



# Magnetic Resonance Imaging

The purpose of continuing qualifications requirements (CQR) is to assist registered technologists in documenting their continued qualifications in the disciplines of certification and registration held. To accomplish this purpose the continuing qualifications requirements are presented in three parts: the professional profile, the structured self-assessment (SSA) and continuing education (CE).

The purpose of the CQR SSA is to assist registered technologists identify gaps in the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required for practice within the disciplines of certification and registration held and help direct their professional development efforts.

The *Structured Self-Assessment Content Specifications for Magnetic Resonance Imaging* is provided to assist magnetic resonance imaging (MRI) technologists during their CQR compliance period. Its purpose is to prepare MRI technologists for the SSA and to help education providers develop coursework for the MRI technologists who need to address specified areas with targeted continuing education. Targeted CE is assigned only if a standard is not met in a category on the SSA.

The SSA is composed of sets of questions that are designed to evaluate an individual’s knowledge in topics related to current practice. Participants have a maximum of 80 minutes to complete the SSA. Please allow an additional eight minutes for the tutorial, two minutes for the non-disclosure agreement (NDA), and 10 minutes for a follow-up survey.

The table below presents the major categories and subcategories covered on the SSA. The number of questions in each category are listed in bold and number of questions in each subcategory in parentheses. The potential number of targeted CE credits that would be prescribed if the standard is not met, are across from each subcategory, with the maximum amount listed at the bottom. Specific topics within each category are addressed in the content outline, which makes up the remaining pages of this document.

<b>Content Category</b>	<b>Number of Questions</b>	<b>Potential CE Credits</b>
<b>Patient Care</b>	<b>10</b>	
<i>Patient Interactions and Management (10)</i>		3
<b>Safety</b>	<b>10</b>	
<i>MRI Screening and Safety (10)</i>		4
<b>Image Production</b>	<b>30</b>	
<i>Physical Principles of Image Formation (10)</i>		7
<i>Sequence Parameters and Options (10)</i>		6
<i>Data Acquisition, Processing, and Storage (10)</i>		5
<b>Procedures</b>	<b>30</b>	
<i>Neurological (10)</i>		5
<i>Body (10)</i>		3
<i>Musculoskeletal (10)</i>		3
	<b>Total 80</b>	<b>Maximum CE 36</b>



## Patient Care

### 1. Patient Interactions and Management

#### A. Ethical and Legal Aspects

1. patients' rights
  - a. informed consent (\*e.g., written, oral, implied)
  - b. confidentiality (HIPAA)
  - c. American Hospital Association (AHA) Patient Care Partnership (Patients' Bill of Rights)
    1. privacy
    2. extent of care (e.g., DNR)
    3. access to information
    4. living will, health care proxy, advance directive
    5. research participation
2. legal issues
  - a. verification (e.g., patient identification, compare order to clinical indication, exam coding)
  - b. common terminology (e.g., battery, negligence, malpractice, beneficence)
  - c. legal doctrines (e.g., respondeat superior, res ipsa loquitur)
  - d. restraints versus positioning aids used to eliminate motion artifact
3. ARRT Standards of Ethics

#### B. Interpersonal Communication

1. modes of communication
  - a. verbal/written
  - b. nonverbal (e.g., eye contact, touching)
2. challenges in communication
  - a. interactions with others
    1. language barriers
    2. cultural and social factors
    3. physical, sensory, or cognitive impairments
    4. age
    5. emotional status, acceptance of condition (e.g., mental health concerns)
  - b. explanation of medical terms
  - c. strategies to improve understanding

#### 3. patient education

- a. explanation of current procedure (e.g., purpose, exam length, risks, benefits)
- b. pre- and post-procedure instructions (e.g., preparations, diet, medications, discharge instructions)
- c. review of pertinent medical history
- d. respond to inquiries about other imaging modalities
- e. communication with patient during procedure

#### C. Physical Assistance and Monitoring

1. body ergonomics (e.g., balance, alignment, movement)
  - a. patient transfer techniques
  - b. safe patient handling devices (e.g., transfer board)
2. assisting patients with medical equipment
  - a. infusion catheters and pumps
  - b. oxygen delivery systems
  - c. other (e.g., nasogastric tubes, urinary catheters, tracheostomy tubes)
3. routine monitoring and documentation
  - a. vital signs
  - b. physical signs and symptoms (e.g., motor control, severity of injury)
  - c. fall prevention
  - d. patient comfort and privacy
  - e. sedated patients/sedation
  - f. claustrophobic patients
  - g. time-out

#### D. Medical Emergencies

1. allergic reactions (e.g., contrast media, latex)
2. cardiac/respiratory arrest (e.g., CPR, AED)
3. physical injury, trauma, or RF burn
4. other medical disorders (e.g., seizures, diabetic reactions)
5. communication of critical findings to health care team

\* The abbreviation "e.g.," is used to indicate that examples are listed in parenthesis, but that it is not a complete list of all possibilities.



