Houston, Texas Medical Center. All costs associated with any assigned rotations are my responsibility.
13. I understand during clinical rotation a 30-minute meal break is mandatory.
14. I understand that any major breach of policy will be grounds for immediate dismissal from the program. A major breach of policy includes, but is not limited to: injuring a patient; performing clinical activities without appropriate supervision; not reporting patient related incidents; unprofessional conduct that causes a patient to question the integrity of their care; unprofessional conduct related to patients, faculty or staff; falsification or destruction of any student or patient related (academic or clinical) records; or mislabeling images with approved lead letter markers.
15. Students have the opportunity to grieve any disciplinary actions.
16. I must document my clinical experience using the program-approved method. Additionally, I understand that documenting my clinical attendance with any unauthorized electronic means is not permitted.
17. I will clock in and out of clinical education assignment only on computers identified at my clinical education center deemed acceptable by the program. Documenting clinical attendance for another student and/or purposely documenting clinical attendance inaccurately is considered falsifying academic/clinical records and may result in immediate dismissal from the program.
18. I understand that due to the compromised immunity of patients, if I become ill, including having a temperature of greater than 99.0 degrees Fahrenheit, nausea, vomiting and/diarrhea or a known contagious illness, I will not attend clinical or didactic education. I will not report to clinic if I am unsure about the nature of my illness, and I will contact program officials immediately to discuss attendance. My absences from clinical education must be made up during the semester break following the absence. Make-up time will be assigned by clinical faculty. All clinical education must be completed in a minimum of a four-hour block of time.
19. I understand I am expected to fully participate in all didactic and professional growth opportunities offered at UTMDACC School of Health Professions, regardless of grading criteria.
20. I will wear my assigned radiation monitor badge at all times during clinical education, if applicable.
21. I acknowledge I must earn a 75% or higher grade in each course in order to progress to the following semester.
22. I understand I will not be released from the program until I achieve 80% or higher on the Capstone comprehensive exam. I will not be released to sit for the ARRT examination in Radiography or Magnetic Resonance Imaging until obtaining a score of 80% or higher.
23. I will not be released to sit for the ARRT examination in Radiography, Computed Tomography, Vascular Interventional, or Magnetic Resonance Imaging until all of the program's didactic and clinical requirements are completed.
24. I understand health care coverage is required, and it is my responsibility to maintain it. I

understand that medical insurance may be purchased through The University of Texas Health Sciences Center.

25. I will abide by the guidelines of HIPAA and maintain patient confidentiality. I understand that sources of patient information that contain patient identification must not leave the clinical setting. (e.g. patient requisitions or patient identification stickers).
26. I understand that I must maintain current certification in Health Care Provider CPR from the American Heart Association.
27. I understand that I am required to complete all satellite clinical on-boarding requirements before rotation. (e.g. ID badges, health and safety paperwork, background check, drug screening, and immunizations)
28. I understand that each satellite facility has their own requirements and may require immunization annually and TB tests every 6 months. Flu shots and TB tests are mandatory.
29. I understand all the following related to the clinical setting and agree to being placed into clinical settings.
 - a. Participation in Clinical Education carries inherent risk of exposure to infectious diseases, which may include, but are not limited to, seasonal flu, COVID-19, Tuberculosis (TB), Methicillin-resistant Staphylococcus aureus (MRSA), and clostridium difficile (C-diff).
 - b. Clinical education is an essential component of my professional education that cannot be replaced with laboratory experiences, virtual simulations, or other remote experiences.
 - c. I will follow safe infection control practices in the clinical setting and to adhere to any additional Safety Guidelines, Policies and Procedures instituted by my clinical site and my professional program. I understand that failure to follow these guidelines may result in dismissal from the clinical site and the program.
 - d. Following these procedures and guidelines does not eliminate the risk of contracting these diseases, only reduces the probability of transmission to myself and others.

I understand any substantial breach of regulations, any serious departure from professional bearing or any prominent deficit in my academic achievement, motivation or attitude may constitute grounds for my expulsion from the program.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Print Name _____

Appendix B

Acknowledgement of Pregnancy Policy

The program does not discriminate based on pregnancy status. However, since exposure to magnetic and radiofrequency fields may pose a risk to the developing fetus, there are three options available to the students who make voluntary declaration of the pregnancy per the pregnancy policy.

