



Cleveland Clinic
School of Health Professions

Primary Magnetic Resonance Imaging Program Supplemental Handbook

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Behavioral/Clinical Objectives

Personal and professional development starts as a student and continues throughout an MRI technologist's career. The work ethic and attitudes developed or influenced during the training period greatly impacts the degree of professional success an MRI technologist enjoys.

Students will:

- Show initiative by displaying motivation and energy in starting and completing tasks.
- Demonstrate a professional attitude by displaying and/or creating a positive emotional and psychological environment for patients and co-workers.
- Develop professional interpersonal relationships as evidenced by positive interactions with patients, families and co-workers.
- Possess appropriate patient perception skills by demonstrating the ability to perceive patient's needs and respond to them as needed.
- Be productive, as demonstrated by the volume of work accomplished.
- Perform high quality work, as evidenced by the accuracy and thoroughness of procedure performance.
- Possess organizational skills by demonstrating the ability to perform in a systematic and logical fashion.
- Demonstrate the ability to follow direction by possessing the ability and willingness to listen, reason and interpret tasks.
- Demonstrate flexibility by being willing to be guided and instructed.
- Demonstrate adaptability by being able to adapt the procedure to the patient.
- Demonstrate self-confidence.
- Demonstrate a professional demeanor.
- Present a professional appearance in accordance with school and program policy.
- Demonstrate dependability by being reliable and conscientious.
- Demonstrate accountability by taking responsibility for his/her actions and through attendance and punctuality.

In view of the critical role that communication plays in the successful provision of care to patients and to colleagues, all students will subscribe to the following principles:

Patients, their families, and significant others are the most important people to the healthcare team.

- We communicate information that sets appropriate expectations and reduces anxiety.
- We take the time to understand their needs and preferences.

We lead by setting a good example.

We make ourselves accessible to others.

- We listen.
- We respond to requests in a timely manner.
- We are open to the opinions of others, options, and ways of doing things.
- We are on time for patient related commitments.

We exhibit a personable, pleasant and professional demeanor.

- We know the people with whom we work and address them by name.
- We acknowledge and make eye contact with others.

- We appreciate similarities and value differences.
- We use “please”, “thank you”, and “I’m sorry” in our daily vocabulary.

We create a positive environment of support, respect, and appreciation.

- We give and receive open and honest feedback to allow personal and professional growth.
- We praise each other publicly and provide constructive criticism privately.
- We refrain from gossip, rumors and malicious talk about others.
- We avoid indirect communication and speak directly with the person involved.
- We communicate in a clear and consistent manner using appropriate words, body language, and facial expressions.

We are all Caregivers and help each other achieve our potential.

- We educate each other.
- We recognize value in every member of the care team.
- We select the best people for roles based on their skills, strengths, and interests.

We manage stress appropriately both in the workplace and on a personal level.

- We manage stress to minimize impact on others.
- We exhibit appropriate non-verbal communications particularly when under stress.
- We take care of ourselves so we can take better care of others.

We value every member of the care delivery team equally and recognize the “main ingredient for success is the rest of the team.” (- J Wooden)

- We set and communicate expectations in a collaborative manner.
- We ensure clarity of roles and responsibilities.
- Our actions reflect our commitment to quality, safety, and efficiency.
- We recognize and reward people in ways they appreciate.

Competency Evaluations

Competency evaluations will be required as a means for students to demonstrate competence in necessary procedures. The required exams are taken directly from the ARRT clinical experience requirements.

- Students may not complete a competency examination on any procedure prior to educational instruction on that procedure.
- Competency examinations require a minimum score of 84% for the student to be considered competent. In addition, there is a mandatory section that is graded on a pass or no pass (P or NP) basis. A competency examination is not considered complete until a passing grade is achieved. The student is not considered competent with a score of less than 84% on that exam and must repeat the competency examination (see Failed Competency Exams section for more detail).
- Students must complete a pretest with the simulation software for each procedure prior to the competency examination.
- Students are required to complete a minimum of five repetitions for each exam and can perform a competency exam on or after the sixth repetition.
 - Students must be fully prepared when performing a repetition but may ask for assistance with parameters and positioning. Students should do as many

repetitions as possible even after achieving the competency.

