

# MRI Scanning Post-test

Name \_\_\_\_\_

(Please enter legal name above)

Birth date (required)

M	M	D	D	Y	Y	Y	Y

Format: 01/03/1999

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital \_\_\_\_\_ Unit \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) Clinical MRI uses what abundant substance in the body to take images?
  - a) Phosphorus
  - b) Fat
  - c) Water
  - d) Blood
- 2) The strength of the magnet is measured using what unit?
  - a) Gauss
  - b) Tesla
  - c) Homogeneous
  - d) Hertz
- 3) In MRI, you must be concerned about which two safety issues?
  - a) Magnet safety and fire safety
  - b) Patient safety and employee safety
  - c) Employee safety and fire safety
  - d) Magnet safety and patient safety

- 4) Which object below is a contraindication to MRI?
  - a) Implanted wires
  - b) Aneurysm clip
  - c) Pacemaker
  - d) All of the above
- 5) All implanted devices must be cleared by the MRI staff before an MRI procedure can be performed.
  - a) True
  - b) False
- 6) MRI uses what devices to image the body:
  - a) Magnet
  - b) Radio frequencies
  - c) Gradient coils
  - d) All of the above
- 7) Mr. Jones can have an MRI of his left ankle. He had a pacemaker removed but still has the pacer wires.
  - a) True
  - b) False
- 8) My patient is on a cardiac monitor. Before sending him to MRI, I can unplug the wires from the monitor but keep the wires attached to the patches on him.
  - a) True
  - b) False
- 9) A patient needs to be able to do what in order to get a good MRI study?
  - a) Lie flat
  - b) Hold still
  - c) Follow directions
  - d) All of the above
- 10) I do not worry about getting the nausea and vomiting of my patient under control before the MRI.
  - a) True
  - b) False

**Expiration date:** The last day that post tests will be accepted for this edition is **December 31, 2018**—your envelope must be postmarked on or before that day.

# Evaluation: MRI Scanning

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe how an MRI obtains tissue images.	
2. Identify safe and unsafe items the magnet room.	
3. Identify the patient safety concerns related to MRI scanning.	
4. Describe the preparation of the patient and procedure for an MRI scan.	
5. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
6. Notice of requirements for successful completion, including purpose and objectives	
7. Conflict of interest	
8. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
9. Sponsorship or commercial support	
10. Non-endorsement of products	
11. Off-label use	
12. Expiration Date for Awarding Contact Hours	
13. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

14. How long did it take you to read this home study and complete the post test and evaluation:

\_\_\_\_\_ hours and \_\_\_\_\_ minutes.

15. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

\_\_\_ Yes

\_\_\_ No, more contact hours should have been offered

\_\_\_ No, fewer contact hours should have been offered.

Expiration date: December 31, 2018
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