



Medical Imaging

BROWNHealth
UNIVERSITY

SCHOOL OF MEDICAL IMAGING

STUDENT POLICIES & PROCEDURES HANDBOOK

ARTICULATION AGREEMENT

Brown University Health School of Medical Imaging (BUHSMI) has a formal articulation agreement with Rhode Island College. Students accepted into any medical imaging program are Rhode Island College students.

STUDENTS OF BROWN UNIVERSITY HEALTH SCHOOL OF MEDICAL IMAGING

This Handbook provides essential information about the medical imaging programs at Brown University Health School of Medical Imaging. Since you are responsible for reading the Handbook completely and adhering to the stated policies, you must familiarize yourself with the contents. Periodically, the curriculum and policies and procedures of the school change. It is your responsibility to update your Handbook with changes as this information becomes available. This Handbook supplements the Rhode Island College Student Handbook.

Brown University Health School of Medical Imaging reserves the right to alter, change, amend or modify any part of this handbook, at any time, for justifiable reasons. Students will receive notice of any changes requiring student sign-off.

Implemented: 09/2019, Revised: 06/2025

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BROWN UNIVERSITY HEALTH

As we build our new identity as Brown University Health, we were inspired by the oaths and pledges that physicians and nurses have long taken as they enter their new roles, swearing to care for the sick and uphold the highest standards of their professions.

For our patients and families—and our more than 20,000 employees—we crafted our own promise, one that captures our sense of pride and purpose, while making room for all roles and all contributions. It's a promise we make to our patients, and to each other.

BROWN UNIVERSITY HEALTH SCHOOL OF MEDICAL IMAGING

The mission of Brown University Health School of Medical Imaging is to work collaboratively with technologists and other healthcare professionals to prepare students with entry-level employment skills to meet the needs of the community. The school provides diverse clinical settings to enrich student learning and expand networking opportunities within its communities of interest.

ADMINISTRATION

VICE PRESIDENT

Diana Diaz, MRSA, RT(R)(CT) CIIP

MEDICAL DIRECTOR

Mahesh Jayaraman, MD

SCHOOL ADMINISTRATOR/PROGRAM DIRECTOR – RADIOGRAPHY

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CLINICAL COORDINATOR – MRI

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SCHOOL & CLINICAL AFFILIATE LOCATIONS

SCHOOL

335R Prairie Avenue, Suite 2A, Providence, RI 02905

Office phone: (401) 606-8531 – **EMERGENCY CONTACT NUMBER**

Facsimile: 401-606-8532

Email: LSMI@brownhealth.org

CLINICAL AFFILIATES

The BUHSMI offers a balanced clinical education sufficient in quantity and variety of examinations as well as diversified modern equipment. The student is responsible for their own transportation to and from clinical affiliates. Travel requirements include up to 1 ½ hours. Clinical education takes place at the facilities listed below.

<i>Affiliate</i>	<i>Location</i>
BROWN PHYSICIANS' PATIENT CENTER	375 Wampanoag Trail, East Providence RI 02915
DAY KIMBALL HEALTHCARE	320 Pomfret Street, Putnam, CT 06260
KENT HOSPITAL	455 Toll Gate Road, Warwick, RI 02886 111 Brewster St, Pawtucket RI 02860
BROWN UNIVERSITY HEALTH COASTAL IMAGING CENTER	900 Warren Avenue, Suite 100, East Providence, RI 02904
BROWN UNIVERSITY HEALTH HAWTHORN	535 Faunce Corner Road, Dartmouth, MA 02747
BROWN UNIVERSITY HEALTH MORTON HOSPITAL	88 Washington Street, Taunton, MA 02780
BROWN UNIVERSITY HEALTH NEWPORT HOSPITAL	11 Friendship Street, Newport, RI 02840
BROWN UNIVERSITY HEALTH PORTSMOUTH IMAGING CENTER	69 Turnpike Avenue, Portsmouth, RI 02871
BROWN UNIVERSITY HEALTH RHODE ISLAND HOSPITAL/HASBRO CHILDRENS'	593 Eddy Street, Providence, RI 02903
BROWN UNIVERSITY HEALTH SAINT ANNE'S HOSPITAL	795 Middle Street, Fall River, MA 02721
BROWN UNIVERSITY HEALTH THE MIRIAM HOSPITAL	164 Summit Avenue, Providence, RI 02906
BROWN UNIVERSITY HEALTH MEDICAL IMAGING - WEST RIVER	146 West River Street, Providence RI 02904
MILFORD REGIONAL MEDICAL CENTER	14 Prospect St, Milford, MA 01757 20 Prospect St, Milford MA 01757 1280 W Central St, Franklin MA 02038 100 Commerce Dr, Northbridge MA 01534
RHODE ISLAND MEDICAL IMAGING	1301 Reservoir Avenue, Cranston, RI 02920 1351 South County Trail, Suite 105, East Greenwich, RI 02818 1 Kettle Point Avenue, East Providence, RI 02914 1525 Wampanoag Trail, Suite 101, East Providence, RI

	02915 1526 Atwood Avenue, Lower Level, Johnston, RI 02914 6 Blackstone Valley Place, Building 5, Suite 506, Lincoln, RI 02865 1500 Mineral Spring Avenue, North Providence, RI 02904 333 School Street, Suite 105, Pawtucket, RI 02860 1 Randall Square, Suite 103, Providence, RI 02904 250 Tollgate Road, Warwick, RI 02886
SOUTHCOAST HOSPITAL GROUP CHARLTON MEMORIAL HOSPITAL	363 Highland Avenue, Fall River, MA 02720
SOUTHCOAST HOSPITAL GROUP ST. LUKE'S HOSPITAL	101 Page Street, New Bedford, MA 02740
UNIVERSITY ORTHOPEDICS	2 Dudley Street, Suite 200, Providence, RI 02905 1 Kettle Point Avenue, East Providence, RI 02914 1598 South County Trail, East Greenwich, RI 02818 11 Wells Street, Suite 1, Westerly, RI 02891
PROVIDENCE VA MEDICAL CENTER	830 Chalkstone Ave, Providence RI 02908
WOMEN & INFANTS HOSPITAL	101 Dudley Street, Providence, RI 02905
WOMEN & INFANTS HOSPITAL PRENATAL DIAGNOSIS CENTER	101 Plain Street 6 th Floor, Providence RI 02903
YALE NEW HAVEN HEALTH LAWRENCE & MEMORIAL HOSPITAL	Main Campus, 365 Montauk Ave, New London, CT 06320
YALE NEW HAVEN HEALTH LAWRENCE & MEMORIAL HOSPITAL PEQUOT HEALTH CENTER	52 Hazelnut Hill Road, Groton, CT 06340
YALE NEW HAVEN HEALTH LAWRENCE & MEMORIAL HOSPITAL CROSSROADS WATERFORD	196 Parkway South, Suite 102, Waterford, CT 06385
YALE NEW HAVEN HEALTH WESTERLY HOSPITAL	25 Wells Street, Westerly, RI 02891

PARKING

Students must park in their assigned lot. This includes assigned lots for Rhode Island College, Rhode Island Nursing Education Center, clinical affiliate locations, and BUHSMI. Failure to comply with parking assignments will result in *The Counseling & Corrective Action Policy* to be followed.

POLICIES

Students are expected to abide by all BUHSMI and clinical affiliate policies, procedures, and guidelines.

POLICY OF NONDISCRIMINATION

Brown University Health is an equal opportunity employer. We provide all students with access to the rights, privileges, programs, benefits, and activities offered by the institution. We are committed to hiring and retaining a skilled and qualified workforce that serves our communities effectively. We strive to maintain a professional work environment that supports the well-being of our employees and students. Our team is guided by our core C.A.R.E. values: Compassion, Accountability, Respect, and Excellence.

TUITION & FEES

Tuition is paid to Rhode Island College. Visit [Rhode Island College Admissions](#) for more information.

