

2020

MEDICAL RADIATION SCIENCES
POLICIES AND PROCEDURES HANDBOOK

2021



Acknowledgement of Traditional Land

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

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CALENDAR OF DATES

Fall Session 2020

Orientation for Year 1 Students	September 2 - 3, 2020
Labour Day	September 7, 2020
First Day of Classes	September 8, 2020
Thanksgiving	October 12, 2020
Fall Break	October 13-14, 2020
Last Day of Classes	December 9, 2020
Exam Period	December 10 - 18, 2020
Winter Break	December 24, 2020 - January 4, 2020

Winter Session 2021

First Day of Classes	Tuesday, January 5, 2021
Family Day	February 15, 2021
Reading Week	February 15 - 19, 2021
Good Friday	April 2, 2021
Last Day of Classes	April 12, 2021
Exam Period	April 14 - 23, 2021

Summer Session 2021

First Day of Classes	May 3, 2021
Victoria Day	May 24, 2021
Canada Day	July 1, 2021
Last Day of Classes	July 23, 2021
Selective Exam Period	July 26 – July 30, 2021
Civic Holiday	August 2, 2021

Clinical Practicum II – Year 3 Students (Class 2021) Radiation Therapy, Radiological Technology, Nuclear Medicine	September 8, 2020 - December 18, 2020
Clinical Practicum III – Year 3 Students (Class of 2021) Radiation Therapy, Radiological Technology, Nuclear Medicine	January 5, 2021 - April 23, 2021
Clinical Practicum I – Year 1 Students (Class of 2023) Radiation Therapy, Radiological Technology	May 3, 2021 - June 25, 2021
Clinical Practicum I – Year 2 Students (Class of 2022) Nuclear Medicine	May 4, 2021 - July 23, 2021
Clinical Practicum I – Year 2 Students (Class of 2022) Radiation Therapy, Radiological Technology	July 5, 2021 – August 13, 2021
Transition to Clinical – Year 2 Students (Class of 2022) Radiation Therapy, Radiological Technology	August 16, 2021 – September 3, 2021

To review the University of Toronto’s policy concerning the scheduling of classes and examinations, and the accommodation for religious observances, please refer to:

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun291995.pdf>

PROGRAM LEADERSHIP AND ADMINISTRATION

UNIVERSITY OF TORONTO

Vice-Dean, Clinical and Faculty Affairs, Faculty of Medicine,
Lynn Wilson, MD, CCFP, FCFP

Chair, Department of Radiation Oncology,
Fei-Fei Liu, MD, FRCPC, FASTRO

Director, Medical Radiation Sciences Program,
Cathryne Palmer, MRT(T), MSc

Associate Director, Medical Radiation Sciences Program,
Kieng Tan, MRT(T), BSc, MEd

THE MICHENER INSTITUTE OF EDUCATION AT UNIVERSITY HEALTH NETWORK

Executive Vice-President Education, University Health Network
Brian Hodges, MD, PhD, FRCPC

Senior Director, Academic Programs,
Fiona Cherryman, MRT(T), MEd

Academic Chairs,

- **Radiation Therapy**
Catherine Ladhani, MRT(R), BSc (Physiology), BAppSc(MI), MBA(ITM)
- **Imaging**
Susan Weltz, DCh, BA(Hon), MEd

MEDICAL RADIATION SCIENCES OFFICE

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**Medical Radiation Sciences Program
Administrative Assistant (Michener)**
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DESCRIPTION OF EDUCATIONAL PROGRAM

(Reviewed May 2020)

In response to professional standards requiring a baccalaureate degree as an entry requirement to practice, and in the interest of generating expanded career options for students, the Faculty of Medicine at the University of Toronto and The Michener Institute of Education at University Health Network (Michener) offer a joint Bachelor of Science (B.Sc.) and Advanced Diploma program in Medical Radiation Sciences. This joint program combines the strengths of the two institutions and makes full use of their complementary resources and expertise.

The integrated three-year curriculum aims to provide students with a broad-based theoretical and analytical foundation for their stream-specific professional responsibilities. Graduates receive a B.Sc. in Medical Radiation Sciences from the University of Toronto and an Advanced Diploma of Health Sciences from Michener in the respective discipline (referred to hereafter as stream).

Students receive instruction at both institutions. Teaching faculties are drawn from both the University of Toronto and Michener. Successful applicants enter one of the three streams after having completed at least one year of undergraduate education at an accredited university. The three-year curriculum provides students in each stream a core foundation of broadly based content along with stream-specific courses and clinical practice activities.

The program provides breadth and depth of knowledge and develops analytical, critical and evaluative skills. Professional values, responsibility, accountability, sensitivity and ethical attitudes towards both the patient and health care community are emphasized. Students learn to evaluate and consider the implications of their professional actions. The clinical practicum components integrate and apply the material taught in lectures and labs, leading to the development of clinical competence. Each student is required to complete a minimum of 42 weeks of full-time clinical practice.

All three streams of the Medical Radiation Sciences Program are fully accredited by Accreditation Canada.

EXPECTED LEARNING OUTCOMES AND COMPETENCIES OF GRADUATES

The Medical Radiation Sciences program aims to produce graduates who:

- Apply critical thinking to professional knowledge, skills, behaviors and judgment in a variety of health care environments
- Engage in reflective practice and apply best practices in quality improvement to improve healthcare delivery and foster a positive safety culture
- Continually review, critically analyze, generate and integrate evidence-based practice
- Collaborate effectively in inter-professional environments to enhance patient- and family-centred care
- Advocate a philosophy of wellness, health education and health promotion for patient engagement
- Engage patients as partners in their own care
- Are adaptable to current and emerging health care technologies and practices
- Commit to the advancement of the Medical Radiation Sciences professions

THE CURRICULUM

(Reviewed May 2020)

Courses delivering knowledge and imparting skills required in common by all three streams comprise the core curriculum and include instruction in anatomy, clinical behavioral sciences, comparative medical imaging, inter-professional collaboration, patient care, physiology, relational anatomy and research methods. In addition, students in each stream undertake a set of courses on stream specific material. Clinical practice and experiences at the affiliated hospital sites are specific to the stream. The curriculum emphasizes critical thinking, evidence-based practice and problem solving in the belief that these attributes play a crucial role in the optimal delivery of health care in today's evolving health care environment.

A pictorial overview by year of the curriculum as it applies to:

[Nuclear Medicine and Molecular Imaging can be found on page 71.](#)

[Radiation Therapy can be found on page 76.](#)

[Radiological Technology can be found on page 81.](#)

DESCRIPTIONS OF MRS COMMITTEES

(Reviewed May 2020)

The Medical Radiation Sciences (MRS) Program has several operational committees. Membership on these committees varies, depending on the terms of reference for a particular committee. Students are invited to participate on committees, where appropriate, through consultation with the Medical Radiation Sciences Society.

Joint Strategic Executive Committee

The Joint Strategic Executive Committee establishes the overall strategic direction of the Medical Radiation Sciences, with Senior Leadership representation from both the University of Toronto and Michener.

Joint Operations Committee

The Joint Operations Committee (JOC) oversees the academic, student and administrative affairs of the MRS Program. JOC responds and implements the strategic direction of the MRS program, and reviews resource allocation on an annual basis. JOC reports to the Joint Strategic Executive Committee.

Joint Curriculum Committee (JCC)

The JCC facilitates the coordinated and collaborative implementation of the MRS curriculum for all three streams. JCC has oversight for the development, implementation, and integration of core competencies throughout the overall curriculum. JCC is a discussion forum for suggested curricular modifications and continuous quality improvement. JCC reports to the Joint Operations Committee.

Policies and Procedures Committee (P&P)

The Policies and Procedures Committee develops, maintains, reviews and ensures the relevance of the policies and procedures of the Medical Radiation Sciences Program. P&P reports to the Joint Operations Committee.

Admission and Recruitment Committee (ARC)

The Admission and Recruitment Committee discusses and reviews the admission process and recruitment strategies for the MRS program. The committee provides collaborative leadership to guide decision-making and strategic alignment with the University of Toronto and Michener. ARC reports to the Joint Operations Committee.

Program Review Committee (PRC) - Stream Specific

The stream-specific PRC's review evaluations of individual student performance in the courses and makes recommendations for promotion, remediation, probation and dismissal to the Board of Examiners - Medical Radiation Sciences.

Academic Oversight Committee (Oversight)

The Academic Oversight Committee reviews, co-ordinates and plans the management of students who are newly identified as being in academic or other difficulty or who have been previously identified and continue to be in academic or other difficulty.

Faculty Liaison Committee (FLC)

The FLC is a standing committee of the Program Advisory Council (PAC) consisting of the Academic Chair, the Clinical Liaison Officer (CLO)/Clinical Course Supervisor (CCS), Clinical Coordinators/(designates),

program faculty, and, where applicable, affiliated university representation to provide a forum for discussion and improvement of the overall program. The FLC is responsible for, and makes, recommendations to, the PAC.

COMMUNICATION WITH STUDENTS

(Reviewed May 2020)

Michener e-mail address

- Each student is required to have a Michener e-mail address. This e-mail address will be provided by Michener and will be used as an official route of communication for the Program. Important notices as well as some academic instruction will be communicated by e-mail and students are required to monitor their e-mail on a regular basis.
- If any student anticipates not having access to their e-mail for more than two days, they must notify the MRS Office in Suite 504, 149 College Street (Stewart Building), and the Program Communication Liaison in advance of the period of no access or as soon as possible after identifying the issue.

University of Toronto e-mail address

- Each student is required to create an UTOR mail account and to record this e-mail address on ROSI/ACORN. For instructions on how to create an UTOR account, visit: <https://www.utorid.utoronto.ca>
- The UTOR account will be needed to access some of the courses housed on the University of Toronto Portal and for other communication from the university.
- On May 1, 2006 the University of Toronto Governing Council approved a “Policy on Official Correspondence with Students” to be effective September 1, 2006. The policy states: “Students are responsible for maintaining and advising the University, on the University’s student information system (currently ROSI/ACORN), of a current and valid postal address as well as the address for a University-issued electronic mail account that meets a standard of service set by the Vice-President and Provost. Failure to do so may result in a student missing important information and will not be considered an acceptable rationale for failing to receive official correspondence from the University.”

<http://www.governingcouncil.utoronto.ca/policies/studentemail.htm>

Students are expected to ensure their contact information with the Program is current and accurate. Please provide any updates to the MRS Office in Suite 504, 149 College Street (Stewart Building),

Email: mrs@utoronto.ca

Students should also be aware that, as the official method of communication is email, content is governed by the “[Standards of Professional Practice: Behaviour for all Health Professional Students](#)”

OFFICE OF HEALTH PROFESSIONS STUDENT AFFAIRS

(Revised March 2020)

The Medical Radiation Sciences (MRS) is a joint program with the University of Toronto and The Michener Institute. As such, students enrolled in the MRS program have available to them services from both institutions. Students can access services and supports for academic, professional, and personal affairs at either the University of Toronto, through the Office of Health Professions Student Affairs, or at The Michener, through the Student Success Network.

The University of Toronto, Office of Health Professions Student Affairs (OHPSA) supports students enrolled in the Medical Radiation Sciences program as well as other students in the Faculty of Medicine.

OHPSA Mandate:

- To assist students to achieve their full potential academically, in personal growth and professional development
- To facilitate student activities, and provide outreach and service-learning opportunities
- To advocate for students

Students requiring advice and/or support are encouraged to seek the assistance of the OHPSA as soon as questions arise. They provide confidential Personal Counselling and Academic Coaching as well as services in the area of Wellness and Student Life/Community Outreach.

Personal Counseling

The OHPSA Personal Counselling provides confidential individual counselling. This service covers issues such as depression, anxiety, stress, self-esteem, relationship difficulties, addictions, sexual orientation and/or gender identity. Support is also given to students on self-care strategies, balancing school and personal life, maintaining intimate relationships and other well-being issues. Consulting with a counselor about optimizing your professional and personal life skills is encouraged.

Academic Coaching

The OHPSA Academic Coach provides counselling and resources to enhance student academic success. Activities include one-on-one counselling, evaluation of individual learning/study challenges, and development of personal strategies in response to these challenges, as well as presentation and facilitation skills improvement. The University of Toronto, Academic Success Centre (ASC) located in the Koffler Centre also offers a full range of academic/learning skills services and a Learning Skills Resource Library.

Service Learning

A number of social, charitable, and personal development and wellbeing events are facilitated by OHPSA. These encourage awareness of social issues, and professional responsibilities to support those in need both locally and globally. Collaboration and participation by students from all interdisciplinary groups in the Faculty of Medicine can take advantage of this opportunity.

Confidentiality of Counselling Services

All counselling sessions are confidential. No information is shared without verbal or written consent, except as required by law. Each student signs a confidentiality agreement prior to accessing services at OHPSA. All case files are kept in a secure location. Booking an appointment with OHPSA can be done by:

- completing the online request form at <http://www.md.utoronto.ca/content/book-appointment>
- calling the main office at 416-978-2764
- e-mailing reception at ohpsa.reception@utoronto.ca

Looking for more information?

<https://md.utoronto.ca/OHPSA>

FAMILY CARE FACILITIES

The mission of the Family Care Office is to assist individuals who are navigating the challenges of balancing family responsibilities with education and/or work. The staff is committed to developing knowledge, researching resources, working collaboratively with other departments, and implementing policies which promote educational and employment equity in order that U of T can continue to provide a caring and supportive work and study environment.

For more information on the Family Care Office <http://www.familycare.utoronto.ca/>

OFFICE OF INCLUSION AND DIVERSITY

The Office of Inclusion and Diversity (OID) is part of the Office of the Dean at the University of Toronto's Faculty of Medicine. The mandate of the OID is to support the Faculty's commitment to lead in the area of equity, inclusion and diversity, and to create and promote innovative and accountable diversity and equity related programming in collaboration with other members of the Faculty of Medicine community as well as external partners, which include the [Toronto Academic Health Sciences Network](#) (TAHSN) and community organizations.

The Office of Inclusion and Diversity (OID) supports Faculty of Medicine's commitment to Excellence through Equity, one of the three Strategic Domains of Focus named in the 2018-2023 Academic Strategic Plan.

The office is committed to working collaboratively to achieve the following initiatives:

- Design programs and policies that promote an equitable, inclusive and diverse environment
- Provide guidance and support on EDI and human rights issues
- Advise and collaborate on implementing EDI priorities

Contact the OID if you:

- Are interested in collaborating on an equity event or initiative, such as a Diversity Dialogue Event
- Would like guidance and support on EDI and human rights issues (e.g. experiences of discrimination/harassment)
- Want to request an equity workshop for Faculty of Medicine learners, staff or faculty members

Contact Information

- Website: <https://medicine.utoronto.ca/office-inclusion-and-diversity>
- Email: medicine.oid@utoronto.ca
- Twitter: [@UofTMed_OID](#)
- Instagram: [@uoftmed_oid](#)

University of Toronto Equity Offices

A list of the U of T Equity Offices and their contact information can be found here:

<http://equity.hrandequity.utoronto.ca/wp-content/uploads/sites/13/2019/08/Equity-Offices-Poster.pdf>

MICHENER STUDENT SUCCESS NETWORK (SSN)

(Revised May 2020)

Students enrolled in the MRS program have available to them services from both University of Toronto and The Michener Institute. Students can access services and supports for academic, professional, and personal affairs, either at the University of Toronto, through the Office of Health Professions Student Affairs, or at Michener, through the Student Success Network.

The Student Success Network supports students enrolled at Michener. Services available include counseling, peer tutoring, learning skills workshops, test center, graduate job postings, and Michener's career fair.

Accommodations/Accessibility Services

Students registered in the MRS Program must register with Accessibility Services at the University of Toronto (see page 26).

Coaching and Counseling

Services at the SSN include academic, career and personal counseling. Assistance with managing test anxiety and improving study skills are one of the areas in which counseling services can help. Students experiencing challenges from homesickness, culture shock or anxiety, as well as depression, eating disorders, relationship difficulties or other personal issues, are invited to book confidential and free sessions. The counselors are committed to listening, guiding and helping students move forward in their academic and personal lives.

Health Services

The Health Services Office is located in Room 1342. Office hours are 8:00 AM to 4:00 PM weekdays. The Health Nurse is available weekdays from 10:00 AM to 2:00 PM and the Health Services Assistant is there weekdays from 8:00 AM to 4:00 PM.