- Competency examinations must be filled out using Trajecsyst and must be electronically signed by the supervising technologist. The clinical coordinator must then electronically validate each competency.
- Once a student has successfully passed a competency examination on any given procedure, that student is then allowed to perform the procedure under indirect supervision, following the supervision policy. If the student subsequently demonstrates an inability to repeatedly correctly perform the procedure, the Program Director will deem competency null and require the student to repeat the competency exam.
- While performing a competency examination, the student cannot refer to notes or books. This should be done prior to the beginning of the exam and before the patient is brought into the room. Students must inform the technologist prior to the beginning of the procedure that they intend to perform a competency.
- If a student does not complete the required number of competencies in any given semester, they will receive an incomplete for the clinical semester and their clinical grade will drop one letter grade. For each subsequent week that the requirement is not met, the grade will continue to drop one letter grade. The only exception is when a student is on an approved leave of absence (LOA). The student on an approved leave of absence is given additional time, equal to their absence, to complete the clinical requirements.

FAILED COMPETENCY EXAMS:

- A failed exam is one that was failed by points (less than 21 points or 84%) or if a no pass (NP) was received in the Mandatory Skills section. The student is not considered competent on that exam and must repeat the competency examination until an 84% or higher is achieved and all Mandatory Skills have a pass (P). Students must have direct supervision until successfully passing the examination competency exam.
- All failed competency examinations must have a competency form filled out in Trajecsyst and electronically signed.
- Students who fail a competency examination must perform remediation on the specific procedure with a clinical preceptor or technologist. Remediation will consist of a review of the procedure attempted and a debriefing of why the student failed the competency and how to perform the exam correctly going forward. A Competency Examination Remediation Form must be completed by the preceptor or technologist and signed by the student.
- Any student who fails more than three competency examinations per semester will receive a documented counseling action which may affect their clinical grade. Further failure of an additional competency examinations within the same semester will require the next corrective action, a written corrective action. Another failed competency examinations in the same semester will require the student to be at suspension or final written corrective action, and failed competency examination will result in dismissal from the program. See the Corrective Action Policy for more information.

COMPETENCY EXAMINATION:

- Students are required to complete 17 mandatory imaging procedures and 16 of the 32 elective imaging procedures throughout the duration of the program.
- Students are not permitted to complete competency examinations during their first fall semester, and students can only complete competency examinations after receiving a minimum of five repetitions for each exam.
- After receiving the five repetitions, students can receive a competency for any exam that

has been covered in Procedures I or Procedures II AND they have received a passing Scan Lab grade if a Scan Lab test was required.

- Exams learned during Procedures I:
 - Head/Neck - **brain, IACs, pituitary**, orbits, **vascular head MRA**, vascular head MRV, brain perfusion, soft tissue neck, **vascular neck**, brain spectroscopy, cranial nerves (non-IACs)
 - Spine – **cervical, thoracic, lumbar**, trauma, sacroiliac joints, sacrum/coccyx, brachial plexus
 - Thorax- chest (non-cardiac), breast, vascular thorax
 - Abdomen/Pelvis – **liver**, pancreas, **MRCP**, adrenals, kidneys, enterography, vascular abdomen, female soft tissue pelvis, male soft tissue pelvis
- Exams learned during Procedures II:
 - Musculoskeletal – TMJ's, sternum/sternoclavicular joints, **shoulder**, long bones upper extremity, elbow, **wrist**, hand, finger/thumb, bony pelvis, **hip**, long bones lower extremity, **knee, ankle, foot**, arthrogram
 - Additional imaging – **image post processing, CINE**
- Students can receive a signature (up to six) on any exam they perform but CANNOT receive a competency for it until the exam has been covered in class.
- **Requirements during spring semester:**
 - Students must complete seven mandatory competency examinations (those in bold above).
 - Students must complete a minimum of six elective exams from the list above.
- **Requirements during summer semester:**
 - Students must complete six mandatory competency examinations (those in bold above).
 - Students must complete a minimum of five elective exams from the list above.
- **Requirements during second fall semester:**
 - Students must complete four mandatory competency examinations (those in bold above).
 - One of these competencies will be a Graduate Competency and performed with the designated clinical preceptor.
 - Students are required to complete an additional five elective exams.
- Volunteer imaging subjects include students and/or members of the general population and can be used for up to five of the elective procedures. Volunteers will be used only if these competencies have not been met as of the final semester of the program per faculty discretion and a consent form needs to be completed.

