
Diagnostic Medical Sonography Program Student Handbook & Policy Manual 2020 – 2021

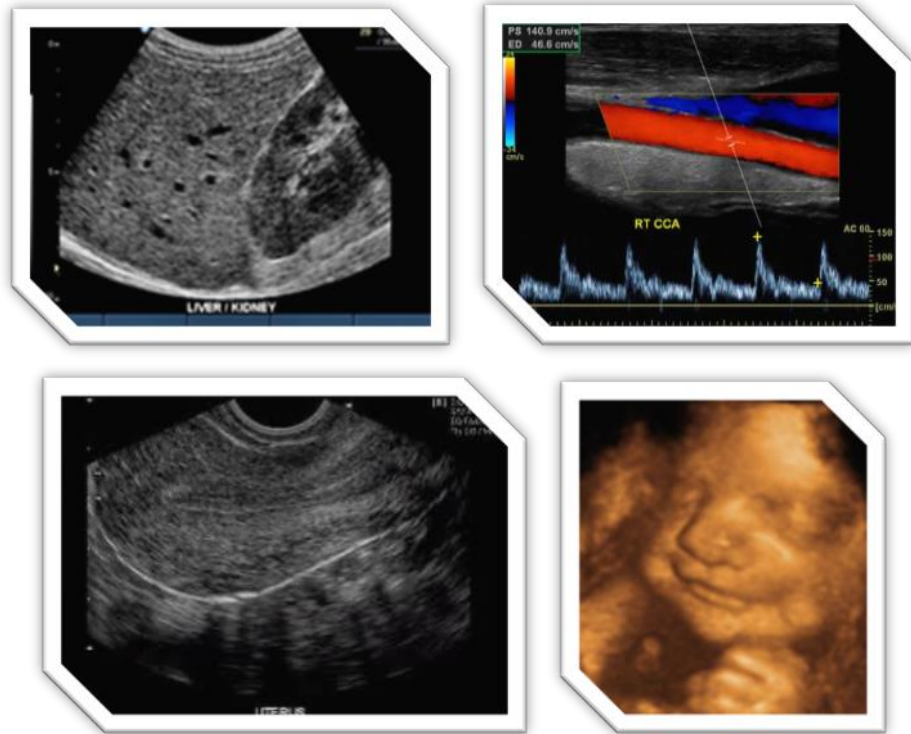


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PREGNANCY

To assure the radiation safety of your baby in the event you become pregnant, please read the Pregnancy Radiation Safety Policy carefully. If you wish to declare (or undeclared) a pregnancy, you must do so in writing according to the policies and procedures in this handbook.

STUDENT PHYSICAL EXAMINATION AND ASSOCIATED INFORMATION RELEASE

I hereby give my permission for the release of my physical examination and associated information to any Volunteer State Community College (VSCC) Diagnostic Medical Sonography (DMS) clinical education center to which I am assigned. I realize I may rescind this permission by providing a written statement to that effect to the DMS Program's Director. I understand any information previously released with my permission may be retained by the clinical education center that received it.

Date

Student Signature

Under the Family Education Rights & Privacy Act of 1974 (Buckley Amendment), students have the right to inspect and review any and all official records, files, and data pertaining to them. Adequate and reasonable notice of intent to inspect must be given and access may require the physical presence of a college official during normal operating hours.

CRIMINAL RECORDS

Individuals who have been involved in a criminal proceeding and/or charged/convicted of a crime may not be eligible for national certification by the American Registry of Diagnostic Medical Sonography (ARDMS). Because this certification is available to graduates of the diagnostic medical sonography program as part of preparation for clinical practice, students to whom this may apply are strongly advised to notify and work with the ARDMS for pre-application review of eligibility for certification. Information can be located on their website, www.ardms.org or 301-738-8401.

ACCREDITATION AND NATIONAL BOARD EXAMINATION

Students who receive a certificate or degree in Diagnostic Medical Sonography from VSCC are eligible to sit for the American Registry for Diagnostic Medical Sonography (ARDMS) examinations. The ARDMS has established eligibility for students for this program under their prerequisite 2 (see their website at www.ardms.org for the most current information).