## Patient Care (continued)

### E. Infection Control

1. chain of infection (cycle of infection)
  - a. pathogen
  - b. reservoir
  - c. susceptible host
  - d. portal of entry
  - e. mode of transmission
    1. direct
      - a. droplet
      - b. direct contact
    2. indirect
      - a. airborne
      - b. vehicle-borne (fomite)
      - c. vector-borne (mechanical or biological)
      - d. portal of exit
2. asepsis
  - a. equipment disinfection
  - b. equipment sterilization
  - c. medical aseptic technique
  - d. sterile technique
3. CDC Standard Precautions
  - a. hand hygiene
  - b. use of personal protective equipment (PPE) (e.g., gloves, gowns, masks)
  - c. safe handling of contaminated equipment and surfaces
  - d. disposal of contaminated materials
    1. linens
    2. needles
    3. patient supplies
    4. blood and body fluids
  - e. safe injection practices
4. transmission-based precautions
  - a. contact
  - b. droplet
  - c. airborne
5. additional precautions
  - a. neutropenic precautions (reverse isolation)
  - b. healthcare associated (nosocomial) infections

### F. Handling and Disposal of Toxic or Hazardous Material

1. types of materials
  - a. chemicals (e.g., disinfectants)
  - b. chemotherapy
2. safety data sheet

### G. Pharmacology

1. patient history
  - a. medication reconciliation (current medications)
  - b. premedications
  - c. contraindications
  - d. scheduling and prioritizing examinations
2. administration
  - a. routes (e.g., IV, oral)
  - b. supplies (e.g., needles)
  - c. procedural technique (e.g., venipuncture)
  - d. dose calculation
  - e. power injector
    1. fluoro-triggering
    2. timing bolus
    3. automatic bolus tracking
3. contrast media types and properties (e.g., gadolinium, linear versus macrocyclic, ionic versus nonionic)
4. appropriateness of contrast media to examination
  - a. patient condition
  - b. patient age and weight
  - c. laboratory values (e.g., BUN, creatinine, eGFR)
5. complications/reactions
  - a. local effects (e.g., extravasation/infiltration, phlebitis)
  - b. systemic effects
    1. mild
    2. moderate
    3. severe
  - c. emergency medications
  - d. technologist's response and documentation



## Safety

### 1. MRI Screening and Safety

- A. Screening and Education (patients, personnel, nonpersonnel)
  - 1. biomedical implants (active, passive)
    - a. identify and document device, year, make, model
    - b. research and verify device labeling (MR Safe, MR Conditional, MR Unsafe)
    - c. identify device specific parameters
  - 2. ferrous foreign bodies
  - 3. medical conditions (e.g., pregnancy)
  - 4. prior diagnostic or surgical procedures
  - 5. topical or externally applied items (e.g., tattoos, medication patches, body piercing jewelry, monitoring devices, clothing)
  - 6. Level 1 and Level 2 MR personnel
- B. Electromagnetic Fields
  - 1. static field
    - a. translational and rotational forces
    - b. magnetohydrodynamic effect
    - c. magnetoheodynamic effect
    - d. magnetic shielding
    - e. spatial gradient of the static magnetic field
    - f. FDA guidelines
  - 2. RF field
    - a. thermal heating (SAR)
    - b. conductive loops
    - c. proximity burns
    - d. RF shielding
    - e. FDA guidelines
  - 3. gradient field
    - a. current induction
    - b. acoustic noise
    - c. peripheral neurostimulation
    - d. magnetophosphenes
    - e. FDA guidelines

### C. Equipment

- 1. placement of conductors (e.g., ECG leads, coils, cables)
- 2. cryogen safety
- 3. ancillary equipment (MR Safe, MR Conditional MR Unsafe)