The Health Nurse:

- Advises students on required entry and clinical health requirements including Health Record Information, Immunizations, Mask Fit Testing and Vulnerable Sector Check
- Monitors student compliance with required entry and clinical health requirements as per determined due dates
- Receives and responds to requests from students for Learning Differences, Accommodation and Accessibility consideration
- Coordinates return to school programs for students following illness or injury
- Receives and responds to student incident reports
- Arranges annual Mask Fit Testing for students as per program timelines
- Promotes occupational health practices for students
- Assists students with health referrals

The Health Nurse should not be called to attend to any medical situation as the Health Nurse does not:

- Assess students with respect to illness or accidents occurring on campus
- Dispense over-the-counter medication to students
- Monitor vital signs for students

Booking an Appointment

For general inquiries or requests, the Health Services Office can be contacted by emailing: healthservices@michener.ca.

Learning Supports

The SSN offers workshops, which are short intensive learning sessions where students can enhance their communication skills and pick up strategies to improve their academic success. There are pre-developed workshops, which can be customized to your needs. Also available through the SSN is individualized support for students.

Peer Tutoring

Students may self-refer, or recommended by faculty, throughout the academic year for one on one support from a peer tutor. In either case, students will meet with a representative from the SSN to establish the parameters for peer tutoring and are expected to commit to a schedule to ensure the best possible outcome. A maximum of 10 hours' worth of tutoring per semester is available. If additional tutoring hours are needed, please contact SSN directly at success@michener.ca.

In addition, if you have strong academic skills and a positive attitude towards learning, opportunities exist for you to help others by acting as a peer tutor.

Other Services available through the SSN

- Career Fair
- Graduate Job Postings
- Fitness Facilities
- Intramural Program
- Lockers
- Walk Safe Program
- Residence
- Prayer/Reflection Room

Booking an Appointment

For general inquiries or requests, the Student Success Network can be contacted by emailing success@michener.ca

Looking for more information?

For more information on any of the services listed please, visit the site below: <http://michener.ca/students/student-success-network/>

MEDICAL RADIATION SCIENCES PROGRAM

HEALTH & SAFETY POLICIES

GUIDELINES ON COMMUNICABLE DISEASES

(Reviewed May 2020)

Learners enrolled in the Medical Radiation Sciences Program:

- a. may be required to take part in the care of patients with various infectious diseases including Hepatitis, TB, and HIV/AIDS, during their studies;
- b. will be trained in methods of preventing spread of infections to themselves, to other patients and other health care providers (including Routine Practices and Hand Hygiene);
- c. will be informed there is a risk that they may contract an infection during the course of their studies;
- d. have a responsibility to prevent the spread of infection to others;
- e. are required to comply with the immunization requirements of the MRS program;
- f. who have or contract an infection at any point prior to or during their program, will be permitted to pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or to others;
- g. are required to comply with provincial communicable diseases surveillance protocols developed under the Public Hospitals Act, Regulation 965[1]; and
- h. may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in health facilities.

The MRS Program requires learners to undergo tuberculosis (TB) and Hepatitis B testing, but does not require testing for Hepatitis C and HIV. Nonetheless, learners with a known/diagnosed infection for any active tuberculosis, Hepatitis B, Hepatitis C, or HIV are required to inform the Occupational Health Nurse at Michener of their condition immediately. The learner will be counseled appropriately. The diagnosis of any infectious disease in a learner shall remain confidential within a strict “need to know” environment.

STUDENT IMMUNIZATION POLICY

(Reviewed May 2020)

All learners must meet the Medical Radiation Sciences Program immunization requirements prior to the first day of classes. Students are responsible for maintaining their immunizations while registered in the MRS program, inclusive of all clinical placements. These requirements meet the immunization standards and associated health practices set forth in:

- The Public Hospitals Act 1990, Revised Statutes of Ontario, Regulation 965, Section 4
- Communicable Disease Surveillance Protocols published jointly by the Ontario Hospital Association and the Ontario Medical Association and approved by the Minister of Health National Advisory Committee
- Any future legislated changes to the Public Hospitals Act

Specific immunization requirements

I. Tuberculosis

In accordance based on the above-recommended guidelines, Two-Step Tuberculin Skin Test (Mantoux Test) is required for all students, regardless of prior BCG inoculation. If TB test is positive, provide a chest x-ray report (chest x-ray must have been completed within the last 12 month period).

II. Hepatitis B

Learners must have a Hepatitis B immunity blood test done to confirm the presence or absence of antibodies. If the learner is positive for Hepatitis B antibodies, the learner is considered immune.

III. Measles (Rubeola): Any one of the following is acceptable

- Documentation of receipt of 2 doses of MMR Vaccine on or after 1st birthday, with doses given at least 4 weeks apart, **OR**
- Laboratory evidence (blood test) proving Measles immunity.

IV. Mumps: Any one of the following is acceptable

- Documentation of receipt of 2 doses of MMR Vaccine on or after 1st birthday, with doses given at least 4 weeks apart, **OR**
- Laboratory evidence (blood test) proving Mumps immunity is required

V. Rubella (German Measles): Any one of the following is acceptable

- Documentation of receipt of 2 doses of MMR Vaccine on or after 1st birthday, **OR**
- Laboratory evidence (blood test) proving Rubella immunity is required

VI. Varicella (Chicken Pox): Any one of the following is acceptable

- Documentation of receipt of 2 doses of chicken pox vaccine given at least 4 weeks apart, **OR**
- Laboratory evidence (blood test) proving Varicella immunity.

VII. Tetanus/Diphtheria

- Booster is required every 10 years unless contraindicated
- If it is more than ten (10) years since your last booster, it is recommended you be vaccinated. **If you have not yet received a one-time adult dose of Tetanus/Diphtheria/Pertussis, you should receive this instead of the Tetanus/Diphtheria (see below for further information)**

VIII. Acellular Pertussis

- A single Adult dose (on or after 18th birthday) of Acellular Pertussis in the form of a Tdap – **Tetanus/Diphtheria/Pertussis** (Boostrix/Adacel vaccine) is required. There is no contraindication in receiving Tdap in situations where the learner has had a recent Td immunization, i.e. it is not necessary to wait until the next Td booster is due

IX. Influenza

- Between October 1 and December 31, it is highly recommended that learners be vaccinated with influenza vaccines. In addition, if or when pandemic flu conditions exist, learners must receive both regular and pandemic flu vaccine when it is available.
- NOTE: This vaccine may be a requirement at some clinical sites. Students who are not vaccinated will be required to wear a mask during patient interaction throughout the influenza season (December – March).

Immunization procedure

Once the completed Health Record and immunity blood test documents are received, the Health Nurse will review for completion. If necessary, the learner will be contacted for specific immunization requirements. Due to the nature of some of the immunizations, it is important that students start the required immunizations immediately. Learners must complete all the requirements or provide proof of compliance prior to the start of classes in year 1 of the MRS program.

Learners can receive immunizations through their family physician. It is expected the learner incur all costs associated with immunizations.

Learners are responsible for remaining current in their immunizations throughout the duration of their program. Learners should ensure they have a proof of their immunizations before beginning their clinical practicums. The Health Nurse provides a clearance card once all medical documentation is received. Learners who do not comply with immunization requirements will be unable to participate in any clinical placement.

Strict confidentiality concerning the applicant's state of health will be maintained.

Additional information on the Privacy Policy at Michener can be obtained by e-mail at privacy@michener.ca

PROCEDURE FOR REPORTING OF INCIDENTS

(Reviewed May 2020)

The Medical Radiation Sciences (MRS) Program is committed to promoting student safety and to facilitating appropriate support for students who become injured or potentially exposed to infectious disease during their studies or training. The clinical sites are likewise committed to risk reduction among students and to the timely and effective management of incidents of student injury or potential exposure that occur on their premises.

This policy defines the roles and responsibilities of every party involved in the handling of incidents of injury and potential exposure. For the purpose of incident or injury reporting, “at Michener” includes all activities on site at Michener as well as activities off-site that are directly related to didactic course curriculum requirements such as labs and observations. Clinical placements directly associated with clinical courses are considered “outside of Michener”.

Incidents Incurred at Michener-

1. The student will report any incident or near miss to the supervising faculty/staff member.
2. Within 24 hours of the incident occurring, the supervising faculty/staff member in collaboration with the student will file an incident report with Michener Health Services.
3. Within 72 hours of the incident occurring, Health Services will follow-up with the student, and undertake appropriate actions, including reporting to the WSIB if required. A copy of the incident report will be forwarded to the Academic Chair.

Incidents Incurred outside of Michener -

Responsibility of STUDENTS who are injured or potentially exposed to infectious disease:

Immediately, within 24 hours following the incident, the student is expected to:

1. Inform their immediate supervisor/Clinical Coordinator of the incident to ensure that care can be transferred as appropriate
2. If appropriate, request that steps be taken to seek consent from the patient to draw a sample, in case of potential exposure to infectious disease (e.g. needle stick injury)
3. Seek immediate treatment (within a maximum of two hours) from one of the following:
 - i. Occupational Health Unit (or site-specific equivalent) if one is present where the incident occurred, and it is during office hours
 - ii. The site’s off- hours substitute for the Occupational Health Unit (or equivalent) if the incident occurred outside of office hours
 - iii. The local Emergency Department if the incident occurred somewhere in the community
4. Request that a workplace incident report be completed. If the incident has occurred in the community and care is sought at a local Emergency Department where a workplace incident report may not be available, an alternative document indicating the nature of the incident and the medical treatment that was administered should be completed.

5. Obtain a copy of all incident reports and other paperwork.
6. Complete the U of T Accident Report Form. The completed form must be submitted within 24 hours to the University Coordinator, Student Placements, Office of the Vice-Provost, Students, UT (fax: 416-946-0678). Also, email the completed Accident Report Form to Michener's Health Services at healthservices@michener.ca within 24 hours.
7. Present all paperwork relating to the incident, including the U of T Accident Report Form, to the Clinical Coordinator or supervisor immediately. This will ensure compliance with the WSIB claim process, if relevant.

Subsequent to receiving the initial treatment, within 24 hours, the student is expected to:

1. Report any incident of injury or exposure to their Clinical Liaison Officer (CLO)/Clinical Course Supervisor (CCS) as soon as possible. The CLO/CCS will inform the Academic Chair and MRS Program Director.
2. Follow the course of treatment prescribed by the site of initial care, if any.
3. Obtain follow-up care and/or support.
4. Follow the course of treatment (if any) prescribed by the designated treatment site's Occupational Health Unit.
5. Comply in a timely manner with any request to fill out paperwork related to the incident from the CLO/CCS, the Occupational Health Unit, the University Coordinator, Student Placements or others.
6. If necessary, make appropriate arrangements with the Clinical Coordinator and/or CLO/CCS, for special accommodations, absences, or other matters arising from the incident.

In the event that treatment is unsuccessful and the student contracts an infectious disease, the student is expected to:

1. Share this information confidentially with the Health Nurse. Measures will be determined and enacted to safeguard the well-being of patients, students and others. Information on the student's status and health will be shared with program personnel strictly on a need-to-know basis.

Responsibility of SUPERVISING FACULTY when a student under their supervision is injured or potentially exposed to infectious disease:

Immediately following the incident, within 24 hours of the incident, the supervising faculty is expected to:

1. Assist the student in accessing immediate care as necessary. The site-specific workplace injury protocol should be applied.

2. If appropriate, facilitate the obtaining of consent for samples to be drawn from the patient, in case of potential exposure to infectious disease.
3. If the student is unable to speak for themselves, describe the incident to the health professionals who provide initial care to the student.
4. Ensure that one of the following documents has been completed:
 - i. A local institutional incident report form
 - ii. An alternative record of the incident and the treatment administered, only if the other documents named above is not available
5. Contact the Clinical Coordinator or CLO/CCS to inform them of the incident.
6. Obtain from the student all paperwork relating to the incident, including the completed U of T Accident Report Form. The U of T Accident Report Form must be submitted within 24 hours to the University Coordinator, Student Placements, Office of the Vice-Provost, Students, (fax: 416-946-0678).
7. Submit all paperwork to the CLO/CCS.
8. If the incident occurred at a U of T affiliated site, the CLO/CCS will send all paperwork relating to the incident to the MRS Office at mrs@utoronto.ca. To ensure compliance with the WSIB claim process, appropriate paperwork must be submitted within 3 days of the incident.
9. If the incident occurred at a Michener affiliated site (non U of T), the CLO/CCS will send all paperwork related to the incident to the Michener Health Nurse.
10. Assistance may be requested to complete paperwork for claim to U of T WSIB.
11. Mail all original documents relating to the incident to the CLO/CCS. Original documents that have been faxed, scanned or emailed must be confidentially disposed in order to maintain student privacy, once receipt has been confirmed.

Responsibility of HEALTH PROFESSIONALS WHO PROVIDE IMMEDIATE TREATMENT to students who experience an injury or potential exposure to infectious disease:

The health professional that provides immediate treatment to an MRS student who has experienced an injury or potential exposure to infectious disease is expected to:

1. Complete one of the following:
 - a. A local institutional incident report form
 - b. An alternative record of the incident and the treatment administered, only if the other documents named above are not available
2. Provide a copy of all such forms and other documentation to the student.

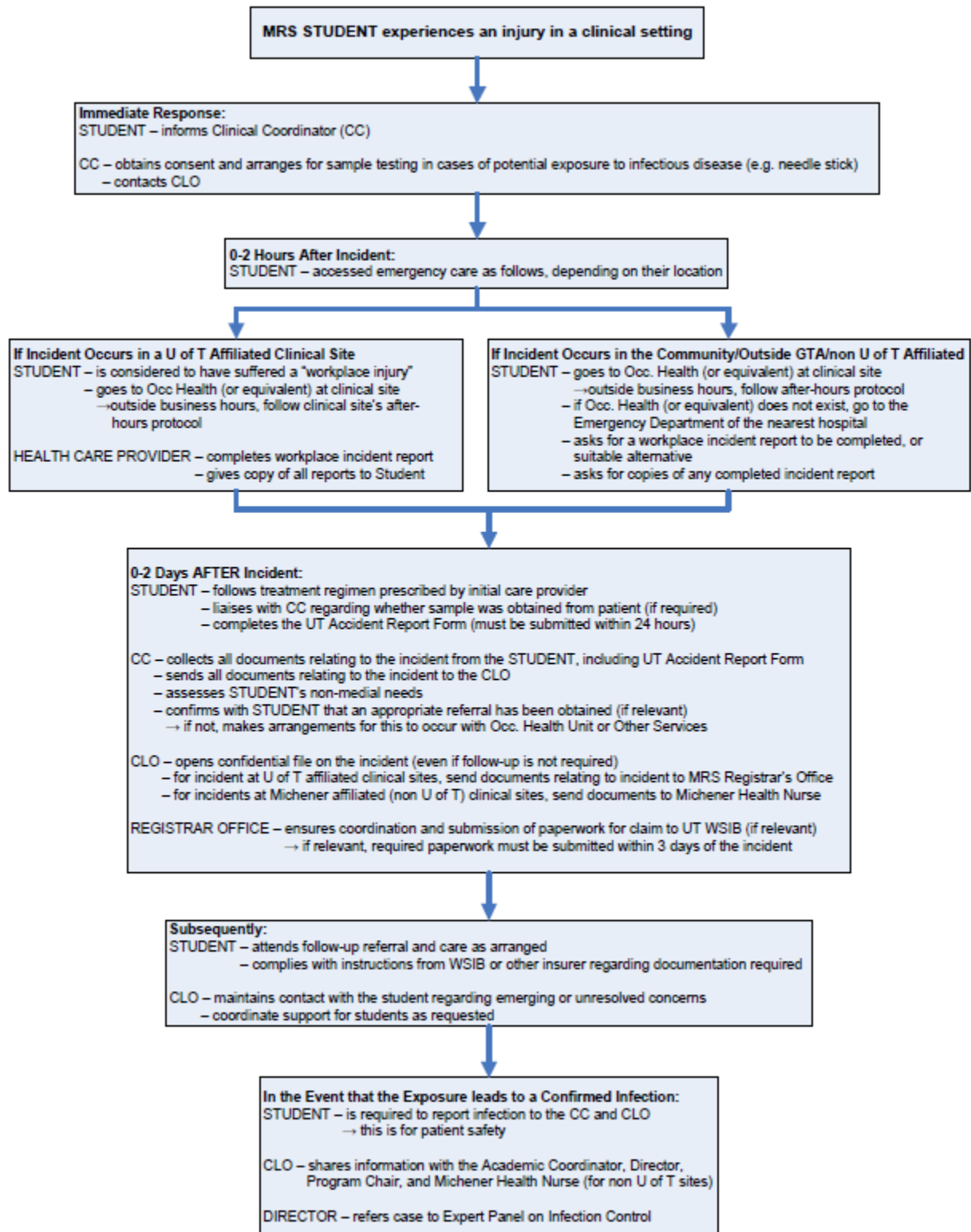
3. Report the incident to the student's supervising faculty and Clinical Coordinator. The Clinical Coordinator will inform the CLO/CCS.
4. Complete any paperwork requested by the Clinical Coordinator or others, in keeping with the WSIB Agreement, if relevant. Appropriate paperwork must be submitted within 3 days of the incident in order to ensure compliance with the WSIB claim process.

