# ASCENSION PROVIDENCE HOSPITAL MAMMOGRAPHY TRAINING

rev. 5.24

### **GENERAL INFORMATION**

Ascension Providence Hospital- Southfield and Novi Campuses, are part of the Ascension Michigan Health System, located in Southeastern Michigan. At Ascension Providence Hospital, Southfield and Novi campuses, we are dedicated to making a positive difference in the lives and health status of individuals and communities, especially the poor.

The Breast Imaging Department of Ascension Providence Hospital is a modern multiple modality imaging facility. This includes Digital Mammography/ Digital Breast Tomography (DBT), Bone Densitometry, and Ultrasonography. Breast Biopsies are also done at each facility in the form of Stereotactic Core Biopsy, Ultrasound- guided biopsy and/or MR-guided biopsy (accomplished in our MR department).

There is proximity to Diagnostic Imaging, Nuclear Medicine, Computerized Tomography, Magnetic Resonance Imaging, and Radiation Therapy on both campuses.

### **MISSION STATEMENT**

Our mission is to provide each student with an educational opportunity that will allow them to acquire the didactic and clinical requirements necessary to challenge the American Registry of Radiologic Technologists (ARRT) certification exam for mammography. Through clinical goal-setting and didactic achievement, the students will challenge themselves toward excellence in patient care in the radiological field of mammography.

Our vision is to have you experience a maximum number of exams; and to create an opportunity for you to experience a wide range of physical variation of patient anatomy with enough repetition of exams to be truly proficient as a mammographer.

#### PROGRAM GOALS

To produce didactically and clinically competent Mammography technologists. Graduates who are considered employable in the field of Mammography.

## **EQUAL OPPORTUNITY STATEMENT**

Qualified applicants are considered for admission to the Ascension Providence Hospital School of Breast Imaging without regard to race, color, religion, sex, heights, weight, national origin, age, sexual preference, arrest record, marital or veteran status, or the presence of non-job related medical condition or disability. It is the applicant's responsibility to notify us of any reasonable accommodation necessary to perform the essential duties of the position for which the applicant has applied.

## **CAREER DESCRIPTION**

Mammographers apply their knowledge of breast anatomy, physiology, breast positioning, and physics while performing their duties. They must be able to communicate effectively with patients, other health care professionals and the public. Additional duties include screening patients for a proper and thorough history prior to exams and educating the public regarding specific imaging procedures and breast care. The technologist displays personal attributes of compassion, competence and concern in meeting the special needs of the patient. Mammographers are employed by hospitals, specialized imaging centers, private physician's offices, industry, and as educators.

### **COURSE OF STUDY**

The ARRT has specific didactic and clinical requirements that must be met to sit for the certification exam. This program was designed with those requirements in mind and more.

The didactic portion will be accomplished two ways. Primarily, education will be accomplished utilizing an online education website (access is supplied by the program). The student will be given a full-day (Wednesdays) to work towards completion of the required modules.

Other portions of the didactic material will also be presented by registered Mammography technologists, radiologists, nurses, and other qualified health care professionals. The trainee will be required to attend a weekly mammography course at Ascension Providence- **Southfield location**. The didactic curriculum includes, but is not limited to: Patient Care, Breast Anatomy, Breast Positioning and Procedures, Digital Equipment and Image Production, and Quality Assurance/QC with regulations. The trainee will also spend time with a Radiologist to discuss pathology of the breast, participate in four tumor boards, and shadow the Breast Coordinator (a person who coordinates treatment for patients undergoing breast cancer treatment).

Trainees will visit four locations during their time in the program. Clinical training will begin at our site in Livonia; located at 7 Mile and Newburgh and/or our Farmington Hills location at Northwestern Hwy. and Inkster. After that, the trainee will then shift to our Novi location to continue to complete the remainder of the exams required to apply to take the ARRT certification exam for mammography.

Procedures that you will see (not all inclusive):

Screening Mammography Diagnostic Mammography Breast Ultrasound Breast MRI Stereotactic Core biopsies Needle localization

The **post-graduate** (must be a registered radiologic technologist to apply) Mammography program is a three- month program, full-time; Monday through Thursday, 7 am -5 pm. At the end of your second month of training, there is the possibility that you will need to participate in at least one-two weeks of evening rotation, M-F, 11:30 pm- 730 pm. This rotation will give the trainee the opportunity to collect QA/QC procedures and fulfill their ARRT educational requirements.

You will be required to participate/observe in a wide variety of clinical situations: Needle localization, Breast Implant Imaging, Stereotactic procedure, Breast ultrasound, Breast MRI, Ductography/Galactography, and Tissue marker placement. Trainees will not demonstrate proficiency at these exams, but rather participate/observe with registered mammographers as much as experience allows.

There is the possibility of a fourth month of training that could be offered to those who inquire or indicate an interest in gaining proficiency in performing biopsy procedures.

The program is completed at the end of the three months; not at the completion of the minimum numbers of exams. Anyone who quits prior to the three months of completion will not receive a certificate or be able to use the clinical exams provided to apply for the ARRT certification exam.

