

**ARKANSAS STATE  
UNIVERSITY**



**MAGNETIC RESONANCE IMAGING  
PROGRAM**

***STUDENT HANDBOOK***

***2024/2025***

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## GENERAL INTRODUCTION

This handbook has been compiled to acquaint students with the policies and procedures utilized by the professional program in magnetic resonance imaging. **It is the responsibility of the student to read the entire handbook.**

Students enrolled in the Magnetic Resonance Imaging Program are responsible for observing all policies and procedures stated in this handbook, in addition to any rules and regulations which are contained in the ASU Undergraduate Bulletin and/or the ASU Student Handbook. **Failure to read this handbook does not excuse students from the requirements and regulations contained herein.**

Students are expected to adhere to the highest standards of medical ethics in all periods of attendance in the clinical education centers. All clinical education centers, while separately located, are considered to be an integral part of the University campus. Any infraction of medical ethics in the clinical education center will be dealt with under the appropriate disciplinary policy of the University. It is the student's responsibility to know what the appropriate policies and procedures are at each of the clinical education centers. This is covered during the orientation session.

The program, established in 2007, is currently accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Dr., Suite 900, Chicago, IL 60606-2901, 312-704-5300. The program adheres to the STANDARDS established by the JRCERT, available on the JRCERT website at [www.jrcert.org](http://www.jrcert.org) and the MRI Program Director's office.

The curriculum is based on the MRI Curriculum published by the American Society of Radiologic Technologists, the Association of Educators in Imaging and Radiology Sciences, and the Section of Magnetic Resonance Imaging Technologists. A copy of this document may be found in the MRI Program Director's office.

The Program Faculty of the MRI Program at Arkansas State University reserves the right to make any additions or changes in program policies as deemed necessary at any time throughout the course of the program.

Students will be notified of new policies and/or changes in program policies in writing.

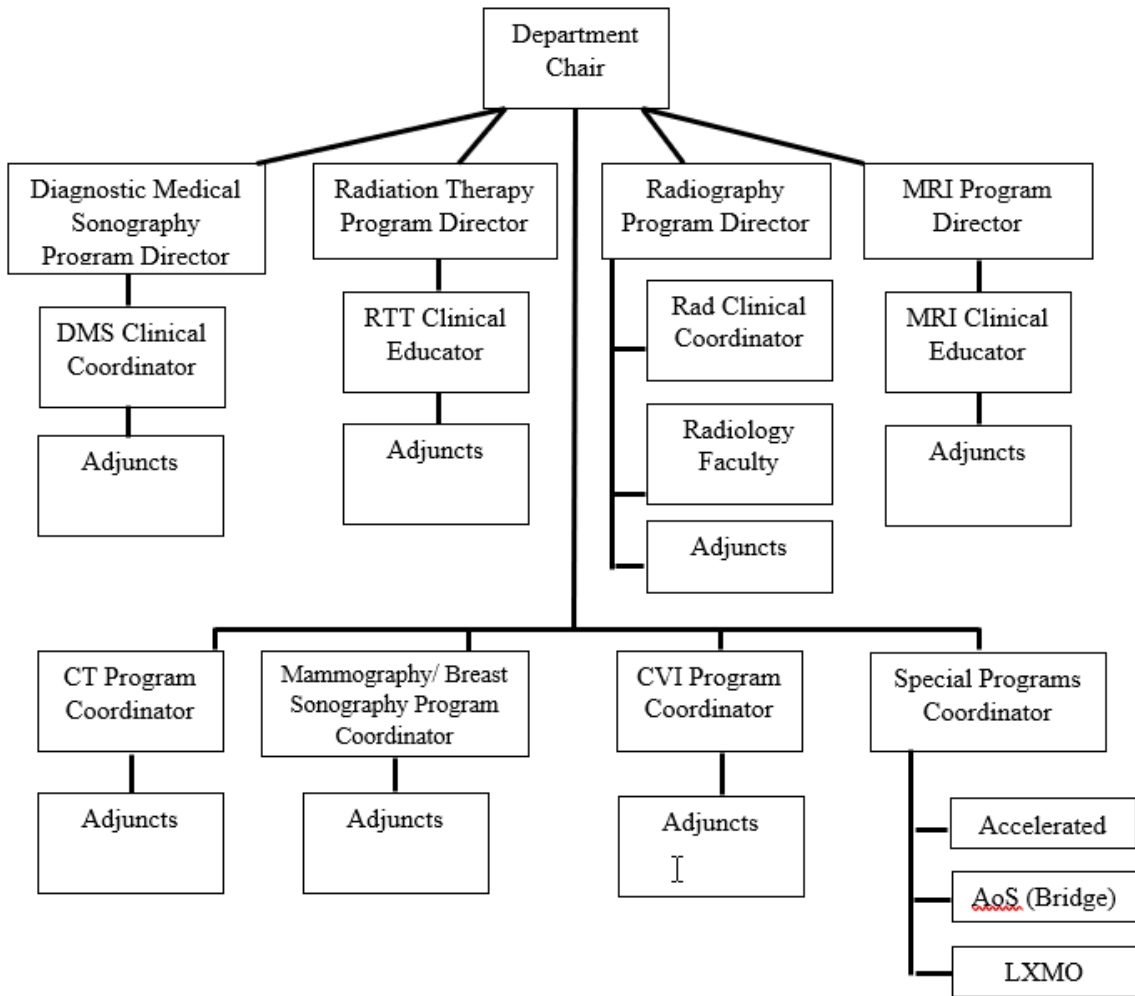
### Program Faculty

*Kendall Youngman, MSRS,  
RT(R)(CT)(MR)  
MRI/CT Program Director  
Medical Imaging and Radiologic Sciences  
Arkansas State University  
CNHP Building, Room #416  
(870) 972-3329  
[kyoungman@astate.edu](mailto:kyoungman@astate.edu)*

*Tyler Hester, BSRS  
RT(R)(MR)(CT)  
MRI Clinical Coordinator  
Medical Imaging and Radiologic Sciences  
Arkansas State University  
[thester@astate.edu](mailto:thester@astate.edu)*

# MEDICAL IMAGING AND RADIATION SCIENCES PROGRAM DIAGRAM

## Organizational Chart



## MISSION, PHILOSOPHY AND GOALS

### University Mission

Arkansas State University educates leaders, enhances intellectual growth and enriches lives.

### College of Nursing & Health Professions Mission

The primary mission of the College of Nursing and Health Professions is to provide quality education to students, graduates and health care providers in a variety of health disciplines. Recognizing its unique position in the Lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to health care in the Delta region and beyond.

### Program Philosophy

The Magnetic Resonance Imaging Program was established to provide education and training opportunities for individuals seeking entry or advancement as registered MRI technologists. Our program is based on the concept that education is a continuing process whereby the learner determines goals, clarifies values, and develops such discipline and understanding as best meets individual needs for self-actualization. It is our goal to educate students for a successful professional career in the area of magnetic resonance.

### Program Mission

The mission of the magnetic resonance program is to prepare competent, entry-level magnetic resonance technologists able to function within the healthcare community.

#### **Goal: Students will be clinically competent.**

Student Learning Outcomes:      Students will apply positioning skills.  
   Students will select image parameters.  
   Students will utilize magnetic field safety measures.

#### **Goal: Students will demonstrate communication skills.**

Student Learning Outcomes:      Students will demonstrate written communication skills.  
   Students will demonstrate oral communication skills.

#### **Goal: Students will develop critical thinking skills.**

Student Learning Outcomes:      Students will adapt imaging parameters for non-routine patients.  
   Students will critique images for diagnostic quality.

#### **Goal: Students will model professionalism.**

Student Learning Outcomes:      Students will demonstrate work ethics.  
   Students will summarize the value of life-long learning.

# **AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS CODE OF ETHICS**

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination, regardless of sex, race, creed, religion or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard or practice, and demonstrates expertise in limiting the radiation exposure to the patient, self and other members of the health care team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, protects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skills is through professional continuing education.



## STUDENT POLICIES

### 1.0 Academic Advising

Each magnetic resonance imaging student will be assigned to a faculty member who will act as his or her academic adviser. Each adviser will have regularly scheduled office hours which are posted and other hours by appointment.

If a student plans to seek employment in addition to carrying a full-time academic load, this should be discussed with his or her adviser. A realistic workload is recommended. ***Under no circumstances should employment schedules interfere with academic or clinical responsibilities.***

Regularly scheduled classroom and clinical activities may not exceed 40 hours per week.

### 1.1 MRI Program Course Descriptions and Schedules

<b>Program name and description</b>	<b>Semester</b>	<b>Pre-requisites</b>
<b>RSMR 4703 MRI Safety and Instrumentation</b> Provides knowledge of the history of MRI, basic MRI terminology, patient and personnel safety, types of magnets, magnetic field strength, radiofrequency hardware, gradient hardware, computer components, cryogenics, and site planning.	Summer	Program Admission
<b>RSMR 4723 MRI Procedures I</b> Provides knowledge of anatomy, pathology, scanning protocols, contrast administration, and contraindications for magnetic resonance imaging of the head, spinal column, and musculoskeletal system.	Fall	Program Admission
<b>RSMR 4803 MRI Physical Principles I</b> Introduction of the concepts of basic physics and instrumentation for magnetic resonance imaging. Topics include nuclear magnetism, the Larmor equation, tissue characteristics, and imaging parameters.	Fall	Program Admission
<b>RSMR 4753 MRI Clinical Education I</b> The course will provide beginning level content and clinical practice experiences designed for sequential development, application, analysis, integration, synthesis and evaluation of concepts and theories in magnetic resonance imaging.	Fall	RSMR 4703
<b>RSMR 4823 Data Acquisition and Processing</b> Explains the patient coordinate system and spatial localization, magnetic resonance imaging gradient system, data manipulation, and quality control practices in MRI.	Spring	Program Admission
<b>RSMR 4733 MRI Procedures II</b> Provides knowledge of anatomy, pathology, scanning protocols, contrast administration, and contraindications for magnetic resonance imaging of the neck, thorax, abdomen, and pelvis.	Spring	RSMR 4723
<b>RSMR 4813 MRI Physical Principles II</b> Exploration of imaging options, spin echo, fast spin echo, STIR, FLAIR, gradient imaging, time-of-flight, and echo planar imaging. Includes a comprehensive analysis of image artifacts.	Spring	RSMR 4803
<b>RSMR 4763 MRI Clinical Education II</b> The course will provide intermediate level content and clinical practice experiences designed for sequential development, application, analysis, integration, synthesis and evaluation of concepts and theories in magnetic resonance imaging.	Spring	RSMR 4753
<b>RSMR 4773 MRI Clinical Education III</b> The course will provide advanced level content and clinical practice	Summer prn	RSMR 4763

experiences designed for sequential development, application, analysis, integration, synthesis and evaluation of concepts and theories in magnetic resonance imaging.		
<b>RSMR 4833 Advanced MRI Imaging</b> Anatomy, pathology, scanning protocols, contrast administration, and contraindications for magnetic resonance angiography, venography, functional imaging, and cardiac imaging.	Summer	RSMR 4733
<b>RSMR 4712 Imaging Information Management</b> Explains the functioning of computers and computer concepts in medical imaging. Topics covered are HIPAA, PACS, and RIS in MRI and the imaging department.	Fall, Summer	Program Admission

\*May be offered in an online or hybrid format. There are no additional fees associated with online (distance education) courses. Students whose financial aid depends on the traditional classroom setting should let program faculty know ASAP.

## 2.0 Academic Responsibilities and Standards

### 2.1 Textbooks

Each student is responsible for purchasing the required textbooks **before the second meeting of the class**. Because the same textbook may be used again in later courses, it is strongly recommended that before selling books, a student consult the magnetic resonance imaging faculty who will be teaching future courses.

### 2.2 Assignments

Each student is responsible for completing all reading, writing, and oral assignments made by the faculty. If a student is absent from class for any reason, he or she is still responsible for the material disseminated in class.

### 2.3 Classroom Etiquette

Each student is responsible for learning the content of any course in which he or she is enrolled and for respecting the rights of fellow students in the classroom.

The instructor has the right to request any disruptive student to leave the classroom. Continued misbehavior in the classroom is cause for disciplinary action.

The use of any tobacco product, cell phones, and personal laptops (unless prior approval is granted) are prohibited in the classroom and/or in the laboratory.

### 2.4 Social Media

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication

method. Social media includes both your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, Snapchat, Instagram, or YouTube and social media anonymous sites. These applications are subject to having content transmitted to others, with or without consent from the original author. Additionally, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations <https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/deidentification/index.html>, no information, pictures, videos or descriptions of clients/families can be posted on social media sites.

You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

You should be aware that future employers may view potential candidate's websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation. Please make responsible decisions about your use of social media.

Students are allowed, and at times encouraged, to use various social media sites for educational or personal reasons. However, at no time shall students in the MRI program post or contribute to conversations that may, in any way, violate patient rights or damage the relationship between the MRI program and its clinical affiliates. Cyberbullying by any student within the program will not be tolerated.