[1] Public Hospital Act, Regulation 965 re Hospital Management.
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900965_e.htm

Contact Information

Michener Health Nurse:
Health Services
The Michener Institute
222 St. Patrick Street
Toronto, ON M5T 1V4
Phone: 416 596-3101 Ext 3320
Fax: 416 596-7214
Email: healthservices@michener.ca

Medical Radiation Sciences Office
Suite 504, 149 College Street
Toronto, ON, M5T 1P5
Email: mrs@utoronto.ca



MANDATORY MASK FIT TESTING

(Reviewed May 2020)

Healthcare providers adopt infection control procedures including the wearing of personal protective equipment. One of the key pieces of personal protective equipment is a properly fit tested mask. The Ministry of Health has developed directives for health care professionals to wear an approved respirator/mask when droplet protection (as in the cases of SARS and H1N1) is required. To protect the health and safety of health care learners, the use of respirators/masks may be required if there is evidence of potential exposure to airborne infectious agents, chemicals, etc.

It is **mandatory** that every health care learner be mask fit tested by an approved Michener process prior to the start of experiential clinical rotations. At the time of testing, students must be clean-shaven and remove any clothing covering their face to allow for the adequate mask-to-face seal. Fit-test data must be updated every 2 years or depending on the clinical site requirements and/or when facial characteristics change (e.g. due to weight gain/loss or facial trauma/restrictions)

If a student does not meet the mask fit requirement, a clinical site(s) may deny a placement and the result could result in an interruption, a delay or termination of the clinical placement. In turn, academic advancement could be interrupted, delayed or terminated.

Cost for learners

The cost for the mask fit test is included in your ancillary fees. (See also below)

Timing for Mask Fit testing

The timing for the mask fit testing will be arranged through the Health Nurse at Michener. It is a **mandatory session**. Any student who misses their scheduled time will be responsible for organizing their own mask fit test at St. Michaels Hospital and all costs incurred accordingly.

Recording/Reporting on Mask size and details

A card is issued to the student at the time of the mask fit test, a copy of which will be kept with the Health Nurse at Michener.

POLICE REFERENCE / VULNERABLE SECTOR CHECK (VSC)

(Reviewed May 2020)

As all medical radiation sciences students undertake significant portions of their education in settings with exposure to vulnerable populations, you are required to complete and submit the results of a Police Reference / Vulnerable Sector Check (VSC). This process must be initiated through your local police service and must be completed prior to registration in the MRS Program. Learners will be required to renew their VSC to ensure that it is current for clinical practice. Costs incurred will be at the student's own expense.

Police forces may use slightly different language to describe the various levels of record checks available. Your record checks must include search results from local police records, Royal Canadian Mounted Police's (RCMP's) Canadian Police Information Centre, and the Pardoned Sex Offender Records. This high level of record check is the one required by volunteer and other agencies who serve children and other vulnerable populations.

A current VSC is both an entry requirement and a clinical placement requirement, and is to be uploaded to the Self-Service portal. As a new student, the VSC is due by August 31st, along with the other entry health requirements. Michener's policy is that a VSC expires one year from date of issue; therefore, a current VSC will be required for clinical placement by June 1st in Year 2. If a current VSC is not on file, the student will not proceed to their clinical placement and may be delayed from graduating.

For further inquiries about the VSC, connect with the Health Nurse at Michener at healthservices@michener.ca

CPR & FIRST AID

(Revised May 2020)

CPR for Health Care Providers (HCP), now also known as BLS (Basic Life Support) is a non-academic requirement for all clinical components of the Medical Radiation Sciences (MRS) program for all streams. Standard First Aid is a non-academic requirement for all clinical components for Radiation Therapy learners only.

All MRS learners are required to provide proof of current certification in CPR for Health Care Providers (HCP) from a course endorsed by the Heart & Stroke Foundation prior to their entry into any clinical components of their program as per the dates provided below. (In addition, all Radiation Therapy learners are required to provide proof of current certification in Standard First Aid from a course endorsed by the Heart & Stroke Foundation prior to their entry into any clinical components of their program as per the dates provided below.) Only CPR for Health Care Providers (not levels A, B, C, etc.) is acceptable. Current CPR is required throughout the Program. Students who do not have a current CPR may be denied entry into a clinical site.

Learners are required to show valid documentation to the Health Nurse at Michener and to submit updated documentation upon completion of renewals.

Some CPR providers may provide certificates that are valid for more than one year. However, in accordance with standardized organizational policies, students must renew CPR (HCP) on an annual basis.

MRS Year 1	Nuclear Medicine and Molecular Imaging Technology (NMMIT)	Radiation Therapy (RTH)	Radiological Technology (RA)
CPR (HCP)	Due July 15th – must be renewed annually	Due March 31st – must be renewed annually	
Standard First Aid	Not required	Due March 31st – must be renewed every three (3) years	Not required

MRS Year 2	Nuclear Medicine and Molecular Imaging Technology (NMMIT)	Radiation Therapy (RTH)	Radiological Technology (RA)
CPR (HCP)	Keep current – must be renewed annually	Due June 1st – must be renewed annually	
Standard First Aid	Not required	Keep Current – must be renewed every three (3) years	Not required

MRS Year 3	Nuclear Medicine and Molecular Imaging Technology (NMMIT)	Radiation Therapy (RTH)	Radiological Technology (RA)
CPR (HCP)	Keep current – must be renewed annually		
Standard First Aid	Not required	Keep Current – must be renewed every three (3) years	Not required

OCCUPATIONAL RADIATION MONITORING

(Reviewed May 2020)

The level of occupational exposure to medical radiation workers, including students, depends on the type and frequency of activity in which they are engaged. Determining the quantity of radiation received necessitates a program of occupational radiation monitoring. Occupational radiation monitoring refers to procedures instituted to estimate the amount of radiation received by individuals who work in a radiation environment.

The occupational radiation monitor (also known as dosimeter) accurately measures the quantity of radiation to which the monitor was exposed, and therefore is simply an indicator of the exposure of the wearer.

This policy covers the didactic portions of the curriculum. Students will need to follow the occupational radiation monitoring policy and procedure at their respective clinical site for the clinical portions of the program.

In order that the MRS student be registered in a program of occupational radiation monitoring in the didactic setting, the student is required to provide the following information: Social Insurance Number (S.I.N.), full name, sex, date of birth, place of birth (city, province, country) and if a personal radiation monitoring device has been worn before. All information given for this registration is kept secure and confidential, and shared only with the service providing the radiation monitors / dosimeters. This information is kept in a secure location in the program area and is destroyed after the Radiation Safety Officer (RSO) has used the information to register the student with the service providing the radiation monitors / dosimeters.

Costs will be incurred, at the student's expense, if the radiation monitor/dosimeter is returned late, lost or damaged. A fee of \$125.00 will apply.

All Students are required to wear only their assigned dosimeter in all labs involving potential radiation exposure. When dosimeters are not being worn in labs, they are to be stored on the program specific badge board at Michener. **Non-compliance** with any of these requirements, including but not limited to, not wearing a dosimeter and/or wearing someone else's dosimeter, will be considered **a breach of the standards of professional behaviour and radiation safety**, and must **be brought to the attention of the RSO immediately**.

Should the student become pregnant, the student must notify the Radiation Safety Officer at Michener in writing as soon as possible. This information is kept confidential.

MRS Dosimeter Request Forms can be obtained from the MRS Central Hub on Michener's Blackboard.

MEDICAL RADIATION SCIENCES PROGRAM

ACADEMIC POLICIES

ACADEMIC RULES & REGULATIONS

(Revised May 2020)

Note: The rules and regulations published in this document take precedence over those published in the **Michener Intranet Policies Page**.

The Program has several policies that are approved by The Governing Council (University of Toronto) and The Board of Governors (Michener) which apply to all students. **Students will indicate agreement & understanding of these rules & regulations by signing and submitting the form that will be emailed to them from the Medical Radiation Sciences Office.**

All Medical Radiation Sciences Students should consult the Undergraduate Medical Education page "Academics and Professionalism - Policies and Procedures" (1) and also the Office of the Governing Council Policies page (2). In particular, students are responsible for information regarding "Code of Behaviour on Academic Matters" (3), "Code of Student Conduct" (4), "Guidelines Concerning Access to Official Student Academic Records" (5) and "Policy on Academic Continuity" (6).

Students are also required to abide by the policies and procedures regarding professional and ethical behaviour as outlined in this handbook as well as the Michener Student Guidebook – 2020-2021 (electronic copy available on Michener Intranet). In applying to the Medical Radiation Sciences (MRS) Program, the student assumes certain responsibilities to the Program and is subject to the rules, regulations, and policies cited in the handbook and the academic calendar of the Program.

The Medical Radiation Sciences Program prepares students to meet the established standards of practice in their chosen career and to function safely and effectively in the interest of their patients and the public at large. The academic policies and standards of the Program reflect this objective. Students will take responsibility for their own learning, to develop skills in self-evaluation, to recognize areas where help is needed, and to seek assistance as required.

In the clinical environment, all students must also comply with the rules and regulations of the clinical placement sites. Minor differences can be expected across sites, reflecting the organization of service departments and the nature of the specific site—hospital, clinic, community health organization, or home care.

The health care professional acts in an ethical, safe and professional manner with patients, fellow students, co-workers, other members of the health care team, and professors at all times. From the first day in the program, students will demonstrate ethical and professional behaviour in both the didactic and clinical settings; will observe confidentiality of patient records, communication protocols, and will abide by the policies and procedures of the clinical placement sites and the Program.

(1)<http://www.md.utoronto.ca/policies>

(2)http://www.governingcouncil.utoronto.ca/Governing_Council/policies.htm

(3)<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun011995.pdf>

(4)<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf>

(5)<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmay132008.pdf>

(6)<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/continuu.pdf>

ACCESSIBILITY / ACCOMODATION POLICY

(Revised May 2020)

The Medical Radiation Sciences (MRS) Program is dedicated to fostering an environment in which the learning and scholarship of every MRS learner may flourish, with vigilant protection for individual human rights, and a resolute commitment to the principles of equal opportunity.

MRS learners who require accommodations need to register with University of Toronto (UofT) Accessibility Services. Learners are advised to register as early as possible to receive full services. Students can follow the Registration Process by accessing the link below where medical documentation requirements and next steps for registration are provided.

<https://www.studentlife.utoronto.ca/as/new-registration>

Registered MRS learners will have the option of utilizing accommodation services at either University of Toronto and/or Michener.

Accessibility Services will not disclose information about your disability to the program without your written permission. However, Michener Health Services and your Course Instructor(s) will be notified of any accommodations or supports required for lectures, labs and/or evaluations (both written and practical). Once registered, you are able to contact your Accessibility Services Advisor at any time to speak about current needs or unanticipated concerns regarding your accommodations.

Note 1

Each learner who requires disability-related accommodation **MUST** register with UofT Accessibility Services each academic year. Accommodations are put in place for a specified time. Expiration dates, renewal processes, and other processes related to your accommodations will be discussed between the learner and Accessibility Services.

Note 2

The MRS Program **WILL NOT** provide any accommodations if the learner does not register with UofT Accessibility Services in a timely manner providing appropriate documentation. This includes learners requiring temporary accommodation.

Call Accessibility Services to book an appointment:

Phone: 416-978-8060

Fax: 416-978-8246

TTY: 416-978-1902

Email: accessibility.services@utoronto.ca

Accessibility Services is located at:

455 Spadina Avenue, 4th Floor, Suite 400 (Just north of College Street)

Toronto, Ontario, M5S 2G8

Phone: 416-978-8060

Email: accessibility.services@utoronto.ca

Students may also be assigned to an On-Location Accessibility Advisor depending on their needs. On-Location Accessibility Advisors are located across campus. Details of where your Advisor is located will be shared when an Intake appointment is scheduled or when booking a follow up appointment.

Further information and office hours are available at <http://www.studentlife.utoronto.ca/as>

ACADEMIC INTEGRITY

(Revised May 2020)

Standards of professional behaviour that will be deemed unacceptable while registered as a student in the Medical Radiation Sciences Program are acts of academic dishonesty such as plagiarism, impersonation, misrepresentation, theft and cheating. Behaviours, which are found to be in contravention of the standards of professional behaviour, will be grounds for the requirement of remedial work, denial of promotion, or dismissal from the Program.

Plagiarism and other academic offences will not be tolerated in the Medical Radiation Sciences Program. Students should make themselves familiar with the Code of Behaviour on Academic Matters (University of Toronto Governing Council), which states:

It shall be an offence for a student knowingly:

(d) to represent as one's own any idea or expression of an idea or work of another in any academic examination or term test or in connection with any other form of academic work, i.e. to commit plagiarism.

Wherever in the Code an offence is described as depending on "knowing", the offence shall likewise be deemed to have been committed if the person ought reasonably to have known.

In the event there is a suspicion of academic misconduct or offense, the following is a general overview of what may take place to investigate possible breaches in academic integrity (adapted from <https://www.academicintegrity.utoronto.ca/process-and-procedures/>).

If the course instructor or delegate has reasonable grounds to believe that an academic offense has been committed, the instructor or delegate should inform the suspected student immediately and provide an opportunity to discuss the matter.

If, after the discussion, the instructor or delegate is satisfied that an academic offense was not committed, the student will be notified, and no further action taken.

If, after the discussion, the instructor or delegate believes that an academic offense has been committed or the student did not attend the meeting or did not respond to the invitation to meet, the instructor or delegate will make a report to the Program Chair and MRS Director. At this point, the Program Chair and MRS Director will take the lead in determining whether an academic offense has been committed and will communicate actions with the student directly.

Please visit <https://academicintegrity.utoronto.ca> for more information, the Code of Behaviour on Academic Matters and key consequences of a breach of Academic Integrity

More information on Academic Integrity can be found at:

<http://teaching.utoronto.ca/teaching-support/strategies/a-i/>

<http://www.writing.utoronto.ca/advice/using-sources/how-not-to-plagiarize>

<https://michener.ca/students/library/referencing-writing-help/>

Copyright Laws of Canada

In addition to maintaining the professional standards listed above, students are responsible for adhering to the Copyright Laws of Canada and Michener's copyright policies and can be held liable for non-compliance. The unauthorized reproduction (print or electronic) of substantial amounts of copyright protected works constitutes copyright infringement. The Medical Radiation Sciences Program will not condone possession of unauthorized reproductions of textbooks, course resource materials, course workbooks, etc.

Students are advised that copyright infringement is in direct contradiction to the Standards of Professional Behaviour expected from Medical Radiation Sciences students and academic penalties may be applied.

Faculty is required to promote adherence to copyright legislation and address concerns regarding possible copyright infringement. http://guides.michener.ca/copyright/fair_dealing

To review the guidelines set out by the **University of Toronto**, please follow this link: <https://provost.utoronto.ca/wp-content/uploads/sites/155/2018/06/Copyright-Guidelines.pdf>

ATTENDANCE

(Reviewed May 2020)

The Medical Radiation Sciences (MRS) Program is a full-time academic program that provides learning opportunities for students to achieve the competency required of an entry-level professional. Competence is demonstrated by completing required performance assessment tasks such as assignments, examinations and practical assessments, in both the didactic and clinical settings. Attendance is required throughout each semester unless extraordinary circumstances present themselves.

Students are strongly encouraged to avoid scheduling vacations, weddings, or other social activities or commitments during term and exam time that will require them to miss part of their academic program. If a student chooses to miss any academic activities, including attendance at the clinical placement, it is entirely the student's responsibility to remain current with the course curriculum and ensure a thorough understanding of the material delivered to date.

Attendance in laboratory sessions, compulsory evaluations (see page 48 for description), and clinical courses are mandatory. While the MRS Program will make reasonable alternate arrangements to teach and assess activities missed due to illness or unavoidable external circumstances, it cannot normally reschedule activities or grant exemptions for academic activities that students miss through their own choice. Students who choose to miss graded assessments or laboratory sessions will be subject to academic penalties.

The UofT verification of Student Illness or Injury Form may be required or requested as documentation to support absences. A licensed practitioner must complete the form (see form for specifics). The completion of this form may result in costs to the student. The UofT Verification of Student Illness or Injury Form can be obtained from the MRS Central Hub on Michener's Blackboard.