RIC ESTIMATED TUITION & FEES (PER SEMESTER)

Rhode Island Residents: \$5,650

Northeast Neighbors: \$8,091

Out-of-state Residents: \$13,649

BUHSMI participates in Title IV financial aid through enrollment in Rhode Island College. There are no refunds issued by BUHSMI.

ADDITIONAL FEES (ESTIMATED COSTS)

Imaging Sciences Enrollment Fee - \$1,000

Books - \$750

Nonprogrammable Calculator - \$25 (Required for Radiography)

Uniforms - \$200-300

Laptop (with Microsoft Office) - \$750

Credentialing exam – up to \$300 per exam

TRANSFER STUDENTS & CREDITS

BUHSMI does not accept transfer credit for any previous medical imaging didactic or clinical courses.

PROBATIONARY PERIOD

The first clinical semester is a probationary period to provide an adequate timeframe to assess whether the program and/or school is a good match for a new student. A student may be dismissed at the discretion of the school at any time during the probationary period without recourse to the grievance procedure.

ACADEMIC & CLINICAL STANDARDS

Students must maintain a minimum grade of “C/74” or higher in all academic and a grade of “B-/80” or higher in all clinical courses. Any student failing to maintain the minimum grade in a required course or course segment will be dismissed from the program. At mid semester, students not maintaining a minimum grade will be listed in Rhode Island College’s Starfish system. If a student withdraws from a course for any reason, the student will be dismissed from the program.

CREDIT HOURS

15 hours of didactic course work is equal to 1 credit hour

90 hours of clinical course work is equal to 1 credit hour

ACADEMIC HONESTY & INTEGRITY POLICY

The BUHSMI requires honesty of all students in their academic work. Academic dishonesty not only contradicts the expectations of our program but violates our school rules and regulations. Academic Integrity Violations are defined and will be handled in accordance with the relevant *Academic Policies and Procedures*. While you are encouraged to work with other students, the work you submit for grade must be your own. Consequences range from a warning and a zero-grade on the relevant assessment for minor infractions (e.g., asking for answers to assessments on the Bb discussion board) to failing the course for major ones (e.g., having someone else do the work in person or via websites that offer this service). BUHSMI is duty-bound to report violations to the Provost/Vice President of Academic Affairs and a review by the Academic Integrity Board will follow. Examples of Academic Dishonesty include but are not limited to cheating, word-for-word plagiarism, patch work plagiarism, unacknowledged paraphrase, collusion, deception, sabotage, multiple submissions, etc.

DIDACTIC INFORMATION

The didactic program is scheduled and formatted to provide the proper ratio of practical and classroom experience. Didactic classes are held at BUHSMI, Rhode Island College, and/or Rhode Island Nursing Education Center. Class day and times are dependent on instructor availability, number of courses offered, and labs associated with the didactic content. See individual program section for specific policies and/or procedures.

ASSESSMENT OF DIDACTIC PERFORMANCE

Students will be given frequent oral, written, or practical examinations by individual didactic instructors. See individual course syllabi for grading details.

CLINICAL INFORMATION

Clinical education is scheduled and formatted to provide cohesiveness between didactic and practicum experience. Clinical hours and placements vary per program and rotation.

CLINICAL AFFILIATE ORIENTATION

Students are required to complete orientation at all clinical affiliates. Clinical affiliates may require additional requirements (training, orientation, drug testing, etc...) for students to rotate at their clinical facility. It is the responsibility of the student to complete all necessary requirements of the clinical site.

PATIENT IDENTIFICATION & VERIFICATION

The purpose of the patient/procedure identification policy is for the student to understand the importance of checking and verifying the following information before performing all examinations and procedures as well as following through during and after the procedure has been completed. Students must follow affiliate-specific identification processes that include but are not limited to confirmation of patient, exam/procedure, laterality if applicable, exam indication, imaging marker if applicable.

The student is required to comply with all governmental regulations regarding patient confidentiality and privacy as protected under the Health Insurance Portability & Accountability Act. For additional information, please visit: www.hhs.gov.

DISCIPLINARY ACTION

If the student fails to perform any of the steps in the *Patient & Procedure Identification Policy* or does not follow HIPAA laws resulting in a mistake, a compliance event report will be completed. After reviewing the incident, the student will be subject to the *Counseling and Corrective Action Policy* up to program dismissal.

CLINICAL SUPERVISION

Program faculty schedules each student to practice individually with a registered technologist to ensure close direct or indirect supervision. See program-specific sections for detailed information.

DIRECT SUPERVISION

The registered technologist is present in the room during student performance of a procedure. The technologist is fully responsible for the performance of the student assigned to them.

INDIRECT SUPERVISION

The registered technologist is immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of the technologist adjacent to the room or location where the procedure is being performed.

CLINICAL COMPETENCY REQUIREMENTS

All students are given clinical expectations to be completed as a graduation requirement. The clinical requirements ensure that all certification requirements are met to take the certification examination.

Candidates must demonstrate competence. Demonstration and documentation of clinical competence means that the candidate performed the procedure independently, consistently, and effectively. Candidates must demonstrate competence in mandatory and elective procedures. The list of required competencies is documented on Trajecsys and in specific course syllabi.

ASSESSMENT OF CLINICAL PERFORMANCE

CLINICAL EXAM LOG

Students must log each exam and indicate level of performance using Trajecsys. Clinical logs are reviewed by program faculty.

EVALUATION OF STUDENT PERFORMANCE

Program faculty will complete a comprehensive evaluation for each student once per rotation during their clinical experience.

COMPETENCY EVALUATIONS

During each clinical education course, the syllabus will list the competency requirements to be completed for the corresponding semester. For the student to pass the competency evaluation successfully, they must meet standards on all aspects of the evaluation. Failure to obtain a passing competency will require the student to practice the procedure and be re-evaluated. Clinical competency failure two times will result in the following steps.

- Direct one-on-one clinical instruction will be scheduled with program faculty:
 - o The student, with guidance from program faculty, will write out sequential steps for completing the failed procedure.
 - o A student will attempt clinical competency.
 - o Failure to pass the competency evaluation after the above instruction and guidance will result in program dismissal.

Earning competency in a procedure does not relieve a student from performing that procedure during their clinical rotation. See individual course syllabi for competency grading.

ATTENDANCE

Attendance is crucial to maintain satisfactory didactic and clinical performance. Students that maintain low or unacceptable attendance records will find it difficult to fulfill their education requirements. Total clinical and didactic studies cannot exceed 40 hours per week.

PERSONAL TIME

Students are allotted a total of six (6) personal days for the duration of the program.

TARDINESS

Students are required to be in their assigned clinical area prior to or by the designated arrival time. Tardiness is defined as any arrival time that is one minute beyond the designated time of arrival. Excessive tardiness will not be tolerated. The *Counseling and Corrective Action Policy* will be followed if the student logs excessive tardiness.

After 3 tardies	Verbal counseling
After 6 tardies	Written corrective action
After 9 tardies	Final written corrective action

10 th tardy	Dismissal from program
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UNEXCUSED ABSENCE

An unexcused absence is any clinical absence which has not been reported to program faculty, clinical site, and properly recorded on Trajecsyst. Any student who fails to report two unexcused absences during the program will be dismissed. The *Counseling and Corrective Action Policy* will follow the following thresholds:

1 st unexcused absence	Final Written Corrective Action
2 nd unexcused absence	Dismissal

EXCESSIVE ABSENCES

Students are required to be in clinical education to progress through the program in a timely manner. Excessive absence is defined as any absence past six personal days and will not be tolerated. The *Counseling and Corrective Action Policy* will be followed if the student logs excessive absences.

7 th absence	Policy Infraction
8 th absence	Written Corrective Action
9 th absence	Final Written Corrective Action
10 th absence	Dismissal

SPECIAL CIRCUMSTANCES

Students will be granted time off for special circumstances. A written request must be submitted to program faculty and all requests will be considered on an individual basis. If time off is greater than four (4) days, the *Leave of Absence Policy* must be followed.