Students are encouraged to join the SARIS-MRI Facebook page for job postings and other miscellaneous announcements. As always with any form of social networking, please be aware that postings may be seen by others. This not only includes personal postings, but postings in which the student may be "tagged" by another. School administrators and employers have the right to discipline, dismiss, or refuse to hire based on social media postings.

## 2.5 Course Syllabus

Within the first two class meetings of the semester each instructor is required to provide each student in the course with a syllabus. The syllabus will contain a description of the course, the goals and/or objectives of the course, the method of evaluating and grading students, make-up policy, and a description of written or oral assignments.

## 2.6 Evaluation and Grading

The program has established standards of grading that supersede the University's grading policy and that are consistent with the minimum passing score on the certification exam for Magnetic Resonance Imaging.

The grading scale used is:

- A = 90% – 100%
- B = 80% - 89%
- C = 75% - 79%
- D = 60% – 74.99%
- F = < 60%

Due to the uniqueness of the MRI program and the responsibilities of the MRI technologist, a high level of academic and technical competence is required of all students in the program. Therefore, a grade of "C" or better is required in all RSMR courses for a student to progress in the professional program. In order for a student to successfully complete this course, the student must have an average of 75% or greater on exams [unit exams and the final exam].

If an overall weighted average of 75% is not achieved on exams, then the exam average will be posted as the final grade for the course. Written and other assignments will not be included in this calculation. Please note: An overall weighted average or weighted exam average of lower than 75% (ex. 74.99%) is failing. A letter grade of "D" or "F" will be assigned. If a 75% average is achieved on exams, assignments that make up the remaining weighted percentage will be added to the exam average. If the written assignments (ex. quizzes, worksheets, etc.) portion lowers or raises the overall grade, that score will be posted as the final grade for the course.

## 2.7 Standards of Academic Achievement

If the cumulative, semester, or session grade point average falls below 2.00, the student will be placed on academic probation. At the end of the next semester or session of enrollment, the cumulative grade point average must be at least 2.00 for the student to remain in the Magnetic Resonance Imaging Program.

A student who receives a grade below "C" in any of the MRI courses may not continue in the MRI Program. The policy and procedure for readmission into the Magnetic Resonance Imaging Program is clearly outlined in the ASU Undergraduate Bulletin and can be found at <http://registrar.astate.edu/bulletin.htm> (page 42).

Clinical evaluations will be completed each semester and may be used to set goals for future clinical assignments.

## 2.8 Cheating and Plagiarism

The maintenance of academic standards and integrity includes the obligation of honesty. A student who uses dishonest or deceitful means to obtain a grade is guilty of cheating; a student who submits another's work as his or her own without adequate attribution is guilty of plagiarism. Submission of clinical hours, competencies, or evaluations other than those hours and achievements actually performed is also considered cheating. According to College wide practice, cheating and/or plagiarism will result in discipline action according to the following:

**First offense**: The student will receive a **zero** on the assignment/test. If in a clinical situation, his/her clinical grade will be lowered one letter grade.

**Second offense**: may result in dismissal from the program. Cheating and/or plagiarism will result in disciplinary action and may result in dismissal.

## 2.9 Copyright Violation

It is illegal to copy any copyrighted material unless permission has been obtained from the copyright owner. A student guilty of copyright violation may face sanctions by the Magnetic Resonance Imaging Program, ASU, the State of Arkansas, and/or Federal authorities.

## 3.0 Expenses

In addition to the normal university tuition, fees, and book costs, a student in the Magnetic Resonance Imaging Program will incur additional expenses. These expenses include, but are not limited to:

### Transportation:

Each student is responsible for transportation to his/her assigned clinical site. Transportation and all costs incurred for travel to the clinical site is the sole responsibility of the student. A valid driver's license is required prior to the start of clinical rotations.

### Uniforms:

Each student is responsible for providing his/her own uniforms, including lab coat and shoes. Uniforms and lab coats must be monogrammed identifying the student as an ASU MRI student.

### Vaccination and skin testing:

Students **ADMITTED** to any program in the College of Nursing and Health Professions must present the following immunization and test documentation:

1. Rubella and rubeola (Arkansas statute).

2. Mumps and varicella vaccination or titer (clinical affiliate (hospital) requirements when working with infants and children).
3. If no hepatitis immunization or titer, then must begin the Hepatitis B vaccine series prior to enrolling in a clinical practicum class.
4. TB skin test each year that the student is enrolled in a clinical practicum. If skin test is positive, documentation of treatment status must be submitted.
5. Flu vaccination each year that the student is enrolled in a clinical practicum.
6. COVID vaccination (exemption paperwork permitted by limited clinical sites).
7. Cardiopulmonary resuscitation (CPR) certification is required before taking any practicum courses. Certification status must be maintained and documentation submitted to the appropriate department throughout enrollment in any program.
8. Drug screening: May be required prior to attending site specific orientation.

#### Liability Insurance:

Proof of professional liability insurance is required before a student can begin clinical education. You may apply online at <http://www.hpsso.com/>. If applying for liability insurance with HPSO, select "Radiologic Technician/Technologist" as the profession.

#### Background Checks:

Criminal background checks may be required by the College of Nursing and Health Professions and/or individual clinical sites. The appropriate forms and applicable fees will be distributed to students prior to the start of the clinical rotation.

#### Clinical software fee:

Beginning in the fall of 2013, the radiologic sciences programs at ASU enrolled in a clinical software program known as Trajecsyst (<https://www.trajecsyst.com/>). Students are charged a one-time fee for annual use of the software program. This fee will be attached to the first clinical course.

### 4.0 Change of Address

The Department of Health Professions, Radiologic Sciences Programs and University registrar's office (<http://registrar.astate.edu/>) should be notified promptly of changes in name or address. Correct phone numbers should be filed with the Department of Health Professions and the Magnetic Resonance Imaging Program so that students can be reached in case of an emergency.

### 5.0 Health & Safety

#### 5.1 Health Examination

Students are required to submit a completed health form and to have a physical examination prior to entering the clinical site. The required health form is to be completed by a physician and returned to MRI Program Faculty prior to the beginning of clinical rotations during the Fall Semester.

## 5.2 Health Care

The Wilson Student Health Center is open Monday through Friday for the benefit of students. A description of services and the hours of availability are listed in the Undergraduate Bulletin and on the ASU website at [http://healthcare.astate.edu/New\\_Pages/FAQ.html](http://healthcare.astate.edu/New_Pages/FAQ.html). Except for the services of the Student Health Center, the University assumes no responsibility for health care costs (<http://registrar.astate.edu/bulletin.htm>, page 50).

## 5.3 Illness

If the student is ill and unable to attend the clinical rotation, the MRI clinical supervisor and MRI Program Faculty must be notified as soon as possible **prior to the scheduled starting time**. A student is expected to use good judgment in determining whether or not to attend the clinical rotation because of illness.

If the student is ill and unable to attend class, the Program Director should be notified. **If a student has a suspected communicable disease, he/she should contact the clinical instructor before reporting for duty.**

Communicable diseases may require that one or more of the following protective measures be taken. The student may be:

1. Required to use reverse isolation techniques while working with non-high-risk patients.
2. Reassigned to a non-patient care area.
3. Relieved from clinical duty until he or she is no longer contagious.

## 5.4 Injury

Should a student become injured or acutely ill during the course of assigned clinical duties, the clinical site to which that student is assigned will provide treatment and emergency care, with any charges for treatment being the sole responsibility of the student.

Any injury, however minor, occurring while on duty at the clinical site must be reported to the clinical supervisor and the appropriate incident form completed with copies to the MRI Program Director at A-STATE.

## 5.5 Health Insurance

Students are strongly encouraged to obtain individual health insurance coverage. Information on [Student Health Insurance](#) is available through the Office of Student Affairs, Room 2029 of the Reng Student Union. Professional liability insurance should not be misconstrued as including health insurance coverage.

## 5.6 Pregnancy

In compliance with the Nuclear Regulatory Commission (NRC) regulations, a female student who becomes pregnant has the option of whether or not to inform program officials of her pregnancy. If the woman chooses to voluntarily inform the officials of her pregnancy, it must be in writing and indicate the expected date of confinement (delivery). In absence of this voluntary written disclosure, a student cannot be considered pregnant.

If the student does voluntarily disclose her pregnancy, she does have the option of continuing the educational program without modification of interruption. Another option can include modification in clinical assignments. At any point in time, the student may provide a written withdrawal of declaration.

**If the pregnant student chooses to disclose her pregnancy, she will receive counseling to inform her of the possible risks associated with magnetic and RF exposure to the fetus. To limit such risks, a declared pregnant student will not be permitted to perform duties within Zone IV during actual scanning. With the understanding of such risks, the pregnant student will be required to sign a form releasing the university and the program of any responsibility should problems develop with the pregnancy. The Pregnancy Release form is found in the Program Documents section of this handbook.**

## 5.7 Magnetic Field Safety

The magnetic resonance (MR) system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Students are expected to undergo an MR screening process as part of their clinical agreement to ensure their safety in the MR environment.

**For a student's own protection and the protection of those in his/her supervision, he/she must immediately report to MRI faculty any trauma, procedure, or surgery they experience or undergo where a ferromagnetic object or device may have become introduced within or on them. This will permit appropriate screening of the employee to determine the safety of permitting that employee into MRI Safety**



**Zones III and/or IV. The MR Screening Form for Individuals is found in the Program Documents section of this handbook.**

5.8 Radiation Safety

Due to the unique concerns and health risks associated with ionizing radiation, students enrolled in the MRI program are not allowed to observe, assist, or hold patients *inside* any room that is actively conducting an exam utilizing ionizing radiation. Students ARE allowed to assist with patient transport, sterile trays, or other patient care related tasks **whenever radiation is not in use.**

5.9 Campus Safety

Safety is a shared responsibility at Arkansas State University, which is reflected in an organizational structure with multiple departments responsible for often interconnected pieces of campus safety. From protecting the public to protecting your rights, members of the campus community can find information on each of these essential functions at <https://www.astate.edu/safety/> .

5.10 Physical and Mental Performance Requirements

Because of the nature of the work required in the Magnetic Resonance Imaging Program offered at A-STATE, the applicant must be:

1. Able to reach, manipulate, and operate equipment necessary for exam procedures.
2. Able to move, manipulate, and observe a patient or client as necessary for the profession.
3. Able to visually assess patients, medical test results and the working environment to correctly decide the appropriate action to take for the benefit to the patient/client.
4. Able to clearly communicate, both verbally and in writing, with the patient, client, family members, medical personnel and others.
5. Able to disseminate information relevant to patient care and work duties, and also hear clearly enough to gather information relevant to patient care and work duties.
6. Able to make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.
7. Able to demonstrate emotional stability and psychological health in day-to-day interactions with patients/clients, staff, family members, and others in routine and non-routine decision-making processes, and on the daily execution of didactic and clinical assignments.
8. Able to maintain professional demeanor and conduct under extremely stressful circumstances.
9. Able to lift at least 50 pounds.
10. Able to safely work in the MRI suite – Magnetic Resonance Imaging students should wear no implants or have devices surgically implanted that are deemed non-MRI compatible.

## 6.0 STANDARD PRECAUTIONS POLICY STATEMENT

The Magnetic Resonance Imaging Program enforces current ASU policies on communicable diseases. Any student suffering from a contagious infection will be asked to provide medical documentation that the contagious phase has passed prior to continuing in class. This is to insure minimum risk to others.

Because many people who carry highly infectious pathogens (e.g., AIDS virus, hepatitis A & B, etc.) are not aware of it, all students and faculty will strictly adhere to this policy. These safety guidelines are designed to protect the students, faculty, and patients from the spread of infectious diseases.

Wear gloves at all times when working with patients where blood/body fluids are evident or likely; i.e., open wound trauma, barium enema tip insertion, IV injection.

Wear gloves when wiping blood/body fluids from equipment. Use appropriate cleaning chemicals.

Wash hands after handling any blood and body fluids.

Wash hands frequently during patient care activities.

Dispose of linens soiled with blood and body fluids in appropriate containers.

All infectious needles, tubing, etc., need to be placed in puncture-proof containers. Do not clip needles or recap needles.

All injuries and splashes must be reported to faculty and clinical supervisor immediately.

Any splash of body fluid entering a mucous membrane (eye, nasal passage, and mouth), open cut or wound shall be reported immediately to the faculty. An incident report will be completed.

If occurrence at clinical site, student will be sent to the health service or appropriate treatment facility for evaluation and treatment. The student will pay for cost of any treatment.

**ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**Policy/Procedure Guidelines for Infection Control  
(05/15/2013)**

**INTRODUCTION**

The policy guidelines herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty/staff in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and other resources.

**ADMISSIONS**

The HIV/HBV (Human Immunodeficiency Virus/ Hepatitis B Virus) or any significant blood borne pathogen status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

**RETENTION**

If it is determined that a student is sero-positive for HIV/HBV, or any other significant blood borne pathogen, or is clinically manifesting symptoms of a related disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

**INFECTION CONTROL COMMITTEE**

The Infection Control Committee will be comprised of at least one representative from each of the programs in the College of Nursing and Health Professions. The dean will be charged with appointing faculty to serve on this committee after consultation with chairs or

directors of the various programs. Once the committee is established, a chair shall be elected by the members. In addition, a community member who is an expert in infectious disease will be designated as a consultant to the committee.