PROCEDURE for DIDACTIC ABSENCES:

- i. When a student is absent, the student must call the Medical Radiation Sciences Administrative Assistant at **416-596-3101 ext. 3474** and leave a message on the voicemail **OR** email **mrsaa@michener.ca** prior to the first class on the day of absence or as early as possible. The MRS AA will be responsible for notifying the appropriate professor(s).
- ii. If the student has a fever, and/or gastrointestinal or upper respiratory tract symptoms, the student must be free of the fever, gastrointestinal or upper respiratory tract symptoms for 48 hours before considering returning to class/lab.
- iii. If a compulsory evaluation has been missed and the student is requesting special academic consideration based on illness or injury, the UofT Verification of Student Illness or Injury Form must be completed and submitted to the Health Nurse at Michener. In the absence of a Verification of Illness or Injury Form, no special academic consideration will be provided. If the student is not requesting special academic consideration, the UofT Verification of Illness or Injury Form is not required.
- iv. For absences other than illness, where the student is requesting special academic consideration, the acceptable documentation to be submitted will be determined on a case-

by-case basis, to be discussed with the Academic Chair. Please arrange a meeting through the MRS Administrative Assistant.

PROCEDURE for CLINICAL ABSENCES:

Attendance is monitored throughout the clinical practicum courses. Documentation to support any absence may be requested at any time and is required for any absence of more than two consecutive days. Failure to submit requested or required documentation will result in the student not be authorized to return to clinic. Students who have excessive absence will be managed on an individual basis with the Clinical Coordinator, Clinical Liaison Officer (CLO)/Clinical Course Supervisor (CCS), and Academic Chair as required. Statutory holidays are to be taken as per clinical site schedule.

1. In cases of any absence from the clinical setting, it is the students' responsibility to follow the process established by the clinical site to inform the Clinical Coordinator or designate at the clinical site on the first day of the unexpected absence.
 - i. For absences greater than two days:
 - a. The student is **required** to present to the Clinical Coordinator or designate, upon return to clinic,
 - i. For absences due to illness or injury, required documentation as per clinical site process. In the absence of an established clinical site process, a completed UofT Verification of Student Illness or Injury Form may be requested by the CC/CLO/CCS.
 - ii. For non-illness or on-injury absences, appropriate documentation (to be determined by the Clinical Coordinator and/or CLO/CCS).
 - b. In addition, clinical site-specific protocol for clearance to return maybe required (i.e. Occupational Health clearance).
 - ii. At any time, the Clinical Coordinator or designate may request that the student provide documentation to support an absence. The student must provide the requested documentation. Failure to provide the requested documentation within a reasonable timeframe may result in the removal of the student from the clinical site and the program notified.
 - iii. The Clinical Coordinator will notify the respective CLO / CCS if a student is absent without notification.
 - iv. The student and the Clinical Coordinator and/or CLO/CCS are to discuss and determine an equitable plan to account for the missed time from clinic. This may require a clinical course to be extended beyond the allotted time period, in order to achieve competencies. Please refer to the [Student Status, Promotion, and Failure Policy](#) for further details on impact of clinical course / program extension.
2. A student who is absent without notice for three consecutive days in clinical may be considered to have abandoned their position as a student in the program.
 - i. After a period of three days of unexplained absence, the MRS Program Coordinator will attempt to contact the student via email. The Michener email address is the official route of communication for the Program (refer to page 6).

- ii. If the student does not respond by the appointed date, the MRS Office will send a couriered letter informing the student that the abandonment of position is grounds for dismissal and that the student's case will be presented to the MRS Program's Board of Examiners.

PROCEDURE for RELIGIOUS OBSERVANCES:

1. When a student is absent from attending a didactic course as a result of religious observances, the student must inform the course professor as far in advance as possible (three weeks at the minimum). The student is required to retrieve all teaching material of the missed didactic course and make up lab time if necessary.
2. When a student is absent from attending the clinical practicum course as a result of religious observances, the student must inform the clinical coordinator as far in advance as possible (three weeks at the minimum). The student is required to make up the missed clinical time in consultation with the Clinical Coordinator.

To review the guidelines set out by the **University of Toronto**, please follow this link:

<https://www.viceprovoststudents.utoronto.ca/policies-guidelines/accommodation-religious/>

Frequently Asked Questions as they relate to the completion of the Verification of Illness and Injury Form can be found at the following link: <http://www.illnessverification.utoronto.ca/Frequently-Asked-Questions.php>

CLINICAL PLACEMENT POLICY

(Revised May 2020)

PRINCIPLES

Applicants, when confirming acceptance into the Program, agree to attend any placement site assigned by the MRS Program. It is not possible to assign all students to their first choice of clinical placement. The clinical placements may be in any of the Program's clinically affiliated sites. Affiliated sites for the MRS Program are located both across the province and out-of-province, therefore students may be required to relocate outside of the Greater Toronto Area (GTA) for their clinical placement.

Each clinical site has its own set of rules and regulations relating to staff responsibilities and functions. Students are additionally required to become familiar with and adhere to these rules and regulations, including assigned shifts (i.e. start and end times).

Students are obligated to identify potential conflicts of interest that may arise at a clinical site. A conflict of interest may be deemed to be present if a relationship exists between a student and a staff member. Failure to disclose a conflict of interest may result in a reassignment of clinical site.

Each stream in conjunction with the clinical sites has determined the number of clinical space allocations at each clinical site. However, please note that clinical site availability is reviewed yearly or as requested and is subject to change based on individual site needs.

PRE-PROCESS CONSIDERATION

Students requesting special consideration for their clinical placement are required to meet with a counselor at the Office of Health Professions Student Affairs (OHPSA) at the University. Each case is assessed on an individual and confidential basis. Please note that special consideration will not be given because of financial need.

- i. The OHPSA will require documentation to support individual special circumstance; be prepared to present information/documentation at the meeting with a counsellor. OHPSA recommends special consideration based on mitigating circumstances but does not make clinical placement decisions. The student is responsible for ensuring the appropriate documentation is in place with the MRS Program before the identified start date of the placement process. There is no guarantee that a specific clinical placement will be granted, as this will be based on availability.
- ii. All health record requirements for clinic must be complete before a student can participate in the clinical placement process and placement assignment. Health clearance is a critical standard for all Health Care Professionals. Noncompliance in meeting this standard may be considered a breach of professionalism and the Program may present the student to the MRS Board of Examiners with a recommendation for a status change to Probation for professional behavior.
- iii. A current / up-to-date Emergency Contact Form must be on file with the MRS Office: mrs@utoronto.ca and must be completed before a student can participate in the clinical placement process and placement assignment. Noncompliance with this requirement may result in delayed entry/start to the clinical practicum.

PROCEDURE

1. The Clinical Placement Selection Process will be administered through either an online or hardcopy format. At the start of the clinical placement process, students are notified of the affiliated clinical sites (for their respective discipline) and the number of spaces available at each site. Instructions are provided for the use of the Online Clinical Placement Selection Process. Alternatively, a 'Clinical Placement Selection' form is available to facilitate the ranking process. Deadline dates for this ranking process is provided in advance.
2. Completed online clinical placement ranking forms must be submitted by the date indicated. The Program will assign a clinical placement to a student who does not submit their selection or has not completed their health record requirements by the scheduled deadline.
3. Where feasible, students are allocated a placement at the clinical site of choice. If all students can be accommodated with their first choice at the end of the 1st deadline, then the process is complete.
4. Students selecting an under-subscribed site will be placed at the clinical site of choice. Remaining spots at that site will be open for lottery placement as outlined in point 7 and 8.
5. If there is an over application at any given site, the student group will be provided with the statistics representing the number of spaces available at each site compared to the number of student requests. Based on this information, students will have the opportunity to alter and resubmit their rankings/form via the original selection process (online or hardcopy).
6. By the posted deadline for the 2nd ranking, if there is still a greater number of students per site than available spaces, a competition through random ballot will be instituted to assign students to oversubscribed sites.
7. A separate public random ballot is held for each oversubscribed site to allocate all available spaces at that site. Students selected for the oversubscribed site are confirmed in those placements and the process is complete. Students not selected for their chosen but oversubscribed site are considered "displaced".
8. A single ballot is held for the displaced students. By random selection each student is assigned to the next available clinical site based on their original or re-ranking form as applicable.

After the process has been completed, the assignments are considered finalized. The Program reserves the right to reinstate the placement process should it be warranted. Exchanges (swaps) of clinical placements between students are not permitted. Should an assigned space become vacant for whatever reasons (eg. Due to a student withdrawal), it does not mean the spot will be available for another student to fill. Transfer from one clinical site to another is not permitted unless recommended by the OHPSA and the clinical site is able to support the student placement.

TRANSFER CREDIT POLICY

(Reviewed April 2020)

1. Transfer credits are only available for Selective courses (all)
2. Each transfer credit that is granted, (and used) by the student, will replace one Selective course, starting with the third and final selective course and working forward to the first.
3. Transfer credits in the Medical Radiation Sciences curriculum are recorded as exemptions in the University of Toronto transcript. Transfer credits are not calculated into the grade point average.
4. Students granted transfer credits do not receive any financial compensation from the University of Toronto regarding academic fees. Academic fees levied by the University of Toronto apply to the entire curriculum, not to individual courses per se.
5. Students who enter the Medical Radiation Sciences Program and have completed only one (1) undergraduate year, are not eligible for transfer credits.
6. A course may not be used for a transfer credit for selective courses if said course was a pre-requisite for entry into the MRS Program.
7. There is no partial transfer credit in any course.
8. Transfer credits are only granted if:
 - > The course description demonstrates significant subject matter of pure science, applied science or professional skills.
 - > The student attained at least a B minus (70%) passing grade, and
 - > The course completion occurred less than 3 years previously, and
 - > There is an equivalent course at the University of Toronto

Transfer Credit process:

1. Students accepted into the first year of the program receive the MRS Program Transfer Credit Policy prior to orientation.
2. Transcripts are reviewed by the MRS Office to identify transfer credits that meet the criteria outlined above, in point 8.
3. If transfer credits are awarded, students still have the option to register in Selective courses rather than using the exemptions.
4. Students will be notified of the number of transfer credits granted in the My Grades section of the Blackboard MRS Central Hub prior to the selective selection process.

UNIVERSITY ASSESSMENT AND GRADING PRACTICES POLICY

(Revised May 2020)

The MRS Grading Practices Policy is in alignment with the University of Toronto Grading Practices Policy <https://governingcouncil.utoronto.ca/secretariat/policies/grading-practices-policy-university-assessment-and-january-26-2012>

A. GRADES

1. Meaning of Grades

Grades are a measure of the performance of a student. They are an indication of the student's command of the content of the components of the academic program. In assessing student performance and translating that assessment into grades, the University's standards and practices should be comparable to those of our academic peers.

2. Grade scales

Once an assessment of the performance of the student has been made, the following grade scales are to be used. This scale shows the corresponding Grade Point value which will appear on the Medical Radiation Sciences student's transcript.

- the refined letter grade scale A+, A, A-, B+, B, B-, C+, C, C-, F
- the numerical scale of marks, consisting of all integers from 0 to 100 (that is, 0, 1...99, 100).

<u>Refined Letter Grade Scale</u>	<u>Grade Point Value</u>	<u>Numerical Scale of Marks</u>
A+	4.0	90 – 100%
A	4.0	85 – 89%
A-	3.7	80 – 84%
B+	3.3	77 – 79%
B	3.0	73 – 76%
B-	2.7	70 – 72%
C+	2.3	67 – 69%
C	2.0	63 – 66%
C-	1.7	60 – 62%
F*	0.0	0 – 59%

*F = Fail

B. GRADING PRACTICES

1. Disclosure of Method(s) of Evaluation of Student Performance

To ensure that the method of evaluation in every course reflects appropriate academic standards and fairness to students, program regulations governing classroom procedures must be consistent with the practices below.

- a. At the first date of class, the Course Professor shall make available to the class, and shall file with the Program, the course outlines and methods by which student performance shall be evaluated. This should include whether the methods of evaluation shall be essays, tests, examinations, etc., the relative weight of these methods in relation to the overall score, and the timing of each major evaluation.

- b. After the methods of evaluation have been made known, the Course Professor may not change them, or the timing of essays, exams, tests, etc. or their relative weight without the unanimous consent of the students enrolled in the course. Any changes shall be reported to the Academic Chair.
- c. Student performance in a course shall be assessed on more than one occasion. For the MRS Program, no one essay, test, examination, etc. should have a value of more than 40% of the grade.
- d. The relative value of each part of an examination shall be indicated to the student. In the case of a written examination, the value shall be indicated on the examination paper.
- e. Feedback on assessed semester work and time for discussion of it shall be made available to students by the Course Professor.
- f. Students will be given five working days from the posting of marks for any assessment within the course, excluding the final examination/practical, to request feedback or review their assessment.
- g. At least one piece of term work, which is a part of the evaluation of a student performance and worth at least 10% of the final grade, whether essay, lab report, review, etc., shall be returned to the student by mid-semester to allow students to gauge their performance in the course and seek any additional help that may be required.
- h. Grades shall be recommended by the Course Professor in reference to the approved grade scales on the basis of each student's overall performance.

2. Consequences for Late Submission

To ensure equity for all MRS students, assignment submissions in every MRS course will be subject to a late penalty submission of 10% per day of the marks allocated for that assignment. Submitting assignments in a timely fashion also enables the Course Professor to grade and return assignments in an efficient manner.

3. Missed Compulsory Evaluation

- a. "Compulsory evaluation" refers to any assignment, project assessment, laboratory exercise, clinical evaluation, or examination that is deemed so by the MRS Program.
- b. When a student is absent from a compulsory evaluation, the student is to call the Medical Radiation Sciences Administrative Assistant at 416-596-3101 ext. 3474 and leave a message on the voicemail OR email mrsaa@michener.ca prior to the compulsory evaluation. The MRS AA will be responsible for notifying the appropriate professor(s). (see Attendance Policy on pages 43-45 and the Standards of Professional Practice: Behaviour for all Health Professional Students Policy on pages 28-30).
- c. Students requesting academic consideration of the missed compulsory evaluation must provide appropriate documentation. (see Attendance Policy on pages 43-45).
- d. Where the student is granted a deferred evaluation, such evaluation must take place within 5 working days of the student submitting appropriate documentation following the anticipated end date of the Verification of Student Illness or Injury Form.

- e. Where the reasons for absence are deemed to be legitimate, the Course Professor will:
 - make alternate arrangements to provide an equitable evaluation at another time, the format of the evaluation being at the course professor’s discretion; or
 - determine a mark based on a special assignment; or
 - have the mark omitted from the total; the final course mark being pro-rated.
- f. Where a student is granted permission to take a deferred evaluation and misses it, the student is assigned a mark of zero for the evaluation unless the Program is satisfied that missing the deferred evaluation was unavoidable. *

*Note: No student is automatically entitled to a second deferred evaluation. If the Program accepts the student’s grounds for missing the deferred evaluation, it may decide to compensate for the missed deferred evaluation in whatever way it chooses, which could be by giving another deferred evaluation; the student cannot request a second deferred evaluation.

- g. If the reasons for missing a mandatory evaluation are not considered acceptable, the standard penalties, as published by the Program, will apply to the student.

4. Requesting a Recheck or Reread of Final Examination

- a. If a student believes an error has been made in the calculation of their final course marks or in the marking of their final examination (written or practical), there are two procedures they can follow to request a review of their mark. Students should note that, once final course marks are available, the Course Professor has already reread the examination for any failed course.

Recheck of Final Course Mark

- If a student believes there has been an arithmetical error in calculating their final course mark, they may request a “recheck.” Contact the Course Professor **within three working days** of posting of the unofficial final course mark in Blackboard, indicating precisely where they think the error has occurred. The Course Professor will check that all evaluations contributing to the final grade have been correctly accounted for.

Reread of Final Examination Mark

- If a student believes that their final examination has been incorrectly marked in its substance, they may request a “reread.” Fill out the “Request for Reread of Final Examination” form and submit it to the MRS Office **within three working days** of the unofficial final course mark being posted. There is a \$35.00 fee for this procedure. If the student’s mark is changed as a result of this review, the \$35.00 reread fee will be refunded.

- b. A recheck or reread may result in a raised mark, a lowered mark, or no change.
- c. Procedure
 - Pick up the form from the MRS Office
 - Fill in all areas of the form
 - Payment is required for a ‘Reread’, but not for a ‘Recheck’ (see full instructions above).
 - Submit the form in one of the following ways:
 - By email - Email your form to mrs@utoronto.ca
 - By mail - Payment may be made by cheque or money order payable to “University of Toronto”. Mail your request to the address on the form.
 - In person - Payment may be made by cash, cheque or money order payable to “University of Toronto” at the MRS Office.
- d. There is no provision for review and/or take-up of final written and practical examinations.