1. Continuation without modification or leave of absence.
2. Continuation with modification. **If the student requests modifications that the program cannot accommodate, the student may take a leave of absence. The student must withdraw and reapply the following year.**
3. Leave of absence. **The student must withdraw and reapply the following year.**

The policy states the student who wishes to make a voluntary declaration submit in writing, a declaration of pregnancy with the expected due date to the Program Director.

The Clinical Faculty will provide counsel concerning the rules, regulations and rights of the student as an occupationally exposed health care worker, inform her health care provider of the nature of student clinical experiences and of the potential risk that may exist for exposure to magnetic and radiofrequency fields.

The student will review her clinical rotation schedule with the Program Director, Associate Program Director, and/or the Education Coordinator. The student retains the right to continue in her preset schedule, just as she retains the right to not declare herself pregnant.

If the student chooses to revise her clinical rotation schedule and this revision causes her to miss required clinical time, this clinical time must be completed prior to graduation.

I have read this policy and understand my rights to declare pregnancy status.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Print Name _____

Appendix C

Voluntary Declaration of Pregnancy MRI Emphasis

I am a student in the Diagnostic Imaging Program MRI emphasis who is voluntarily declaring my pregnancy. I choose the following option for my continuance in the program:

_____ 1. I wish to continue my clinical and didactic education without modification. I agree this will be in the same capacity and with the same assignments I have had until this date. I will participate in positioning patients for procedures, but will leave the system room prior to the beginning of image acquisition. I do not expect to receive exemption from any regular assignments during my pregnancy.

_____ 2. I request modification to my clinical internship education. If the program is unable to accommodate the requested modification, I understand I must take a leave of absence.

_____ 3. I wish to take a leave of absence from the program. I understand I must withdraw from my courses and reapply the following year.

Signed _____ Date _____

Print Name _____

Endorsements

I recommend the clinical education status of _____ be continued under the terms set forth above concerning exposure of pregnant students to magnetic fields and radiofrequency radiation.

Signed _____ Date _____
Associate Program Director

Print Name _____

Signed _____ Date _____
Program Director

Print Name _____

Appendix D

Procedure for Completion

Upon satisfactory completion of the program's required competencies, a student will submit the following checklist for program completion.

- 1. Complete all required courses in the MD Anderson Diagnostic Imaging Program's MRI emphasis. Grades must be verified before completion is granted.
- 2. Complete and submit the "Diagnostic Imaging Completion Request" (See Appendix E) form by obtaining the required signatures and submitting with this form to the Program Director. The Completion Request form must have attached to it the following:
 - A. Master Clinical Competency Form/Checklist
- 3. Clinical hours will be verified by the Education Coordinator and a final copy of total hours will be kept in your permanent file.

After satisfactorily completing the above steps, you have successfully completed The University Texas, MD Anderson Cancer Center School of Health Professions Diagnostic Imaging Program MRI Emphasis Requirements. CONGRATULATIONS!

Appendix E

Completion Request

Upon satisfactory completion of the program's required competencies, a student will submit the following checklist for program completion.

DATE: _____

TO: The University of Texas MD Anderson Cancer Center School of Health Professions Diagnostic Imaging Program, Program Director

FROM: _____
Student's Name Student's Signature

SUBJECT: Request to be released from the DI Program MRI Emphasis:

This is my formal request to complete and be released from the UT MD Anderson School of Health Professions, Diagnostic Imaging Program's MRI Emphasis.

I will have completed all course requirements to the level of competence in both didactic and clinical education in my chosen professional emphasis.

I certify the clinical education competency of this student and recommend the student's request be honored.

Signed _____ Date _____
Education Coordinator

Print Name _____

I certify the didactic education of this student and recommend the student's request be honored.

Signed _____ Date _____
Associate Program Director

Print Name _____

REQUEST GRANTED

Signed _____ Date _____
Diagnostic Imaging Program Director

Print Name _____

The ARRT Clinical Competency Requirements must be attached to this form as well as all other required documentation listed in the policy entitled "Procedure for Completion" when submitting the request for release. This is the student's responsibility. Students will not be released from the program without the required documentation.

Appendix F

Confirmation of Receipt and Understanding of Program Policies

My signature and initials below is an acknowledgment that I have read and understand the policies of the Diagnostic Imaging Program contained within the 2022-2023 Diagnostic Imaging Student Handbook and DI Program MRI Emphasis Clinical Policies Manual.