CLINICAL MAKE UP TIME

Any missed time exceeding allotted personal time must be made up in collaboration with school faculty. Students are not allowed to make up time on weekends, school observed holidays or school closings. Students are not allowed to attend clinical during non-scheduled clinical time unless time is approved with program faculty. Every effort will be made to see that the student is able to make up time in the clinical area in which they were absent. Students must request makeup time by submitting a *Request for Extra Clinical Time* form to program faculty. A minimum of 24-hour notice is required. Only students who sign up in advance will be afforded the opportunity. Students who have not signed up for makeup time, but attend, will not be credited in terms of hours owed for clinic obligations.

MEAL BREAK

Students are allotted a meal break each day. This time is designated by the supervising clinical or didactic instructor. All students are expected to report to their clinical assignment promptly after their meal break. Students are not allowed to work through their meal break and leave their clinical rotation early. On classroom days, a meal break will be built into the schedule if necessary.

CALENDAR

OBSERVED HOLIDAYS

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas. Students are not allowed to attend clinical on school observed holidays. Other holidays may be observed depending on clinical affiliate. Schedules are subject to change.

SCHEDULED BREAKS

Students will be allotted school breaks during winter recess, spring recess and summer recess. Specific dates will be communicated via program faculty. Students are permitted to request clinical make up time during scheduled breaks.

LEAVE OF ABSENCE

Students are advised that a leave of absence (LOA) could interrupt their educational progress. Students may request one of the following options:

A leave of absence may be requested in circumstances of extended clinical or didactic absence. Justifiable reasons may include and the following examples:

- Family Medical Leave: The birth/adoption of a child, and placement of a foster child as well as to care for a spouse, domestic partner, child, parent with a serious health condition.
- Medical Leave of Absence: Due to a student's own health condition.
- Personal Leave of Absence: Personal reasons will be considered on an individual basis.
- Military Leave of Absence: Required obligation for active and inactive servicemembers.

PROGRAM LOA

Temporary Withdrawal from both clinical and didactic instruction.

A vacancy will be held for the student for a maximum of 12 weeks. If a program LOA is extended beyond 12 weeks, readmittance will be determined on an individual basis by program faculty.

CLINICAL LOA

Temporary Withdrawal from clinical rotations with continued participation in didactic instruction.

NOTIFICATION REQUIREMENTS

Except in emergency situations, students who expect to be absent from school for more than four (4) days must complete a *Request for LOA* form. If it is a medical leave of absence, the student must also submit documentation from their health care provider. Documentation must be submitted to program faculty 30 days in advance of the expected leave. If the leave is not planned (e.g., emergency medical), the student must submit the documentation within 14 days of start of leave. A student on a program LOA must provide update to program faculty every 14 calendar days. Failure to update program faculty will result in voluntary withdrawal from the program. When planning medical treatment, a student must consult with program faculty to make reasonable effort to schedule treatment as to not disrupt the student's education. The student must provide documentation of medical clearance prior to returning to school.

STUDENT OBLIGATIONS

If at any time during enrollment, a student must take a leave of absence, the student will:

- Be responsible for making up all missed didactic work. Dependent on the type of course(s), degree of difficulty of the course(s), the student's academic standing and length of time out, the student may be required to re-take the course(s) in their entirety.
- Be responsible for making up all missed clinical time. This requires the student to complete upon return all clinical competencies and rotations missed or not completed prior to and during the leave of absence. In addition, the student will be evaluated in those clinical competencies completed prior to time out and will be subject to participation for review purposes should the faculty deem it necessary.
- Complete all requirements for graduation.
- Return to full-time status as soon as possible.

PERSONAL ELECTRONICS POLICY

Cell phones must be turned off and stored in the classroom/clinical settings. Students are prohibited from using personal electronic devices in clinical areas. This includes but is not limited to computers, tablets, cell phones, smart watches and audio devices.

PREGNANCY POLICY

Students are advised that childbirth and/or pregnancy could interrupt their educational progress. If a student becomes pregnant and wishes to declare pregnancy, they are required to inform the Program Director in writing and complete a *Declaration of Pregnancy* form.

UPON DECLARATION OF PREGNANCY, THE STUDENT

- Will have the option to counsel with Medical Physics/Radiation Safety personnel.
- Will submit a statement choosing one of the following options:
 - o Immediate leave of absence.
 - o Withdrawal from clinical rotations with continued participation in didactic instruction.
 - o Continued full-time didactic status with clinical rotation limitations.
 - o Continued full-time status.
 - o Can withdraw her declaration.
 - A student has the right to undeclare her pregnancy at any time. Notification must be made in writing. Once a student has undeclared her pregnancy, the student will be treated as though she were not pregnant.
- MRI-specific: The declared pregnant student is not allowed to perform any duties within the MR scanner room or Zone IV during actual data acquisition or scanning.
- The maximum permissible dose equivalent for the unborn child of a pregnant radiation worker shall be no more than 0.5 rem during the period of gestation, and less than 50 mrem per month. The reading of the waist level fetal badge will be used to estimate fetal dose.

A DECLARED PREGNANT STUDENT MAINTAINING FULL-TIME STATUS WITH OR WITHOUT CLINICAL LIMITATIONS WILL BE REQUIRED TO

- Adhere to all safety precautions.
- Wear a fetal badge at waist level for fetal monitoring. The fetal badge will be worn under the optional lead apron, if worn. The fetal badge will be read monthly.
- Should the student exceed the recommended amount of exposure, she must either withdraw from clinical rotations with continued participation in didactic instruction or request an immediate leave of absence.
- Submit documentation as to any changes or problems in her pregnancy and the advisability of change in program status.
- Stop working immediately and report to program faculty if the pregnant student feels that she is working in an unsafe area or under conditions detrimental to herself or the fetus.
- Make up any missed didactic and/or clinical requirements.

SAFETY POLICIES

MRI SAFETY POLICY

This policy is based on the ACR Manual on MR Safety

There are no known biological risks associated with magnetic field or radiofrequency exposure to individuals that work in close proximity to MRI systems. The static magnetic field of the MRI machine is always on, 24hours/7days a-week/365 days a year, requiring 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 a very strong magnetic field within and surrounding the MRI scanner, therefore all individuals must be screened for MR safety prior to entering Zones III or IV of the MR environment. As a medical imaging student, you are required to follow MRI Safety policies and procedures. It is the students' responsibility to inform the program faculty of any changes that would affect their safety in MRI. The declared pregnant student is not allowed to perform any duties within the MR scanner room or Zone IV during actual data acquisition or scanning. All medical imaging students will be educated and screened on MR safety prior to the beginning clinical rotations.

Non-MRI students will be rescreened prior to their MRI observation. Non-MRI students will be screened again by MRI technologists on the day of their observation.

RADIATION SAFETY POLICY

It is the policy of the hospital directed by the State and Federal regulatory agencies that medical imaging students be monitored by means of a dosimetry badge for recording radiation dose levels. The Medical Physics/Radiation Safety department will provide one radiation badge (body badge) for monitoring students. It is the student's responsibility to wear the radiation badge in the proper manner, protect it from damage, avoid losing it and turn it in on time. Failure to comply is a direct violation of policy as well as against State and Federal Laws. The student must wear their radiation badge during clinical rotations. No student will be allowed to remain in clinical without their radiation badge.

- The radiation badge must be worn at neck level. If rotating through the OR and Fluoroscopy areas, radiation badge must be worn outside lead apron at neck level.
- Never leave radiation badge in an imaging room.
- Never wear radiation badge if the student is having medical or dental radiographs taken.
- Any accidents with the badge or loss of the badge must be immediately reported to program faculty.