5. Supplemental Privileges

Any student who fails a course in the Medical Radiation Sciences (MRS) Program may be eligible to be considered for supplemental privileges. Such privileges may include supplemental examination or supplemental assignment work as decided by the Program. Supplemental privileges may also be considered for Selective course(s) that are conducted through the MRS Program.

Note: A student may be granted supplemental privileges in no more than two didactic courses per Program.

- a. When a student fails to pass the requirements of a course, the Course Professor will notify the stream specific Program Communication Liaison (PCL).
- b. The Course Professor should provide the PCL with the following information about the student's overall progress in the course:
 - Breakdown of course assessments and weighting
 - Class average and standard deviation
 - Recommendation regarding supplemental privileges
 - Whether the student was identified as having "in course" difficulty
 - Whether the student took an active role in seeking support that was offered and recommended
- c. The student should contact the PCL regarding the failure for coaching on process, program policy and support.
- d. The PCL will present the students' case, including the Course Professor's recommendation, at the Program Review Committee (PRC). The PRC will determine whether supplemental privileges will be awarded based on a review of the students' overall academic performance. This decision need not agree with the Course Professor's recommendation.
- e. Supplemental privileges, at the discretion of the PRC, may be directed to didactic material, essays and/or laboratory or clinical skills and activities. The implementation of the supplemental assessment is the responsibility of the Course Professor.
- f. The PCL will communicate the decision of the PRC to the student within 24 hours. The student must be given at least 5 working days' notice of the supplemental assessment. A shorter time frame is acceptable where it is agreed to between the student and the PCL.
- g. The student will be given a clear written outline of what the supplemental privilege will be comprised of, including, but not exclusive of:
 - Acceptable timeframe for completion of the supplemental assessment.
 - The format of the supplemental assessment, i.e. essay, short answer questions, multiple choice examinations, clinical activities session.
 - An outline/ statement of the focus of the supplemental exam, i.e., whether the supplemental exam focuses on the entire course, final exam topics or otherwise
 - Consequences of failure of supplemental assessment. (see page 51)
- h. The PCL will schedule the date, venue and invigilator support, in consultation with the Course Professor.
- i. When a student is absent for a supplemental activity, the Missed Compulsory Evaluation procedures shall be followed.

- j. The PCL informs the student, within 5 working days, whether they passed or failed the supplemental assessment(s),
- k. For a student to be successful in the supplemental assessment(s), the:
 - Student must attain a grade of at least 60% in the supplemental assessment if a numerical grade pertains, OR achieve a pass standing if a pass/fail designation pertains.
 - Final grade in the course will be 60% if a numerical grade pertains, OR achieve a pass standing if a pass/fail designation pertains.
- l. When a student is unsuccessful in the supplemental assessment(s), a meeting will be arranged between the student and the appropriate Academic Chair, to further advise the student regarding the failure. The student will be informed that a letter grade of “F” will be placed on the student’s transcript, and a recommendation on the student’s status in the program will be made and ratified at the next Board of Examiners meeting.

6. Grade Review and Approval Process

The following principles and procedures shall govern the grade review and approval process.

- a. The distribution of grades in any course shall not be pre-determined by any system of quotas that specifies the number or percentage of grades allowable at any grade level.
- b. However, a division may provide broad limits to Course Professors setting out a reasonable distribution of grades in the division or program. Such broad limits shall recognize that considerable variance in class grades is not unusual. The division may request an explanation of any grades for a course that exceed the limits and hence appear not to be based on the approved grade scales or otherwise appear anomalous in reference to the Policy. It is understood that this section shall only be used when the class size is thirty students or greater.
- c. The criterion that the Board of Examiners shall employ in its evaluation is whether the Course Professor has followed the Grading Practices Policy. The Board of Examiners shall not normally adjust grades unless the consequences of allowing the grades to stand would be injurious to the standards of the Program, or the class in general.
- d. Where grades have been adjusted by the Board of Examiners, the students as well as the Course Professor shall be informed. On request, the students or the Course Professor shall be given the reason for the adjustment of grades, a description of the methodology used to adjust the grades, and a description of the divisional appeal process.
- e. Past statistical data, including drop-out rates, mean arithmetic average, etc., should be provided to the Board of Examiners as background information where available. The Board will not use this information exclusively to judge whether a specific grade distribution is anomalous. Rather, the information should provide part of the basis for an overall review of grades in a program.
- f. Where class grades have been changed, or when the Board of Examiners had reservations about the grades, the issue will be taken up with the Course Professor by the Academic Chair, with a view to ensuring that the Grading Practices Policy is followed in future.

7. Board of Examiners

- a. In relation to the Medical Radiation Sciences Program and on behalf of Faculty Council the function of the Board of Examiners is to:

- Review the cases of students in academic difficulty and to determine or give advice (as requested) concerning the course(s) of action;
 - Determine in relation to each student, after receiving and considering recommendations from Program representatives the appropriate course of action which may include promotion, remediation, failure, suspension and dismissal; and
 - Review the marks/grades of all students in all courses of each year of their respective Programs and review, adjust and approve as appropriate.
- b. All meetings of the Boards of Examiners are held in camera.
 - c. Membership of the Medical Radiation Sciences Board is the Chair (elected by Faculty Council, UofT), the Vice-Chair (elected by the members from among the members), the Chair, Department of Radiation Oncology or delegate (ex officio), the Dean of Students, The Michener Institute or delegate (ex officio), eight faculty members (elected by Council) and two students.
 - d. Quorum: Chair (or Vice-Chair) and 50% of the members of the Board of whom one must be a student.
 - e. The student members of the Board are voting members but are excluded from such deliberations upon the request of any student whose case is being considered or if their own case is being considered.

8. Posting of Marks

- a. Performance Assessment Task marks will be posted within 10 working days of completing the assessment or due date.
- b. Marks for final examinations (written or practical) along with the unofficial final course mark will be made available to students within the respective (Blackboard) course site at the end of the exam period for the semester.
- c. Students will have three working days to request a Reread or a final examination (written or practical), or a Recheck of unofficial course mark.
- d. Final course grades become official following approval by the Board of Examiners and will be posted in ROSI/ACORN. Official transcripts are only available through the University of Toronto.

N.B. The Board of Examiners meets, at a minimum, at the end of January (to review Fall Semester grades), at the end of May (to Review Winter Semester grades) and at the end of September (to review Summer Semester grades).

9. Performance in Clinical Practice

A series of supervised clinical courses in affiliated clinical sites form the basis of the clinical education for all three streams of the Medical Radiation Sciences (MRS) Program. The clinical courses provide the student with the opportunity to develop and demonstrate the expected professional skills and behaviours, and to integrate the requisite knowledge to achieve competence in all aspects of their chosen stream, including those outlined in published documents of the certifying and licensing associations. Staff professionals and Clinical Coordinators work to guide and assist the student in meeting these goals.

The clinical courses are distributed throughout the Program. As students' progress through the program, a higher level of skill and competence is expected in technical acuity. Professionalism is reinforced continually.

10. Conflict of Interest

Situations where the Course Professor or a student is in a position of a conflict of interest, where there may be an appearance of a conflict of interest, or where a fair and objective assessment may not be possible, should be brought to the attention of the Academic Chair who is responsible for taking steps to ensure fairness and objectivity.

DESIGNATORS AND OTHER NON-GRADE SYMBOLS APPROVED FOR USE IN REPORTING GRADE AND ASSESSMENT RESULTS

UNIVERSITY OF TORONTO

GWR: Grade Withheld Pending Review. GWR is assigned by the division in cases where a course grade is being reviewed under the Code of Behaviour on Academic Matters. It is replaced by a regular grade upon completion of the review. It carries no credit for the course and is not considered for averaging purposes.

INC: Incomplete. INC may be assigned by the division or the Course Professor, according to divisional guidelines, normally as a final report, where work is not completed but where there are not grounds for assigning a failing grade. It carries no credit for the course and is not considered for averaging purposes.

IPR: In Progress. IPR is assigned as the report for a course that is continued in a subsequent session. The final grade will appear only once and only for the last enrolment period. It carries no credit for the course and is not considered for averaging purposes.

LWD: Permitted to withdraw from a course without academic penalty. The division may approve such an option and restrict the number of courses for which a student may exercise the option. It carries no credit for the course and is not considered for averaging purposes. LWD is relevant only if a division wishes to show the course on the transcript (undergraduate).

NGA: No Grade Available. NGA is assigned by the division in the extraordinary case that a grade is not available for one of its students enrolled in a course. It must be replaced by a regular grade assigned by the Course Professor or by another symbol assigned during the divisional review. It carries no credit for the course and is not considered for averaging purposes. (undergraduate)

SDF: Standing Deferred on the basis of incomplete course work because of medical or similar reasons. SDF is assigned by the division upon approval of a student's petition or a Course Professor's recommendation. It must be replaced by a regular grade assigned by the Course Professor before the expiry of a specific extension period. It carries no credit for the course and is not considered for averaging purposes.

WDR: Withdrawn without academic penalty. WDR is assigned by the division upon approval of a student's petition for late withdrawal from a course for compelling extenuating circumstances. It carries no credit for the course and is not considered for averaging purposes. WDR is relevant only if a division wishes to show the course on the transcript.

RULES FOR THE CONDUCT OF EXAMINATIONS

(Reviewed May 2020)

THE UNIVERSITY OF TORONTO AND MICHENER ARE NOT RESPONSIBLE FOR PERSONAL PROPERTY LEFT IN EXAMINATION ROOMS.

Prior to the Examination

- It is recommended that at least two (2) Invigilators be present when 35 or more students are writing an exam. For smaller groups of students, one Invigilator with one standby Invigilator is acceptable.
- The Invigilator(s) shall arrive at the examination room at least 10 minutes before the commencement of the exam in order to ensure proper room set-up and exam distribution.
- The layout of the room should be checked to ensure that students have adequate space in which to write. The clocks and audio-visual aids should be checked to ensure they are functioning correctly.

Exam Materials

- Students shall be informed as to what materials may be taken into the room prior to the examination.
- Materials not required for the examination should be placed in assigned lockers. Other items are to be deposited in areas designated by the Invigilator(s) and are not to be taken to the examination desk or table.
- Programmable calculators are not permitted into the examination room. Calculators will be provided.
- Electronic devices of any kind, unless explicitly authorized by the invigilator are NOT permitted. This includes Cellular telephones, IPODS, Smart Watches, pagers, computers and other communication devices, they must be turned off and deposited with other items or left in the locker. Possession of an electronic device during a test/exam is punishable under the University's [Code of Behaviour on Academic Matters](#).

Admittance

- Students shall arrive at the examination room at least five (5) minutes before the commencement of the examination.
- Only students writing the examination and invigilators shall be permitted into an examination room during an examination.
- Students will not be allowed to leave and re-enter the examination room once the exam commences.
- In general, a student shall not be admitted into the examination room fifteen (15) minutes after the commencement of the examination, or leave until at least half an hour after the examination has commenced. Exceptions for this item shall be at the discretion of the Invigilator(s)
- Students shall not be allowed in the examination room after another student has left, regardless of the time elapsed.
- If a student is late and is allowed to enter the examination room, the time allotted for completion of the exam and the student seat placement is at the discretion of the Invigilator(s).
- Students absent for the examination should refer to Missed Compulsory Evaluations Policy.

Sitting

- Invigilators will be responsible for informing students of the specific conditions at the beginning of the examination (e.g., length of time of the exam, time warnings, no reentry to exam, etc.).
- The Invigilator(s) shall have the authority to assign seats to students.
- The Invigilator(s) shall inform the students that they will not be allowed to leave and re-enter the examination room once the exam commences.
 - In the event that an examination is greater than three (3) hours, it will be at the discretion of the invigilator to allow for exit and re-enter for the purpose of a washroom break.
- Eating or drinking is not permitted in the examination room. Only water in a clear plastic bottle is acceptable.
- Students shall present a Michener photo ID and/or one additional piece of photo ID in order to write examinations and place it in a conspicuous place on their desks.
- Students may be asked to sign into the examination.
- The Invigilator(s) shall instruct the students to enter their full name and student ID number in the appropriate places on the examination paper as well as the computer answer sheets.
- The Invigilator(s) shall count the number of students in the examination room at the commencement of the examination.

Academic Integrity

- Students shall answer examination questions according to instructions provided on the examination paper.
- The Invigilator(s) is not responsible for answering any questions pertaining to the content of the examination. With such requests, the Invigilator(s) shall direct the student to clearly note it on the examination paper.
- Students shall not communicate with one another in any manner whatsoever during the examination.
- Invigilator(s) will be present and attending to/observing student conduct during the entire exam
- Should a student be observed cheating during an exam (refer to Academic Integrity Policy), the Invigilator may remove the examination paper from the student immediately. Any unauthorized material observed in the student's possession shall be confiscated by the Invigilator(s) immediately and included with documentation of the incident.
- The Invigilator shall inform the student that the incident will be reported to the Program Communication Liaison.
- The second or standby invigilator may be called for support.
- All violations of academic integrity shall be formally documented.
- Penalties for violation of academic integrity may include a grade of 0% (Fail) for that examination and/or overall course failure, and/or dismissal from the program.

Close of Exam & Departure

- During the examination, the Invigilator(s) may indicate the elapsed time and may indicate when 10 minutes is remaining until the completion of the examination. Indication can be made clearly on a blackboard or overhead projector or by making an announcement.
- Students shall not be permitted to leave the examination room and shall remain in their seats during the final ten (10) minutes of the examination period.
- The Invigilator(s) shall announce the conclusion of an examination, whereupon all writing shall cease. The invigilator(s) may assign a zero/fail for students who fail to observe this requirement.
- The invigilator(s) may request students remain quietly in their seats until all exams have been collected.

- Examination papers or materials issued for the examination shall not be removed from the examination room without the authority of the Invigilator(s).
- Once all students have left the room, the Invigilator(s) shall count all papers to ensure all are accounted for.

STUDENT-INITIATED LEAVE OF ABSENCE

(Revised May 2020)

Students may apply for a one to three-semester leave from their existing program on the grounds of health problems such as prolonged illness or injury, or due to personal circumstances (e.g. illness of an immediate family member) which temporarily make it impossible to continue in the program.

1. Students must complete an MRS Student Initiated Leave of Absence (SILOA) Request form. MRS SILOA Request forms can be obtained from the MRS Central Hub on Michener's Blackboard.
2. Before a decision can be made regarding a SILOA, the student must meet with the Academic Chair and the MRS Office to discuss any financial and academic implications.
3. Students requesting a leave may be required to meet with a counsellor in the Office of Health Professions Students Affairs (OHPSA), Faculty of Medicine, for further support.
4. The decision regarding the request is communicated to the student and to the MRS Office as soon as possible in writing. The conditions and timelines for return to the program will be outlined in this communication.
5. Approved leaves of absence are not to extend beyond one year.
6. Only in exceptional circumstances will students be granted more than one leave. Generally, leaves will not be granted retroactively.
7. When a request for leave of absence has been approved, the student must give formal notice in writing to the program five months prior to commencement of the identified semester of return by emailing the MRS Office at mrs@utoronto.ca.
8. Students returning from a leave may be required to meet with a counsellor in the Office of Health Professions Student Affairs (OHPSA) Faculty of Medicine, for further support.
9. Should a student not proceed with a return to the program within the established timeframe, the student will be permanently withdrawn from the program.

STUDENT STATUS, PROMOTION, AND FAILURE

(Reviewed May 2020)

Course Load

All students are required to carry a full course load in each semester of the Program. Any change in the course load requires Program approval.

All students are required to complete the Program within a total of 5 academic years from their initial Program start date.

Delayed Assessment and Aegrotat Standing

Delayed Assessment may be granted to a student by the Program upon acceptance of a petition, which substantiates that a student was unable to submit to full evaluation due to illness or other excusable circumstances (see policy on Missed Compulsory Evaluation on pages 48-49). The Board of Examiners may grant Aegrotat Standing without assessment in cases in which evaluation of a student cannot be completed due to illness or unavoidable disruption (proved to the satisfaction of the Board), but where there is adequate evidence of the student's ability.

Dismissal

In addition to academic failure, there are several acts that may result in termination of the student from the Program. These are outlined in the “Standards of Professional Practice: Behaviour for all Health Professional Students” (see pages 28-30). Students terminated from the MRS Program for academic failure or contravention of professional standards will be refused future admission by the Admissions Committee to either the MRS Program or The Michener Institute.