### D. Environment

- 1. climate control (temperature, humidity)
- 2. designated MR safety zones
- 3. gauss lines
- 4. emergency procedures (e.g., quench, fire)



## Image Production

### 1. Physical Principles of Image Formation

#### A. Instrumentation

1. electromagnetism (e.g., Faraday's law)
2. static magnet
  - a. types (superconductive, resistive, permanent)
  - b. magnetic field strength
  - c. shim coils
3. RF system
  - a. coil configuration
  - b. surface coils
  - c. phased array coils
  - d. transmit and receive coils
  - e. transmit and receive bandwidth
  - f. pulse profile
4. gradient system
  - a. gradient coil configuration
  - b. slew rate
  - c. rise time
  - d. duty cycle

#### B. Fundamentals

1. nuclear magnetism
  - a. Larmor equation
  - b. precession
  - c. gyromagnetic ratio
  - d. resonance
  - e. RF pulse
  - f. equilibrium magnetization
  - g. energy state transitions
  - h. phase coherence
  - i. free induction decay (FID)
  - j. magnetic susceptibility (e.g., diamagnetism, paramagnetism, superparamagnetism, ferromagnetism)
2. tissue characteristics
  - a. T1 recovery
  - b. T2 decay (relaxation)
  - c. T2\* (susceptibility)
  - d. proton (spin) density (PD)
  - e. flow
  - f. diffusion
  - g. perfusion

#### 3. spatial localization

- a. vectors
- b. X, Y, Z coordinate system
- c. physical gradient
- d. slice select gradient
- e. phase-encoding gradient
- f. frequency (readout) gradient
- g. sampling frequency/rate
- h. k-space (raw data)

#### C. Artifacts (Cause, Appearance, and Compensation)\*\*

1. aliasing (wrap around)
2. Gibbs, truncation
3. chemical shift
4. chemical misregistration
5. magnetic susceptibility
6. radiofrequency (e.g., zipper)
7. motion and flow (e.g., patient motion, ghosting)
8. partial volume averaging
9. cross-talk
10. cross-excitation
11. moiré pattern
12. parallel imaging artifacts
13. eddy currents
14. dielectric effect

#### D. Quality Control

1. slice thickness
2. spatial resolution
3. contrast resolution
4. signal to noise
5. center frequency
6. transmit gain
7. geometric accuracy
8. equipment inspection (e.g., coils, cables, door seals)

\*\* The subsequent list of artifacts is not a complete list of all possibilities.



## Image Production (continued)

### 2. Sequence Parameters and Options

- A. Imaging Parameters
  1. repetition time (TR)
  2. echo time (TE)
  3. inversion time (TI)
  4. number of signal averages (NSA, NEX)
  5. flip angle
  6. field of view (FOV)
  7. matrix
  8. pixel
  9. voxel
  10. number of slices
  11. slice thickness and gap
  12. phase and frequency
  13. echo train length (ETL)
  14. effective TE
  15. bandwidth (transmit, receive)
  16. concatenations (number of acquisitions per TR)
  17. b-value
  18. velocity encoding (VENC)
- B. Image Contrast
  1. T1 weighted
  2. T2 weighted
  3. PD weighted
  4. T2\* weighted
  5. diffusion weighted imaging (DWI)
  6. susceptibility weighted imaging (SWI)
- C. Imaging Options
  1. 2D and 3D
  2. slice order (sequential, interleaving)
  3. spatial saturation pulse/band
  4. gradient moment nulling
  5. suppression techniques (e.g., fat, water, Dixon method)
  6. physiologic gating and triggering
  7. in-phase and out-of-phase
  8. rectangular FOV
  9. anti-aliasing
  10. parallel imaging
  11. filtering

### FOCUS OF QUESTIONS:

Questions will address the interdependence of the imaging parameters, weightings, and options listed on the left, and how they affect image quality.