EXPOSURE LIMITS

- Student whole body (deep dose): 5 rem (5,000 millirems) per 12-month period.
- Pregnant Student: 0.5 rem (500 millirems) per entire gestation period or 0.05 rem (50 millirem) in any one month.
- A student receiving 0.03 rem (30 millirem) deep or whole-body dose or higher within a one-month period will be counseled by the Program Director and the reason for the exposure documented.
- A student receiving 0.04 rem (40 millirem) deep or whole-body dose or higher within a one-month period will receive written notification for the dose and will be required to respond in writing, providing an explanation for that dose. Radiation safety counseling by the Radiation Safety Officer and the Programs Administrator will also be provided.

Radiation badges will be read quarterly (except pregnant student) and evaluated by the Radiation Safety Officer. If readings are reported that are outside of the predetermined threshold (ALARA) levels, the student's work habits will be investigated by the Radiation Safety Officer.

Program faculty will review radiation exposure reports with students quarterly. Students are required to initial reports. Radiation exposure reports will be kept on permanent file in the Program Director's office. Any questions regarding exposures will be directed to the program faculty and/or Medical Physics/Radiation Safety personnel.

RADIATION SAFE PRACTICES

The student is expected to always exercise sound radiation protection practices. At no time should a student participate in a procedure that exhibits unsafe protection practices.

- Never make an exposure while the door to the radiographic room is open.
- Always use collimation.
- Always stand behind the lead barrier when making an exposure.
- Never to hold image receptors during radiographic examinations.
- Never to hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

COMPLAINT & GRIEVANCE PROCEDURE

POLICY

The purpose of this procedure is to allow enrolled students and school faculty the opportunity to resolve program problems and to be assured of fair, unbiased decisions.

PROCEDURE

1. The student or faculty member is advised to try to resolve the situation/concern with the individual.
2. If the situation/concern is not resolved, the student or faculty member will have five (5) business days to submit a complaint in writing to the appropriate Program Director. The Program Director will have ten (10) business days to respond.
3. If the student or faculty member is not satisfied with the Program Director's response, the student or faculty member may file a grievance. The grievance must be submitted in writing to the School Administrator within five (5) business days. The School Administrator will have ten (10) business days to respond.
4. If the student or faculty member is not satisfied with the School Administrator's decision, the student or faculty member will have five (5) business days to appeal the decision. The appeal in writing must be submitted to the Vice President of BUHSMI. The Vice President of BUHSMI will have ten (10) business days to respond.
5. If the student or faculty member is not satisfied with the Vice President's decision, the student or faculty member will have five (5) business days to appeal the decision. The appeal in writing must be submitted to the Medical Director. The Medical Director along with the Grievance Committee will have twenty (20) business days to respond.
6. If the student or faculty member is not satisfied with the Medical Director's decision, the student or faculty member will have five (5) business days to appeal the decision. The appeal in writing must be submitted to the School Administrator. The School Administrator will present all documentation to a BUHSMI Human Resource (HR) Representative. The HR Representative will have twenty (20) business days to respond. The HR Representative's decision will be final.

GRIEVANCE COMMITTEE

The Grievance Committee is comprised of the program administration and faculty, medical director, Vice President of BUHSMI, individuals from clinical affiliates (if necessary), and RIC representative. Students enrolled at RIC cannot grieve to RIC if they are suspended or expelled (temporarily or permanently) for their failure to comply with the school or clinical affiliates rules, regulations, policies, and procedures, or if the student's conduct, competence, attitude, or health status may have a detrimental effect of the clinical affiliates professional staff (including other students), its patients, or its visitors. Independent of any action the clinical affiliate may take regarding such misconduct, the student will also be subject to college rules and regulations denoted in the RIC Handbook. Students do have the right to appeal a grade through the appropriate academic channels of the college.

Faculty and Administration of BUHSMI will discuss student issues with enrolled students only. Any follow-up conversations will include Rhode Island College administration.

COUNSELING & CORRECTIVE ACTION POLICY

The Counseling and Corrective Action Policy is designed to help students understand and fulfill their responsibilities within a safe, professional, and high-performing clinical and academic environment. All students are expected to conduct themselves in alignment with the mission, vision, and values of the school and its clinical affiliates, to treat others with dignity and respect, to maintain the skills necessary for their clinical role, and to meet the behavioral and performance standards required of them as students. It is the policy of the school and its clinical affiliates to provide students with clear expectations, timely feedback, and the support necessary to succeed. When a student's performance or behavior falls short of expectations, faculty will initiate corrective action. This may begin with counseling and progress to a formal corrective action plan, depending on the severity or persistence of the issue. The goal of this process is to support improvement; however, if the student fails to demonstrate adequate progress, dismissal from the program may be considered.

Corrective action will only be implemented after:

- Expectations have been clearly communicated to the student,
- A reasonable period has been allowed for improvement or assessment,
- Expectations have been appropriate and consistent with the student's level of training,
- And faculty have taken documented steps, such as counseling, to assist the student in addressing the concerns.

This policy ensures a fair and supportive process that holds students accountable while prioritizing their success and the safety and quality of care delivered in the clinical environment.

COUNSELING

When addressing performance or behavioral concerns that do not warrant immediate dismissal, faculty will engage in a structured counseling process with the student. This process includes clearly identifying the areas that require improvement, outlining the expectations for acceptable performance or conduct, and discussing the potential consequences of continued noncompliance. Faculty will also provide support through appropriate interventions such as education, training, or coaching, and will monitor progress over time. All counseling discussions and agreed-upon actions will be documented and maintained by program faculty.

INVESTIGATIVE SUSPENSION

An investigative suspension is used to allow time for faculty to investigate a serious performance or behavior problem that potentially may result in dismissal. A suspension is typically no more than three days. All missed time due to investigative suspension must be made up following the *Make-Up Time Policy*.

FORMAL CORRECTIVE ACTION STEPS

When counseling does not improve the student's performance or behavior, the *Formal Corrective Action* process will be used. Generally, a *Written Corrective Action Plan* is the first step in the process. However, an immediate move to a *Final Written Action Plan* or dismissal may be appropriate when there is a serious behavior or performance problem. All *Corrective Action Plans* and dismissal will include consultation with the School Administrator.

BEHAVIORS NECESSITATING CORRECTIVE ACTION

Behaviors that reflect a pattern of concern—though not necessarily grounds for immediate dismissal—may still warrant corrective action. These include actions that demonstrate a lack of professionalism, noncompliance with program policies, or conduct that negatively affects the clinical or learning environment. This also encompasses misuse of technology or social media, and failure to meet expectations related to attendance, documentation, safety, or professional conduct. Such issues must be addressed to maintain accountability and uphold the standards of the program.

BEHAVIORS NECESSITATING IMMEDIATE DISMISSAL

Certain behaviors or violations, due to their severity, may warrant immediate dismissal from the program following the outcome of an investigation. These include actions that demonstrate gross misconduct, serious breaches of professional, legal, or ethical standards, or willful disregard for policies that compromise safety, integrity, or the well-being of others. Repeated violations, failure to comply with corrective actions, or conduct that undermines the trust placed in students within a healthcare setting may also result in dismissal. In cases where actions may violate state or federal laws or regulatory standards, appropriate authorities or oversight bodies may be notified.

DOCUMENTATION

The *Corrective Action Plan* form is designed to help faculty and students understand the process and will be utilized to document all *Written Corrective Action Plans*. The student's signature on the form signifies that a discussion of its content has taken place. A copy of the *Corrective Action Plan* is provided to the student and the original signed plan will be placed in the student's school file.

GRIEVANCE

When using corrective action, faculty should advise the student of their right to grieve. Under the Grievance Procedure, students may grieve any of the steps in corrective action. It is the policy of the BUHSMI to discuss counseling, corrective action, and dismissal with the enrolled student only.

STUDENT TERMINATED AS EMPLOYEE

In the event a student, working as an employee, is terminated from a clinical affiliate, the student may be dismissed from the program.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT

The BUHSMI complies with the Family Educational Rights and Privacy Act (FERPA), a Federal law that protects the privacy of student education records. Visit the web site for more information at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

CHANGE IN PERSONAL DATA

All changes in address, telephone number, marital status, legal name, and citizenship must be reported to Administrative Assistant at SMI. Cooperation in the matter will assist us in keeping records up to date.