Contingency Plan

If a catastrophic event prevents clinical involvement for the safety of the students or patients, faculty will make every effort to mitigate the loss of clinical education through schedule alterations, reassignments, simulated clinical experiences and virtual clinical demonstrations, such as ASRT clinical resources. When restrictions are lifted and at the discretion of program faculty, students may be responsible for completing all or a portion of missed clinical assignments to satisfy graduation requirements and qualify for participation in the ARRT credentialing examination.

Severe Weather:

- In the event of severe weather, such as excessive snow or ice, the Program Director will

- make a determination regarding closure, including both classes and clinical.
- The Program Director will contact the program faculty, students, and clinical preceptors via email or text message to advise them of the decision.

Fire Plan Rally Point:

The rally point at the Cleveland Clinic Administrative Campus is the Building 2 sidewalk under the skyway between buildings 2 and 4. When at the clinical site, the clinical preceptor will review the fire plan with students.

Emergency Codes:

The students are educated on the Emergency Codes and the procedures associated with each code as indicated below during Patient Care in the first semester.

Conduct & Performance

Students enrolled in the Primary MRI Program must conduct themselves in an appropriate and professional manner and must adhere to the rules and regulations of the School of Health Professions, program, and clinical sites. The purpose of this section is to provide guidelines to assist with managing student performance or conduct issues that interfere with the safe, orderly, effective and efficient operation of the program and the organization. It provides standards and rules governing performance and a procedure for consistent, non-discriminatory application of the rules in the interest of maintaining the highest quality patient care and educational environment.

RECORD OF DISCIPLINARY ACTIONS:

- Records of attendance are retained for a period of 10 years after program completion and are reviewable for matters pertaining to employment references, dismissal, and reinstatement after dismissal.
- Records of disciplinary actions remain active in the student's record for a 10- year period. Records of disciplinary actions received by a student in their role as an employee (if applicable) may also be considered when relevant. Any student receiving a second disciplinary action suspension within the length of the program, whether the two suspensions are for related or unrelated conduct, shall be dismissed.
- The receipt of all disciplinary action may result in denial of access to clinical sites and/or dismissal from the program.
- The School of Health Professions Administration reserves the right to fully disclose all issues of disciplinary actions received prior to clinical site reassignment.
- If a student is denied access to the clinical site, and cannot be reassigned to another site, the student will not be able to complete the program's requirements and is therefore dismissed from the program.

PROCEDURE:

All students are expected to conduct themselves in a professional and caring manner at all times. If professional behavior is not exhibited, disciplinary actions may be implemented up to and including dismissal from the program. When it becomes necessary to implement disciplinary actions for performance deficiencies, acts contrary to established policies or procedures, or to assure that the program and clinical site best interests are served, reference will be made to the categories below which relate the severity of the offenses to the disciplinary action. However, categories are not all-inclusive, and students may be disciplined for actions not specifically designated. Students who disagree with the action taken may proceed through steps outlined in

the Grievance Procedure in the SOHP Catalog. If a student is dismissed from the program, utilizes the Grievance Procedure, and is denied re-acceptance, that student will not be permitted to reapply to the program.