Signed _____ Date _____
 Student

Print Name _____

| Initials | Policy | Initials | Clinical Policy |
|-----------------|---|-----------------|--|
| _____ | Statement of Policy Change | _____ | Clinical Education Center Rules & |
| _____ | Professional Liability | _____ | Regulations |
| _____ | Reporting Illness | _____ | Clinical Supervision |
| _____ | Program Communication | _____ | Clinical Attendance |
| _____ | Professional Conduct | _____ | Clinical Rotation Assignments |
| _____ | Blogging and Social Networking | _____ | Clinical Competency Grading and |
| _____ | Statement of Criminal Conduct | _____ | Remediation |
| _____ | Representation on SHP | _____ | MRI Safety |
| _____ | Student Congress | _____ | Pregnant Students |
| _____ | Lambda Nu | _____ | Clinical Dress and Personal Appearance |
| _____ | Release for Registry Examination | _____ | Emergency Medical Care |
| _____ | Release of Student Information | _____ | Patient Related Incidents |
| _____ | Due Process | _____ | Student Employment While Attending |
| _____ | Dismissal | _____ | Clinical Education |
| _____ | Readmission | _____ | Demonstrating Clinical Competency |
| _____ | Credit Award Calculation | _____ | Electronic Devices |
| _____ | Grading Standards | _____ | Internet Usage |
| _____ | Technical Standards | _____ | Clinical Merits |
| _____ | Testing | _____ | Clinical Demerits |
| _____ | Course Syllabi | _____ | Clinical Probation |
| _____ | Programmatic Standards of Accreditation | | |
| _____ | Certification Requirement | | |

Appendix G Attendance Report

SECTION 1 - TO BE COMPLETED BY STUDENT

Name _____ Clinical Site _____

Date of absence/tardiness/early departure (ED) _____ Time missed _____

Reason for absence/tardiness/ED _____

Request for make-up assignment Date _____ Time _____

SECTION 2 - TO BE COMPLETED BY PROGRAM FACULTY

Notified by student before start of shift YES NO

Make-up assignment Date _____ Time _____

Comments _____

SECTION 3 - SIGNATURES

Signed _____ Date _____
Program Faculty

Signed _____ Date _____
Student

| For Faculty Use Only: Breach (Check All That Apply) | | Demerits |
|---|---|----------|
| <input type="checkbox"/> | A. Failure to follow notification process prior to tardy arrival or ED | 2 |
| <input type="checkbox"/> | B. Tardy arrivals to/ED from clinic (Requires make-up of missed time)* | 2 |
| <input type="checkbox"/> | C. Unexcused absences from clinic (Requires make-up for each day missed)** | 5 |
| <input type="checkbox"/> | D. Failure to submit Absence/Tardiness/Early Departure report | 2 |
| <input type="checkbox"/> | E. Failure to follow the notification procedure and report to an assigned clinical shift. No Call/No Show (NC/NS) is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and 5 demerits per occurrence | 5 |

*Students are permitted two (2) occurrences of tardy arrival or early departure per semester. Demerits will be assessed for any additional occurrences.

**Students are allowed to miss two (2) shifts as personal time off (PTO) per semester. Each individual absence thereafter will be reviewed by the Program Faculty to determine whether the absence is excused or unexcused. Students must submit any documentation pertaining to a clinical absence for consideration along with this form upon their return to clinic.

The PROGRAM FACULTY WILL ASSIGN MAKE-UP TIME. These clinical hours may be in increments of no less than four (4) hours at a time and may not be added to regular clinical time to create a shift of greater than ten (10) hours in a day.

A Pattern of Attendance Infractions is defined as a series of incidents (Tardiness, Early Departure, Unexcused Absences, NC/NS, and/or Leave Without Permission (LWP) documented over a period of months. If a Pattern is determined, the student will be placed on clinical probation.

Appendix H

Student Information for Clinical Placement

PROGRAM:

MD ANDERSON ID/EMP NUMBER

I. IDENTIFYING INFORMATION:

Last Name: First Name: Middle Name:

Date of Birth: Place of Birth:

Social Security Number: Driver's License Number:

Are you a US Citizen? Yes No

If No, answer the following questions:

Country of Citizenship:

Are you a Permanent Resident?

Yes Attach a copy of your Resident Alien Card

No What VISA do you hold?