This VSCC DMS program is accredited with the Commission on Accreditation of Allied Health Programs (CAAHEP) in conjunction with the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). These standards are posted on ultrasound classroom bulletin board (S-225) and on the JRC-DMS website (<http://www.jrcdms.org>). You have the right to notify the JRC-DMS if you believe the program is not adhering to these standards. You may contact the JRC-DMS at 6021 University Boulevard, Suite 500, Ellicott City, MD 21043, phone 443-973-3251.

GRADING STANDARDS

All students enrolled in the Diagnostic Medical Sonography program are required to maintain a minimum grade of 80.0% (C) in all program courses. Students who fail to achieve this level of competency will be required to repeat any course not meeting this standard and may be restricted from additional courses until the deficiency has been corrected. In addition, other courses classified as pre or co-requisites may not be available to students until the deficiencies have been corrected. The student may be required to reapply and retake any or all classes the program requires.

ACCESS TO CLINICAL EDUCATION

VSCC has an obligation to assure clinical education centers that patient care standards will not be compromised by students. This includes ensuring the achievement of satisfactory performance on clinical evaluations from self-assessment as well as from clinical practitioners, coordinators, instructors at educational sites and the demonstration of professional behavioral development. Failure to meet these objectives from the clinical course syllabi may result in a failing grade for the current clinical education course as well as being restricted from further clinical education experiences.

RECEIPT OF STUDENT HANDBOOK

I have received a copy of the current Student Handbook. It is my understanding that if I have any questions concerning material in this handbook, I may contact any VSCC DMS faculty member for clarification. I understand and agree to the specific clauses above and acknowledge I am responsible for all the information contained in this handbook as well as any subsequent additions. I understand I will be expected to conform to its procedures during my enrollment in the program, including all clinical education courses and there may be disciplinary action taken for failure to adhere to these standards, including dismissal for the program. The most recent Handbook is published on the VSCC DMS website: www.volstate.edu/dms.

Date

Student Signature

Printed Name

**STATEMENT OF UNDERSTANDING
REGARDING CLINICAL EDUCATION TRAVEL**

I understand obtaining an education by utilizing a clinical system is a one of the most important aspects of learning diagnostic medical sonography. I understand one or more of my assigned sites may be more than 100 miles from VSCC's main campus. I understand the assignment of clinical education sites is at the complete discretion of the DMS faculty and I will be expected to regularly attend any and all sites that I am assigned. An eight-hour workday is expected at all clinical educational sites. This does not include travel time or lunch.

Date

Student Signature

Printed Name

Diagnostic Medical Sonography students are required to utilize live model patients during laboratory scanning. These subjects cannot be subjected to scanning in the VSCC DMS laboratory unless they have read and signed the VSCC DMS Program's Liability Release Form prior to being scanned.

All students, model patients, and volunteers must comply with this requirement. The form must be on file with the program director before a model patient can be used for any scanning. The form comprises the following 3 pages.

Voluntary General Sonography Laboratory Scanning Waiver and Liability Release Form

I, _____ (printed name) elect to participate in the optional volunteer learning experience of live ultrasound. By signing this release form, I acknowledge that I have read the attached American Institute of Ultrasound in Medicine (AIUM) statements informing me of the possible risks of ultrasound scanning. It is my understanding that my experience in the classroom will be limited by my instructor who serves as an information source and observer, not as a guarantor of safety. It is also my understanding that I will be advised to consult with my personal physician at my own expense if the instructor observes an abnormality during the course of the volunteer scanning experience.

I understand that it is my responsibility to consult a physician regarding any possible negative effects which may result from my participation in the ultrasound scanning activity and the effects that it may have on my health and well-being.

I realize that my participation in this program is completely voluntary and the purpose of participating in live ultrasound scanning is to learn as much as possible about ultrasound.

By signing this document, I certify that I have read and understand its contents and I consent to an ultrasound examination performed by students, faculty, and/or staff affiliated with the Diagnostic Medical Sonography program. I understand a physician will not be reviewing any of the images documented today and a medical diagnosis will not be provided.