IMPLEMENTATION:

Students who fail to abide by established standards and rules may be subject to disciplinary action. The step of disciplinary action may vary depending upon the nature of the infraction, the circumstances surrounding the offense, and the student's past records. If a student does not conduct him/herself in a professional manner, the following disciplinary actions may take place. How rapidly a student goes through the following progressive steps, or at what stage the disciplinary actions will be initiated, will depend upon the seriousness of the offense. The Program Director will use their judgment to determine the appropriate step which applies in each particular circumstance. Regardless of the category in which an offense is listed, a flagrant violation may result in more severe discipline than that which is indicated for that category. Conversely, if mitigating circumstances are judged to exist, less severe discipline may be imposed than would otherwise be indicated for the category of offense involved. Some infractions are not progressive in nature.

The four steps of Corrective Action (as defined in the SOHP Corrective Action Policy) are as follows:

- **Step 1: Documented Counseling**
- **Step 2: Written Disciplinary Action**
- **Step 3: Suspension or Final Written Disciplinary Action**
- **Step 4: Dismissal**

A. CATEGORY I

- 1st Offense: Documented Counseling
 - 2nd Offense: Written Disciplinary Action
 - 3rd Offense: Suspension or Final Written Disciplinary Action
 - 4th Offense: Dismissal
1. Attendance related offenses (see Attendance policies in SOHP Catalog).
 2. Failure to inform the clinical site and the program regarding absence within two hours of scheduled start time, whether scheduled or unscheduled (no call/no show) for clinical rotation.
 3. Failure to call the program faculty for a class or clinical absence.
 4. Loitering during scheduled working and off-duty hours.
 5. Eating or drinking in unauthorized areas.
 6. Violation of hospital parking regulations.
 7. Sleeping during class or clinical.
 8. Unauthorized extended meal period or breaks.
 9. Failure to get approval from program officials for clinical schedule changes.
 10. Failing score on more than three competency examinations in one clinical semester (see Failed Competency Exams for details).
 11. Failure to perform in a courteous, conscientious, and caring manner in responding to the needs of patients, visitors, fellow students, or employees.
 12. Unauthorized use of the internet, electronic devices, or cell phone during class, lab or clinical.
 13. Failure to adhere to reasonable standards of personal hygiene, grooming and dress

code. This includes failure to adhere to established uniform requirements and failure to wear the appropriate CC identification badge.

14. Copying answers directly from the answer key for workbook and classroom assignments.

B. CATEGORY II

- 1st Offense: Written Disciplinary Action
 - 2nd Offense: Suspension or Final Written Disciplinary Action
 - 3rd Offense: Dismissal
1. Arriving to your assigned area late or leaving your assigned area early.
 2. Conduct prejudicial to the best interest of the hospital and/or SOHP.
 3. Unacceptable or unsatisfactory job performance including causing or contributing to unsanitary or unsafe conditions and performing unsafe procedures.
 4. Profane or unprofessional language.
 5. Careless neglect or improper or unauthorized use of hospital, SOHP, or program property or equipment.
 6. Collecting funds or accepting gratuities.
 7. Repeated or chronic infractions of hospital, SOHP, or program policies with no evident improvement in performance or conduct.
 8. Failure to observe program policies regarding required supervision and during repeat sequences.
 9. Inefficiency, incompetence or negligence in performance of duties.
 10. Reporting to class, lab, or clinical in an unfit or unsafe condition to work.
 11. Failure to perform duties at minimally acceptable standards after counseling and guidance.
 12. Repeated failure to pass an additional competency examination in one clinical semester.
 13. Violation of Academic Integrity Policy.
 14. Unauthorized use of Cleveland Clinic identification badge.
 15. Improper or negligent acts that cause damage to/waste of supplies, equipment or other property.
 16. Any other failure of good behavior or neglect of duty to include not properly screening MRI patients.

C. CATEGORY III

- 1st Offense: Suspension or Final Written Corrective Action
 - 2nd Offense: Dismissal
1. Reporting to classes or clinical experience under the influence of alcohol or narcotics as evidenced by:
 - a) inability to perform assigned duties or participate in class
 - b) demonstration of undesirable characteristics (such as the odor of alcohol or other substances, attitude, uncooperativeness toward patients, staff, students, visitors, others).
 2. Refusing to submit to a medical evaluation including testing when reasonably suspected of being under the influence of alcohol or drugs.
 3. Inappropriate treatment of a patient for any reason.
 4. Failure to fulfill responsibilities at clinical to an extent that might reasonably or does cause injury.
 5. Insubordination or refusal to perform a reasonable assignment after having been instructed to.

