# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pngUNDERGRADUATE CURRICULUM COMMITTEE (UCC) PROPOSAL FORM

## Cover page scroll over blue text to see further important [instructions](#instructions): [if not working select “COMMents on rollover” in your Word preferences under view] please read these.

**N.B. DO NOT USE HIGHLIGHT, where choices are given within categories, please DELETE those THAT DO NOT APPLY TO YOUR PROPOSAL. Do not delete numbered categories.**

**ALL numbers in section (A) to be completed, including the impact ones (#5-7), put “none” if that is the case.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **MRI 432 Clinical education iii** | | | |  |
| [Replacing](#Ifapplicable) |  | | | |
| A.2. [Proposal type](#type) | **Course: creation** | | | |
| A.3. [Originator](#Originator) | **Eric Hall** | [Home department](#home_dept) | **Biology/Health Sciences** | | |
| A.4. [Context and Rationale](#Rationale) | **In this reorganization of the medical imaging program, new courses are being developed to cover the depth and breadth of content needed for certification as an MRI technologist.** | | | | |
| A.5. [Student impact](#student_impact) | **Improved readiness for working in the hospital or clinical environment** | | | | |
| A.6. [Impact on other programs](#impact) | **None** | | | | |
| A.7. [Resource impact](#Resource) | [*Faculty PT & FT*](#faculty): | **This course will be taught by LSMI faculty.** | | | |
| [*Library*:](#library) | **None** | | | |
| [*Technology*](#technology) | **None** | | | |
| [*Facilities*](#facilities): | **None** | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2020** | A.9. [Rationale if sooner than next Fall](#Semester_effective) | |  | |
| A.10. INSTRUCTIONS FOR CATALOG COPY: This single file copy must include ALL relevant pages from the college catalog, and show how the catalog will be revised. (1) Go to the “Forms and Information” page on the UCC website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and **delete any catalog pages not relevant for this proposal**. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits. If new copy, indicate where it should go in the catalog. If making related proposals a single catalog copy that includes all is acceptable. Send as a separate single file along with this form. | | | | | |

B. [NEW OR REVISED COURSES](#delete_if)  **DO NOT use highlight. Do not delete numbered categories, just leave blank if they do not apply. Delete this whole page if the proposal does not include a new or revised course. Always fill in b. 1 and B. 3 for context.**

|  | Old ([for revisions only](#Revisions)) ONLY include information that is being revised, otherwise leave blank. | New Examples are provided within some of the boxes for guidance, delete just the examples that do not apply. |
| --- | --- | --- |
| B.1. [Course prefix and number](#cours_title) |  | **MRI 432** |
| B.2. Cross listing number if any |  |  |
| B.3. [Course title](#title) |  | **Clinical Education III** |
| B.4. [Course description](#description) |  | Students learn about routine MRI procedures in various clinical settings on all patient types. Emphasis is placed on gaining confidence and manipulating parameters. 30 contact hours. |
| B.5. [Prerequisite(s)](#prereqs) |  | **MRI 307** |
| B.6. [Offered](#Offered) |  | **Fall** |
| B.7. [Contact hours](#contacthours) |  | **30** |
| B.8. [Credit hours](#credits) |  | **5** |
| B.9. [Justify differences if any](#differences) | **The standard formula for determining credits based on clinical time  for medical imaging programs is quite variable. Quinnipiac uses 105 hours/credit, while University of Hartford has formulae that vary from course to course (96 hours/credit up to 108 hours/credit). We are proposing to standardize our credit formula to 90 hours/credit which realistically reflects the time that students actually spends in the clinical setting while awarding credits based on the relative impact of that course on the curriculum. This standard will be utilized in an equal fashion throughout all of the medical imaging concentrations.** | |
| B.10. [Grading system](#grading) |  | **Letter grade** |
| B.11. [Instructional methods](#instr_methods) |  | **Internship** |
| B.12.[Categories](#required) |  | **Required for major** |
| B.13. Is this an Honors course? |  | **NO** |
| B.14. [General Education](#ge)  N.B. Connections must include at least 50% Standard Classroom instruction. |  | **NO |**  **category:** |
| B.15. [How will student performance be evaluated?](#performance) |  | **Evaluations**  **Assignments**  **Journals** |
| B.16 [Recommended class-size](#class_size" \o "Check appendix XVIII in the UCC Manual for Best Practices) |  | **24** |
| B.17. [Redundancy statement](#competing) |  | **N/A** |
| B. 18. Other changes, if any |  | |