Failure

The Program will recommend failure in a course when a student is unable to meet the accepted standard in that course. Failure in a subject may result, at the discretion of the Program Review Committee, in any one of the following actions:

- Require the student to complete remedial work (see below)
- Grant the student supplemental privileges (see below)
- Require the student to repeat the course(s) in which the performance was unsatisfactory;
- Require the student to withdraw from the Program
- Dismissal from the Program
- Require the student to take a leave of absence from the Program for a given period of time not exceeding **one year** and/or until other conditions imposed by the Board of Examiners have been satisfied. Upon satisfying these conditions, the student shall be entitled to registration in the Program at a level specified by the Board of Examiners.

Financial Implications for Program Extension

If a student is unable to complete the required clinical practicum within the allotted time and is granted an extension by either the Program or the Board of Examiners, there may be financial implications. If the extension goes beyond the summer months, the student will be required to register in the Fall session and the appropriate fees will be applied.

Students who are directed by the Board of Examiners to undertake a course of remediation with specific timelines must do so as directed. Failure to meet this directive may result in failure of the course and the student will be required to repeat the course in the next academic session. The student will be charged the appropriate fees.

Good Academic Standing

All students must obtain a passing grade of 60% in each MRS didactic course or a PASS in the clinical courses. The criteria for the passing grade for each course can be found in the respective course outline.

Grading

Recommended grades are presented to the Board of Examiners, MRS Program for finalization. No grades are considered final until approved by the Board of Examiners. Under no circumstance will, the adjustment and assignment of, final grades be governed by a quota system.

Graduation

A student who, at the end of the MRS Program, has fulfilled all the requirements will be eligible to receive the Bachelor of Science Degree (Medical Radiation Sciences) from the University of Toronto and the Advanced Diploma of Health Sciences from Michener.

A Degree Citation with Honours will be awarded to graduates who have achieved a Cumulative Grade Point Average (CGPA) of 3.7 or above.

Performance in Clinical Practice

A series of supervised clinical courses in affiliated clinical sites form the basis of the clinical education for all three streams of the MRS Program. The clinical courses provide the student with the opportunity to develop and demonstrate the expected professional skills and behaviours, and to integrate the requisite knowledge to achieve competence in all aspects of their chosen stream, including those outlined in published documents of the certifying and licensing associations.

Clinical courses are distributed throughout the Program. As students' progress through the program, a higher level of skill and competence is expected in technical acuity. Professionalism is reinforced continually.

Probation (academic or clinical)

Probation is a period of education during which a student who is experiencing academic difficulties has an opportunity to demonstrate that they have the knowledge, skill and professional behaviours to successfully complete the Program.

Probation implies the possibility of dismissal from the Program if adequate improvement in performance is not rectified by the end of the probationary period.

Program Initiated Temporary Leave

In the instance where a situation involving the student arises requiring the Program to make a rapid decision regarding course of action and where there is reason to believe that the student, patients or the faculty are in danger, the student will be temporarily removed from the learning environment. The Program will determine the length of this temporary leave.

Promotion

Promotion is awarded to all students who meet the standard of performance established by the Program. The Board of Examiners is responsible for complete review of a student's performance and will, after consideration of all the evidence, make recommendations regarding promotion.

Recheck or Reread

If a student fails a final assessment in a course, that student may request a check or reread of said work. Rereads and/or recheck by original or alternate marker may be arranged. For the procedure to request recheck or reread see page 49.

Remediation (academic or clinical)

Remediation is a formal program of individualized education aimed at assisting a student who is in academic difficulty. This does not refer to the assistance that is provided within a course to help students who are having minor difficulties.

Remediation with Probation (academic or clinical)

Remediation with probation is a formal program of individualized education aimed at assisting a student in academic difficulty and involves the possibility of refusal of promotion or of dismissal from the program if the student is unable or unwilling to meet the required standards of performance by the end of the probationary period.

Supplemental Work and/or Examinations

Supplemental work and/or examinations are granted at the Program level. However, the Board of Examiners may deny supplemental privileges in exceptional situations. Please refer to the Supplemental policy on pages 50-51.

Withdrawal from a course(s)

The MRS Program is a professional Program where all courses are to be taken as scheduled. It is not possible to withdraw from a single or multiple program specific course in any term. For selective course withdrawal see the MRS Central Hub.

Withdrawal from the Program

A student who wishes to withdraw from the MRS Program must direct their request to the MRS Office and meet with the Academic Chair. An exit interview will be arranged. There will be no academic penalty if the withdrawal is approved prior to the last day of classes.

STUDENTS IN DIFFICULTY

(Reviewed May 2020)

PRINCIPLES

In supporting students who are in difficulty, the Medical Radiation Sciences (MRS) Program adheres to the following general principles:

- Early identification of students experiencing difficulty
- Open discussions with students regarding strategies for assistance
- Maintain ongoing communication with students to provide support, solidify expectations and monitor progress
- Direct students to the appropriate resources as required

While the MRS Program will do everything possible to assist the student in areas requiring assistance, the student is ultimately responsible for their education and should therefore take an active role in continuous self-evaluation; seeking out assistance whenever necessary.

Please Note: Any occurrence of unprofessional behaviours (as outlined in the “Standards of Professional Practice: Behaviour for all Health Professional Students” in the MRS Handbook) can result in a student being placed on Probationary status, immediately.

The following guideline outlines the process that the MRS faculty (didactic/clinical) follow once a student has been identified as being in academic or clinical difficulty. For any student in difficulty counselling and/or academic support services can be accessed at either the U of T Office of Health Professions Student Affairs <https://md.utoronto.ca/OHPSA> and/or Michener’s Student Success Network <http://michener.ca/students/student-success-network/>.

Level One: Course Remediation

The immediate identification of students who may be struggling in a course (didactic or clinical) is important to address the difficulty in a timely, structured manner. Immediately upon identifying a student in difficulty (defined as failure of an assessment, borderline performance on an assessment, failure to complete or submit an assessment, or concerns regarding professional behaviour), the course faculty / clinical coordinator:

- is required to meet with the student about their substandard performance
- will record the discussion that takes place and put together, with the input of the student a learning plan
- will notify the appropriate Program Communication Liaison (PCL) / Clinical Liaison Officer (CLO) / Clinical Course Supervisor (CCS)
- All meeting and referrals for support will be documented and presented to the student for acknowledgement and signature

The PCL/CLO/CCS will bring all cases of students who are experiencing difficulty to the Academic Oversight Committee (Oversight). The in-camera discussion of a student at Oversight is a constructive, student-success oriented mechanism that serves to determine whether the student’s difficulties are specific to an individual topic or more broad - based, demonstrating a pattern of emergent themes. For most cases discussed, at Oversight, it is expected that the student will progress onto success.

Level Two: Academic Standing changes to “Remediation” from “Good Standing”

Generally, students will advance to Level Two once their case has initially been presented to the MRS Board of Examiners (BOE) and their academic status has consequently been changed from “Good Standing” to “Remediation”.

In order to achieve credit for a course, a student must demonstrate satisfactory performance and meet the course requirements, as documented in the course outline. The stream-specific Program Review Committee (PRC) will review and consider student(s) who have not satisfactorily met such course requirements and make a recommendation to the Board of Examiners. The recommendation plan will include the nature of the difficulty with relevant documentation, the remediation strategy and duration, the evaluation methods, the standards to judge a successful outcome, and consequences of both positive and negative outcomes.

Prior to the BOE, the recommendation plan is presented to Oversight, where the recommendation is reviewed for completion and endorsed accordingly.

The Academic Chair, or designate, will meet and counsel the student with regard to the process of the student’s case presentation to the BOE, the PRC recommendation to the BOE and the student’s status in the program. The student is informed of the opportunity to write a confidential letter to the MRS Board of Examiners in support of their progression in the Program. The student is responsible for ensuring the letter is submitted to the Faculty Affairs Officer, prior to the scheduled BOE Meeting.

The PCL/CLO/CCS will prepare a report to the MRS Board of Examiners, outlining the recommendations from the PRC/Oversight. Once approved by the Academic Chair and the Director, MRS Program, the PCL will forward to the Faculty Affairs Officer, 48 hours prior to the scheduled meeting.

Official communication of the BOE’s decision is made via letter (delivered by email) to the student and the Program leadership, from the Chair, BOE. Following receipt of the BOE decision, the PCL/CLO/CCS will communicate the decision to the appropriate faculty and a copy of the letter is filed in the student’s record. The PCL/CLO/CCS will follow up with the student regarding the remedial action plan and any other directive from the BOE. This meeting is documented.

Level Three: Academic Standing is “Remediation with Probation”, or “Probation”

Generally, students will advance to Level Three once their case has been presented to the MRS BOE due to student continuing to have academic/clinical difficulty and/or the student has demonstrated a major lapse in professional behaviour.

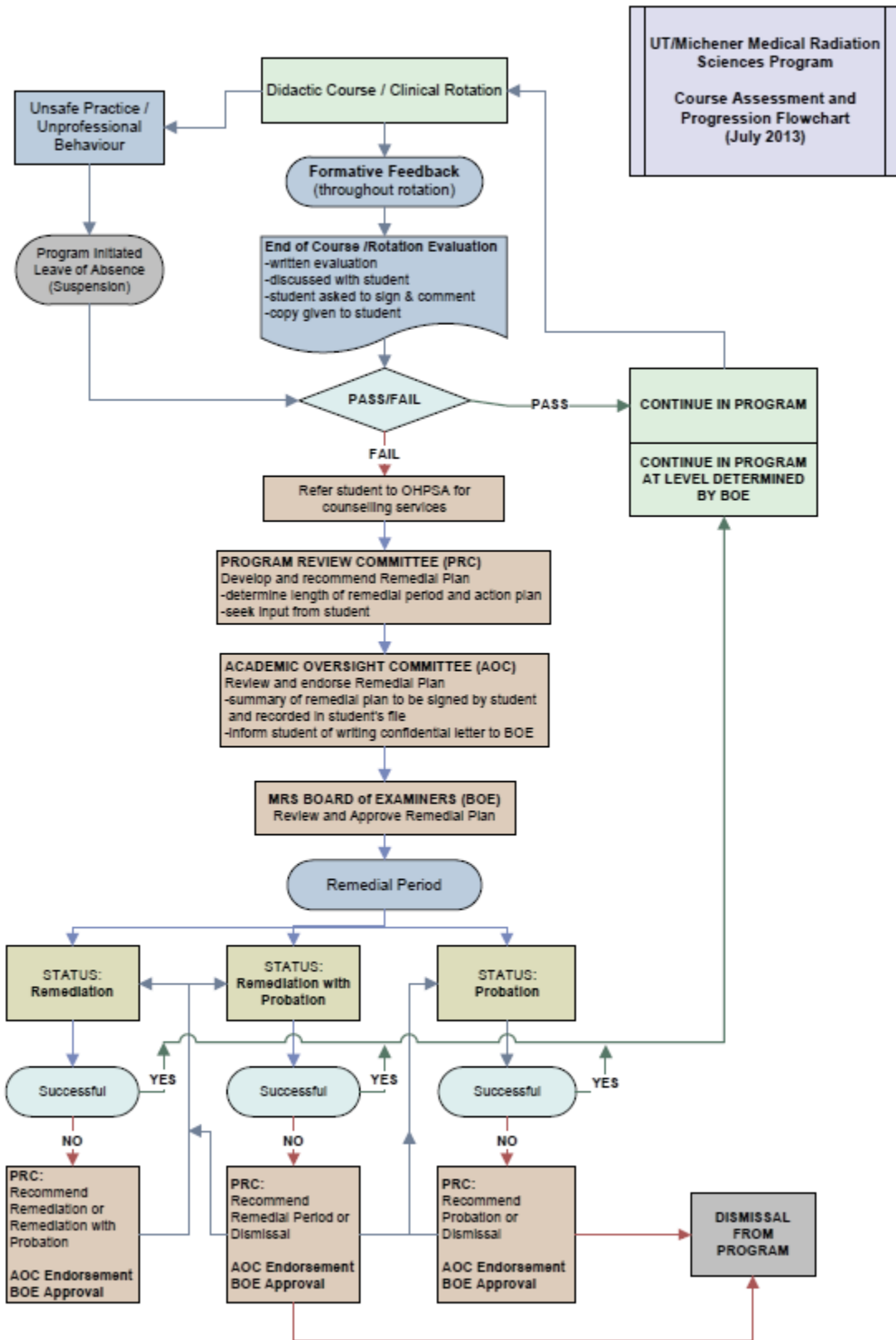
The stream-specific Program Review Committee (PRC) in reviewing and considering student(s) who have not satisfactorily met the remediation plan recommended by the Board of Examiners and/or has demonstrated a major lapse in professional behaviour will make a further recommendation to the BOE. The recommendation plan will include the nature of the difficulty with relevant documentation, the remediation strategy and duration, the evaluation methods, the standards to judge a successful outcome, and consequences of both positive and negative outcomes. Prior to the BOE, the recommendation is presented to Oversight, where the recommendation is reviewed for completion and endorsed accordingly.

The Academic Chair, or designate, will meet with the student with regard to the process of the student’s case presentation to the BOE, the PRC recommendation being presented to the BOE and the student’s

status in the program. The student is informed of the opportunity to write a confidential letter to the MRS Board of Examiners in support of their progression in the Program. The student is responsible for ensuring the letter is submitted to the Faculty Affairs Officer, prior to the scheduled BOE Meeting.

The PCL/CLO/CCS will prepare a report to the MRS Board of Examiners, outlining the recommendations from the PRC/Oversight. Once approved by the Academic Chair and the Academic Director, the PCL will forward to the Faculty Affairs Officer, 48 hours prior to the scheduled meeting.

Official communication of the BOE's decision is made via letter (delivered by email) to the student and the Program leadership, from the Chair, BOE. Following receipt of the BOE decision, the PCL/CLO/CCS will communicate the decision to the appropriate faculty and a copy of the letter is filed in the student's record. The PCL/CLO/CCS will follow up with the student regarding the remedial action plan and any other directive from the BOE. This meeting is documented.



GUIDELINES FOR PROCEDURE - FACULTY OF MEDICINE APPEALS COMMITTEE

(Approved by Faculty Council February 10 2014)

1. Membership

Chair, 2 Vice-Chairs; 11 faculty members, 4 students - one each from the Undergraduate Medical Program, Medical Radiation Sciences Program, Physician Assistant Program, and Postgraduate Medical Programs.

2. Quorum

The Chair or a Vice-Chair, and seven (7) members, at least one of which will be a student.

3. Function

- a. To hear appeals of Undergraduate students, Postgraduate students, students in the Medical Radiation Sciences Programs and students in the Physician Assistant Professional Degree Program of the Faculty of Medicine against decisions of Council and its Standing committees and Boards, and to make rulings on such appeals that are binding and final, subject to an appeal to the Governing Council.
- b. To recommend to Council changes to policies and procedures with respect to petitions and appeals by students.
- c. To generate and disseminate recommendations arising from appeals.
- d. To report to the Council at least annually on its activities and decisions.

4. Acceptable Grounds for Appeal

Appeals may only be based on grounds that the decision was unreasonable because:

- a. Faculty regulations and procedures were not followed; or
- b. Relevant evidence was not taken into consideration when the decision was made; or
- c. The decision could not be supported by the evidence which was considered when it was made.

5. Procedures to File an Appeal and Pre-Appeal Procedures

a. Notice of Appeal

A student wishing to appeal a decision of a Board of Examiners in the Faculty must notify the Faculty Affairs Officer in writing of the intention to do so not more than 30 days after receiving written notice of the decision to be appealed.

NOTE: All intervals are in calendar days. Periods ending on a weekend or holiday will extend to the first following working day

b. Informal Consideration

As soon as mutually convenient, within 30 days of giving Notice of Appeal, and prior to filing the Statement of Appeal (see 5d below), the student must meet with the appropriate Vice-Dean or Vice-Dean's designate to discuss the proposed appeal in an effort to resolve the matter. The meeting is confidential to the student and its content will not be disclosed subsequently. This is an essential element of the process and the appeal will not proceed until after this meeting; students who do not arrange to meet with the Vice-Dean or Vice-Dean's designate will be considered to have withdrawn the appeal. Delay on the part of the Vice-Dean will not affect the student's right to appeal.

There are three potential outcomes at this stage:

- i. the student withdraws the appeal
- ii. the Vice-Dean (or designate) learns new information that may affect the decision of the Board of Examiners and refers the matter back for reconsideration
- iii. the appeal proceeds.

c. Confirmation of Appeal

After meeting for Informal Consideration the student has a maximum of 14 days to confirm with the Faculty Affairs Officer, in writing, if they intend to proceed with the appeal.

d. Statement of Appeal

The student must provide the Faculty Affairs Officer with a written Statement of Appeal, setting out the grounds for the appeal, together with any supporting documentation.