In exchange for good and valuable consideration to wit: I hereby waive, release and hold harmless the State of Tennessee, the Tennessee Board of Regents, Volunteer State Community College, any and all faculty, staff, students, employees, representatives, officers, agents, and volunteers and assigns of the foregoing from all rights, claims, demands, causes of action, legal actions and damages of any kind, known or unknown, including; but not limited to, negligence based claims, claims in tort and/or contract in relation to, or arising from, the ultrasound examination administered as part of this volunteer sonography laboratory.

Printed Name

Signature

Date

AIUM Statements on Diagnostic Medical Ultrasound Safety

AIUM STATEMENT ON IN VITRO BIOLOGICAL EFFECTS (Approved by the AIUM, March 1998)

It is difficult to evaluate reports of ultrasonically induced in vitro biological effects with respect to their clinical significance. The predominant physical and biological interactions and mechanisms involved in an in vitro effect may not pertain to the in vitro situation. Nevertheless, an in vitro effect must be regarded as a real biological effect.

Results from in vitro experiments suggest new endpoints and serve as a basis for design of in vivo experiments. In vitro studies provide the capability to control experimental variables and thus offer a means to explore and evaluate specific mechanisms. Although they may have limited applicability to in vivo biological effects, such studies can disclose fundamentals intercellular or intracellular interactions.

While it is valid for authors to place their results in context and to suggest further relevant investigations, reports of in vitro studies which claim direct clinical significance should be viewed with caution.

AIUM STATEMENT ON CLINICAL SAFETY (Approved March 1998, Reaffirmed 1992)

Diagnostic ultrasound has been in use since the late 1950's. Given its known benefits and recognized efficacy for medical diagnosis, including use during human pregnancy, American Institute of Ultrasound in Medicine herein addresses the clinical safety of such use:

No confirmed biological effects on patients or instruments operators caused by exposure at intensities typical of present diagnostic ultrasound instruments have ever been reported. Although the possibility exists that such biological effects may be identified in the future, current data indicate that the benefits to patients of the prudent use of diagnostic ultrasound outweigh the risks, if any that may be present.

AIUM STATEMENT ON SAFETY IN TRAINING AND RESEARCH (Approved March 1998)

Diagnostic ultrasound has been in use since the late 1950's. No adverse biological effects on patients resulting from this usage have ever been reported. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendations:

In those special situations in which examinations are to be carried out for purposes other than direct medical benefit to the individual being examined, the subject should be informed of the anticipated exposure conditions, and of how these compared with conditions, and of how these compare with conditions for normal diagnostic practice.

When there is no direct medical benefit to a person undergoing an ultrasound exam (e.g. training or research), it is necessary to **educate** the person regarding the risks of the procedure and obtain his or her **informed consent**.

The AIUM suggests

Do not perform studies without reason

Do not prolong studies without reason

Use the minimum output power and maximum amplification needed to optimize the image

IN VIVO BIOEFFECT INVESTIGATIONS

In vivo means “observed in living tissue”

The following are recent conclusions of in vivo bioeffects investigations:

- When compared with unfocused beams, focused beams require higher intensities to produce bioeffects. This occurs because smaller beam area means less thermal build up and less interactions with cavitation nuclei.
Note: An unfocused ultrasound beam causes a higher temperature elevation than a focused ultrasound beam at the same intensity.
- When compared with a broad unfocused beam, highly focused ultrasound is much less likely to cause bio effects.
Maximum intensities (SPTA):
100mW/cm² - unfocused
1W/cm² - focused

CONCLUSIONS REGARDING IN VIVO MAMMALIAN BIOEFFECTS

Approved by the AIUM, October 1992

In the low megahertz frequency range there have been (as of this date) no independently confirmed significant thermal biological effects in mammalian tissues exposed in vivo to unfocused ultrasound with intensities below 100 mW/cm², or to focused ultrasound with intensities below 1W/cm² SPTA

IN VITRO BIOEFFECTS INVESTIGATIONS

In vitro means “observed in test-tubes” in an experimentally controlled environment.

Advantage of in vitro studies: Careful measurements can be made under rigorous experimental conditions.