6. Immoral or illegal conduct and any acts of dishonesty, including cheating or copying another person's work.
7. Sale, loan or gift of a parking pass.
8. Any serious failure of good behavior or serious neglect of duty.
9. Failure to conform to professional ethics.
10. Fighting or gambling on Cleveland Clinic premises.
11. Repeated failure to pass another competency examination in one clinical semester after failing five competencies.
12. Solicitation and/or distribution of literature in violation of hospital policy.
13. Posting any information or event regarding patients, visitors, students, or employees that occur at the clinical site or class on social media.
14. Clocking in and not reporting to your assigned area without permission or leaving your assigned area without permission.
15. Using an unapproved method/device to clock in and out for class, lab, or clinical.

D. CATEGORY IV

o 1st Offense: Dismissal

1. Possession, use, or sale of alcohol, narcotics or controlled substances on hospital premises.
2. Threat of or actual physical or verbal abuse of patients, visitors, staff, employees or students.
3. Falsification of any official hospital or program records.
4. Unauthorized use of time keeping by having someone else clock in and out on your behalf.
5. Any act of academic dishonesty as described in the Academic Integrity Policy in the SOHP Catalog.
6. Willful damage to or theft of property of the program, hospitals, patients, visitors, employees or students.
7. Absence from class, lab, or clinical experience without justifiable reason or without reporting off for two consecutive clinical and/or class/lab days, or two incidents of no-call/no-show in a 12 month period.
8. Possession of firearms or other weapons on program/hospital premises.
9. Unauthorized possession, use, copying or revealing of confidential information regarding patients, employees, students, hospital, SOHP, or program activity including on social media sites.
10. Sexual, racial or other harassment or verbal or physical threats against a fellow student, employee, visitor or patient.
11. Conviction of a felony.
12. Theft, removal of unauthorized possession, tampering with or use of property belonging to others.
13. Failing the fourth competency examination in one clinical semester.
14. Any conduct seriously detrimental to patient care, fellow students, employees, and the program or Cleveland Clinic operations.
15. Any other serious failure of good behavior or gross neglect of duty.

The list of offenses contained herein is meant to be illustrative and not all inclusive. Engaging in activity which is inconsistent with ordinary and reasonable standards of behavior necessary to the mutual welfare of Cleveland Clinic, its employees, patients, and visitors will also subject a student to disciplinary action.

GENERAL

Providing the best possible patient care and understanding customer service is a priority at Cleveland Clinic. In support of this philosophy, Cleveland Clinic does not allow inappropriate treatment or behavior towards the customer. "Customer" is defined as any individual that comes in contact with the department or student during the normal course of doing business. This could include patients, visitors, family members, co-workers, etc. All students are expected to conduct themselves in a professional and caring manner at all times when interacting with the customer.

Employment Guidelines for Students

Clinical competencies cannot be performed during hours worked as a technical assistant, technologist aide or any other employment position within the hospital. All clinical competencies must be completed during scheduled program clinical hours.

The program will not change rotation schedules, objectives, test dates or other requirements to accommodate a student's employment schedule.

Evaluations and Counseling

1. Students are required to have their technologists complete the required number of student evaluation forms per semester in Trajecsyst. These evaluations are available for review by the clinical preceptor and program faculty, who will review them with the student. All evaluations must be turned in promptly and not all at the end of the semester.
2. Counseling sessions will be conducted throughout the semester as needed to review:
 - Summary of student evaluation forms
 - Student competency examination summary form
 - ARRT mandatory and elective summary form
 - Semester grades
 - Attendance
 - Additional counseling sessions will be conducted if the Program Director, education coordinator or clinical preceptor finds them necessary.
3. Students are responsible for compliance and corrective actions may be imposed for non-compliance.