The committee shall function to consider the specific student/faculty/staff situations outlined in the HIV/HBV Guidelines. In addition, this committee will function to review the HIV/HBV Guidelines on an annual basis. The committee will coordinate annual instruction on Infection Control Updates for the faculty. This committee will also serve the programs by making recommendations for infection control policy that may impact the student/faculty/staff populations. Information regarding such policy will be included in the various programs' Student Handbook and the CNHP Faculty/Staff Handbook.

When the Infection Control Committee convenes to consider specific student/faculty/staff situations, a timely response is in order. Individuals will be provided a letter outlining the committee recommendations within a one-week period after convening. During this time period the student/faculty/staff person shall not engage in direct client contact. Should an individual wish to appeal the decision of the committee, the established University Grievance process should be followed (See ASU Student/Faculty Handbooks).

## **COUNSELING**

It is the responsibility of the programs to provide counseling to a student/faculty/staff member who is determined to be sero-positive for HIV/HBV, or any significant bloodborne pathogen, or who manifests symptoms of a related disease process. The counselor interaction with the student/faculty/staff member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

### HIV Infection Services provided by ASU Student Health Center:

Students at Arkansas State University who desire HIV testing will be referred to the Craighead County Public Health Department for testing. This insures privacy and integrity of specimen collection.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located adjacent to the football stadium and can be reached at ext. 2054.

### Services offered by the Public Health Department

The Craighead County Public Health Department is open from 8:00 a.m. until 4:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is \$5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located in the Arkansas Services Center on 611 E Washington Ave, Ste B, Jonesboro, AR 72401.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive. Appointments are required.

The Public Health Department will provide the Hepatitis B vaccine for persons up to age 18. They will not provide testing for Hepatitis B.

The Public Health Department will provide follow-up care for any individual with a positive TB skin test or one with a diagnosis of tuberculosis.

### Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services or referrals for those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448).

The counselor should not neglect to refer the student/faculty/staff member to his/her private physician for guidance.

Students/faculty/staff outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant sites.

## **HIV/HBV GUIDELINES FOR ON-CAMPUS LABORATORY AND CLINICAL SETTINGS**

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

### **TRANSMISSION INFORMATION**

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

### **POLICY**

Students, faculty, and staff with HIV/HBV, or any significant blood borne pathogen, should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a CASE-BY-CASE basis by the Infection Control Committee (appropriate supervisory personnel). In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Students may be asked to serve as source partners in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

### **EXPOSURE (Laboratory and Clinical Settings)**

Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty/staff/visitor i.e. volunteer, invited guest in the CNHP, while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

**On-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol**

Should a student or faculty member be exposed to blood borne pathogen in an on-campus laboratory or clinical setting, the following post-exposure protocol is recommended:

1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.
2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
4. It is suggested that the post-exposure protocol be managed by the individual's primary care provider at the individual's expense.
5. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

**Off-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol**

If a student/faculty member is exposed to blood or other potentially infectious materials in the off campus setting, this Blood Borne Pathogen protocol is to be followed.

1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.

4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:
  - (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
  - (b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.
- (6) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.
- (7) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.
- (8) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - (a) The exposed student/faculty member's blood should be tested as soon as possible.
  - (b) It is suggested that the post-exposure protocol be managed by the student/faculty member's personal healthcare provider.



## 7.0 Substance Abuse Policy & Procedures

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs<sup>1</sup>. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. It is the responsibility of the student to report any medication/s taken which would adversely affect their ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file. As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions, all students must sign a SUBSTANCE ABUSE COMPLIANCE CONTRACT agreeing to adhere to the *Substance Abuse Policy & Procedures* when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information.

### PROCEDURES

If a student demonstrates behavioral changes associated with substance abuse (see attached list) while engaged in course activities, the following procedures will be enforced:

1. The first time the student is observed exhibiting behaviors that are linked to or associated with substance abuse (see attached list), the student will be approached by a faculty member or a person who is designated to provide supervision. Prior to the approach, an assessment of the situation is indicated and a second observer should be asked to verify the behavior. The purpose of this encounter is multifold. It openly allows recognition that such behaviors have been observed. It also creates the opportunity for the student to pursue behavior modification as an option that is non-punitive and preserves self direction.

During the encounter, the student will be informed about and required to seek evaluation by the Counseling Services Center at Arkansas State University. If the behaviors are observed in a clinical setting, the student will be removed from participation in activities and asked to leave the environment. An absence for the day will be recorded. Written documentation that the student was confronted and informed about the Counseling Center is to be signed by the student and faculty. A copy will be forwarded to the Department Chair/ Program Director and retained in the student's cumulative file during the time he/she is enrolled as a professional student in the Arkansas State University College of Nursing and Health Professions. A copy will be forwarded to the ASU Counseling Center. The Center will provide a written evaluation with treatment recommendation to the student, and to the Department Chair/Program Director. If the student, upon reviewing the Center's recommendations, declines to allow them to be released to the Department Chair/Program Director, the student will be required to seek a Psychological or Psychiatric evaluation (from a Licensed Physician [Psychiatrist] or Psychologist), and submit the results and recommendations to the Department Chair/Program Director. The student will be expected to comply with ALL recommendations, and allow release of records attesting to his or her compliance and improvement.

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<sup>1</sup>The generic meaning of the term "drug" is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances for non-therapeutic purposes. The substance alcohol, (ethanol) by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a physician licensed to practice medicine and surgery, as long as the drug is taken in accordance with the provider's instructions and do not impair the student's ability to perform his/her duties, are exempted from this policy.

Reference:

Reiss, B. & Melick M. (1987). Pharmacological Aspects of Nursing Care (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

2. Due to the level of accountability health professionals have for their action toward others, the second time behaviors are observed and verified by a second observer, the student will immediately be asked to submit to body fluid testing for substances at a lab designated by the College of Nursing and Health Professions who have identified procedures for collection (see attached). The cost of the test will be borne by the student. Refusal to submit for testing warrants immediate program dismissal.

At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean's Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will only be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

3. Readmission of the student to the program is contingent upon the following conditions:
  - a. Formal application for readmission to the program.
  - b. Meeting specific program admission criteria as noted in the Undergraduate/ Graduate Bulletin
  - c. Clinical space availability.
  - d. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition. The documentation is to be submitted to the Dean's Office, College of Nursing and Health Professions by the designated treatment facility.
  - e. Follow-up program as suggested by the treatment facility which may include, but is not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.
4. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.
  - a. Students will be required to abide by individual institutional policies relating to substance abuse in clinical facilities to which they are assigned.

7.1 Substance Abuse Compliance Contract

SUBSTANCE ABUSE COMPLIANCE CONTRACT  
COLLEGE OF NURSING AND HEALTH PROFESSIONS  
ARKANSAS STATE UNIVERSITY

I, \_\_\_\_\_, have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substances and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

For Student File

## 7.2 Behavioral Changes Associated with Drug Abuse

### BEHAVIORAL CHANGES ASSOCIATED WITH DRUG ABUSE

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a “drug” (see the *Substance Abuse Policy* for definition of the term “drug” and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

\*Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom).

#### Attention Deficit/Cognitive Impairment

- ataxia
- tremors, especially of the hands
- \* slowed response time in a familiar skill
- \* diminished from the usual in coordination/dexterity

#### Social Impairment

- \* inappropriate verbal remarks (subjects/words/expletives)
- \* inappropriate behaviors or those beyond the societal norm such as:
  - angry outbursts/unrestrained agitation
  - crying that cannot be explained
  - euphoria
  - paranoia
  - hallucinations
- \* behaviors that are markedly changed from that individual such as
  - introversion
  - extroversion
  - sullen/irritable
  - giddy
  - defensiveness

#### Somatic Manifestations/Discomforts

- \* odor of alcohol on breath
- nausea/vomiting/thirst
- frequent trips to bathroom/complaint of urinary frequency or diarrhea
- hiccoughs
- reddened sclera (bloodshot eyes)
- pupil changes/drooping eyelids
- complain of blurred vision or inability to focus

#### Speech/Communication Impairment

- \* slurred (thick tongue)
- \* rapid/choppy communication pattern
- \* incoherent speech

## BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE

The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

- repeated tardiness
- frequent absenteeism
- numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/low energy)
- untidy personal appearance or deterioration in quality of grooming
- lack of attention to hygiene (hair, nails, skin, oral)
- multiple crises in personal life
- avoidance/lack of eye contact
- isolation/lack of peer support
- repeated excuses for below standard performance
- forgetfulness with appointments/assignments
- slowed response time in familiar activities
- behavior shifts/mood swings
- lack of trust and suspicious of the motives of others
- needle tracks on body surface
- behaviors surrounding the administration of narcotics:
  - frequent need to waste "unused" medications
  - recording the administration of larger doses than ordered
  - unauthorized possession of the narcotic key
  - unsupervised entry into narcotic cabinet
  - volunteering to be in situations to gain greater access to narcotics
  - taking frequent breaks/numerous occasions when whereabouts unknown

### 7.3 Criteria for Urine Drug Screens

#### NOTICE: PROVIDE LAB WITH THIS CRITERIA

#### **ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS SHALL HAVE MET THE FOLLOWING CRITERIA:**

1. Specimen collection is witnessed.
2. BASIC 10-PANEL\* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE (SEE #7).
3. Laboratory must be CLIA<sup>1</sup> approved.
4. Confirmation of positive results is done by GCMS<sup>2</sup>. If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.
5. Report, in addition to results, will include:
  - a. Chain of custody;
  - b. Drug history;
  - c. List of drugs screened;
  - d. Confirmation of method used; and
  - e. Specific gravity.
6. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

#### \*10-PANEL INCLUDES:

Amphetamines	Benzodiazepines
Cannabinoids	Cocaine
Opiates	PCP
Barbiturates	Methadone
Methaqualone	Propoxyphene

#### THE DRUG SCREEN SHALL TEST FOR THE FOLLOWING:

Amphetamines	Methaqualone
Barbiturates	Phencyclidine
Benzodiazepines	Propoxyphene
Cannabinoids	Alcohol
Cocaine	Meperidine
Opiates	Drug of choice
Methadone	

#### DRUG SCREENS WHICH DO NOT TEST FOR THE ABOVE WILL BE CONSIDERED NON-COMPLIANT WITH THE ORDER.

<sup>1</sup>Clinical Laboratory Improvement Act: Set of Federal Regulations which clinical labs must meet for certification.

<sup>2</sup>Gas Chromatography Mass Spectrometry

Adopted from Arkansas State Board of Nursing, January 1997.

Waiver of Release of Medical Information

ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS

WAIVER OF RELEASE OF MEDICAL INFORMATION  
SUBSTANCE ABUSE POLICY AND PROCEDURES

I, \_\_\_\_\_, am a professional health student at Arkansas State University and have previously received, read and understand the College of Nursing and Health Professions' *Substance Abuse Policy & Procedures*.

Since this is my second incident of verified reportable behavior, I hereby consent to having a sample of my body fluid collected on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, according to the terms set forth in the policy for the purpose of testing for identified substances at my own expense.

I understand that a positive test result will require a subsequent confirmation test. If that result remains positive, it will affect my status in the professional program. I understand that if I am taking any medications which would adversely affect the results of the test, that I should disclose those immediately. Written medical documentation from my physician will be required by me for verification of those medication/s taken.

I authorize the release of test results related to the screening or testing of my blood/urine specimen to the Dean, College of Nursing and Health Professions at Arkansas State University, and to myself. I understand that my body fluid specimen will be sent to for actual testing.

I hereby release Arkansas State University, its Board of Trustees, officers, employees, and agents from legal responsibility or liability arising from such a test, including but not limited to, the testing procedure, analysis, the accuracy of the analysis, or the disclosure of the results.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date                  Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date                  Time

## 8.0 Student Records

The registrar's office maintains records of all didactic and related courses attempted and/or completed by all students. The following records are kept in the Department of Health Professions and the Magnetic Resonance Imaging Program:

1. Attendance and clinical rotation records
2. Clinical competency records
3. College transcripts
4. Advising documents
5. Clinical evaluations

### 8.1 Right to Inspect Records

Under the Federal Family Educational Rights & Privacy Act of 1974 (Buckley Amendment), students have the right to inspect and review any and all official records, files and data pertaining to them.

## 9.0 Student Counseling

The purpose of student counseling is to promote, assist, and maintain superior student performance. Feedback given in counseling persons may be used to identify areas of strength and weakness in student performance or behavior. All counseling sessions are documented and filed in the student's permanent folder.

## 10.0 Withdrawal from the Program

The following steps are necessary when withdrawing from the program.

1. The student should meet with the Program Director to discuss the withdrawal process.
2. The student should write a formal letter of resignation stating the reason for withdrawal. This letter will remain in his/her permanent file and will be considered in the event the student seeks readmission to the program at a later date.
3. The student will return any material that may be on loan.
4. The student will follow University guidelines for completing the withdrawal process, securing the appropriate signatures when necessary.