#### Image Quality

- contrast to noise ratio (CNR, C/N)
- signal to noise ratio (SNR, S/N)
- spatial resolution
- acquisition time



## Image Production (continued)

### 3. Data Acquisition, Processing, and Storage

#### A. Pulse Sequences

1. spin echo (SE)
  - a. conventional spin echo
  - b. fast spin echo (FSE)
2. inversion recovery (IR) (e.g., STIR, FLAIR)
3. gradient echo (GRE)
  - a. conventional gradient echo
  - b. spoiled gradient echo
  - c. coherent gradient echo
  - d. steady state free precession (SSFP)
  - e. fast gradient echo
  - f. MRA/MRV
    1. flow dynamics
    2. time-of-flight (TOF)
    3. phase contrast
    4. contrast enhanced
4. echo planar imaging (EPI)
5. diffusion weighted imaging (DWI)
6. susceptibility weighted imaging (SWI)
7. perfusion
8. spectroscopy

#### B. Data Manipulation

1. k-space mapping and filling (e.g., centric, spiral, keyhole)
2. fast Fourier transformation (FFT)
3. Nyquist theorem
4. postprocessing
  - a. maximum intensity projection (MIP) reformation
  - b. multiplanar reformation (MPR)
  - c. subtraction
  - d. apparent diffusion coefficient (ADC) mapping
  - e. CINE

#### C. Informatics

1. hard/electronic copy (e.g., DICOM file format)
2. archive
3. PACS/MIMPS and electronic medical record (EMR)
4. security and confidentiality
5. networking



## Procedures

### 1. Neurological

- A. Head and Neck
  - 1. brain
  - 2. brain for MS
  - 3. brain for seizure
  - 4. infant brain (less than one year old)
  - 5. brain perfusion
  - 6. CSF flow
  - 7. brain spectroscopy
  - 8. internal auditory canals (IACs)
  - 9. pituitary
  - 10. orbits
  - 11. cranial nerves (nonIACs)
  - 12. sinuses
  - 13. soft tissue neck (e.g., parotids, thyroid)
  - 14. vascular head (MRA, MRV)
  - 15. vascular neck (MRA, MRV)
- B. Spine
  - 1. cervical
  - 2. thoracic
  - 3. lumbar
  - 4. sacroiliac (SI) joints
  - 5. sacrum-coccyx
  - 6. total spine
  - 7. lumbar plexus

### FOCUS OF QUESTIONS

Questions about each of the studies listed on the left may focus on any of the following factors:

#### Anatomy and Physiology

- imaging planes
- pathological considerations
- protocol considerations
- patient considerations (e.g., pediatric, geriatric, bariatric, trauma)

#### Patient Set-Up

- patient data input
- coil selection and position
- patient orientation
- landmarking
- physiologic gating and triggering

#### Contrast Media

- effect on images

#### Additional Procedures

- CINE (e.g., CSF flow study, TMJs)
- surgical planning





## Procedures (continued)

### 2. Body

- A. Thorax
  - 1. chest (noncardiac)
  - 2. breast
  - 3. vascular thorax
  - 4. brachial plexus
- B. Abdomen
  - 1. liver
  - 2. pancreas
  - 3. adrenals
  - 4. kidneys
  - 5. enterography
  - 6. vascular abdomen (MRA, MRV)
  - 7. MRCP
- C. Pelvis
  - 1. soft tissue pelvis (e.g., bladder, rectum)
  - 2. female soft tissue pelvis (e.g., uterus)
  - 3. male soft tissue pelvis (e.g., prostate)
  - 4. vascular pelvis (MRA, MRV)

### 3. Musculoskeletal

- A. Temporomandibular Joints (TMJs)
- B. Sternum
- C. Sternoclavicular (SC) Joints
- D. Shoulder
- E. Long Bones (upper extremity)
- F. Elbow
- G. Wrist
- H. Hand
- I. Fingers (nonthumb)
- J. Thumb
- K. Bony Pelvis
- L. Hip
- M. Long Bones (lower extremity)
- N. Knee
- O. Ankle
- P. Foot
- Q. Arthrogram
- R. Vascular Extremities (e.g., runoff MRA)
- S. Soft Tissue (e.g., tumor, infection)

### FOCUS OF QUESTIONS

Questions about each of the studies listed on the left may focus on any of the following factors:

#### Anatomy and Physiology

- imaging planes
- pathological considerations
- protocol considerations
- patient considerations (e.g., pediatric, geriatric, bariatric, trauma)

#### Patient Set-Up

- patient data input
- coil selection and position
- patient orientation
- landmarking
- physiologic gating and triggering

#### Contrast Media

- effect on images

#### Additional Procedures

- CINE (e.g., CSF flow study, TMJs)
- surgical planning