Home Address: City, State, Zip Code:

Home Phone: Cell Phone:

E-mail Address:

II. EMERGENCY CONTACT INFORMATION

First Contact Name:

Second Contact Name:

Relationship:

Relationship:

E-mail Address:

E-mail Address:

Mailing Address:

Mailing Address:

City, State, Zip Code:

City, State, Zip Code:

Phone Number:

Phone Number:

III. CRIMINAL HISTORY AS REQUESTED BY CLINICAL AFFILIATES

1. Have you ever been convicted of a felony or a misdemeanor (including, but not limited to such offenses as Driving Under the influence (“DUI”), battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

2. Have you ever pled nolo contendere (“no contest”) or pled guilty to a felony or misdemeanor crime, (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

3. Have you ever received deferred adjudication for a felony or misdemeanor offence (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

If yes, have you successfully completed the probation period? Yes No

Upon completion of the probation period, was the case dismissed? Yes No

IV. EDUCATION

A. UNDERGRADUATE EDUCATION: (Last to first in chronological order):

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

B. HEALTH PROFESSIONS SCHOOL:

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

V. HEALTH INFORMATION

| | |
|---|--|
| A. Immunizations: <ul style="list-style-type: none"> If you do not have immunization records: You can either repeat the vaccinations or have your medical provider obtain a blood sample to test for serological confirmation of immunity. | Date of Vaccine or Titer: |
| a. Influenza * Last dose <ul style="list-style-type: none"> Flu vaccine is required during the flu season from 10/1 to 3/31 every year. | <input type="text"/> I. |
| b. Tdap (Tetanus) <ul style="list-style-type: none"> One dose within the past 10 years. | <input type="text"/> I. |
| c. Measles (Rubeola) <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Rubeola Titer. | <input type="text"/> I. <input type="text"/> II. |
| d. Mumps <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Mumps Titer. | <input type="text"/> I. |
| e. Rubella <ul style="list-style-type: none"> Vaccine or Serologic Confirmation by Rubella Titer. | <input type="text"/> I. |
| f. Varicella <ul style="list-style-type: none"> Vaccines or Positive History of Chicken Pox Disease or Serologic Confirmation by Varicella Titer. | <input type="text"/> I. <input type="text"/> II. |
| g. Hepatitis B <ul style="list-style-type: none"> Vaccine Series or Positive Hepatitis B Surface Antibody Titer. Clinical sites may require a Hepatitis B Titer within the past 5-years. | <input type="text"/> I. <input type="text"/> II. <input type="text"/> III. |
| B. TB Screening <ul style="list-style-type: none"> Required within the last 12 months, unless documentation of a past positive is provided. This can be completed with a Tuberculin Skin Test (PPD) or an Interferon-Gamma Release Assays (IGRAs). If PPD or IGRAs is positive, a PDF copy of a Chest X-Ray Report must be provided with this form. | |
| Date: <input type="text"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> | |
| If positive, did you take isoniazid (INH) prophylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| C. Have you ever been diagnosed with Hepatitis C? Yes <input type="checkbox"/> <input type="checkbox"/> | |
| D. CPR/BLS Certification's expiration date: <input type="text"/> | |

VI. REQUIRED DOCUMENTS:

Please provide a separate PDF copy of each of the following documents and write your **Initials** when provided, **N/A** when not applicable, or **P** when pending:

1. Driver's License (Front and Back) or US Passport
2. Current American Heart Association CPR/BLS card (Front and Back).
3. Health Insurance Card (Front and Back)
4. ARRT (R), (N), (S) or (T) or NMTCB or ARDMS Card
5. Visa or Green Card (If applicable)
6. Immunization records (Tetanus; Measles; Mumps; Rubella; Varicella; Hepatitis B; Influenza)
7. TB screening report or chest x-ray report

VII. ATTESTATION AND RELEASE OF INFORMATION STATEMENT:

By completing and signing this form, I certify that all the information provided is true to the best of my knowledge and that I have the corresponding documentation to support this information.

I hereby give permission to the School of Health Professions to release the information it contains to all my clinical rotation sites.

In accordance with all clinical affiliates' internship enrollment requirements, I understand that additional information/documentation may be required at any time during the course of my training. In this way I will be compliant with all the requirements needed for the completion of my educational program.