I. MISSION STATEMENT

The Diagnostic Medical Sonography program's mission is to prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. This includes equipping students to:

1. Demonstrate knowledge in appropriate didactic areas.
2. Integrate knowledge into competency-based clinical experience.
3. Apply skills to meet the standards of the profession.
4. Analyze clinical data.
5. Write effectively in more than one format as part of the writing across the professional curriculum initiative.
6. Provide excellent quality care to enrich and support the community through active engagement.
7. Engage and maintain personal professional relationships.

This program provides students with the opportunity to develop the technical knowledge and personal skills necessary for a career in the sonographic sciences. The curriculum is designed to combine compassion with integrity in order to shape a student into a skilled professional. The program provides a unique learning environment which includes state-of-the-art equipment. By recruiting the help of highly qualified sonography faculty, students acquire the skills necessary to become successful diagnostic medical sonographers.

II. PROGRAMMATIC ACCREDITATION

Volunteer State Community College's Diagnostic Medical Sonography program is accredited in the General concentration by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). This accreditation status allows VSCC DMS students to register with the ARDMS for the Registered Diagnostic Medical Sonographer (RDMS) specialty board examinations 60-days prior to graduation. The program is not currently accredited in the Vascular concentration. This requires any student pursuing the Registered Vascular Technology (RVT) credential through the ARDMS to complete a clinical verification form and register after the date of graduation. Any credential or specialization awarded by passing a national board exam while still enrolled in the program is officially confirmed upon graduation from the VSCC DMS program.

III. PROGRAM GOALS

The graduate of the Volunteer State Community College Diagnostic Medical Sonography program should be able to:

1. Perform at a minimum entry-level diagnostic medical sonographer with skills according to: the Society of Diagnostic Medical Sonography's (SDMS) scope of practice for the diagnostic medical sonographer, the American Registry for Diagnostic Medical Sonography's (ARDMS) content specifications for their various examinations, the minimum Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography, and the mandatory competencies outlined by the JRC-DMS. This includes, but is not limited to the ability to:
 - 1.1 Utilize oral and written communication with patients and colleagues.
 - 1.2 Demonstrate knowledge and understanding of human gross and sectional anatomy.
 - 1.3 Demonstrate knowledge of physiology, pathology, and pathophysiology.
 - 1.4 Provide patient care and comfort.
 - 1.5 Demonstrate knowledge and understanding of acoustic physics, Doppler ultrasound principles, and ultrasound instrumentation.
 - 1.6 Perform appropriate quality assurance testing and detect equipment malfunctions.
 - 1.7 Recognize and identify the sonographic appearance of normal anatomic structures associated with each learning concentration.
 - 1.8 Recognize and identify the sonographic appearance of abnormal anatomic structures associated with each learning concentration.
 - 1.9 Provide patient education related to medical ultrasound and/or other noninvasive diagnostic vascular techniques and promote principles of good health.
 - 1.10 Analyze diagnostic data and other pertinent observations for presentations to interpreting physicians.
 - 1.11 Integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
 - 1.12 Correlate topographical and sectional anatomy in localization of anatomical structures.
 - 1.13 Provide basic patient nursing care and cardio-pulmonary resuscitation.
 - 1.14 Perceive patterns of physical and emotional stress exhibited by patients.
 - 1.15 Recognize symptoms, complications, etiology, and prognosis of disease progression.
 - 1.16 Consult with physicians as appropriate for total quality care of the patient.
 - 1.17 Interact in a professional manner with other health care personnel involved in the care of the patient.
2. Meet professional specifications established for national registration by the American Registry for Diagnostic Medical Sonography in the specialty areas of study.
3. Build upon sound principles of general education by learning how to communicate well, think analytically, be intellectually adaptive, integrate knowledge and experience from different disciplines, apply ethical standards and values to the practice of diagnostic medical sonography and appreciate social and cultural diversity.
4. Function as an active member of the health care team.
5. Engage in lifelong learning and service.

IV. ACADEMICS

1. Outside Employment

If a student plans to engage in employment in addition to participating as a sonography student, the program recommends a schedule of less than 15 hours per week. Students should remember that academic and clinical schedules will not be revised for their employment requirements or commitments.