| B.19**.** [**Course learning outcomes**](#outcomes)**: List each one in a separate row** | [**Professional Org.Standard(s)**](#standards)**, if relevant** | [**How will each outcome be measured**](#measured)**?** |
| --- | --- | --- |
| The student will:   * Maintain a safe work environment for patients, visitors, and health care workers. * Practice patient care and record keeping in accordance with the Health Insurance Portability and Accountability Act (HIPAA). * Properly schedule and prescreen patients. * Communicate professionally with patients and staff members. * Use standard protocols to perform routine MR examinations. * Use Digital Imaging and Communications in Medicine (DICOM) to archive and send images. * Identify when to modify a protocol and successfully perform the modification. * Identify probable cause of image quality problems and recommend an appropriate solution. * Perform and monitor quality assurance tests. * Power up and shut down the system. * Correlate the requested exam with clinical history and reported physical exam findings. * Ensure patient safety by correlating surgical, accident, and occupational history. * Properly screen patients for contraindications to MR. * Monitor the patient to ensure proper attire and that no unauthorized metals enter the exam room. * Maintain a clean, comfortable, and safe environment. * Employ proper precautions to prevent disease transmission. * Monitor linens and supplies and restock when necessary. * Demonstrate how to properly prepare a patient for the requested exam. * Demonstrate the actions required if a patient requires sedation. * Demonstrate the actions required if a patient requires contrast media. * Demonstrate the actions required for allergic reactions. * Demonstrate the actions required if a patient is claustrophobic. * Demonstrate how to use earplugs or headphones to reduce possible acoustic damage. * Ensure proper set-up of MR coils, equipment, table accessories, and cushioning. * Demonstrate an understanding of a patient’s cultural, ethnic, or value system differences. * Speak with patients in a professional and empathetic manner to alleviate any concerns they express. * Demonstrate professional ethics by preserving the patient’s modesty. * Demonstrate how to give proper instructions to optimize patient comfort and cooperation. * Respond appropriately in emergency situations. * Recognize patient adverse reactions to contrast administration during MR procedures and act appropriately. * Identify and report equipment problems. * Adhere to national, organizational, and departmental standards, protocols, policies and procedures regarding MR exams and patient care. * Ensure that professional performance and competence is reflected throughout the exam. * Critique images for appropriate clinical information, image quality, and patient information. * Demonstrate the appropriate corrective actions to improve inadequate image information. * Consistently maintain patient confidentiality standards. * Perform safe, ethical, and legal practices. |  | Evaluation of Technical and Affective Skills: 70% (25% mid-semester, 75 % end-semester)  Completed once per rotation by supervising technologist to evaluate technical and affective skills. Evaluations are reviewed by program faculty. The criteria for evaluation includes the following:  Quality of performance  MRI Safety  Equipment manipulation  Clinic preparation  Patient care  Customer interactions  Initiative and dependability  Acceptance of constructive criticism  Clinical Competencies: 10 % (completing mandatory and elective)  A total of 8 competencies (either mandatory or elective)  The students’ clinical competencies will be evaluated using the following criteria:  Evaluation of requisition  Physical facilities readiness  Patient-technologist relationship  Positioning skills  Equipment manipulation  Evidence of MRI Safety  Image evaluation  Critical Thinking: 10%  Assignments are created to create experiences of higher clinical thinking for the students.  Clinical logs  Must be maintained by each student throughout the program. Daily clinical logs are due by 0800 on Monday each week. They will be reviewed by faculty. Tardy clinical logs will result in a one point/day deduction from final clinic grade. |

| B.20. [**Topical outline**](#outline)**: DO NOT INSERT WHOLE SYLLABUS, JUST A TWO-TIER TOPIC OUTLINE. Proposals that ignore this request will be returned for revision.** |
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| This clinical internship does not need a topical outline as it is simply hands on practice in this aspect of Medical Imaging. |

## D. Signatures

* Changes that affect General Education in any way MUST be approved by ALL Deans and COGE Chair.
* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and their relevant dean (e.g. when creating/revising a program using courses from other departments/programs). Check UCC manual 4.2 for further guidelines on whether the signatures need to be approval or acknowledgement.
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to [curriculum@ric.edu](mailto:curriculum@ric.edu) and a printed signature copy of this whole form to the current Chair of UCC. Check UCC website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary proposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Eric Hall | Program Director of Medical Imaging | e-mail confirmation to curriculum@ric.edu | 4/1/2020 |
| Eric Roberts | Chair of Biology | e-mail confirmation to curriculum@ric.edu | 4/1/2020 |
| Earl Simson | Dean of FAS | e-mail confirmation to curriculum@ric.edu | 4/6/2020 |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS (and their relevant deans if not already included above) that are IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. CONCERNS SHOULD BE BROUGHT TO THE UCC COMMITTEE MEETING FOR DISCUSSION; all faculty are welcome to attend.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
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