NOTE: (1) The Statement of Appeal must be filed within 30 days after filing the Confirmation of Appeal. Failure to file within 30 days will be considered abandonment of the appeal, and the appeal will not be considered further. The Chair or Vice-Chair may, at their discretion, extend this time limit at the request of the student.

(2) Students have the right to legal counsel at appeals. If the student wishes to appear with legal counsel, they should inform the Faculty Affairs Officer at least 21 days prior to the scheduled date for the appeal hearing. Failure to do so may result in delay of the hearing to permit the program to engage and brief legal counsel.

e. Faculty Response

The Faculty Affairs Officer will provide a copy of the Statement of Appeal and supporting documentation to the Faculty Representative (who is the appropriate Vice Dean or delegate). In response to the student's Statement of Appeal the Faculty Representative will provide a Faculty Response and supporting documentation.

This material should be filed with the Faculty Affairs Officer no longer than 30 days following the receipt of the student's Statement of Appeal. The Chair or a Vice-Chair may, at their discretion, extend this time limit at the request of the program.

The Faculty Affairs Officer will forward a copy of the Faculty Response and supporting documentation to the student.

f. Scheduling of Appeal

Following the receipt of the Statement of Appeal, the Faculty Affairs Officer will schedule the appeal in consultation with the student and the Faculty Representative. The Chair or a Vice-Chair will review the Statement of Appeal and determine a time allocation for the hearing, including the time allocation for the student and Faculty Representative within the course of the hearing.

g. Once the appeal is scheduled, and time allocated, the Faculty Affairs Officer will write to the student to:

- i. Acknowledge receipt of the Statement of Appeal,
- ii. Inform the student of the date, time and place of the hearing of the appeal, and the time allocated for the hearing;

- iii. Inform the student that they may appear in person with or without legal counsel, call evidence, examine witnesses and present arguments in person or by counsel;
- iv. Inform the student that, should they not attend the hearing as notified, the Committee may proceed in their absence, and the student will not be entitled to any further notice of the proceedings, except for notice of the decision of the Committee.

h. Faculty Representation

The Faculty Representative will be invited to attend or send a delegate to the hearing. The Faculty Representative has the right to be represented by legal counsel and may call evidence and present arguments in person or by counsel.

i. Material for Hearing

The Faculty Affairs Officer will distribute, on a confidential basis, a copy of the Statement of Appeal, any other material provided on behalf of the student and the Faculty Response, and supporting documentation, to each member of the Appeals Committee, the student and their counsel, and to the Faculty Representative and their counsel, at least seven days prior to the hearing.

j. Conflict of Interest

Members of the Appeals Committee are responsible for reviewing the material for the hearing in advance, and, if appropriate, notifying the Faculty Affairs Officer and Chair or Vice-Chair in the event of a potential conflict of interest.

k. Powers of Chair or Vice-Chair

The Chair or a Vice-Chair is responsible for determining any pre-hearing issues that arise, including any dispute as to scheduling or pre-hearing compliance with the guidelines. Any request for such a determination will be made in writing to the Faculty Affairs Officer. The Chair or a Vice-Chair may, with the approval of the Dean, request a legal opinion on any matter relating to an appeal prior to the conclusion of the appeal.

MEDICAL RADIATION SCIENCES PROGRAM

PROFESSIONALISM POLICIES

APPROPRIATE USE OF THE INTERNET, ELECTRONIC NETWORKING AND OTHER MEDIA

(Revised Jan 2020)

(Adapted with permission from the Faculty of Medicine’s Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media)

These Guidelines apply to all Medical Radiation Sciences students at the Faculty of Medicine at the University of Toronto. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

The capacity to record, store and transmit information in electronic format brings responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but students need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for MRS students and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The University of Toronto is committed to maintaining respect for the core values of freedom of speech and academic freedom. (1)

Undergraduate MRS students are reminded that they must meet multiple obligations in their capacity as university students and as future members of the profession. These obligations extend to the use of the Internet at any time – whether in a private or public forum.

MRS students are also subject to the Personal Health Information Protection Act as “health information custodians” of “personal health information” about individuals.

General Guidelines for Safe Internet Use

These Guidelines are based on several foundational principles as follows;

- The importance of privacy and confidentiality to the development of trust between the health care professional and patient
- Respect for colleagues and co-workers in an inter-professional environment
- The tone and content of electronic conversations should remain professional.
- Bloggers are personally responsible for the content of their blogs.
- Assume that published material on the Web is permanent, and
- All involved in health care have an obligation to maintain the privacy and security of patient records under The Personal Health Information Protection Act [PHIPA], which defines a record as: “information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise.” (2)

Posting Information about Patients

Never post personal health information about an individual patient.

Personal health information has been defined in PHIPA as any information about an individual in oral or recorded form, where the information “identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.” (3)

These guidelines apply even if the individual patient is the only person who may be able to identify themselves on the basis of the posted description. MRS students should ensure that anonymized descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.

Exceptions that would be considered appropriate use of the Internet:

It is appropriate to post:

- With the express consent of the patient or substitute decision-maker.
- Within secure internal institutional networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution. (4)
- Within specific secure course-based environments (5) that have been set up by the University of Toronto and/or The Michener Institute and that are password-protected or have otherwise been made secure. Even within these course-based environments, participants should
 2. Adopt practices to “anonymize” individuals;
 3. Ensure there are no patient identifiers associated with presentation materials; and
 4. Use objective rather than subjective language to describe patient behaviour. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
- Entirely fictionalized accounts that are so labelled.

Posting Information about Colleagues and Co-Workers

Respect for the privacy rights of colleagues and co-workers is important in an interprofessional working environment. **If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission** – preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behaviour.

Such comments may also breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment. (6)

Professional Communication with Colleagues and Co-Workers

Respect for colleagues and co-workers is important in an inter-professional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive or demeaning is unprofessional behaviour.

Such communication may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and discriminatory Harassment. (7)

Posting Information Concerning Hospitals or other Institutions

Comply with the current hospital or institutional policies with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads. MRS students must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution, The Michener Institute and the University to maintain the public trust. Consult with the appropriate resources such as the Public Relations Department of the hospital, University of Toronto Department of Radiation Oncology Office, The Michener Institute, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

Offering Medical Advice

Do not misrepresent your qualifications.

MRS students are reminded that they are not registered as medical radiation technologists with the College of Medical Radiation Technologists of Ontario thus they are not permitted to provide independent care or offer medical advice. MRS students must be supervised at all times in a clinical environment.

Academic Integrity extends to the appropriate use of the Internet

The University of Toronto's Code of Behaviour on Academic Matters contains provisions on academic dishonesty and misconduct. (8) These provisions may be breached by sharing examination questions, attributing work of others to oneself, collaborating on work where specifically instructed not to do so, etc.

Penalties for inappropriate use of the Internet:

- Remediation, dismissal or failure to promote by the Faculty of Medicine, University of Toronto.
- Prosecution or a lawsuit for damages for a contravention of the PHIPA.

Enforcement

All professionals have a collective professional duty to assure appropriate behaviour, particularly in matters of privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach their immediate supervisor/program director for advice. If the issue is inadequately addressed, the student may submit their complaint in writing to the appropriate Michener Academic Chair, UT Academic Coordinator, and UT MRS Program Director through designated processes. Any complaint should provide sufficient, precise, and relevant information pertaining, among others, to dates, places persons/witnesses, numbers etc., so that a reasonable investigation can be conducted.

(1) Policy on Appropriate Use of Information and Communication Technology at

<https://www.provost.utoronto.ca/planning-policy/information-communication-technology-appropriate-use/>

(2) [Personal Health Information Protection Act, S.O. 2004 C. 3, s. 2.](#)

(3) [Personal Health Information Protection Act, S.O. 2004, C. 3 s. 4.](#)

(4) Faculty, instructors and postgraduate trainees are reminded that portable devices are not necessarily secure, and that confidential patient information should not be removed from the hospital.

(5) Faculty and instructors are reminded that they must use a secure environment provided by the University.

(6) See University of Toronto,

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf> ;

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf> ;

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar311994.pdf>

(7) See University of Toronto,

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf> ;

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf> ;

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar311994.pdf>

(8) <http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun011995.pdf> ;

See Codes. Bi for the list of academic offences, Appendix A s. 2(d) for the definition of “academic work” and s. 2(p) for the definition of “plagiarism” for the purpose of the Code.

HARASSMENT / SEXUAL HARASSMENT AND DISCRIMINATION

(Reviewed May 2020)

Both the University of Toronto and The Michener Institute, and consequently the Medical Radiation Sciences Program, are committed to providing a learning and working environment in which all persons are treated with respect and dignity; an environment that is free from discrimination and harassment.

All persons involved in the MRS Program including faculty, students and staff have a responsibility to conduct themselves in a manner, which complies with the policies of the Institution, and to report immediately any instance of inappropriate behaviour they have been subjected to, become aware of, or witnessed. For faculty and staff, the appropriate institutional policy will apply. For students the University of Toronto policy will apply.

University of Toronto Policies

The University's Policy on Sexual Violence and Sexual Harassment Policy (2019) can be found on the Governing Council website:

<https://governingcouncil.utoronto.ca/secretariat/policies/sexual-violence-and-sexual-harassment-policy-december-12-2019>

More information and relevant contact information can be found at: <https://www.safety.utoronto.ca/>

Michener Institute Policies

Michener's Sexual Assault and Sexual Violence Policy can be found at: <http://michener.ca/discover-michener/policies/sexual-assault-and-sexual-violence-policy/>

Michener's Harassment and Sexual Harassment and Discrimination Policy can be found at: <http://michener.ca/discover-michener/policies/harassment-sexual-harassment-discrimination-policy-procedure/>

STATEMENT ON PROTECTION OF PERSONAL HEALTH INFORMATION

(Reviewed May 2020)

1. Jurisdiction:

This statement applies to all MD Program, postgraduate, graduate professional programs involving patient care, continuing education, medical radiation sciences and physician assistant health professional learners including those registered or participating in educational activities affiliated with the Faculty of Medicine at the University of Toronto. Postgraduate trainees are learners registered through the PGME office as residents (PGYs), fellows, or formal required pre-residency programs.

2. Background and Rationale:

This statement sets out requirements to ensure that Personal Health Information¹ (PHI) (in all forms, either hardcopy or digital) in our affiliated teaching sites' custody is properly protected.

- PHI is information about the health or health care of an identifiable individual. An individual is considered to be identifiable if the information outright identifies the person, or if it is reasonably foreseeable in the circumstances that the information could be used (either alone or with other information) to identify the person. Thus, whether information is PHI depends on the context of its use.
- If it is reasonably foreseeable that a person could be re-identified, then the information is considered to be PHI. From the perspective of a custodian such as a hospital, this means that a learner (who is an agent of the hospital) must not disclose the information outside the circle of care unless either the individual consents, or it is not reasonably foreseeable, within the context of the information's use, that the individual could be re-identified.
- Even where information is considered to be de-identified to the point where the patient cannot be re-identified, if context and other information known outside of the circle of care could still be used to re-identify that individual; then that de-identified information would still be considered PHI.
- Access to PHI brings special responsibilities with respect to patient privacy and supporting public confidence in our hospitals, institutions and practices.

Obligations in regard to PHI are set out in Ontario's health information privacy legislation, entitled the Personal Health Information Protection Act, 2004 (PHIPA). PHIPA requires "Health Information Custodians" (HICs) such as hospitals to take reasonable steps to ensure that PHI is protected against theft, loss and unauthorized use or disclosure, and to ensure that records containing PHI are protected against unauthorized copying, modification or disposal. Learners engage in patient care and education involving access to PHI through the affiliation agreements between the University of Toronto and the Hospitals and in other healthcare placements. Under PHIPA Section 37(1) (e), as agents of HICs, such as hospitals, learners are permitted to use PHI. Accordingly, learners are required to be aware of and

¹ As defined in the Personal Health Information Protection Act, 2004 (PHIPA) (<https://www.ontario.ca/laws/statute/04p03>) includes identifiable information such as name, address, identifying numbers and other unique characteristics; as well as information for which it is reasonably foreseeable in the circumstances that it could be used with other information to identify an individual.

comply with the HICs' requirements and the HICs are required to make those requirements known to learners.

Learners need access to systems containing PHI in order to provide appropriate clinical service and to fully benefit from their clinical education experience. Learners should only access PHI when doing so is relevant to patient care. Once PHI is no longer required by the learner to provide patient care within a given institution, access should no longer be granted or be made available within that institution. Use or disclosure of material that identifies patients without proper authority constitutes a breach of law and standards of professionalism, privacy and confidentiality that potentially harms patients, the learner, the profession and our organizations. This includes intentionally or unintentionally placing material that identifies patients in the public domain. It is recognized that learners may require access to PHI stored in a secure institutional environment when they are physically outside institutions or, even when mobile within institutions.

Furthermore, it is recognized that learners, being involved in both university and hospital environments, are exposed to varying perspectives on the use of information. Universities by their nature are intended to be open and collaborative where information is encouraged to be shared, and existing university based portals, learning tools or email systems allow this to occur; hospitals are intended to be confidential within the circle of care. University information systems are not designed to support the transmission and storage of PHI and therefore should not be used for this purpose.

Learners must comply with this statement in respect of all formats (including hard copy media, and any form of information technology) that could be used to store or transmit PHI. In the current context, this includes all information and communication equipment such as personal computers, portable storage, networked information and handheld devices, as well as email, text messaging, cloud services, software applications, as well as mobile device applications and or social networking tools.²

This statement was developed to provide guidance for the protection of PHI in the context of the HIC as a learning environment.

3. Guiding Principles:

This statement is based on the following foundational principles:

- a) Learners need access to PHI to fully benefit from their clinical education and research experience and to provide safe patient care, including at times when they are not physically in the relevant clinical environment.
- b) The University and the affiliated hospitals recognize that learners work at multiple sites and are expected to be able to access multiple systems.
- c) HICs have a responsibility to provide a data environment that is secure when properly used (a "secure institutional environment"), and to ensure mechanisms are available so learners can continue to provide patient care, if expected of them, outside of the clinical environment.
- d) HICs have a responsibility to ensure that their institutional requirements are made available to learners.
- e) Learners should not remove PHI from the secure (physical or virtual) central environment provided by the HIC unless there is no other reasonable means to provide safe and expedient

² This is not intended to be an exhaustive list.

patient care; and even when using PHI outside the secure central environment, learners must follow HIC policies for secure storage and use of PHI outside that environment.

- f) Data used for teaching and/or learning purposes should be de-identified prior to transport out of the HIC's secure institutional environment, and confirmation should be obtained that the data will be accessed only by those needing to do so for those purposes, and that those accessing it will not attempt to re-identify individuals from the data. If identifiable information is necessary for the teaching and/or learning task, then it should be encrypted in accordance with HIC policy.
- g) The HIC can disclose health information with the express consent of the patient or substitute decision-maker.
- h) In certain circumstances, PHI must be disclosed (i.e. Child Protection, Ministry of Transportation, Health Protection and Promotion Act³, Public Health).
- i) PHI should be handled appropriately within the secure institutional environment. Learners must comply with all PHI and privacy policies and procedures of the HIC with custody of that PHI. When there is no alternative but to remove PHI from a secure institutional environment, the PHI must be fully de-identified, or otherwise fully protected. Hard copy data should not be left unattended; it should be kept hidden from unauthorized viewing, and kept in a locked case when not being used (for example, printed patient lists should be kept in a locked case or securely on the learner's person). Portable equipment used to transport PHI must be properly encrypted and password protected in accordance with HIC policy (for example, if a learner wished to store PHI on a USB key, the key must be encrypted using a HIC-approved method).
- j) As professionals, learners must make fully informed decisions that take into account relevant risks and benefits. When faced with decisions regarding use of PHI to affect safe and efficient patient care, learners must consider both the relative risks posed by possible decisions on patient safety and possible breaches of confidentiality with respect to PHI. In the exceptional case where protecting privacy may significantly interfere with patient safety, patient safety must prevail. Specifically, if a HIC reasonably believes that a disclosure of PHI is needed to eliminate or reduce a significant risk of serious bodily harm, it is permitted to make that disclosure, without the consent of the individual to whom the PHI relates.⁴

4. Access to and Authentication and Transmission of Personal Health Information:

Storage of PHI:

- The Information and Privacy Commissioner/Ontario has specifically advised all HICs that PHI must never be stored outside of secure institutional servers unless properly encrypted. PHI should be fully de-identified if held outside the secure institutional servers or networks if it is not encrypted. Electronic devices that are used to access, store, or record PHI, or by which PHI is transmitted must meet HIC-approved standards for information protection. In the current context, this includes: some type of authentication mechanism such as a power-on password, two-factor authentication, locking screen saver etc. to prevent access by unauthorized users, and the ability to encrypt stored and communicated PHI.
- If a learner chooses to use a personal handheld device to manage PHI, the learner must follow the applicable policies of the HIC to ensure that PHI will be sufficiently protected.