Student's Electronic or Printed Signature

Date

Appendix I

MRI Master Competency Checklist

| THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER SCHOOL OF HEALTH PROFESSIONS DIAGNOSTIC IMAGING PROGRAM MRI EMPHASIS MASTER COMPETENCY CHECKLIST | | | | | | | |
|---|-----|------|----------|--|-----|------|----------|
| PROCEDURE | REQ | DATE | VERIFIED | PROCEDURE | REQ | DATE | VERIFIED |
| HEAD AND NECK | | | | ADDITIONAL IMAGING PROCEDURES | | | |
| Brain without and with Contrast | M | | | Image Post-Processing | M | | |
| IACs | M | | | CINE | *E | | |
| Pituitary | M | | | fMRI | E | | |
| Vascular Head MRA | M | | | | | | |
| Vascular Neck | M | | | | | | |
| Orbits | *E | | | | | | |
| Cranial Nerves (Non IACs) | *E | | | | | | |
| Vascular Head MRV | *E | | | | | | |
| Brain Perfusion | *E | | | | | | |
| Brain Spectroscopy | *E | | | | | | |
| Soft Tissue Neck | *E | | | | | | |
| SPINE | | | | QUALITY CONTROL | | | |
| Cervical | M | | | Signal to Noise Ratio | M | | |
| Thoracic | M | | | Center Frequency | M | | |
| Lumbar | M | | | Transmitter Gain or Attenuation | M | | |
| Spinal Trauma | *E | | | Geometric Accuracy | M | | |
| Sacrum/Coccyx | *E | | | Equipment Inspection | M | | |
| Sacroiliac (SI) Joints | *E | | | Monitor Cryogen Levels | M | | |
| Brachial Plexus | *E | | | Room Temperature & Humidity | M | | |
| Whole Spine | E | | | | | | |
| THORAX | | | | PATIENT CARE | | | |
| Chest (Non Cardiac) | *E | | | CPR | M | | |
| Breast | *E | | | Vital Signs | M | | |
| Vascular Thorax | *E | | | Sterile Technique | M | | |
| | | | | Standard Precautions | M | | |
| | | | | Transfer of Patient | M | | |
| | | | | Care of Pt. Medical Equipment | M | | |
| | | | | Venipuncture | M | | |
| ABDOMEN AND PELVIS | | | | MRI SAFETY | | | |
| Liver | M | | | Level 1 - MR Safety Training | M | | |
| MRCP | M | | | Screening Patients, Personnel, & Non-personnel | M | | |
| Pancreas | *E | | | Identify MRI Safety Zones | M | | |
| Adrenals | *E | | | Static Magnetic Field | M | | |
| Kidneys | *E | | | Radiofrequency field | M | | |
| Enterography | *E | | | Gradient Magnetic Fields | M | | |
| Vascular Abdomen | *E | | | Communication & Monitoring | M | | |
| Female Pelvis | *E | | | Contrast Media Safety | M | | |
| Male Pelvis | *E | | | Other MRI safety considerations (e.g. cryogen safety, fire) | M | | |
| MUSCULOSKELETAL | | | | | | | |
| Shoulder | M | | | | | | |
| Wrist | M | | | | | | |
| Hip | M | | | | | | |
| Knee | M | | | | | | |
| Ankle | M | | | | | | |
| Foot | M | | | | | | |
| Temporomandibular Joints (TMJs) | *E | | | | | | |
| Sternum/SC joints | *E | | | | | | |
| Long bones (Upper Extremity) | *E | | | | | | |
| Elbow | *E | | | | | | |
| Hand | *E | | | | | | |
| Finger/Thumb | *E | | | | | | |
| Bony Pelvis | *E | | | | | | |
| Long bones (Lower Extremity) | *E | | | | | | |
| Arthrogram | *E | | | | | | |
| Bone Survey | E | | | | | | |

All Mandatory Competencies must be completed.
 *A minimum of 11 * elective competencies must be obtained to graduate.
 Quality Control, Pt. Care, and MRI Safety Competencies do not apply to internship course Clinical Competency Progress Scores.

Appendix J

ARRT MRI Primary Certification Didactic and Clinical Competency Requirements

The Diagnostic Imaging Program MRI Emphasis requires students to complete the Magnetic Resonance Didactic and Clinical Competency requirements outlined here by the ARRT.

https://www.arrt.org/docs/default-source/discipline-documents/mri--primary/mri_cc_2020_bot.pdf?sfvrsn=298206fc_2