Students cannot be paid for the time they attend a clinical education center. If a DMS student is employed by one of our clinical education centers, formal written notification must be provided to the Clinical Coordinator and the Program Director.

2. Advanced Placement

VSCC DMS program courses are available to ARDMS registered graduates of other regionally accredited diagnostic medical sonography programs. VSCC will attempt to transfer the maximum number of academic credit hours based on currently existing college policies and procedures.

3. Standards of Achievement

The minimum grade in each course is a C (80.0%). Failure to achieve this standard in a single course may result in dismissal from the program. The student will be encouraged to reapply to the program the following year.

4. Course Failure/Repeats

- a. All VSCC DMS students are limited to 1 repeat of any DMS course.
- b. 100% of the mandatory laboratory procedures established by faculty in the first laboratory procedures course must be completed to a mastery-level as a prerequisite to attending any clinical education course.
- c. Any DMS course may be repeated only once.
- d. Independent study courses are offered at the discretion of the DMS faculty. Any clinical education independent study course will be scheduled only when clinical positions are available at sites with active VSCC clinical education agreements.

5. Readmission

Readmission to the program requires a new application according to the procedures and policies in effect at the time of the application. The program operates on competitive admittance every year and having already taken ultrasound courses will not be an advantage in the admission process.

6. American Registry for Diagnostic Medical Sonography (ARDMS)

The program expects students to sit for the appropriate examinations of the ARDMS upon completion of the program. It is difficult to practice sonography for a substantial length without the appropriate professional credentials.

More information on these examinations and your eligibility requirements are available at www.ardms.org.

- a. The American Registry for Diagnostic Medical Sonography (ARDMS) has indicated that students qualify for their examinations by graduating from a program accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA), United States Department of Education (USDOE), or Canadian Medical Association (CMA), that specifically conduct programmatic accreditation for diagnostic medical sonography/diagnostic cardiac sonography/vascular technology. Currently, the only organization that offers programmatic accreditation under the aforementioned associations are the Commission of Accreditation of Allied Health Education Programs (CAAHEP) and the Canadian Medical Association (CMA).
- b. The VSCC DMS program is accredited the CAAHEP in affiliation with the JRC-DMS. This allows graduates of the program the ability to sit for ARDMS board exams 60-days prior to completion of the program.
- c. There are several documents that need to be submitted with the ARDMS application in order to sit for a board exam.
 - i. A copy of the earned certificate from VSCC or an official transcript indicating the date the certificate was conferred from VSCC.
 - ii. An original letter signed by the program director and/or medical director indicating the date of graduation or successful completion of the program.
 - iii. An original signed and completed Clinical Verification (CV) form for each specialty area unless the application is received within one (1) year after successful completion of the program.
 - iv. Photocopy of a non-expired government issued photo identification with a valid signature.

V. CLINICAL EDUCATION CENTERS

The Volunteer State Community College Diagnostic Medical Sonography program is currently affiliated with an extensive array of Clinical Education Centers. Students change clinical sites throughout the program with the expectation of being assigned at least five (5) different centers during the length of the program. This procedure meets a major objective of the program, which is to increase student learning experiences by including a wide variety of administrations, procedures, protocols, and equipment.