If a student withdraws from a professional course, the student must withdraw from the program.



## 11.0 Dismissal from the Program

There are conditions that will necessitate dismissal from the Magnetic Resonance Imaging Program. These include, but are not limited to:

1. Failure to meet academic standards.
2. Failure to demonstrate suitable progress in clinical practice.
3. Patterns of behavior jeopardizing patient safety, individual or group progress, and/or contract agreement with the clinical affiliate.
4. Patterns of behavior indicating an attitude of irresponsibility to self, patient, profession, or University.
5. Cheating and/or plagiarism.
6. Physical or emotional conditions affecting ability to attain curricular objectives.
7. Falsification of any records or knowledge of such (i.e., time sheets, competency evaluations, etc.) related to the Magnetic Resonance Imaging Program.
8. Dismissal will be based on the following:
  - a. Written documentation describing the offense and/or offenses.
  - b. Review of the student's performance records by the ASU faculty, and the Magnetic Resonance Imaging Program Director.
  - c. A recommendation will be made in writing and discussed with the student and will become part of the student's permanent record. Any student wishing to appeal must follow the appeal process stated in the A-STATE Student Handbook.

## 12.0 Readmission to the Program

A student wishing to be readmitted to the program must make formal application to the program and to the University, if not currently enrolled. Readmission is determined by program faculty and granted on an individual basis, based on the student's previous performance or behavioral records and the availability of space.

Readmission will be denied if:

1. the cumulative grade point average is lower than 2.00.
2. the student has received a final grade lower than "C" in the same course, or has received a grade lower than "C" in professional courses in two separate semesters in the same program.
3. the student fails to successfully complete pre-admittance testing that comprises of previously passed subject material.

### 13.0 Grievance Procedures

A grievance is a complaint alleging that one or more of the "academic rights of students" has been violated. Steps for filing a grievance are listed in detail in the [ASU Student Handbook](#).

These procedures do not apply to student complaints involving alleged sexual harassment. In such cases, the student should contact a department chair, college dean or the affirmative action officer for direction on appropriate steps to follow. In cases where the alleged grievance is based upon a complaint involving discrimination because of race, color, religion, age, disability, sex or national origin, the deadlines and procedures listed in the Student Handbook do apply. In addition, the student shall notify the affirmative action officer. In any case of grievances involving a grade, the student must first accept the disputed grade for the course in order to be eligible to grieve the grade.

### 14.0 Application for ARRT Certification Examination

In the last semester of the program, each student will receive an application form for the MRI certification exam. The ARRT rules and regulations require that candidates must have successfully completed a program of formal education before sitting for the exam. Additional information will be provided by the Program Director.

### 15.0 Student Participation in College and Program Organizations

A student may be asked to serve on college and department committees. Participation is voluntary and will in no way affect the student's grades.

### 16.0 Program Compliance

Accreditation is a process of voluntary, external peer review in which a non-governmental agency grants public recognition to an institution or specialized program of study that meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations. The goals of the accreditation process are to protect the student and the public, identify outcomes by which a program establishes and evaluates its assessment policies and procedures, stimulate programmatic self-improvement, and provide protective measures for federal funding or financial aid.

Accreditation is assurance of acceptable educational quality since accredited programs are required to meet national standards established by radiologic technology professionals and communities of interest.

The A-State MRI program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

There are established standards a program must follow to achieve accreditation The Standards for an Accredited Educational Program in Radiologic Sciences (JRCERT, October 2013) are as follows:

Standard One - Integrity: The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and

equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two - Resources: The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three - Curriculum and Academic Practices: The program's curriculum and academic practices prepare students for professional practice.

Standard Four - Health and Safety: The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five - Assessment: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six - Institutional / Programmatic Data: The program complies with JRCERT policies, procedures, and Standards to achieve and maintain specialized accreditation.

#### Compliance with JRCERT Standards Policy

The MRI program strives at all times to follow the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences, effective January 2014, revised October 2013. If an individual believes, at any time, the program is not in compliance with any standard, a complaint can be brought to the program's attention by using the "[JRCERT Allegations Reporting Form](#)."

In order for one to make a non-compliance allegation, one must be aware of the standards. Copies of the detailed descriptions of each standard may be found in the program's Master Plan of Education located in the program director's office or located on the official website for the JRCERT.

Joint Review Committee on Education in Radiologic Technology  
20 N. Wacker Dr. Suite 900  
Chicago, IL 60606-2901  
(312) 704-5300.  
<http://www.jrcert.org/>

Upon receipt of the allegation form, the program director will review it, and share it with the program to determine if the non-compliance issue exists. Within ten (10) business days after receiving the complaint form, a meeting will be scheduled with the individual filing the allegation to discuss the complaint. If the complaint is legitimate, the program faculty will develop a plan to bring the situation into compliance. If the party filing the complaint is not satisfied with the results, a meeting will be scheduled with the Department Head to determine if non-compliance still exists. This meeting will be scheduled within twenty (20) days of the original meeting. If the Department Head determines non-compliance is still present, a plan will be drafted to solve the non-compliance issue. If the results of this meeting are still unsatisfactory to the party filing

the complaint, a meeting can be scheduled with the Academic Dean for the College of Nursing and Health Professions, and/or the JRCERT.

## **CLINICAL POLICIES AND PROCEDURES**

### General Introduction

During each semester of the professional program in Magnetic Resonance Imaging at Arkansas State University the student will be enrolled in a clinical course that requires attendance in the clinical education center in order to:

- Acquire expertise and proficiency in a variety of magnetic resonance imaging clinical environments.
- Develop and practice work habits and appropriate interpersonal relationships with patients and other members of the health care team.

In the clinical setting, the student will be representing Arkansas State University, the College of Nursing and Health Professions, and the Magnetic Resonance Imaging Program. The student is expected to conduct himself/herself in a professional manner at all times.

### 16.0 Clinical Assignments

Each student is assigned to a specific scanner in the MRI department at the clinical site. Assignments are arranged by the Program Faculty and the assigned schedule must be followed closely by each student. All students are scheduled and rotated through various areas during the professional program so that they have an equal opportunity to perform all types of exams. A composite of all clinical assignments is maintained on each student to verify the equity of the assignments.

It is logistically impossible to assign all students to the same clinical activities at the same time throughout the program. Thus, it is the students' responsibility to coordinate clinical course competencies with clinical assignments. In this manner, students progress at their own rate and engage in procedures related to their specific clinical assignment.

Normal clinical hours for the MRI program are 8 am – 4 pm with a 30-minute lunch break. Students perform clinical rotations 3 days per week during the fall and spring semesters, and 4 days per week during the summer semester. Students will not be required to complete more than 10 hours in one day, nor will they be required to complete more than 40 hours of combined clinical and didactic coursework within one week.

Occasionally, a desired clinical exam may be scheduled outside normal clinical hours. Students are allowed to attend the clinical site to obtain these exams, as long as the non-traditional schedule is a voluntary assignment by the student AND is approved by the clinical site and MRI Program Faculty. No student may deviate from clinical hours without approval of both the clinical site and MRI Program Faculty. Deviate clinical hours are voluntary only and will not contribute towards make-up time and/or weekly

scheduled hours. Clinical education is an integral part of any allied health profession. Student employment is not to interfere with clinical assignments.

### 16.1 Evening Clinical Assignments

Due to the unique nature of the MRI program, it is possible for students to choose evening hour rotations during Spring and Summer rotations. Evening clinical hours may be completed if:

- Clinical site agrees
- MRI program faculty and student both agree it is in the best interest of the student
- Required clinical hours will be met for the given term (An Incomplete may be given)
- Competency exams will be completed (Clinical site volume dependent)
- Extenuating circumstances are present that require altering the typical daytime hours; i.e. acceptance into another program of study prior to completion of MRI program, local weather conditions, transportation issues, etc.

### 17.0 Clinical Affiliates (Also: see Appendix)

<a href="#"><u>Arkansas Children's Hospital</u></a>	1 Children's Way Little Rock, AR 72202	(501) 364-1100	Hannah Brannan Willis Alexander
<a href="#"><u>Arkansas Methodist Medical Center</u></a>	900 W. Kings Highway Paragould, AR	(870) 239-7820 (870) 239-7810	Tammy Preyer Shelly Cornelison (admin)
<a href="#"><u>Baptist Crittenden</u></a>	2100 N 7 <sup>th</sup> St. W. Memphis, AR 72301	(870) 394-7800	Beth Summerford
<a href="#"><u>Baptist East Memorial Hospital</u></a>	6019 Walnut Grove Rd Memphis, TN 38120	(901) 226-2810 (901) 226-5686	Kyle George Kayla Shea (admin) Pam Jennings (admin)
<a href="#"><u>NEA Baptist Memorial Hospital</u></a>	4800 East Johnson Ave, Jonesboro, AR 72401	(870) 936-1108 (870) 936-8018	Jessica Gill Kelly Adkerson Chika Holder (admin)
<a href="#"><u>Poplar Bluff Regional Medical Center</u></a>	3100 Oak Grove Rd Poplar Bluff, MO 63901	(573) 785-7721 (800) 327-0275	Presley Tullos Brian Bates (admin)
<a href="#"><u>St. Bernard's Medical Center</u></a>	225 E. Jackson Ave Jonesboro, AR 72401	(870) 207-4241	Kat Johnson Mitzi Pierce (Ed Coord)
<a href="#"><u>St. Bernard's Imaging Center</u></a>	1144 E. Matthews Ave Jonesboro, AR 72401	(870) 207-8047	Kathy Davis Julie Adamson (admin)
<a href="#"><u>St. Jude Children's Research Hospital</u></a>	262 N. Danny Thomas Pl Memphis, TN 38105	(901) 595-2496 pager: (901) 595-2013, ext. 0910	Annie Pindell Kendri Herring (admin)

<a href="#">Unity Health White County Medical Center</a>	3214 East Race Ave Searcy, AR 72143	501-380-2162 501-380-2132 main	Whitney Williams Laurie Sindle (admin)
<a href="#">White River Health</a>	1710 Harrison Street Batesville, AR 72501	(870) 262-3208 (870) 262-3152	Crystal Wood Sarah Wilkins (admin)

## 18.0 Timesheets

The MRI program is currently using Trajecsys, a web-based clinical platform. This software is used to access the time clock, log daily activities, access clinical evaluations, and record clinical competency exams. Students are required to purchase a software license from Trajecsys ([www.trajecsys.com](http://www.trajecsys.com)). Students will clock in/out at the clinical site, while technologists will approve the timesheets and complete clinical evaluations online.

## 19.0 Attendance

Attendance and punctuality are very important for clinical education. Students arriving one minute past the expected arrival time will accrue a tardy. The missed clinic time from this tardiness is to be completed the same day unless otherwise noted by the clinical coordinator. Students departing from clinic before the designated departure time without faculty approval will also accrue a tardy. Clocking in from a mobile device or location with an unrecognized IP address will count as a tardy.

Excessive tardies will not be tolerated. Students will receive an absence after every three (3) tardies (on the 4th) during each semester. Late arrival or early departure in excess of 30 minutes will be counted as absence. Students will be expected to schedule a make-up day at the end of the semester for this missing time.

Students are responsible for notifying both their clinical site instructor and MRI clinical coordinator if they are going to be absent from clinic. Notification should be made prior to the start of the clinical day. Failure to notify the appropriate supervisors will result in the absence being counted as two (2) absences and a final written warning as a No Call/No Show. In the event of an additional No Call/No Show, the student will be dismissed from the program.

Students are allowed three (3) personal days. On the fourth (4th) absence, the clinic letter grade will be lower. This policy may be modified by extenuating circumstances and is at the discretion of MRI clinical coordinator. Extenuating circumstances include, but are not limited to, jury duty, extended illness, a death in the immediate family (spouse, parents, grandparents, children, and grandchildren), mandatory employee orientation, etc. All missed time in excess of the three personal days must be made up prior to the end of semester finals regardless of the reason for the absence. Excess absences could result in a student receiving a failing grade for the semester due to extreme absences. Any exceptions must be approved by the clinical coordinator and will be handled on a case-by-case basis.

Comp time is not given. Any days missed must be made up in the semester in which they were missed and at the clinical site where they were missed. It is the responsibility

of the student to check with the clinical supervisor for acceptable dates and approve the dates with both the clinical site and MRI clinical coordinator.

<b>Attendance Offense(s)</b>	<b>Offense(s) Result</b>	<b>Program Action Taken</b>
Three absences (personal days)	No offense	No action taken
Fourth absence	Make up missed clinic time	Clinic letter grade lowered one
Four tardies	Equals one absence	See absence offenses
First No Call/No Show	Equals two absences	Final written warning
Second No Call/No Show	Program dismissal	Student dismissed from program

### 19.1 Miscellaneous Policy Concerns and Proposals

Any student attending less than 100% scheduled clinical hours will receive an incomplete grade for that clinical course, regardless of the number of competency objectives achieved. Exceptions to this rule exist only in the event that the assigned magnet is down (maintenance, low volume, etc.) and the assigned technologists have left the premises. The clinical grade will be comprised of attendance, clinical evaluations, assignments, competency objectives, and a portfolio.