**Deadline to apply is July 1**<sup>st</sup> for each given year, but accept applications all year long. One/two trainees are selected three times a year, one/two people starting in January; April; and July. Tuition is \$2,500 (non-refundable).

## **CANDIDATE QUALIFICATIONS**

Individuals who have graduated from an accredited radiologic technology program, and who are in good standing with the ARRT with proper RT(R) certification may apply for possible entry in the program. An interview is required, during which candidates are evaluated on:

Personal impression Work Experience Interpersonal Skills

#### WHAT ASCENSION PROVIDENCE EXPECTS OF YOU

Regular attendance and completion of all didactic and clinical assignments.

Agreement to abide by the policies and procedures of the School of Radiologic Technology/
Breast Imaging.

#### WHAT YOU CAN EXPECT FROM ASCENSION PROVIDENCE

Upon successful completion of all course requirements, you will receive a certificate of graduation for the Providence Hospital School of Breast Imaging. That includes completion of three months of training, all computer and coursework assignments, as well as clinical requirements. You will be able to apply to challenge the national certification examination given by the ARRT.

#### WHAT YOUR FUTURE HOLDS

Certification as a Registered Mammography technologist after successful completion of the ARRT certification exam, you will be authorized to use the credentials RT(R)(M) after your name.

#### PROSPECTIVE APPLICANT PROCEDURE:

Submit the completed application, which must include:

- 1. An application (online or paper)
- 2. Technical Standards Survey
- 3. MRI safety form completed
- 4. Copy of ARRT card
- 5. Two professional letters of recommendation, one must be from a Mammography technologist.
- 6. \$40 application fee (non-refundable)
- 7. Have your Radiologic Technology program submit official transcripts to demonstrate graduation from an accredited program.

Address all communications to:

Ascension Providence Hospital, Southfield Campus Mary A. Kleven, MAOM, B.S., R.T. (R)(M) Program Director School of Radiologic Technology- Breast Imaging Training 16001 W. Nine Mile Road Southfield, MI 48037 Phone 248-849-3293 Fax 248-849-5395

E-mail: Mary.Kleven@ascension.org

## Ascension Providence Hospital

## Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves.

This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

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

		Circle Yes or No	
Have you had prior surgery or an operation of any kind?		No	
If yes to question 1, please indicate the date and type of surgery:		·	
Date: Surgery Type:			
Have you had an injury to the eye involving a metallic object (e.g.	Yes	No	
metallic slivers, foreign body)?			
If yes to question 2, please describe:			
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ii yes to question 5, please describe.			
Please indicate if you have any of the following:			
	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	
Neurostimulator system	Yes	No	
Spinal cord stimulator	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	
Any external or internal metallic object	Yes	No	
Hearing aid	Yes	No	
Other device:	Yes	No	
is form and have had the opportunity to ask questions regarding the inforation change, I will inform my program director.	rmation on this f	form. Should any	
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t t	If yes to question 1, please indicate the date and type of surgery:  Date: Surgery Type: Surgery Type:  Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?  If yes to question 2, please describe:  Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  If yes to question 3, please describe:  Please indicate if you have any of the following:  Aneurysm clip(s)  Cardiac pacemaker  Implanted cardioverter defibrillator (ICD)  Electronic implant or device  Magnetically-activated implant or device  Neurostimulator system  Spinal cord stimulator  Cochlear implant or implanted hearing aid  Insulin or infusion pump  Implanted drug infusion device  Any type of prosthesis or implant  Artificial or prosthetic limb  Any metallic fragment or foreign body  Any external or internal metallic object  Hearing aid  Other device:  Be above information is correct to the best of my knowledge. I have read a sis form and have had the opportunity to ask questions regarding the infontation change, I will inform my program director.  Be above information form:  Da  thas not identified any contraindications to entering MR Zone III or IV.  thas identified contraindications to entering MR Zone III and IV. The studenters are a statement of the studenters and incompleting form:	Have you had prior surgery or an operation of any kind?  If yes to question 1, please indicate the date and type of surgery:  Date: Surgery Type:  Have you had an injury to the eye involving a metallic object (e.g. Yes metallic slivers, foreign body)?  If yes to question 2, please describe:  Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  If yes to question 3, please describe:  Please indicate if you have any of the following:  Aneurysm clip(s) Yes  Cardiac pacemaker Yes  Implanted cardioverter defibrillator (ICD) Yes  Electronic implant or device Yes  Magnetically-activated implant or device Yes  Neurostimulator system Yes  Spinal cord stimulator Yes  Cochlear implant or implanted hearing aid Yes  Implanted drug infusion device Yes  Any type of prosthesis or implant Yes  Any metallic fragment or foreign body Yes  Any external or internal metallic object Yes  Hearing aid Yes  Other device: Yes  Date Yes  thas not identified any contraindications to entering MR Zone III or IV.	

This form is provided by the JRCERT as a resource for programs. Programs are encouraged to personalize the form prior to use.

Remember: The magnet is always on!