1. DIAGNOSTIC MEDICAL SONOGRAPHY CLINICAL EDUCATION CENTERS

Clinical Site	Clinical Instructor(s)	Phone #
Centennial Medical Center 2300 Patterson Street Nashville, TN 37203	Melony Hensley Ashley Kestner	615-342-3530
Cookeville Regional Medical Center 142 West 5th St. Cookeville, TN 38501	Amanda Baxter	931-783-2220
Greater Nashville Maternal Fetal Medicine (Franklin) 4323 Carothers Pkwy., Suite 403 Franklin, TN 37067	Katie Bradshaw	615-472-1740
Greater Nashville Maternal Fetal Medicine (Murfreesboro) 1800 Medical Center Pkwy STE 460 Murfreesboro, TN 37129	Amanda Gilliland	615-459-2051
Greater Nashville Maternal Fetal Medicine (Nashville) 2201 Murphy Ave STE 308 Nashville, TN 37203	Lydia Taylor	615-761-9005
Hendersonville Medical Center 355 New Shackle Island Road Hendersonville, TN 37075	Jessica Fuller-Murphy	615-338-1465
Horizon Medical Center 111 Hwy 70 E Dickson, TN 37055	Lillian Dennis Alexandria O'Danie	615-446-0446
Inner Vision Women's Ultrasound 2201 Murphy Ave #203 Nashville, TN 37203	Dr. Ana Bircher	615-342-6850
Monroe Carell Jr. Children's Hospital at Vanderbilt 2200 Children's Way Nashville, TN 37232	Jessica Turner	615-936-7290
Natchez Imaging Center 101 Natchez Park Drive Dickson, TN 37055	Megan Keaton Alexandria O'Danie	615-326-2902
New Light Vanderbilt Imaging (Hillsboro) 1909 Acklen Ave Nashville, TN 37212	TBD Clinical Instructor	615-777-9729
New Light Vanderbilt Imaging (One Hundred Oaks) 719 Thompson Lane, Suite 23300 Nashville, TN 37204	TBD Clinical Instructor	615-936-3606
New Light Vanderbilt Imaging (Cool Springs) 2009 Mallory Ln Suite 150 Franklin, TN 37067	Laura Rubin	615-771-8668
Northcrest Medical Center 100 Northcrest Drive Springfield, TN 37127	Valarie Rutherford	615-384-1531
Premier Radiology (Hendersonville) 262 New Shackle Island Rd., Suite 206 Hendersonville, TN 37075	Kellyn Watson	615-986-6050 Ext: 4109
Premier Radiology (Hermitage) 5045 Old Hickory Blvd 3100 Hermitage, TN 37076	Kelly Barrett	615-884-7674

Premier Radiology (Madison) 1210 Briarville Rd, Suite 602F Madison, TN 37115	Tiffany Price Kayla Davidson	615-986-6411
Premier Radiology (Smyrna) 741 President Place, Suite 100 Smyrna, TN 37167	Kellyn Piercey Crystal Collier	615-220-0674 Ext: 3255
Riverview Regional Medical Center 158 Hospital Drive Carthage, TN 37030	Chelsea Anderson Catherine Spivey	615-735-5164
Saint Thomas (Midtown) 2000 Church Street Nashville, TN 37203	Desiree Cerny	615-284-7587
Saint Thomas (River Park) 1559 Sparta Street McMinnville, TN 37110	Nina Wilcher	931-815-4277
Saint Thomas (Rutherford) 1700 Medical Center Parkway Murfreesboro, TN 37129	Tonya Moore	615-396-4100
Saint Thomas (West) 4220 Harding Road Nashville, TN 37205	Vicky Mahling	615-222-2164
Skyline Medical Center 3441 Dickerson Rd Nashville, TN 37207	Mugdha Borkar	615-769-2520
Stonecrest Medical Center 200 Stonecrest Blvd Smyrna, TN 37167	Amanda Dudley	615-768-2367
Summit Medical Center 5655 First Blvd. Hermitage, TN 37076	Emilie Fuqua	615-316-3978
Summit Outpatient Imaging 100 Physicians Way, Suite 100 Lebanon, TN 37087	Melanie Williams	615-449-1004
Sumner Regional Medical Center 555 Hartsville Pike Gallatin, TN 37066	Kendra Davis	615-328-6371
Sumner Station 225 Big Station Camp Blvd., Suite 2 Gallatin, TN 37066	Michelle Ross	615-328-3350
Tennessee Maternal Fetal Medicine (Nashville) 201 23rd Ave. Nashville, TN 37203	Chelsea Bryant	615-284-8636
Tennessee Maternal Fetal Medicine (Franklin) 100 Covey Drive, Suite 207 Franklin, TN 37067	Cheri Moore	615-284-8636
Tennessee Maternal Fetal Medicine (Mt. Juliet) 5002 Crossings Cir, Suite 350 Mt. Juliet, TN 37122	Liz Fox	615-284-8636
Tennova Clarksville 651 Dunlop Lane Clarksville, TN 37040	Wendy Crawford	931-502-1000
Tennova Clarksville—Vascular Lab 651 Dunlop Lane Clarksville, TN 37040	TBD Clinical Instructor	931-502-5058
TJ Samson 310 N. L Rogers Wells Boulevard Glasgow, KY 42141	Tracey Tomko	270-404-0636