## **CLINICAL COURSE REQUIREMENTS (RSMR 4753, 4763, 4773)**

### 20.0 Dress Code

#### All students:

1. Absolutely no **metal** accessories, including, but not limited to: Bracelets, long necklaces, belts, or hair accessories. Hair accessories, earrings and/or short necklaces may be worn if MRI compatible. Rings may be worn on one finger per hand and should be conservative in style.
2. Gray scrubs with the A-State MIRS logo on the upper left corner of the shirt will be the required uniform. Only solid red, gray, black, or white shirts may be worn under the scrub top.
3. White lab coats may be worn based on student preference. Style length should cover the hips. No other coats or jackets are acceptable during clinic hours.
4. Shoes must be a wipeable material (leather). Canvas shoes are NOT acceptable. White, black, or gray shoe color will be permitted. No other color accents will be tolerated.

#### General Appearance:

1. Student ID badges are to be worn in the clinical area at all times.
2. Student ID badges **ARE NOT TO BE WORN** during employment hours if a student is being paid as an employee by a health care facility.
3. Hair should be neat/clean. Long hair should be pulled back, away from the face.
4. Personal hygiene is to be maintained at all times.

5. Plain wedding bands and watches (digital) are the only recommended jewelry to be worn. If ears are pierced, posts may be worn. Excessive body piercing is not allowed. Visible tattoos must be covered.
6. Uniforms must be kept clean, neat, and pressed at all times. Shoes and laces should be kept clean.
7. Fingernails should be kept trimmed and neat, with no colored nail polish. Artificial nails are not allowed.
8. Regulations regarding appearance are intended to foster professionalism. Faculty reserve the right to regulate student appearance. Students who appear unprofessional in conduct or dress may be removed from the clinical setting.

## 21.0 Clinical Competency Objectives

As part of their educational program, candidates must demonstrate competence in the clinical activities identified in this document. Demonstration of clinical competence means that the program director or designee has observed the candidate performing the procedure independently, consistently, and effectively. Candidates must demonstrate competence in the areas listed below.

- Eight mandatory general patient care activities.
- Eight mandatory MRI safety activities.
- Seventeen mandatory MRI procedures.
- Eleven elective MRI procedures to be selected from a list of 30 MRI procedures.
- Seven mandatory quality control tests.

Students will perform all 51 clinical competencies required by the ARRT and the ASU College of Nursing and Health Professions. Successful demonstration of clinical competence will include a grade of 85 or higher on the submitted scanning portion of competency evaluation and a grade of 75 or higher on the associated anatomy exam. The scanning portion must be documented in the clinical software program (Trajecsys), while the associated anatomy exam will be delivered via Blackboard in the MRI Procedures I & II courses. Students are required to achieve competency based on the timeline below.

Continued competency exams are those exams in which the student has attained competency level skills (and credit), but continues to practice and improve those skills. All competency and continued competency exams must be completed on a patient with a written doctor's order, not on a volunteer\*.

	Min. Comp Exam Requirement (85%)	Competency Exam (100%)	Min. Cont'd Comp Exam (85%)	Cont'd Comp Exam (100%)
1 <sup>st</sup> (1) Semester	6	8	4	6
1 <sup>st</sup> (2) Semester	8	10	6	8
2 <sup>nd</sup> (1) Semester	14	16	10	12
2 <sup>nd</sup> (2) Semester	<23 = "I" and graduation delay	Completion (17 - 23)	12	14

\*Some required competencies may be performed during Spring semester with a volunteer, if a patient is not available prior to graduation. Simulated exams are only accepted for elective exams, and no more than 5 simulations are allowed.



## 22.0 Clinical Advising Program

All students enrolled in clinical education are evaluated and advised regarding their ability to care for patients in a professional and ethical manner. The advising program is conducted via several documents:

- a. **“Performance Objectives”** forms are completed by program faculty and/or clinical instructors to document the attainment of specific performance objectives that should be met by the student during the semester.
- b. **“Clinical Evaluation”** forms are used by technologists to give students and faculty an opinion of the students’ trends in professional attitudes and behavior. The results of the clinical evaluations will be discussed with the student each semester.
- c. Clinical grades do not include advising results, **however**, students may be subject to corrective actions including **incomplete or failing course grade** due to failure to comply with advising suggestions and/or not making satisfactory progress toward goal completion.

Evaluation criteria for Clinical Competency Objectives as well as Student Clinical Evaluations are clearly stated on the forms included in this handbook and will be discussed during orientation of the MRI Program.

## 23.0 Clinical Supervision

Students are not to operate the MRI equipment **without a registered magnetic resonance imaging technologist present**. It is the responsibility of the technologist to ensure proper patient care, imaging, and MRI safety occur in the MRI suite.

Students are allowed to operate the controls and set the machine ONLY if the student and technologist both feel confident the student is ready. The technologist must be present and verify the accuracy of the student’s work with direct supervision (sitting beside the student) until clinical competency is obtained and documented. Thereafter, exam completion may be performed under indirect supervision (the technologist should be within yelling distance.)

## 24.0 Evaluations and Clinical Checklist

Upon completion of the student’s assigned rotation in each particular clinical setting, the student must be able to complete the Competency Objectives as outlined on the objective forms included in the “Program Documents” section of this handbook.

There are certain objectives and criteria for each semester, with more expectations of student knowledge and performance as the program progresses. The forms for the clinical Competency Evaluations and the Performance Objectives will be discussed during orientation by the MRI Program Director.

In addition, the student will be clinically evaluated by the technologist on the machine or clinical assignment to which the student is assigned. The student's Clinical Evaluation Form to be filled out by the technologist is also included in this handbook and will be discussed in Orientation.

The student will also fill out an evaluation for the clinical instructor he/she was assigned to throughout his/her rotation.

It is the student's responsibility to complete the Daily Record of Procedures table included in Trajecsyst ([www.trajecsyst.com](http://www.trajecsyst.com)) for each exam/clinical assignment they are assigned. The Daily Record of Procedures is to be kept daily and marked according to the procedures the student has observed or performed each day.

At the beginning of a student's rotation to each clinical assignment they will be given the clinical syllabus and the Performance Objectives. The Performance Objectives are those objectives the student should be able to perform by the end of the rotation.

It is the student's responsibility to have the Daily Record of Procedures, Timesheet, Competency exams (Original and Continued), Room Orientation, and Department Orientation completed by the end of each rotation. Failure to complete these items by the due date will result in a penalty to the student's clinical grade.

## 25.0 Clinical Rotation

The student's first few days on a new clinical rotation should be used for observation. This gives the student time to learn the setups, equipment and routine of the machine. Once comfortable with the scanning routine, students are encouraged to begin scanning as soon as possible. When not scanning, students should help the clinical site care for patients, stock rooms, transport, and any other daily duties assigned to working technologists.

## 26.0 Cell Phone Policy

### Classroom:

Cell phones are not to be used during class time (outside of Duo Mobile). Cell phones should not ring during class. If the student has an emergency that they need to respond to they can leave the class quietly and be allowed to return. If there is an emergency during the class period, you may be reached through the Radiologic Sciences office at 972-3073. If the student's cell phone rings during class, you will be asked to leave the classroom and not be allowed to return for that class period, which will result in an unexcused absence (meaning no make up work allowed).

### Clinic:

All cell phones are to be turned off while the student is in the clinical site. They are not to be carried on the student at all. They must be put away at a location other than on the student. You may use phones during breaks away from patient care areas. Any student caught carrying their cell phone in clinic will be asked to leave clinic and will result in an unexcused absence.

# **Program Documents**

## Magnetic Resonance Imaging Clinical Competence Requirements 2023/2024

Name \_\_\_\_\_

\*There is a total of 40 mandatory requirements (17 MRI procedures, 7 QC requirements, 7 patient care, and 8 safety) and 11 (out of 30) elective requirements = 50 total

<b>MRI Procedure</b>	<b>Mandatory Or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>
<b>Head and Neck</b>				
Brain with contrast	<b>M</b>			
IACs	<b>M</b>			
Orbits	<b>E</b>			
Cranial Nerves (non-IACs)	<b>E</b>			
Pituitary	<b>M</b>			
MRA brain	<b>M</b>			
Face/soft tissue neck	<b>E</b>			
MRA carotid	<b>M</b>			
<b>Spine</b>				
Cervical	<b>M</b>			
Thoracic	<b>M</b>			
Lumbar	<b>M</b>			
Sacrum/coccyx	<b>E</b>			
Brachial plexus	<b>E</b>			
<b>Thorax</b>				
Chest	<b>E</b>			
Breast	<b>E</b>			
Thoracic MRA	<b>E</b>			
<b>Abdomen and Pelvis</b>				
Liver	<b>M</b>			
MRCP	<b>M</b>			
Pancreas	<b>E</b>			
Adrenals	<b>E</b>			
Kidneys	<b>E</b>			
Enterography	<b>E</b>			
Abdominal MRA	<b>E</b>			
Male pelvis	<b>E</b>			
Female pelvis	<b>E</b>			
<b>Musculoskeletal</b>				
Shoulder	<b>M</b>			
Elbow	<b>E</b>			
Wrist	<b>M</b>			
Hand	<b>E</b>			
Finger/Thumb	<b>E</b>			
Hip	<b>M</b>			
Bony pelvis	<b>E</b>			
SI joints	<b>E</b>			
Ankle/hind foot	<b>M</b>			
Fore foot	<b>M</b>			
Sternum/SC Joints	<b>E</b>			

Upper extremity long bone	<b>E</b>			
Lower extremity long bone	<b>E</b>			
Knee	<b>M</b>			
Temporomandibular joints	<b>E</b>			
MR arthrography	<b>E</b>			
<b>MRI Procedure</b>	<b>Mandatory Or Elective</b>	<b>Date Completed</b>	<b>Patient or Simulated</b>	<b>Competence Verified By</b>
<b>Special Imaging Procedures</b>				
MRV	<b>E</b>			
Image post-processing	<b>M</b>			
CINE (e.g., CSF flow)	<b>E</b>			
Brain Spectroscopy	<b>E</b>			
Brain Perfusion	<b>E</b>			
<b>Quality Control Procedure</b> *candidates must demonstrate competency in all 7 QC activities listed below*		<b>Date Completed</b>		<b>Competence Verified By</b>
Signal to noise				
Center frequency				
Transmitter gain or attenuation				
Geometric accuracy				
Equipment inspection (e.g., coils, cables, door seals)				
Monitor cryogen levels				
Room temperature				
<b>General Patient Care</b> *candidates must demonstrate competency in all 8 general pt care activities listed below*		<b>Date Completed</b>		<b>Competence Verified By</b>
CPR				
Vital Signs (BP, pulse, respiration, temp)				
Sterile technique				
Standard (Universal) Precautions				
Transfer of Patient				
Care of patient medical equipment (e.g., oxygen tank, IV tubing)				
Venipuncture				
<b>MRI Safety Requirements</b> *candidates must demonstrate competency in all 8 MRI Safety activities listed below*		<b>Date Completed</b>		<b>Competence Verified By</b>
Screening patients, personnel, and non- personnel for MRI safe, conditional, and unsafe devices and objects				
Identify MRI safety zones				
Static field (e.g., projectiles)				
Radiofrequency field (e.g., thermal loading, coil positioning, patient positioning, and insulation)				
Time-varying gradient magnetic fields (e.g., induced voltages, auditory considerations)				
Communication and monitoring considerations (e.g., sedated patients, verbal and visual contact, vital signs)				
Contrast media safety (e.g., NSF, renal function)				
Other MRI safety considerations (e.g., cryogen safety, fire, medical emergencies, laser alignment)				

**ARKANSAS STATE UNIVERSITY**  
**COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**Incident Report Form**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
(On Campus/Off Campus)

**Student:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

- CLINICAL LABORATORY SCIENCES
- COMMUNICATION DISORDERS
- NURSING
- PHYSICAL THERAPY
- RADIOLOGIC SCIENCES

**Description of Incident (Name all persons involved):**

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**Witnesses of the Incident:**

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**Action taken (notification of/by whom):**

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**Review/Comments:**

**Does this need review by the Infection Control Committee? Yes  No**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty

\_\_\_\_\_  
Date

**Follow-up:**

If more space is necessary, use additional pages or back of sheet.

**ARKANSAS STATE UNIVERSITY  
MAGNETIC RESONANCE IMAGING PROGRAM**

**Counseling Document Form**

**Student:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Faculty Advisor:** \_\_\_\_\_

<b>Reasons for Counseling</b>
<b>Suggestions for Corrective Action</b>
<b>Faculty Advisor's Comments</b>
<b>Student's Comments</b>

\_\_\_\_\_  
Faculty Advisor Signature

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

**ARKANSAS STATE UNIVERSITY  
MAGNETIC RESONANCE IMAGING PROGRAM**

Student's Progress Report

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Total Absence:

PROFESSIONAL ETHICS AND CONDUCT (clinical)

1. Motivation: The desire of the student to increase his/her capability.
2. Industry: The student's capability as reflected by his/her work.
3. Concern for others: The thought and consideration for others' feelings and student's ability to view the parameters of existing circumstances.
4. Emotional stability: The student's ability to react under stress in a mature and dependable manner.
5. Adaptability: The student's ability to work with and under others' directions.
6. Patient rapport: The student's ability to relate with ill people in such a way as to promote confidence and understanding.
7. Attendance: The reliability of the student to be at designated place on time.
8. Conduct: The student demonstrates professional conduct and appearance.