EMERGENCY CONTACT

The faculty encourages students to leave the school's main number (401-606-8531) in case of an emergency.

CONTINGENCY PLAN

If a catastrophic event occurs, school faculty will consult with Rhode Island College, Rhode Island Hospital, and clinical affiliate administration to determine the best path to maintain program integrity. Every effort will be afforded to minimize interruptions to program operations and student learning. Faculty will use a variety of methods to replace the current education methods. Didactic education will be delivered through Rhode Island College's learning management system or if necessary, through the USPS. Clinical education will be replaced with schedule alterations and/or assignments, simulated clinical experiences, and/or virtual demonstrations. Once clinical restrictions have been lifted, students will be responsible for completing all or a portion of missed clinical assignments to satisfy graduation and certification board requirements. This may require an extension beyond the scheduled program completion date.

SCHOOL CANCELLATION

BUHSMI will announce school cancellation notices through the Rhode Island Broadcasters Association and via Rhode Island College email.

ADVISORY COMMITTEE

The advisory committee is comprised of the program administration and faculty, individuals from clinical affiliates, and Medical Imaging Student Representatives. The advisory committee meets once a year to evaluate the programs, discuss changes, and other related programmatic topics.

ETHICS REQUIREMENTS FOR REGISTRY ELIGIBLE GRADUATES

ARRT ETHICS

A candidate for certification must be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Standards of Ethics or the ARRT Rules and Regulations and must have complied and agree to continue to comply with the ARRT Standards of Ethics and the ARRT Rules and Regulations. Please refer to arrt.org for details.

SDMS ETHICS

The goal of the code of ethics is to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers. In so doing, the integrity of diagnostic medical sonography will be maintained. Please refer to sdms.org for details.

PROFESSIONAL ORGANIZATIONS

During course MEDI 203 Introduction to Medical Imaging students are introduced to the various professional organizations. Students are made aware of and strongly encouraged to join their professional organizations as a student in a medical imaging clinical program.

GRADUATION REQUIREMENTS

The student must meet the following requirements to be eligible to receive a school certificate:

- Completion of all didactic courses and clinical requirements according to the established criteria.
 - A student with incomplete records in either area shall not be granted a certificate and will not be authorized by the program faculty as meeting the educational requirements for certification.
- All make-up time must be completed.
- Students must return the following items to the school, if applicable:
 - Radiation badge(s)
 - Identification badge
 - Anatomical markers
- Candidate has met all financial obligations of the school, if applicable.

PROFESSIONAL APPEARANCE STANDARDS

GENERAL INFORMATION

The purpose of *Professional Appearance Standards* is to foster a professional image appropriate for a healthcare environment. Students represent the school and clinical affiliate within the healthcare community through personal appearance. Compliance with appearance standards reinforces confidence and respect for the organization, and maintains the health and safety of patients, visitors, and colleagues. It is the responsibility of each student to present a professional image through compliance with the following outlined standards.

IDENTIFICATION STANDARDS

School-issued (or affiliate-issued) identification badge must be worn at all times while in class and at the clinical affiliate. The badge must be displayed in the upper chest/shoulder area, on the front of the outer garment, clearly visible and not obscured in any way. Lanyards are not acceptable except for MR students. Identification badges should not be altered in any way.

ATTIRE STANDARDS

The school uniform must be purchased through Alexander's Uniforms with the appropriate logo. School uniform must be worn at all times during the program (class, labs, and clinical education). Students are not allowed to wear school embroidered uniforms outside of school hours. Uniform must be well-fitting, clean, and neatly pressed. Students may wear plain white, black, or gray shirts (no writing or design) under their uniform top. Lab coats may be worn. Sweaters or sweatshirts are not permitted. Attire for operating room rotations will be according to affiliate policy and will be reviewed at the start of the clinical experience.

FOOTWEAR STANDARDS

The student must wear a school-approved white, black, or gray (solid color) professional shoe or leather, low-cut, athletic shoe. Crocs or mesh athletic shoe are not permitted.

Footwear should be safe for the work environment. Footwear must be in good condition, and provide protection from hazards such as heavy objects, chemicals, and/or bodily fluids. Socks must be white, black, or gray (solid color).

GROOMING STANDARDS

Students should be clean and free of pervasive body odor, as well as pet, smoke, chemical, and other strong environmental odors. Fragrances, such as perfumes, colognes, powders, or other personal care products, should not be pervasive.

Students are prohibited from smoking/vaping or using tobacco while in uniform or when representing BUHSMI.

Fingernails are to be neat, clean, and short in length (1/4 inch beyond the end of the finger). Fingernail polish is not permitted. Artificial fingernail enhancements of any type are not to be worn by students. This includes but is not limited to artificial nails, tips, acrylics, gels, and any additional items applied to the natural nail surface.

Hair should be clean, well-groomed and should not represent extremes in color or fashion. Hair longer than shoulder-length must be pulled or tied back away from the face to ensure that it does not impinge the student's own safety, ability to perform their job, or infection control. Facial hair should be well-groomed, neat, and trimmed; beards trimmed to jaw line and mustache trimmed to lip line.

Makeup should be tasteful and appropriate to the healthcare setting.

ADORNMENT & BODY ART STANDARDS

Only a single watch, bracelet, and one set of rings on one hand may be worn. Ear piercings are limited to three earrings or less per ear. All other visible piercings are not permissible. Buttons/decorative pins are not permitted. Use of sunglasses indoors is not permissible. Face/neck and any offensive/obscene tattoos must be covered. Permanent make-up should be conservative. Intentional body mutilation, piercings, branding/intentional scarring that is excessive or eccentric is not permissible. This includes a split or forked tongue; cosmetic foreign objects implanted under the skin; and intentionally enlarged or stretched out earlobes (other than a normal piercing). False eyelashes or extensions are not permissible.

Program and clinical faculty members reserve the right to dismiss a student from the clinical area or classroom if the student does not present professionally. A student not in compliance with *Professional Appearance Standards* will be required to make up any missed time or assignments. The *Counseling and Corrective Action Policy* will be followed.

STUDENT HEALTH

MANDATORY VACCINATIONS & TESTING

COVID series and annual Flu vaccines are mandatory. Medical and religious exemptions are not accepted unless approved by Brown University Health. Flu vaccinations are available to students free of charge. All students are required to be fit-tested for N-95 masks annually.

HEALTH SERVICES

Health services are available to enrolled Rhode Island College students. See the health center's web site at <http://www.ric.edu/healthservices/> for additional information.

HEALTH CHANGES

The student must notify program faculty of changes to their health status or medications. If at any time a student has been hospitalized longer than 24 hours or absent for 3 consecutive days, the student must present documentation of medical clearance to resume didactic and clinical course work. There is no opportunity for light duty.

INJURY TO STUDENT

All accidents or injuries, major or minor, must be reported to a supervisor at clinical affiliate immediately. The student must notify program faculty as soon as possible after an injury has occurred. An incident report must be completed and filed at the BUHSMI.

COMMUNICABLE DISEASE EXPOSURE

Students are required to report any exposure to a communicable disease to a supervisor at clinical affiliate. The student will follow the clinical affiliate policy for communicable disease exposure. The student must notify program faculty as soon as possible. An incident report must be completed, and a copy filed at the BUHSMI. If an exposure is reported to program faculty via EOHS, the student must provide written documentation that follow-up occurred. In the case of student

injury/communicable disease exposure, the student may go to their health care provider, RIC health center, urgent care center, or emergency department for care. The student is responsible for fees related to medical treatment.