Magnetic Resonance Imaging Safety

All patients, students and any other individuals entering the MR environment must have reviewed and signed the MRI Safety and Medical Eligibility Attestation. It is the student's responsibility to review their eligibility with their healthcare provider and notify the program immediately if they do not meet the eligibility requirements, especially upon implantation of a mechanical, metal or ferrous device. The electromagnetic fields associated with the MR environment pose a serious risk of injury to anyone with certain implants, devices, or materials. Hazards associated with the electromagnetic field include but are not limited to; missile effect accidents, dislodgement or excessive heating of a ferromagnetic object, induction of electrical currents, and the misinterpretation of an imaging artifact as an abnormality.

The missile effect refers to the fringe field's ability to attract a ferromagnetic object into the scanner with considerable force. Common objects associated with these incidents include oxygen cylinders, floor buffers, IV poles, mop buckets, carts, chairs, ladders, monitors, tools, scissors, traction weights, and sand bags containing metal fillings. Allowing such devices into the MR environment can result in injury to the patient and/or the technologist.

Any ferromagnetic object or device placed in the magnetic field must have research documentation stating that the object's associated attractive force is insufficient to move or dislodge the object in situ or affect its intended function. Students must also adhere to the pulse sequences and techniques recommended by the manufacturer of these devices. This will eliminate temperature elevations in the object and avoid the induction of a current in the device. Examples of objects capable of generating an electrical current include electrocardiographic leads, indwelling catheters with metallic components, guide wires, disconnected or broken surface coils, certain cervical fixation devices, or improperly used physiologic monitors.

Implants, devices, and materials within the magnetic field, although proven safe, may still cause artifacts. Artifacts cause signal loss and distortion of the image resulting from a disruption of the magnetic field. The artifact's severity is associated with the object's magnetic susceptibility, quantity, shape, orientation or position in the body.

All students in the MR environment must adhere to the safety standards outlined above, as well as abide by the rules set forth by the clinical site. If there is any question of the safety of a patient or student, the student must consult a qualified technologist or physician and documentation must be filed with the School. Any student that does not adhere to the rules, or jeopardizes the safety of any individual, including themselves, will minimally receive a written disciplinary action. Any blatant violation of the safety requirements may result in dismissal from the program, upon review by the advisory committee.

All students must have an MRI Safety and Medical Eligibility Attestation on file with the School. Additionally, the Cleveland Clinic requires students who are doing a rotation in MRI to bring a copy of their safety attestation form to the MRI department.

Pregnancy for MR Students

This section provides guidance regarding occupational exposure considerations for students who are pregnant in the MRI environment.

ACR Manual on MR Safety – Pregnancy

Pregnant health care practitioners are permitted to work in and around the MR environment throughout all stages of their pregnancy. Acceptable activities include, but are not limited to, positioning patients, scanning, archiving, injecting contrast, and entering the MR system room in response to an emergency. Although permitted to work in and around the MR environment, pregnant health care practitioners are requested not to remain within the MR scanner bore or Zone IV during actual data acquisition or scanning.

MRI Department Safety

Pregnant students may enter the scan room when the static field is on but should not remain in the room during data acquisition or scanning.

Upon medical verification of her pregnant condition, disclosure of the said condition to program officials is the student's responsibility and is to be initiated voluntarily. Students have the right to refuse disclosure of medical information; however, if a student chooses not to disclose information regarding pregnancy, the student is acknowledging that they are assuming all responsibility for their condition and any potential complications that may arise.

It is required of the program to grant a leave of absence, upon verification of pregnancy, to students who do not wish to take the unknown risks associated with prenatal magnetic field or radiofrequency exposure to the fetus.

Procedures:

The pregnant student has the following options:

Declare Pregnancy

The declaration of pregnancy must be in writing and is voluntary. That is, the pregnant student need not declare her pregnancy if she so chooses. To declare pregnancy, the student must request a copy of the School's Declaration of Pregnancy form from the Program Director.

Pregnancy Accommodations

Whether or not a student declares a pregnancy, students are entitled to request pregnancy accommodation. Information about requesting accommodation can be found in the School Catalog.