TECHNICAL EVALUATION (clinical)

9. Knowledge of work: The student demonstrated what is expected in the clinical area:
10. Manual dexterity: The student exhibits proper selecting of control and manipulation of equipment.
11. Attention to detail: The student demonstrates attention to set-up detail.
12. Ability to follow directions: The student demonstrates the ability to follow directions or instructions.
13. Care of equipment: The student demonstrates care in operating and handling equipment.
14. Reception of criticism: Student's ability to accept constructive criticism and use for self improvement.

DIDACTIC STANDING:

COURSE	GRADE	COURSE	GRADE	COURSE	GRADE

\_\_\_\_\_  
STUDENT SIGNATURE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
PROGRAM FACULTY

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**ARKANSAS STATE UNIVERSITY  
MAGNETIC RESONANCE IMAGING PROGRAM**

**Physical Performance Requirements**

Students are advised of the following physical guidelines for working in the magnetic resonance imaging environment. Please indicate if you can perform at the level indicated or if you need accommodations to accomplish the designated task.

**STRENGTH & MOBILITY** \_\_\_ YES    \_\_\_ NO

- ✓ On your feet most of the day.
- ✓ Walking several hours of the day, either performing exams, patient transfers, or portable procedures.
- ✓ Assume varied postural positions (bending, kneeling, stretching) to work with equipment and patients.
- ✓ Lift heavy weight as necessary, either equipment or patients.
- ✓ Push/pull stretchers, wheelchairs, and supply carts as necessary.

**In NO, please explain**

**MANUAL DEXTERITY & COORDINATION** \_\_\_ YES    \_\_\_ NO

- ✓ Able to perform manipulative skills using thumb/hand/wrist and arm and hand movements such as venipuncture, positioning of equipment, assisting patient movements, operating a computer, and positioning table and gantry.
- ✓ Able to perform manipulative skills using the lower extremities, such as foot table locks.
- ✓ Wears protective clothing correctly, when necessary, such as gowns, masks, gloves, shoe covers when working with patients in isolation, and surgical gowns, caps, gloves, shoe covers for surgery cases.

**If NO, please explain**

**SENSORY DISCRIMINATION** \_\_\_ YES    \_\_\_ NO

- ✓ Able to see objects distinctly and clearly with or without corrective devices.
- ✓ Able to compensate for hearing loss.

**If NO, please explain**

**MENTAL ABILITIES** \_\_\_ YES    \_\_\_ NO

- ✓ Follow oral and written instructions correctly.

**If NO, please explain**

In accordance with the Americans with Disabilities Act, \_\_\_\_\_  
Print Name

(please check one)  
\_\_\_\_\_ need special accommodations to complete the Magnetic Resonance Imaging Program (list needs on back).  
\_\_\_\_\_ Require no special accommodations to complete the Magnetic Resonance Imaging Program

Student signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Fact Sheet

FOR IMMEDIATE RELEASE  
Monday, April 14, 2003

Contact: HHS Press Office  
(202) 690-6343

### **PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION**

**Overview:** *The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.*

*Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Most health insurers, pharmacies, doctors and other health care providers were required to comply with these federal standards beginning April 14, 2003. As provided by Congress, certain small health plans have an additional year to comply. HHS has conducted extensive outreach and provided guidance and technical assistance to these providers and businesses to make it as easy as possible for them to implement the new privacy protections. These efforts include answers to hundreds of common questions about the rule, as well as explanations and descriptions about key elements of the rule. These materials are available at <http://www.hhs.gov/ocr/hipaa>.*

### **PATIENT PROTECTIONS**

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access To Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received

this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure – such as reporting an infectious disease outbreak to the public health authorities – the federal privacy regulations would not preempt the state law.
- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

## HEALTH PLANS AND PROVIDERS

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the final rule permits – but does not require – covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.
- **Equivalent Requirements For Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

## OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa/assist.html>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.
- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial

advantage, personal gain or malicious harm.

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

Last Revised: April 14, 2003

### STATEMENT OF CONFIDENTIALITY

I understand and agree that in the performance of my duties as a student in the **Magnetic Resonance Imaging Program at Arkansas State University**, I must hold all medical information in confidence. I understand that any violation of the confidentiality of medical information may result in punitive action.

---

Date

Signature of Student

---

Date

Faculty Witness

**ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS  
MAGNETIC RESONANCE IMAGING PROGRAM**

**Pregnancy Declaration Form**

I, \_\_\_\_\_, have been personally advised of the possible risks and complications due to magnetic and RF exposure to my unborn child by a faculty member of the Magnetic Resonance Imaging Program. I understand these risks and the precautions I must take in choosing to remain active in the professional program. My anticipated due date is: \_\_\_\_\_.

My signature below indicates my understanding of the possible risks due to magnetic and RF exposure to my unborn child. My signature also indicates that I release Arkansas State University, the Magnetic Resonance Imaging Program and its faculty, the clinical education center and its employees from all liability of problems or complications that may arise during my pregnancy.

At this time, I would like to:

- \_\_\_\_\_ Declare my pregnancy and continue in the program with appropriate modifications
- \_\_\_\_\_ Declare my pregnancy and continue in the program without modifications
- \_\_\_\_\_ Withdraw a previously declared pregnancy
- \_\_\_\_\_ Withdraw from the program with the option to return at a later date (upon seat availability)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Witness

\_\_\_\_\_  
Date

**SUBSTANCE ABUSE COMPLIANCE CONTRACT**

**COLLEGE OF NURSING AND HEALTH PROFESSIONS  
ARKANSAS STATE UNIVERSITY**

I, \_\_\_\_\_, have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substances and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## PROCEDURES FOR COLLEGE STUDENT CODE OF HONOR

The College Student Code of Honor exists in addition to the University Code of Conduct and the Academic Integrity Policy found in the Student Handbook. An honor offense by the college code is defined as an act of lying, cheating or stealing. These terms are defined as follows:

**Lying** – a false statement (written or oral) made with the deliberate intent to deceive; something intended to or serving to convey a false impression.

**Cheating** – to practice fraud or deceit; academic fraud is a form of cheating and includes such things as plagiarism (including Internet resources), false citation, false data and submission of the same work to fulfill academic requirements in multiple classes.

**Stealing** – to take the property of others without permission or right; to take ideas, credits, words without right or acknowledgement; to accept credit for another's work.

These honor code violations apply whether they are performed individually or in groups. They apply to didactic, laboratory and clinical experiences of the program as well as in situations where you are representing your program/college.

### PROCEDURES:

If a student is aware of an honor offense, the student should report that offense to their ethics committee representative. The representative will accompany the student to the faculty member, program/director or chair's office OR will direct the student to the faculty member of the class in question, the program director or the department chair. An investigation will result.

If there is evidence to bring forward, the student will be notified, in writing, of the specific charges, who the hearing body will be and the time and place of the hearing. Such notification will be delivered at least two working days in advance of the hearing. The date of the hearing, if possible, must be set within 10 working days from the date of notification to the student.

The College Code of Ethics Committee will hear the case. The Ethics Committee will be selected each fall and will be comprised of six CNHP student representatives and two CNHP faculty appointed by the dean. A committee of alternate representatives will be selected by the Dean to include six (6) students and two (2) faculty members\*. Actions by the Ethics Committee may include: 1) dismissal of the case, 2) sanction the student, 3) refer the case to the Dean of Students, Student Affairs. Disciplinary sanctions by the committee may include educative, reprimand, restrictions and restitution. The committee does not have the authority to suspend or expel the student. However, the committee may forward the case to the faculty member or director/chair with a recommendation of suspension or program dismissal. The Dean of Students, or designee, will educate the committee and their alternates on the hearing process and sanctions in the fall semester of each year.

Student rights in this committee process are outlined in the ASU Student Handbook under the caption "Disciplinary Hearings". The student is entitled to one appeal rendered by the Associate Dean for Judicial Affairs. The process for appeal is found in the section on Appeal Process.

\*On each distance campus, one student will be designated as an ethics representative.



ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS  
**College Student Code of Honor**

Each student admitted to a professional program in the College of Nursing and Health Professions is charged with the responsibility of honorable conduct. A student is assumed honorable until his/her actions prove otherwise. An honor offense is defined as an act of lying, cheating, or stealing. Formal procedures exist for violations of the honor code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way so that a community of trust is established among members of the college and your clients. Honor is a practiced ideal that will positively impact your relationship with fellow students, faculty, administrators, patients and other members of the community. As you live an honorable life, you will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The atmosphere of trust and integrity that is created by an honor system enables the student to know his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully his/hers. The system functions best when all members of the college not only take responsibility for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the basic principles of honesty – no lying, cheating or stealing; be accountable for your actions; and share information about honor offenses. If you are not prepared to accept these responsibilities, you should select a program outside this college.

I have read the explanation of the College Student Code of Honor. I understand that as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward.

---

Signature

---

Date

**ARKANSAS STATE UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESSIONS**

**Clarification of Student Role**

I hereby confirm that I am being assigned to one of the following clinical sites:

- Arkansas Children’s Hospital in Little Rock, AR
- Arkansas Methodist Medical Center in Paragould, AR
- Baptist Crittenden in West Memphis, AR
- Baptist Memorial Hospital –Memphis in Memphis, TN
- NEA Baptist Memorial Hospital, Jonesboro, AR
- Poplar Bluff Regional Medical Center in Poplar Bluff, MO
- St. Bernard’s Imaging Center in Jonesboro, AR
- St. Bernard’s Medical Center, Jonesboro, AR
- St. Jude Research Hospital, Memphis, TN
- White County Medical Center, Searcy, AR
- White River Health in Batesville, AR

I recognize and agree that I am not the agent or employee of the University for any purpose whatsoever during my clinical studies at the Institution. I further acknowledge and confirm that I am a student only and have no authority to act on behalf of the University in any capacity.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**Clarification of Transportation and Clinical Hours Expectations**

I hereby confirm my complete understanding that the program requires extensive travel to the affiliated clinical sites listed above. I understand that I might be assigned to any and/or all of the above affiliated institutions and that it is my responsibility to arrange for transportation, day care, extracurricular work or activities that might affect arriving at my assigned clinical site by 8 am, and remaining at my assigned clinical site until the dismissal time of 4 pm. I also confirm that I have been given the opportunity to ask questions regarding these expectations and that ALL students are required to rotate through multiple clinical sites, with AT LEAST one site outside the Jonesboro city limits. ***My signature on this form acknowledges that I understand these expectations, and that I will not be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field or clinical courses will take place.***

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**ARKANSAS STATE UNIVERSITY  
DEPARTMENT OF HEALTH PROFESSIONS**

**MAGNETIC RESONANCE IMAGING PROGRAM**

**STATEMENT OF UNDERSTANDING/AGREEMENT**

NAME (PRINT): \_\_\_\_\_

ADDRESS & TELEPHONE: \_\_\_\_\_

My signature below certifies that I agree with the following:

1. I have received the Magnetic Resonance Imaging Student Handbook.
2. I have read the Magnetic Resonance Imaging Student Handbook.
3. I understand that I am responsible for all assignments and policies specified in the Handbook, even if they are not stated aloud by the Magnetic Resonance Imaging Faculty.
4. I understand all policies stated in the Handbook.
5. I understand the penalties for policy violation and/or misconduct.
6. I understand the clinical grading procedure.
7. I agree to abide by the professional behavior requirements stated in the Handbook.
8. I understand that addendums may be made at any time that will affect the policies listed in the Handbook. I agree to abide by the changes made by those addendums.
9. I agree to adhere to the guidelines and policies stated in the Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Witness

**Student Assurance of No Known Contraindications  
That Would Prohibit My Ability to Work in the MRI Suite**

(Contraindications include, but are not limited to, pacemakers, defibrillators, metal fragments, aneurysm clips, implanted electromechanical devices, or other metallic/electronic foreign bodies.)