STUDENT SERVICES

Students have access to all provided services through their academic affiliate

ACCOMMODATIONS

The BUHSMI is committed to making reasonable accommodations for students with documented disabilities. If a student is seeking reasonable accommodations for a disability under the American with Disabilities Act, and/or Section 504 of the Rehabilitation Act of 1973, they are required to submit the proper documentation to program faculty. Rhode Island College students must register with the Disability Services Center at RIC and provide a *Request for Reasonable Accommodations* letter to their instructors. Students requesting course accommodations through the Disability Services Center at RIC must schedule a meeting with course instructor before the start of the semester to sign form and discuss accommodations. Any recorded course materials will not be shared outside of course and must be destroyed at the end of the course.

CLINICAL STATEMENT NOTE

Testing and Classroom Accommodations listed on an *Accommodation Letter* from Disability Services apply to the classroom portion of the course only. In the clinical and/or laboratory settings, a student must be able to function within the minimum requirements outlined by the program's *Technical Standards*.

ADVISEMENT

Each student attends advisement sessions with program faculty a minimum of two times per semester – mid-semester and end-of-semester. A signed copy of the advisement discussion is placed in the student's file. If additional advisement is necessary, faculty follows the *Counseling and Corrective Action Policy*.

COMPUTERS

Students have access to limited computers at BUHSMI for educational purposes. Computers are also available to enrolled Rhode Island College students on the college campus. Computers in the radiology departments are to be utilized for hospital use only. Any computer that is property of BUHSMI does not replace the need for student technology.

TECHNICAL STANDARDS

PSYCHOMOTOR

- Stoop: to lift imaging supplies and accessory equipment
- Kneel: to perform CPR, to assist patient who may fall or faint
- Crouch: to place supplies and accessory equipment on floor or under imaging/exam table
- Reach: at least 6' from floor to imaging equipment
- Handle: imaging equipment
- Maneuver: patients in wheelchairs and stretchers, IV poles, oxygen tanks; patients on/off exam tables and/or wheelchairs; patients who may fall or faint
- Lift and place: patient, imaging supplies, and accessory equipment
- Walk: for duration of assigned shift
- Wear: lead aprons, thyroid shields, and lead gloves if applicable
- Hear: verbal directions/requests from physicians, patients, etc., blood pressure sounds through stethoscope, signals from imaging equipment
- See: control sheets for information related to examination, proper position of patients, proper equipment setup, motionlessness; respiratory phase of patient
- Talk: to communicate in English to staff, patients, etc.
- Manipulate: small objects such as knobs, buttons, needles and syringes, etc.

COGNITIVE/AFFECTIVE

- Demonstrate emotional stability to function effectively under stress.
- Manage and prioritize multiple tasks.
- Exhibit social skills necessary to communicate effectively and maturely.
- Maintain effective, mature, and sensitive relationships with others.
- Adapt to changing environments and display flexibility.
- Work independently with indirect supervision.
- Possess motivation.
- Maintain professional integrity at all times.
- Cannot have phobias that would not allow them to perform routine tasks and care in the healthcare environment.

MRI TECHNICAL SAFETY

- Student cannot have contraindicated biomedical devices, implants, and materials (pacemaker).
- Student cannot have ferromagnetic contraindicated biomedical devices, implants, and materials (aneurysm clip).
- Students cannot have accidental ferromagnetic implanted objects and/or materials.
- Students cannot have contraindicated devices assisting in routine tasks (hearing aid).
- Students cannot have phobias that would not allow them to perform routine tasks and care in the healthcare environment.

VENIPUNCTURE TRAINING

Student will complete Venipuncture Simulation Competency. Failure to pass the competency after two attempts will result in program dismissal. After successful completion of Venipuncture Simulation Competency, the student must complete the required venipuncture competencies per clinical syllabus requirements, if applicable. If the student does not complete the venipuncture competency per clinical syllabus, the student will be dismissed from the program immediately.

TECHNOLOGY

Students are required to have a personal, reliable laptop. Use of iPads and tablets is not permitted for activities. Laptops should be brought to each class as all activities will be completed via Blackboard. Activities will be timed and will shut off/submit once time runs out. Activities will not be reset. Students must use reliable/secure Wi-Fi access. Reliable/Secure access is available via Rhode Island College and BUHSMI.

STUDENT VOLUNTEER POLICY

Students are permitted to scan and be scanned by fellow students and themselves for educational purposes with faculty supervision. This is on a voluntary basis and for teaching purposes only. There is a possibility that pathology may be found, and students are encouraged to contact their healthcare provider. There is a possibility that pathology may be present and not be discovered during the educational practice sessions. Program specific faculty reserve the right to revoke student volunteer status at any time.

PROGRAM WITHDRAWAL

If a student wishes to withdraw from the program for any reason, the program faculty must be notified in writing. There are no refunds from BUHSMI. If a student withdraws from a course for any reason, the student will be dismissed from the program.

SOLICITATION OR DISTRIBUTION

Solicitation is defined as urging or attempting to persuade another individual to buy a product/service, support a cause, or join an organization. Distribution is defined as the handing out of printed/ written materials that are not official hospital/school business. Solicitation and distribution are not permitted.

PRIMARY PATHWAYS

PROGRAM-SPECIFIC INFORMATION

DIAGNOSTIC MEDICAL SONOGRAPHY

ABDOMINAL EXTENDED & OBSTETRICAL AND GYNECOLOGY

This section has been designed to give you specific policies and procedures that govern the Diagnostic Medical Sonography Program.

ACCREDITATION

The JRC-DMS reviews sonography programs to ensure that the program follows and adheres to standards set and recommends accreditation.

COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS (CAAHEP)

1361 Park Street
Clearwater, FL 33756
Tel: (727) 210-2350
Fax: (727) 210-2354
Email: mail@caahep.org

JOINT REVIEW COMMITTEE ON EDUCATION IN DIAGNOSTIC MEDICAL SONOGRAPHY (JRC-DMS)

6021 University Boulevard, Suite 500
Ellicott City, MD 21043
Tel: (443) 973-3251
Fax: (866) 738-3444
Email: mail@jrcdms.org

THE PROGRAM

BUHSMI offers a 20-month full time program designed to offer both clinical and didactic education in diagnostic medical sonography. Upon successful completion of Spring 1 Semester, the student is expected to complete and pass the Sonographic Physics & Instrumentation examination offered by the American Registry of Diagnostic Medical Sonographers. Upon successful completion of the SPI examination, the student will continue in the program. Once program requirements are met, the student is qualified to take the Abdomen Extended and OB/GYN certifying examinations offered by the American Registry of Diagnostic Medical Sonographers.

PROGRAM GOALS & STUDENT LEARNING OUTCOMES

STUDENT WILL BE COMPETENT IN THE KNOWLEDGE, SKILLS AND BEHAVIOR LEARNING DOMAINS WITHIN THE ABDOMINAL SONOGRAPHY (EXTENDED) AND OBSTETRICS AND GYNECOLOGY SONOGRAPHY CONCENTRATIONS. THE STUDENT WILL BE AN ENTRY-LEVEL SONOGRAPHER.

- Students will be able to independently perform abdominal (extended) sonographic examinations and procedures.
- Students will be able to independently perform obstetric and gynecologic sonographic examinations and procedures.
- Students will display technical skills necessary to produce high-quality sonographic images as well as identification and documentation of pathology.
 - Students will practice safe ergonomics.

STUDENTS WILL DEMONSTRATE EFFECTIVE COMMUNICATION WHEN WORKING WITH PATIENTS AND HEALTHCARE PROFESSIONALS IN A MANNER THAT RESPECTS DIVERSITY AND PROMOTES INTEGRITY.

- Students will be able to demonstrate effective and professional oral communication skills with patients, staff, and radiologists.
- Students will demonstrate effective written communication skills in preliminary reporting.
- Students will direct patients with ease and confidence to obtain proper images while understanding the patient's needs and capabilities.

STUDENTS WILL APPLY EFFECTIVE CRITICAL THINKING SKILLS TO SOLVE PROBLEMS IN THE HEALTHCARE ENVIRONMENT.