Withdrawal of Declaration of Pregnancy

Declaration can be revoked by the pregnant student at any time. The revoking of the declaration of pregnancy must also be in writing. To revoke the declaration, students may request a Withdrawal of Declaration of Pregnancy form from the Program Director.

Pregnancy Related Issues

Pregnant level 2 MRI personnel and students are permitted to maintain full responsibilities (e.g., positioning patients, scanning, and injecting contrast) in the MRI environment throughout their pregnancies but are asked not to remain within zone IV during data acquisition.

Scheduling of Clinical Experience

Students attend clinical Monday through Friday from 8:00 am to 3:30 pm. Optional afternoon shifts are possible at the discretion of the site for up to three weeks per rotation for a week at a time. The hours will be determined by the preceptor and program faculty. Student rotation schedules will be posted prior to the beginning of each clinical experience, and students are expected to adhere to their rotation schedule. Students will not be scheduled for class and clinical time in excess of thirty-five (35) hours per week or seven (7) hours per day.

Students will complete a minimum of four rotations which may include family health centers, regional hospitals, and Main Campus. All required clinical assignments will be posted in advance.

Student rotations will be determined by the program and may not be altered by the clinical site or student without approval by the school.

It is the responsibility of the clinical site to ensure that student experiences have educational merit. Students must not be used in place of employees.

If a student's supervising technologist leaves the department for any reason (illness, flex time, doctor's appointment, etc.), and there is no one to assume supervision of that student, the student will be sent home. This will not affect the student's PTO.

The program must provide equitable learning opportunities for all students. For example, if an objective is for students to perform breast imaging and/or therapeutic procedures, then both genders must be provided the same opportunities to attain the requirement.

The program faculty reserves the right to move or reassign a student's clinical site due to extenuating circumstances.

Supervision of Students

1. Students will not take the responsibility or the place of qualified staff. Until students successfully complete a competency evaluation in each procedure, all clinical assignments must be carried out under the direct supervision of qualified technologists.
 - A qualified technologist reviews the request and orders for examination in relation to the student's achievement.
 - A qualified technologist evaluates the condition of the patient in relation to the student's achievement.
 - A qualified technologist is present during the performance of the examination.
 - A qualified technologist reviews and approves the images.
2. After demonstrating competency, students may be permitted to perform procedures with indirect supervision. Indirect supervision is defined as that of supervision provided by a qualified technologist immediately available to assist regardless of the level of student achievement. The following are the parameters of indirect supervision:
 - A qualified technologist reviews the request and orders for examination in relation to the student's achievement; the student is also required to review the patient order for accuracy.
 - A qualified technologist evaluates the condition of the patient in relation to the student's achievement.
 - A qualified technologist is present in an area adjacent to the student.
 - A qualified technologist reviews and approves the images.
3. The number of students assigned to the clinical site must not exceed the number of clinical staff assigned to the MRI department. The student to technologist clinical staff ratio must be 1:1, in addition students are never allowed to work together. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures. In the event there are not enough technologists to maintain the 1:1 ratio, students may be reassigned to a different area to maintain proper supervision requirements.
4. Unsatisfactory scans must be repeated only in the presence of a qualified technologist.
5. Students must not perform any MRI examination without direct supervision until they have successfully completed a competency evaluation.

Program clinical preceptors are assigned in each of the clinical facilities. If the program clinical preceptors are unavailable because of illness, time off, schedule, etc., the positions will be covered by department clinical preceptors. These individuals will be the supervisors or their designee. This ensures that students have a clinical preceptor at all times to provide instruction and assistance.

ARRT - MRI Certification – Primary Pathway

To earn the Magnetic Resonance Imaging credential, candidates must pass the ARRT Primary Exam for Magnetic Resonance Imaging.

Log on to the ARRT website; www.arrt.org and click the following link to reach important MRI primary certification documents.

Earn ARRT Credentials→ Credentials/Primary→ Magnetic Resonance Imaging → Primary Requirements

<https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/primary-requirements>