³ https://www.ontario.ca/laws/docs/90h07_e.doc

⁴ [PHIPA, section 40\(1\)](#)

- Original hardcopy records must always remain in the secure institutional environment unless HIC policy permits otherwise.

Access to PHI:

- Learners must not access PHI on public access electronic devices or services.
- Using one's institutional login to access one's own personal health information or that of family and friends held within that institution, or networked data, is not typically permitted. Learners wishing to access information in their own personal patient record, must follow the same processes for acquiring access as any other patient would within the relevant institution.
- Access to network data should only be done by those within the direct circle of care.

Transmission of PHI:

- Learners may need to transmit PHI in connection with their clinical care responsibilities and educational needs. PHI must in these cases be protected in accordance with HIC policies. HICs, such as hospitals will provide access to secure methods and systems to support such transmission; provided that such transmission is in accordance with HIC policies. Learners must ensure that all systems and means they expose PHI to be appropriately secured, including, for example, recipient email servers, networks, and storage media. Specific examples in the current context, such as email accounts from Gmail, Hotmail, and Utoronto/UTmail+ are not considered secure for clinical information.

Removal of PHI:

- Learners may need to remove PHI from a secure institutional environment. PHI must in these cases be protected in accordance with HIC policies. Where necessary, HICs will provide HIC-approved equipment or applications, guidance and instructions to assist learners in encrypting data in accordance with their organizational policies.
- When learners take PHI outside of the secure institutional environment for approved purposes of teaching and learning (including at other HICs or in pure learning environments), all reasonable efforts to protect patient confidentiality must be undertaken. Specifically, participants should:
 - obtain the consent of the individuals to whom the PHI relates, if practical; or
 - adopt practices to de-identify PHI in accordance with HIC policy; and
 - ensure there are no patient identifiers associated with presentation materials; and
 - only disclose information that is general enough to preclude re-identification of the individuals; and
 - ensure that anyone using the information is committed to using it only for the approved purposes and to refraining from attempting to re-identify any individual

5. Reporting:

Learners must report any breach of information privacy or security, or the theft or loss of any device containing or permitting access to PHI immediately to both the educational authority to whom the learner reports and to the institutional HIC Privacy Officer.

6. Implications:

- a. Breaches of PHI will be addressed under HIC policies and procedures, and consistent with PHIPA. Breach of any part of this statement may, after appropriate evaluation of the learner and the circumstances of the breach result in further actions such as education, remediation,

- probation, dismissal from a course or program or failure to promote. In each case, a range of actions will be considered, and an action appropriate to the particular breach will be applied.⁵
- b. This statement does not replace legal or ethical standards defined by organizations or bodies such as the College of Physicians and Surgeons of Ontario, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.
 - c. Action by an assessing body does not preclude action under other University or Institutional policy, or other civil remedies (under statute including PHIPA, the Criminal Code; or civil action).

[Original] Document Approved:

Undergraduate Medical Education Curriculum Committee – July 17, 2012

Physician Assistant Program Management Committee – July 16, 2012

Hospital University Education Committee – November 21, 2012

Postgraduate Medical Education Advisory Committee – November 23, 2012

Faculty Council Education Committee – Dec 6, 2012

Faculty Council – Feb 11, 2013

Hospital University Education Committee – May 17, 2017

⁵ For MD Program students, the actions would be considered within the “Standards for grading and promotion of undergraduate medical students” For Postgraduate medical trainees, the actions would be considered within the “[Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto](#)”. For Fellows, the actions would be considered within the “[Guidelines for Educational Responsibilities in Clinical Fellowships](#)”.

STANDARDS OF PROFESSIONAL PRACTICE: BEHAVIOUR FOR ALL HEALTH PROFESSIONAL STUDENTS

(Reviewed May 2020)

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post-doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

1. Faculty of Dentistry;
2. Faculty of Medicine;
3. Lawrence S. Bloomberg Faculty of Nursing;
4. Leslie Dan Faculty of Pharmacy;
5. Faculty of Physical Education and Health;
6. Factor-Inwentash Faculty of Social Work;
7. Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counselling Psychology for Psychology Specialists; Counselling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that they shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

Standards of Professional Behaviour and Ethical Performance

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of their health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skillful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
 - a. empathy and compassion for patients/clients and their families and caregivers;
 - b. concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
 - c. concern for the psycho-social aspects of the patient's/client's illness/problem;
 - d. assessment and consideration of a patient's/client's motivation and physical and mental capacity when arranging for appropriate services;
 - e. respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;
 - f. respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of their wellbeing;
 - g. recognition of the importance of self-assessment and of continuing education;
 - h. willingness to teach others in the same specialty and in other health professionals;
 - i. understanding of the appropriate requirements for involvement of patients/clients and their families in research;
 - j. awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
 - k. awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
 - l. respect for confidentiality of all patient/client information; and,
 - m. ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised;

These Standards articulate the minimum expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

1. Misrepresenting or misleading anyone as to their qualifications or role
2. Providing treatment without supervision or authorization
3. Misusing or misrepresenting their institutional or professional affiliation
4. Stealing or misappropriating or misusing drugs, equipment, or other property
5. Contravention of the Ontario Human Rights Code
6. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom they are not on the care team
7. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
8. Being unavailable while on call or on duty
9. Failing to respect patients'/clients' rights and dignity
10. Falsifying patient/client records
11. Committing sexual impropriety with a patient/client (1)
12. Committing any act that could reasonably be construed as mental or physical abuse
13. Behaving in a way that is unbecoming of a practicing professional in their respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.

Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student's academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program, or the training site, or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.

(1) Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost's Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards. <https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/>

MEDICAL RADIATION SCIENCES PROGRAM

NUCLEAR MEDICINE & MOLECULAR IMAGING TECHNOLOGY

PROGRAM FACULTY

NUCLEAR MEDICINE & MOLECULAR IMAGING TECHNOLOGY

Academic Coordinator (UT)

Paul Cornacchione, MRT(N), CNMT, BSc,

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Kate Savelberg, BSc(H), BSc(RadSci), MRT(N)

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Danielle Bentley, PhD, RKin

Jennifer Jones, PhD

Mandy Kohli, MRT(NM)

Nohjin Kee, MSc, PhD

Lily Krnezich, MRT(N)

Kyle Hiemstra, MRT(R)

NUCLEAR MEDICINE CURRICULUM (CLASS OF 2023) – YEAR 1

Fall Term

September-October-November-December

MRS133H1/RANM110	Nuclear Medicine Physics and Radiobiology
MRS159H1/ANAT110	Anatomy for Medical Radiation Sciences
MRS227H1/PMRS111	Patient Care in Medical Radiation Sciences I
MRS281H1/IGRD110	Comparative Medical Imaging
MRS282H1/ITNM110	Integrated Nuclear Medicine & Molecular Imaging I

Winter Term

January-February-March-April

MRS162H1/PSRD120	Physiology
MRS164H1/ANRD121	Relational Anatomy
MRS228H1/PMRS121	Patient Care in Medical Radiation Sciences II
MRS283H1/ITNM120	Integrated Nuclear Medicine & Molecular Imaging II

Summer Term

May-June-July

MRS232H1/HIRT130	Health Improvement Initiatives
MRS284H1/PRNM130	Nuclear Medicine in Practice
Various	Selective I

NUCLEAR MEDICINE CURRICULUM (CLASS OF 2023) – YEAR 2

Fall Term

September-October-November-December

MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS265H1/CTRD240	Integrated CT Imaging Theory and Practice I
MRS266H1/RMIP240	Introduction to Research Methods
MRS286H1/ITNM240	Integrated Nuclear Medicine & Molecular Imaging III

Winter Term

January-February-March-April

MRS206H1/CTRD250	Integrated CT Imaging Theory and Practice II
MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS269H1/HBRD241	Clinical Behavioural Sciences
MRS290H1/ITNM250	Integrated Nuclear Medicine & Molecular Imaging IV

Summer Term

May-June-July

MRS292H1/CLNM262	Nuclear Medicine Clinical Practicum I
Various	Selective II

Please refer to the [Program Info](#) page on the [The Michener Institute Intranet](#) for current course outlines and model routes.

NUCLEAR MEDICINE CURRICULUM (CLASS OF 2023) – YEAR 3

Fall Term

September-October-November-December

MRS293H1/CLNM371	Nuclear Medicine Clinical Practicum II
MRS398Y1/RMRD370	Research Methods OR
MRS397H1/RPRD370	Research In Practice

Winter Term

January-February-March-April

MRS295H1/CLNM381	Nuclear Medicine Clinical Practicum III
MRS398Y1/RMRD370	Research Methods OR
Various	Selective III

Please refer to the Program Info page on the Michener Intranet for current course outlines and model routes.

MEDICAL RADIATION SCIENCES PROGRAM

RADIATION THERAPY

PROGRAM FACULTY

RADIATION THERAPY

Faculty

Reshika Balakrishnan, MRT(T), BSc(Hon), BSc(MRS), MA
Renate Bradley, MRT(T), CMD, MMed, DEd(cand)
Robert Case, MRT(T), BSc(Immunology), BSc(MRS)
Martin Chai, MRT(T), BSc(Hon), MTS
Alfred Lam, MRT(T), MAEd
Niusha Nowbahari, MRT(T), BSc, BSc(MRS), MSc
Rahul Mohla, MRT(T), BSc(MRS), BSc(Hon), CDC Cand.

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Irene Karam, MD
Nohjin Kee, MSc, PhD

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Amy Parent, MRT(T)
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Sara Rauth, MD
Aisha Sheikh, MRT(T), BEd, MSc
Emily Sinclair MRT(T), BSc
Nathaniel So MRT(T), BSc(MRS)
Derek Tsang, MD, MSc, FRCPC
Richard Tsang, MD, FRCPC
Doug Vines, MRT(NM), BSc
John Waldron, MSc, MD, FRCPC
Chia-Lin (Eric) Tseng, MD
Jeff Winter PhD
Matt Wronski PhD
Leigh Conroy PhD

RADIATION THERAPY CURRICULUM (CLASS OF 2023) – YEAR 1

Fall Term

September-October-November-December

MRS142H1/RSRT310	Introduction to Radiation Physics
MRS143H1/RBRT310	Radiobiology and Radiation Protection
MRS144H1/ONRT120	Introduction to Clinical Oncology
MRS159H1/ANAT110	Anatomy for Medical Radiation Sciences
MRS227H1/PMRS111	Patient Care in Medical Radiation Sciences I
MRS281H1/IGRD110	Comparative Medical Imaging

Winter Term

January-February-March-April

MRS145H1/RSRT320	Radiation Beams & Their Interactions
MRS155H1/RTRT120	Radiation Therapy Methodology I
MRS162H1/PSRD120	Physiology
MRS164H1/ANRD121	Relational Anatomy
MRS228H1/PMRS121	Patient Care in Medical Radiation Sciences II

Summer Term

May-June-July

MRS156H1/CLRT130	Introduction to Clinical Radiation Therapy
Various	Selective I

RADIATION THERAPY CURRICULUM (CLASS OF 2023) – YEAR 2

Fall Term

September-October-November-December

MRS146H1/ONRT410	Clinical Oncology I
MRS158H1/RTRT240	Radiation Therapy Methodology II
MRS244H1/RSRT231	Treatment Planning I
MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS265H1/CTRD240	Integrated CT Imaging Theory and Practice I
MRS266H1/RMIP240	Introduction to Research Methods

Winter Term

January-February-March-April

MRS150H1/ONRT420	Clinical Oncology II
MRS160H1/RTRT250	Radiation Therapy Methodology III
MRS229H1/PCRT250	Patient Care in Radiation Therapy
MRS245H1/RSRT241	Treatment Planning II
MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS269H1/HBRD241	Clinical Behavioural Sciences

Summer Term

May-June-July

MRS230H1/TCRT266 (August)	Transition to Clinical Radiation Therapy
MRS232H1/HIRT130	Health Improvement Initiatives
MRS241H1/CLRT261	Simulated Clinical Practice: Radiation Therapy
Various	Selective II

Please refer to the [Program Info page on the Michener Intranet](#) for current course outlines and model routes.

RADIATION THERAPY CURRICULUM (CLASS OF 2023) – YEAR 3

Fall Term

September-October-November-December

MRS242H1/CLRT371	Clinical Radiation Therapy II
MRS397H1/RPRD370	Research In Practice OR
MRS398Y1/RMRD370	Research Methods

Winter Term

January-February-March-April

MRS243H1/CLRT380	Clinical Radiation Therapy III
Various	Selective III OR
MRS398Y1/RMRD370	Research Methods (continued)

Please refer to the Program Info page on the Michener Intranet for current course outlines and model routes.

MEDICAL RADIATION SCIENCES PROGRAM
RADIOLOGICAL TECHNOLOGY

PROGRAM FACULTY

RADIOLOGICAL TECHNOLOGY

Academic Coordinator (UT)

Debbie Havill, RDMS, BSc

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Faculty

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Masood Hassan, MRT(R), (MR) BSc(MRS), MEd

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Michelle Sharma, MRT(R), BMRSc

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UNIVERSITY OF TORONTO Faculty

Danielle Bentley, PhD, RKin

Kyle Hiemstra, MRT(R)

Jennifer Jones, PhD

Nohjin Kee, MSc, PhD

RADIOLOGICAL TECHNOLOGY CURRICULUM

(CLASS OF 2023) – YEAR 1

Fall Term

September-October-November-December

MRS102H1/ANRA310	Human Osteology
MRS114H1/INRA110	Diagnostic Imaging Instrumentation I
MRS115H1/PHRA110	Radiographic Physics and Radiobiology
MRS159H1/ANAT110	Anatomy for Medical Radiation Sciences
MRS227H1/PMRS111	Patient Care in Medical Radiation Sciences I
MRS281H1/IGRD110	Comparative Medical Imaging

Winter Term

January-February-March-April

MRS116H1/INRA120	Diagnostic Imaging Instrumentation II
MRS233H1/RARA311	Radiographic Procedures I
MRS162H1/PSRD120	Physiology
MRS164H1/ANRD121	Relational Anatomy
MRS228H1/PMRS121	Patient Care in Medical Radiation Sciences II

Summer Term

May-June-July

MRS118H1/CLRA130	Introduction to Clinical Radiography
Various	Selective I

RADIOLOGICAL TECHNOLOGY CURRICULUM (CLASS OF 2023) – YEAR 2

Fall Term

September-October-November-December

MRS205H1/INRA251	Diagnostic Imaging Instrumentation III
MRS253H1/RARA241	Radiographic Procedures
MRS254H1/RARA242	Radiographic Image Analysis
MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS265H1/CTRD240	Integrated CT Imaging Theory and Practice I
MRS266H1/RMIP240	Introduction to Research Methods

Winter Term

January-February-March-April

MRS119H1/PGRA240	Medical Imaging Pathology
MRS206H1/CTRD250	Integrated CT Imaging Theory and Practice II
MRS207H1/RARA250	Radiographic Methodology III
MRS212H1/PCRA251	Patient Care for Medical Imaging
MRS260H1Y/EMRS240	Experiential Learning in IPEC
MRS269H1/HBRD241	Clinical Behavioural Sciences

Summer Term

May-June-July

MRS209H1/CLRA261	Simulated Clinical Practice: Radiological Technology
MRS231H1/TCRA266 (August)	Transition to Clinical Radiography
MRS232H1/HIRT130	Health Improvement Initiatives
Various	Selective II

RADIOLOGICAL TECHNOLOGY CURRICULUM (CLASS OF 2023) – YEAR 3

Fall Term

September-October-November-December

MRS210H1/CLRA371	Clinical Radiography II
MRS397H1/RPRD370	Research In Practice OR
MRS398Y1/RMRD370	Research Methods

Winter Term

January-February-March-April

MRS211H1/CLRA380	Clinical Radiography III
Various*	Selective III OR
MRS398Y1/RMRD370	Research Methods (continued)

Please refer to the Program Info page on the Michener Intranet for current course outlines and model routes.

MEDICAL RADIATION SCIENCES PROGRAM

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