- Students will adjust scanning techniques to accommodate all unique challenges.
- Students will maximize ultrasound controls to produce high-quality images.

- Students will be able to accept constructive feedback and adjust accordingly.

STUDENTS WILL DISPLAY QUALITIES REQUIRED FOR PROFESSIONAL GROWTH AND DEVELOPMENT AS WELL AS PRIORITIZING CONTINUOUS EDUCATION IN ORDER TO BEST SERVE THE COMMUNITY.

- The program will recruit those students who are well-prepared to meet the academic challenges of the Diagnostic Medical Sonography Program.
- The program will help fulfill the needs of the healthcare community.
- Both graduates and employers will be satisfied with the practical skills learned in the program and will fulfill the needs of the healthcare community.
- The program will prepare students to successfully attempt national registry examinations.
- Students will understand the value of personal, professional advancement and will continue to obtain additional credentials and technical experience.

CLINICAL INFORMATION

CLINICAL PRACTICUM

The required clinical practicum is referred to as competency-based education. The curriculum is structured based on defined objectives and competencies. Clinical education is a planned and structured experience. The 20-month clinical program is an inter-sequential integration of didactic and practical learning through classroom lectures, clinical laboratories, supplementary lectures, discussions, demonstrations, and supervised practice of standardized procedures. The clinical affiliates offer a balanced education sufficient in quantity and variety of examinations as well as diversified modern equipment. All students will have an opportunity to observe in other imaging modalities. A standardized evaluation system is followed to document the student's clinical progress throughout the program. All students are required to demonstrate competence in a variety of procedures. School faculty makes every effort to preserve educational cohesiveness without compromising the patient care responsibilities of the department. The program faculty has the right to make changes to the clinical assignment schedule if deemed necessary or advantageous. A student will never be expected to replace a registered technologist. Clinical sites may be added or deleted at the discretion of the program director and faculty and based on the JRC-DMS recognition process.

CLINICAL HOURS

Clinical hours are based on an 8-hour workday and start times can vary based on clinical site and rotation. Schedules will be determined by the individual clinical site. Any changes to the schedule must be approved by the affiliate education supervisor and program director. Evening rotations may be required and assigned on an individual basis.

CLINICAL SCHEDULE

Students will be scheduled at a specific clinical site. The schedule will be given in advance so students can plan accordingly. The rotations will be equally distributed. Changes can be made by program faculty due to extenuating circumstances.

CLINICAL COMPETENCY REQUIREMENTS

During each clinical internship, the syllabus will list the competency requirements that are to be completed for that semester. Students must complete competencies to ensure they have mastered the procedure or technique. All competencies will be completed on Trajecsys®.

GENDER SPECIFIC POLICIES

All students, both male and female will be permitted to perform scans/observations that involve gender specific studies (i.e., breast, gynecologic and scrotal examinations). However, to assure an environment that is conducive to patient privacy, patients will have the right to refuse a student's participation.

SONOGRAPHIC PRINCIPLES AND INSTRUMENTATION REQUIREMENT

The student is required to attempt the Principles and Instrumentation Registry examination as offered by the ARDMS before the start of the Spring 2 semester. It is not required that the student successfully pass the examination. An attempt must be

made and documented to the Program Director prior to the first day of the Spring 2 semester. If an attempt is not made, the student will not be allowed to continue in the DMS. Exam fee is \$225 (at print).

ERGONOMICS

Education and training in proper body mechanics are incorporated in the DMS program. A program of preventative maintenance exercises will be introduced to successfully prevent work-related musculoskeletal injuries. Students will be expected to practice healthy and appropriate scanning practices to maximize their clinical education and to preserve their occupational health.

MAGNETIC RESONANCE IMAGING

This section has been designed to give you specific policies and procedures that govern the Magnetic Resonance Imaging Program.

ACCREDITATION

The Magnetic Resonance Imaging Program's current award is 8 years. General program accreditation information and the current accreditation award letter can be found here: [Rhode Island Hospital - JRCERT](#)

JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY (JRCERT)

20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Tel: (312)704-5300
Email: mail@jrcert.org

RESOLUTION OF COMPLAINTS ALLEGATIONS OF NON-COMPLIANCE WITH JRCERT STANDARDS

Any student allegations relating to non-compliance of *JRCERT STANDARDS* will be forwarded to the JRCERT along with a program response. See DMS and NMT program sections for JRC-DMS and JRCNMT for contact information.

POLICY

Any student complaint regarding allegations of non-compliance of *JRCERT STANDARDS* (referenced at web site below) should be submitted to the Program Director in writing with supporting documentation. The Advisory Committee will review both complaint and supporting documentation. The Advisory Committee will respond within 5 business days unless additional time is needed to explore the allegation. A response in writing including the complaint and resolution will be complete within 30 days of submission of the original complaint.

The program will maintain a record of all complaints and their resolutions.

If the student is not satisfied with resolution, the student may:

- Request all correspondence from the complaint including resolution be forwarded to the JRCERT.
- Contact the JRCERT directly
 - Address: Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
 - Phone: 312-704-5300
 - Fax: 312-704-5304
 - Email: mail@jrcert.org
 - Website: www.jrcert.org

THE PROGRAM

The BUHSMI MRI Program offers a 20-month full time day program designed to offer both clinical and didactic education in the art and science of Magnetic Resonance Imaging. Upon successful completion of the program, the student is qualified to take the certifying examination offered by The American Registry of Radiologic Technologists.

PROGRAM GOALS & STUDENT LEARNING OUTCOMES

STUDENTS WILL BE CLINICALLY COMPETENT TO BECOME AN EFFECTIVE MEMBER OF THE MRI PROFESSION

- Students will demonstrate proficiency in routine MRI procedures
- Students will identify/apply safe MRI safety procedures.
- Students will provide effective patient care skills relating to the healthcare environment.

- Students will demonstrate proficiency in routine MRI procedures.

STUDENTS WILL HAVE EFFECTIVE COMMUNICATION SKILLS AS A MEMBER OF THE HEALTHCARE TEAM

- Students will demonstrate effective communication skills in the healthcare environment
- Students will demonstrate the ability to communicate through oral and written correspondence
- Students will demonstrate cultural sensitivity as it relates to healthcare

STUDENTS WILL APPLY EFFECTIVE CRITICAL THINKING SKILLS TO SOLVE PROBLEMS

- Students will adapt to non-routine patients
- Students will critique images for diagnostic quality

STUDENTS WILL BECOME A PROFESSIONAL MEMBER OF THE HEALTHCARE COMMUNITY

- Students will demonstrate professional skills in the healthcare environment
- Students will identify/build employment skills to enter the workforce upon graduation

PROGRAM EFFECTIVENESS DATA

- The program will recruit students who are prepared to meet the academic challenges of an MRI program.
- The program will fulfill the needs of the surrounding healthcare community.
- Graduates will be satisfied with the practical skills learned in the program.
- Employers will be satisfied with the practical skills graduates learned in the program.

CLINICAL INFORMATION

CLINICAL PRACTICUM

The required clinical practicum is referred to as competency-based education. The curriculum is structured based on defined objectives and competencies. Clinical education is a planned and structured experience. The entire 20-month program is an inter-sequential integration of didactic and practical learning through classroom lectures, clinical laboratories, supplementary lectures, discussions, demonstrations, and supervised practice of standardized procedures. Clinical sites may be added or deleted at the discretion of the program director and faculty AND based on the JRCERT recognition process. Each student has access to clinical facilities that offer a balanced education sufficient in quantity and variety of MRI examinations as well as diversified modern equipment. A standardized evaluation system is followed through documentation of a student's clinical progress for the purpose of providing developmental assistance in correcting weaknesses. All students are required to demonstrate their competence in a variety of procedures and tasks. School faculty makes every effort to preserve educational cohesiveness without compromising the patient care responsibility of the Magnetic Resonance Imaging department. The program faculty schedules each student to practice individually with registered MRI technologists to ensure close direct or indirect supervision and to permit the student to obtain more than ample experience in all practical phases of routine, specialized, and emergency clinical functions. A 1:1 student to magnet ratio is maintained at all times. Clinical schedules are posted by the Educational Coordinator. The program faculty has the right to make changes to the clinical assignment schedule if deemed necessary or advantageous. A student will never be expected to replace a registered technologist.