Student Signature and Date: \_\_\_\_\_

## MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS\*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

\*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone (home) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ Telephone (work) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  No  Yes

If yes, please indicate date and type of surgery: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?  No  Yes

If yes, please describe: \_\_\_\_\_

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes

If yes, please describe: \_\_\_\_\_

4. Are you pregnant or suspect that you are pregnant?  No  Yes



**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

**Please indicate if you have any of the following:**

- Yes  No Aneurysm clip(s)
- Yes  No Cardiac pacemaker
- Yes  No Implanted cardioverter defibrillator (ICD)
- Yes  No Electronic implant or device
- Yes  No Magnetically-activated implant or device
- Yes  No Neurostimulation system
- Yes  No Spinal cord stimulation system
- Yes  No Cochlear implant or implanted hearing aid
- Yes  No Insulin or infusion pump
- Yes  No Implanted drug infusion device
- Yes  No Any type of prosthesis or implant
- Yes  No Artificial or prosthetic limb
- Yes  No Any metallic fragment or foreign body
- Yes  No Are you going into the MRI system room?
- Yes  No Any external or internal metallic object
- Yes  No Hearing aid (*Remove before entering the MR system room*)
- Yes  No Other implant \_\_\_\_\_

**IMPORTANT INSTRUCTIONS**

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Form Information Reviewed By: \_\_\_\_\_

Print name

Signature

MRI Technologist  Radiologist  Other \_\_\_\_\_

**Arkansas State University  
College of Nursing & Health Professions**

**Criminal Background**

Student name: \_\_\_\_\_

I understand that criminal background checks may occur as part of my professional education at Arkansas State University. Evidence of a previous charge or conviction of a felony/misdemeanor on my record may affect my progress in this program. While the faculty cannot realistically determine whether this will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student or as a graduate of the program.

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. Upon graduation, a state licensing agency could refuse to grant me a license.
5. As a licensed professional, certain health care institutions could refuse to grant me privileges.
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Arkansas State University  
Computed Tomography Program  
**Academic Honesty Policy and Clinical Experience**

All class members are assumed to be honest. Consequently any cheating or plagiarism during any class activity is considered to be unethical and may result in a grade of “0” for that activity, failure of the course, or dismissal from the academic program. For clinical experiences, academic honesty also includes keeping accurate clinical records such as: log books, time records, competencies and evaluations. **Discovery of falsified clinical documents WILL result in immediate dismissal from the program.**

I understand this policy and this document will serve as written warning. I understand that falsification of clinical documentation will result in my dismissal from the CT Certificate program.

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Student Signature

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Student Printed Name

---

Date



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**COLLEGE OF NURSING AND HEALTH PROFESSIONS**

Department of Medical Imaging & Radiation Sciences | P.O. Box 910, State University, AR 72467 | o: 870-972-3073 | f: 870-972-3485

## **Clinical Infection Control Compliance Statement**

I, \_\_\_\_\_: (print full name)

- understand participation in Clinical Education carries inherent risk of exposure to infectious diseases, which may include, but are not limited to, seasonal flu, Covid-19, Tuberculosis (TB), Methicillin-resistant Staphylococcus aureus (MRSA), and clostridium difficile (C-diff).
- understand clinical education is an essential component of my professional education that cannot be replaced with laboratory experiences, virtual simulations, or other remote experiences.
- will have completed instruction in infection control practices and the use of PPE prior to clinical placement.
- agree to follow safe infection control practices in the clinical setting and to adhere to any additional Safety Guidelines, Policies and Procedures instituted by my clinical site and my professional program. I understand that failure to follow these guidelines may result in dismissal from the clinical site.
- understand following these procedures and guidelines does not eliminate the risk of contracting these diseases, only reduces the probability of transmission to myself and others.
- understand failure to complete/delayed completion of clinical education will affect desired selection of specialty modality and anticipated completion date of the BSRS degree program.
- agree to being placed into clinical settings.

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

\_\_\_\_\_  
Date

# Appendix

\*All hospital driving directions begin with the E.W. Smith bldg in Jonesboro, AR. These maps are intended to be used as guides only, and do not suggest the best or only way to reach the clinical sites.



## Arkansas Children's Hospital

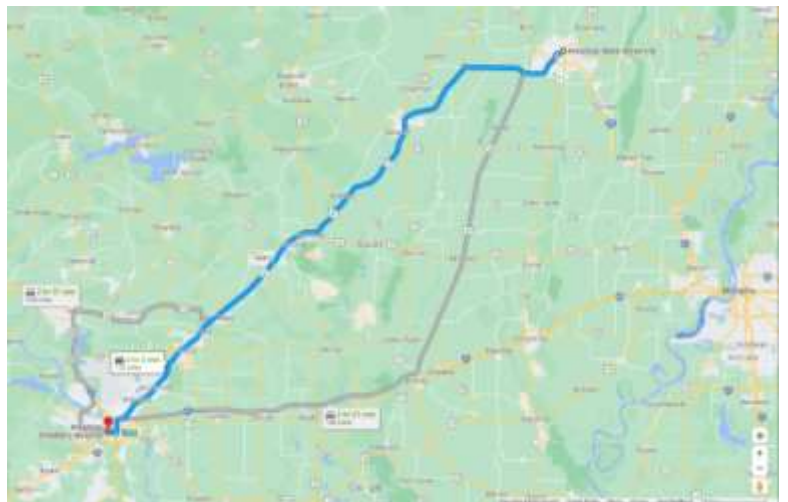
1 Children's Way  
Little Rock, AR 72202  
(501) 364-1100

Radiology Educator: Hannah Brannan  
Clinical Preceptor: Willis Alexander

### Directions:

#### From Arkansas State University

- Get on US-67  
S from Southwest Dr and AR-226
- Follow US-67 S to Doctor M.L.K. Jr Dr/M L King in Little Rock.
- Take exit 2B from I-630 W
- Turn left at the traffic light
- Hospital is on the right



## Arkansas Methodist Medical Center

900 W. Kings Highway  
Paragould, AR  
(870) 239-7820

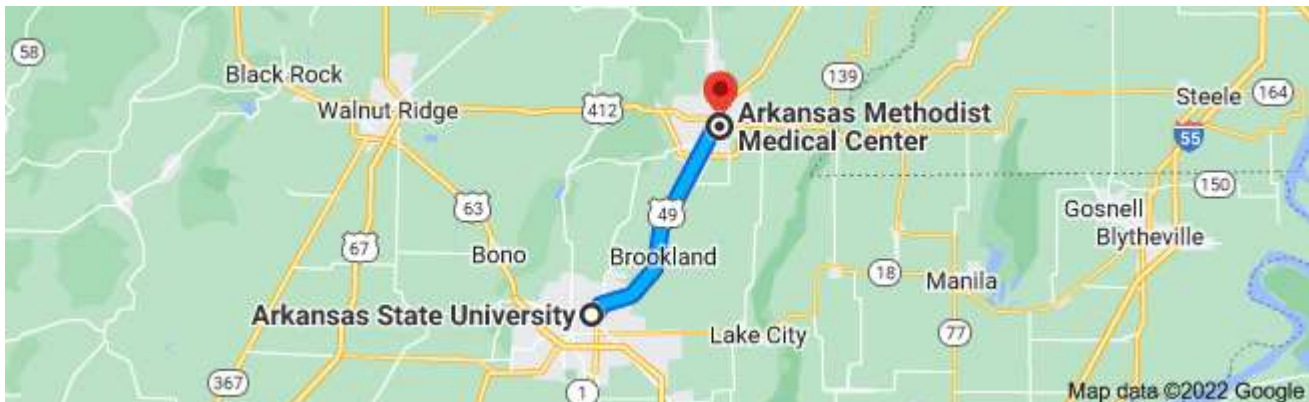
Radiology Director: Shelley Cornelison  
Clinical Preceptor: Tammy Preyer



### Directions:

From Arkansas State University

- Head northeast on /US-49
- Turn right at US-49B
- Hospital is on the right



## Baptist Memorial Hospital Crittenden

2100 N 7th Street  
West Memphis, AR 72301  
(870) 394-7800



MRI Manager: Beth Summerford  
Lead MRI Technologist:



### Directions:

#### From Arkansas State University

Head east on Aggie Rd	46 ft
Turn right onto Red Wolf Blvd	2.4 mi
Turn left	36 ft
Take the I-555 S ramp to Memphis	0.3 mi
Merge onto I-555	40.6 mi
Take exit 1A to merge onto I-55 S toward Memphis	17.4 mi
Take exit 278 toward AR-191/7th St	459 ft
Merge onto S Service Rd	0.2 mi
Turn right onto the ramp to Little Rock	0.1 mi
Merge onto N 7th St	0.3 mi
Baptist Memorial Hospital Crittenden, 2100 N 7th St, West Memphis, AR 72301	

## Baptist East Memorial Hospital

6019 Walnut Grove Road  
Memphis, TN 38120  
(901) 226-2808  
(901) 226-2810

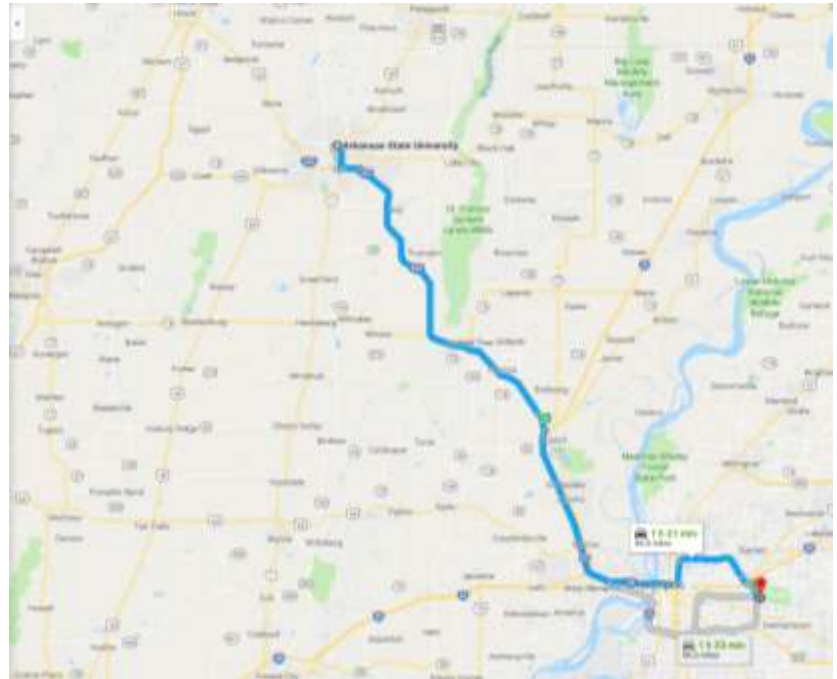
MRI Manager:  
Lead MRI Technologist: Kyle George



### Directions:

From Arkansas State University

- Merge onto I-555/US-63 S
- Take exit 1A for Interstate 55 S
- Keep left to continue on I-40
- Follow signs for I-40 E/Memphis/Nashville
- Take I-240 W toward Jackson Miss.
- Take exit 13 toward Walnut Grove Road
- Keep left onto Exit 13A for Walnut Grove Road E
- Merge onto Walnut Grove Road
- Baptist East Memorial Hospital will be on the right



## NEA Baptist Memorial Hospital



4800 East Johnson Avenue,  
Jonesboro, AR 72401  
(870) 936-1108

Radiology Director: Chika Holder  
Radiology Supervisor: Becky Brewer  
Clinical Preceptor: Katie Morris  
Clinical Preceptor: Kelly Adkerson

## St. Bernard's Medical Center



225 E. Jackson Avenue  
Jonesboro, AR 72401  
(870) 207-4240

Radiology Director: Valerie Earley  
Radiology Educator: Mitzi Pierce  
Clinical Preceptor: Kat Johnson

## St. Bernard's Imaging Center



1144 E. Matthews Avenue  
Jonesboro, AR 72401  
(870)207-8047

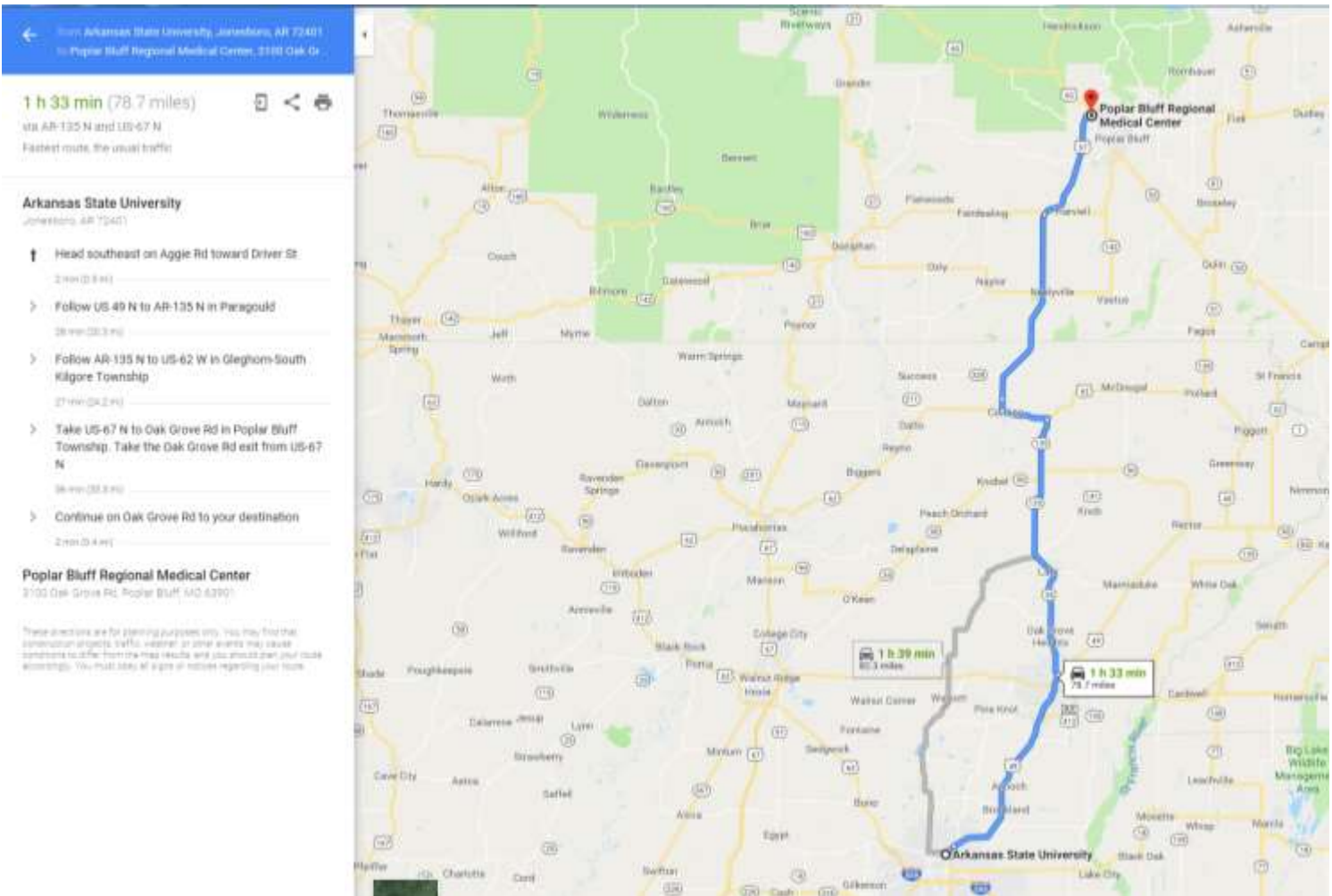
Administrator: Julie Adamson  
Manager: Michelle Sneed  
Clinical Preceptor: Kathy Davis