LABORATORY PRACTICUM

Rhode Island Hospital or affiliate clinical site – 6:00 am-8:00 am (see syllabus for dates)
BUHSMI (see syllabus for dates/times/classroom)

CLINICAL HOURS

Clinical hours are based on an 8-hour workday and start times can vary based on clinical site and rotation. Schedules will be determined by the individual clinical site. Any changes to the schedule must be approved by the affiliate education supervisor and program director.

CLINICAL SCHEDULE

Students will be scheduled at a specific clinical site. The schedule will be given in advance so students can plan accordingly. The rotations will be equally distributed. Changes can be made by program faculty due to extenuating circumstances.

CLINICAL COMPETENCY REQUIREMENTS

During each clinical education course, the syllabus will list the competency requirements that are to be completed for that semester. Students must complete competencies to ensure they have mastered the procedure or technique. All competencies will be completed on Trajecsys®.

GENDER SPECIFIC POLICIES

BUHSMI& CLINICAL AFFILIATE POLICY

All students, both male and female will be permitted to perform scans/observations that involve gender specific studies (i.e., breast, gynecologic and scrotal examinations). However, to assure an environment that is conducive to patient privacy, patients will have the right to refuse a student's participation.

RADIOGRAPHY

This section has been designed to give specific policies and procedures that govern the Radiography Program.

ACCREDITATION

The Radiography Program's current award is 8 years. General program accreditation information and the current accreditation award letter can be found here: [Rhode Island Hospital - JRCERT](#)

JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY (JRCERT)

20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Tel: (312)704-5300
Email: mail@jrcert.org

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Any student allegations relating to non-compliance of *JRCERT STANDARDS* will be forwarded to the JRCERT along with a program response. See DMS and NMT program sections for JRC-DMS and JRCNMT for contact information.

POLICY

Any student complaint regarding allegations of non-compliance of *JRCERT STANDARDS* (referenced at web site below) should be submitted to the Program Director in writing with supporting documentation. The Advisory Committee will review both complaint and supporting documentation. The Advisory Committee will respond within 5 business days unless additional time is needed to explore the allegation. A response in writing including the complaint and resolution will be complete within 30 days of submission of the original complaint.

The program will maintain a record of all complaints and their resolutions.

If the student is not satisfied with resolution, the student may:

- Request all correspondence from the complaint including resolution be forwarded to the JRCERT.
- Contact the JRCERT directly
 - Address: Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
 - Phone: 312-704-5300
 - Fax: 312-704-5304
 - Email: mail@jrcert.org
 - Website: www.jrcert.org

THE PROGRAM

The BUHSMI – Radiography Program is a 20-month full-time program designed to offer both clinical and didactic education in the art and science of radiography. Upon successful completion of the program, the student is qualified to take the certifying examination offered by the American Registry of Radiologic Technology Certification Board.

GOALS & STUDENT LEARNING OUTCOMES

STUDENTS WILL BE CLINICALLY COMPETENT TO BECOME AN EFFECTIVE MEMBER OF THE RADIOGRAPHY PROFESSION

- Students will demonstrate proficiency in diagnostic radiography examinations.
- Students will provide safe radiation practice skills relating to radiography.
- Students will provide effective patient care skills relating to the healthcare environment.
- Students will be able to calculate and apply accurate exposure factors for routine exams.

STUDENTS WILL HAVE EFFECTIVE COMMUNICATION SKILLS AS A MEMBER OF THE HEALTHCARE TEAM.

- Students will demonstrate effective communication skills in the healthcare environment.
- Students will demonstrate the ability to communicate through oral and written correspondence.
- Students will demonstrate cultural sensitivity as it relates to healthcare.

STUDENTS WILL APPLY EFFECTIVE CRITICAL THINKING SKILLS TO SOLVE PROBLEMS

- Students will adapt to non-routine patients.
- Students will distinguish between diagnostic and non-diagnostic images.

STUDENTS WILL BECOME A PROFESSIONAL MEMBER OF THE HEALTHCARE COMMUNITY

- Students will demonstrate professional skills in the healthcare environment.
- Students will be prepared with employment skills to enter the workforce upon graduation.

PROGRAM EFFECTIVENESS DATA

- The program will recruit students that are well prepared to meet the academic challenges of a Radiologic Technology program.
 - The program will help fulfill the needs of the surrounding health care community.
 - Graduates will be satisfied with the practical skills learned in the program.
 - Employers will be satisfied with the graduate's practical skills learned in the program.
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CLINICAL INFORMATION

CLINICAL PRACTICUM

The required clinical practicum is referred to as competency-based education. The curriculum is structured based on defined objectives and competencies. Clinical education is a planned and structured experience. The 20-month training program is an inter-sequential integration of didactic and practical learning through classroom lectures, clinical laboratories, supplementary lectures, discussions, demonstrations, and supervised practice of standardized procedures. All clinical affiliates offer a balanced education sufficient in quantity and variety of general radiography examinations as well as diversified modern equipment. All students will have an opportunity to observe in interventional radiography, radiation therapy, nuclear medicine technology, computed tomography, diagnostic medical sonography, and magnetic resonance imaging. A standardized evaluation system is followed to document the student's clinical progress throughout the program. All students are required to demonstrate competence in a variety of procedures and tasks. School faculty makes every effort to preserve educational cohesiveness without compromising the patient care responsibilities of the department. The program faculty has the right to make changes to the clinical assignment schedule if deemed necessary or advantageous. A student will never be expected to replace the registered technologist.

CLINICAL HOURS

Clinical hours are based on an 8-hour workday and start times can vary based on clinical site and rotation. Schedules will be determined by the individual clinical site. Any changes to the schedule must be approved by the affiliate education supervisor and program director. Evening rotations will be required and assigned on an individual basis.

CLINICAL SCHEDULE

Students will be scheduled at a specific clinical site. The schedule will be given in advance so students can plan accordingly. The rotations will be equally distributed. Changes can be made by program faculty due to extenuating circumstances.

CLINICAL SUPERVISION

Program faculty schedules each student to practice individually with a certified radiologic technologist (RT) to ensure direct or indirect supervision.

DIRECT SUPERVISION

- An RT is present in the x-ray room during student performance of a procedure or task. The RT will assess patient condition in relation to student knowledge and assist as needed throughout the exam. Direct supervision is required:
 - Until the student proves competent on a particular procedure or task
 - During performance of a competency evaluation

- During repeat images

INDIRECT SUPERVISION

- An RT is immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of an RT adjacent to the x-ray room or location where the procedure or task is being performed.

CLINICAL COMPETENCY REQUIREMENTS

During each clinical education course, the syllabus will list the competency requirements that are to be completed for that semester. Students must complete competencies to ensure they have mastered the procedure or technique. All competencies will be completed on Trajecsys®

PROCEDURE

- Student – Competency not completed on procedure – Direct Supervision: An RT is present in the x-ray room during student performance of a procedure. The RT will assess patient condition in relation to student knowledge and assist as needed throughout the exam.
- Student – Competency completed on procedure – Indirect Supervision: An RT is immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of an RT adjacent to the x-ray room or location where the procedure is being performed.

LEAD MARKERS

Identifying anatomical lead markers (right and left) are to be used on all images taken by the student. When a student is gaining competency on an evaluation only their own student issued markers will be permissible. The student is responsible for all images bearing their markers. Personal markers may not be loaned to other students or staff technologists. The student is responsible for replacing lost anatomic markers. Replacement markers must be purchased immediately upon loss of marker(s). Payment in the form of cash will be made to the school. See program director for cost of markers.