# Poplar Bluff Regional Medical Center



**3100 Oak Grove Road  
Poplar Bluff, MO 63901  
(573) 785-7721**

**Radiology Director: Jay Patterson  
Clinical Preceptor: Nic Haliburton**



# St. Jude Research Hospital



**Chili's Center**  
**262 Danny Thomas Pl**  
**Memphis, TN 38105**

**MRI Manager: Annie Pindell**  
**Clinical Preceptor: Rozalon Shipp**

← From Arkansas State University, Jonesboro, AR 72401  
to St. Jude Children's Research Hospital, 262 Danny T.

**1 h 10 min (69.4 miles)**

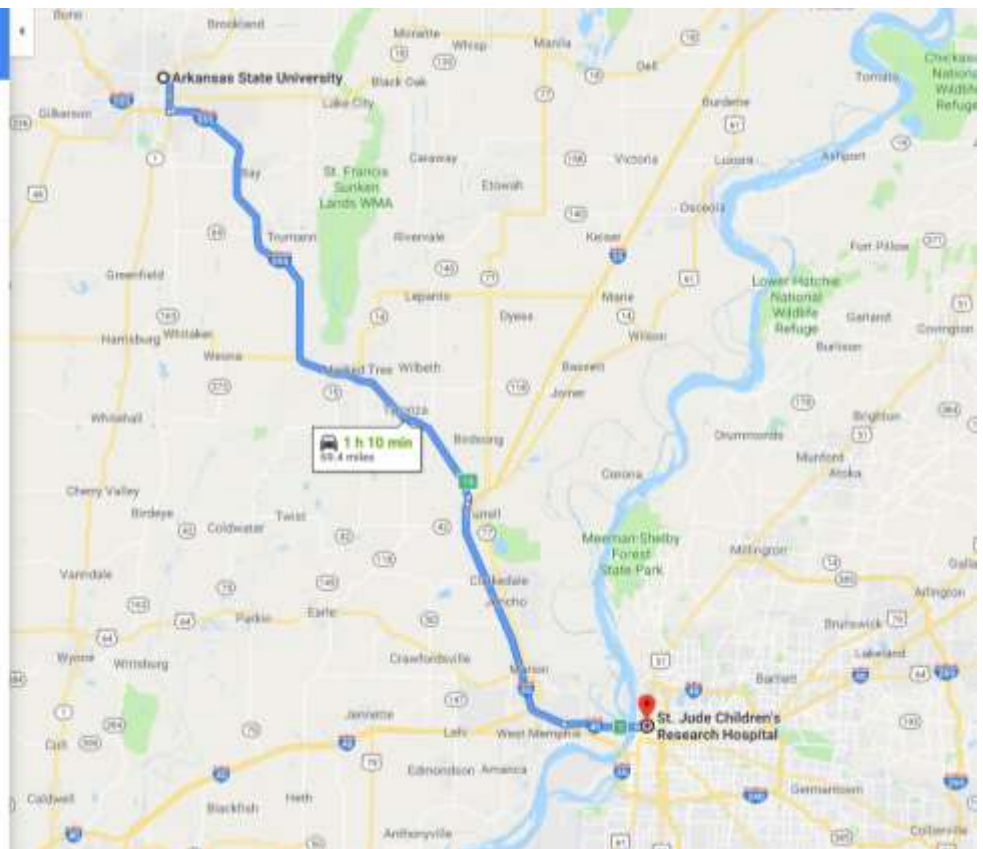
Via I-555 and I-55 S  
Fastest route, the usual traffic  
⚠️ This route has restricted usage or private roads

**Arkansas State University**  
Jonesboro, AR 72401

- Get on I-555 in Nettleton Township  
8 min (3.2 mi)
- Follow I-555 and I-55 S to Memphis. Take exit 1 from I-40  
57 min (65.4 mi)
- Continue on N Front St to your destination  
5 min (3.8 mi)

**St. Jude Children's Research Hospital**  
262 Danny Thomas Pl, Memphis, TN 38105

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.





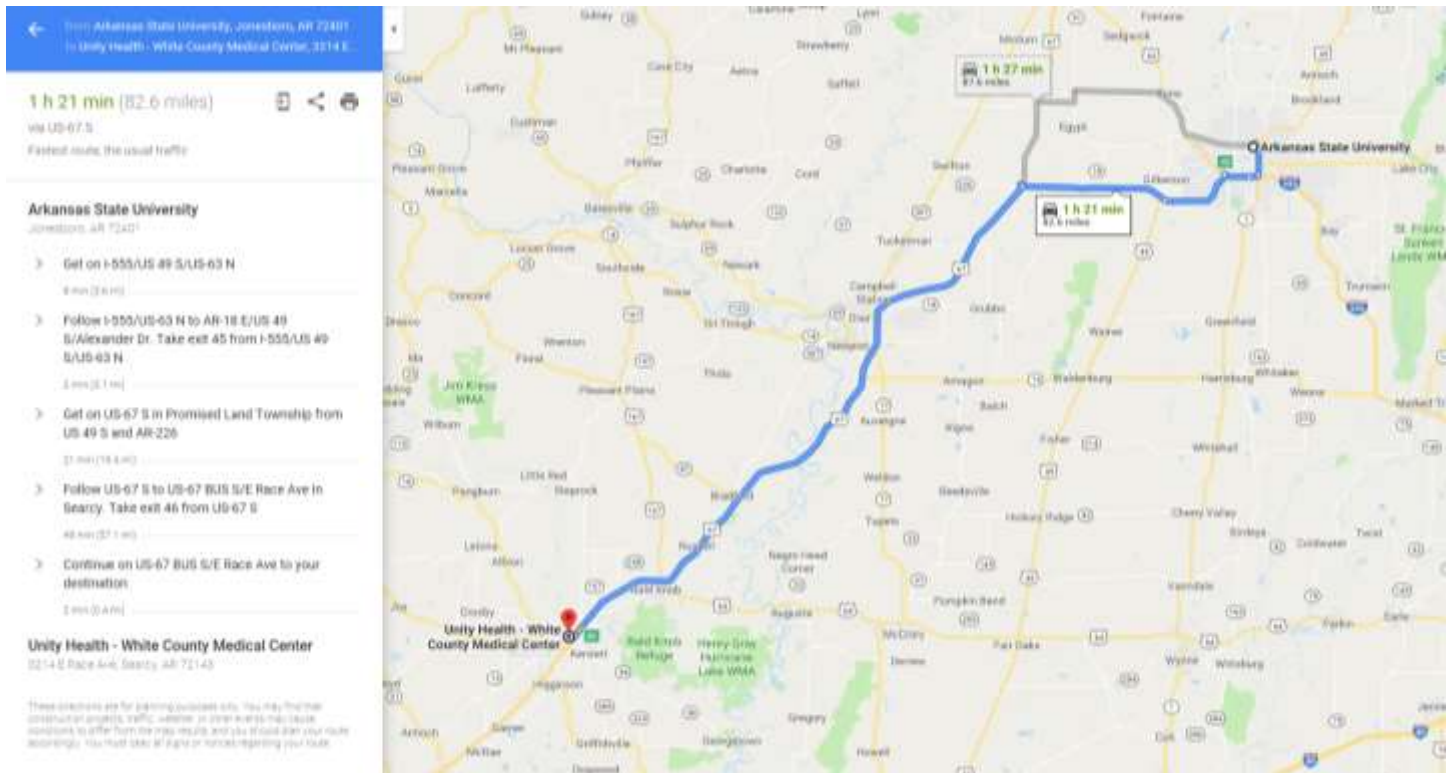
# Unity Health White County Medical Center



**3214 East Race Ave  
Searcy, AR 72143**

**501-380-2162  
501-380-2132 main**

**Radiology Director: Laurie Sindle  
Clinical Preceptor:**



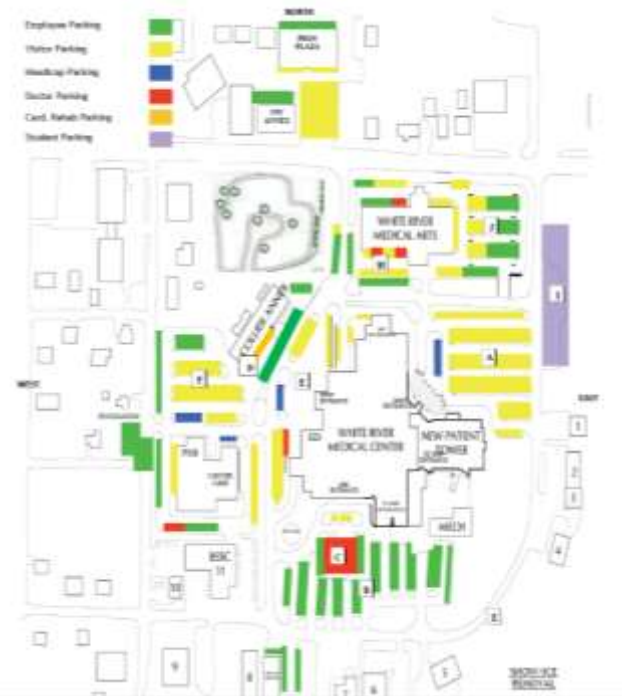
# White River Medical Center



**1710 Harrison Street  
Batesville, AR 72501**

**(870) 262-3208  
(870) 262-3152**

**Radiology Director: Amy Whitten  
Radiology Manager: Sarah Wilkins  
Clinical Preceptor: Crystal Wood**



White River Parking Assignment Map

1. Head north on N Caraway Rd toward E Johnson Ave/US-49 BUS S	go 381 ft total 381 ft
2. Turn left at E Johnson Ave/US-49 BUS S Continue to follow E Johnson Ave About 6 mins	go 2.6 mi total 2.6 mi
3. Continue onto Dan Ave About 5 mins	go 3.2 mi total 5.8 mi
4. Continue onto AR-18 W/AR-91 N About 3 mins	go 1.6 mi total 7.5 mi
5. Turn left at State Hwy 349 About 6 mins	go 4.4 mi total 11.9 mi
6. Turn right at AR-226 W/Cash Hwy Continue to follow AR-226 W About 15 mins	go 11.7 mi total 23.6 mi
7. Turn left toward AR-37 N About 7 mins	go 6.4 mi total 30.0 mi
8. Take the exit toward AR-37 N	go 0.3 mi total 30.3 mi
9. Turn right at AR-37 N About 6 mins	go 5.3 mi total 35.6 mi
10. Turn right at E Walnut St About 1 min	go 0.5 mi total 36.1 mi
11. Turn left at AR-37 N/US-67 S About 2 mins	go 0.5 mi total 36.6 mi
12. Turn right at AR-37 N About 3 mins	go 2.4 mi total 39.0 mi
13. Turn right to stay on AR-37 N About 12 mins	go 10.1 mi total 49.1 mi
14. Turn right at Cord Rd About 2 mins	go 0.8 mi total 49.9 mi
15. Take the 1st left onto AR-25 S/White Dr About 17 mins	go 14.7 mi total 64.6 mi
16. Turn left at Mack St About 3 mins	go 1.2 mi total 65.8 mi
17. Turn right at AR-69 N/Harrison St Destination will be on the left About 5 mins	go 3.9 mi total 69.7 mi