VI. CLINICAL EDUCATION ATTENDANCE

During the clinical education course sequence, students experience at least five (5) different clinical rotations. Students attend clinical education 2-3 days per week depending on the course. Students are expected to adhere to a schedule consistent with the expectations of the clinical education center for a registered diagnostic medical sonographer working an 8-hour shift. Exact start and end times, lunch and break schedules, etc. are determined by the clinical education center. Clinical education centers are expected to schedule students for an 8-hour clinical day per semester hour of academic credit. Total student contact hours must **NOT** exceed 40 hours/week.

1. CLINICAL ROTATION MASTER PLAN

Semester	Course	Credit Hours	Total Clinical Contact Hours
Fall I	SONO 2006C - Clinical Education I	4	300
Spring	SONO 2016C - Clinical Education II	4	360
Summer	SONO 2026C - Clinical Education III	4	288
Fall II	SONO 2036C - Clinical Education IV	4	360
Total	DMS Program	16	1,308

2. CLINICAL PLACEMENTS

- Students are informed of their next clinical site in advanced. The schedule is distributed to students and the Clinical Education Centers at the same time.
- In conjunction with the Program Director, the Clinical Coordinator determines clinical site placement based on the individual learning needs of the student. Location, preferences, employment opportunities, or convenience will **NOT** influence placement.

3. CLINICAL EDUCATION PLAN CORRELATION WITH DIDACTIC AND LABORATORY CURRICULUM

Clinical education is correlated with didactic and laboratory courses each academic semester. Each clinical course is designed to place students into a clinical environment that will provide adequate clinical cases, ARDMS registered sonographers, and ultrasound equipment as defined by the Standards and Guidelines of the Joint Review Committee on Education in Diagnostic Medical Sonography consistent with the instruction previously or concurrently provided to the student (i.e., Abdominal, Ob/Gyn, Vascular).

Clinical correlation is achieved by the requirement that students' study, participate, provide feedback, and successfully meet didactic assessment standards at least an 80.0% level for each course. Laboratories are held in the ultrasound laboratory at VSCC and are closely correlated with each didactic course. Students are expected to observe and question demonstrations of each procedure by the faculty, practice under direct guidance, practice independently, and meet a 100% pass rate on each laboratory competency. Students then take the didactic and laboratory information into their clinical courses where they are expected to observe qualified sonographers performing each procedure, and then practice those procedures on patients until they believe they can meet the competency expectations of an ARDMS qualified sonographer. The student will then request and pass (at 100% level) a competency on each of the exam evaluations. After a competency is earned, a proficiency can be earned.

The program adheres to an education philosophy that recognizes students do not learn in a linear or outline fashion. Constructivism is an approach to teaching and learning based on the premise that cognition is the result of a mental construction in which students learn by fitting new information together with what they already know. We support this philosophy by making it possible for a student to learn how to perform a specific procedure in a clinical environment prior to its presentation in a course or laboratory at VSCC because there is a diverse range of procedures performed daily at the clinical sites. Students are permitted to achieve clinical competency before laboratory or didactic competency but are not excused from laboratory or didactic requirements.

4. CURRICULUM SEQUENCE AND INTEGRATION WITH PROCEDURES COURSES, LABORATORIES, AND CLINICAL EDUCATION COURSES

Volunteer State Community College's Diagnostic Medical Sonography program requires students to pass each course at an 80.0% level. In the first term, students only take didactic and laboratory courses until they meet the minimum required competency level for entrance into the clinical system. This assures clinical education sites that students are competent to perform basic clinical procedures the first day they attend their clinical education site. The program is designed to place students in a didactic/laboratory setting one day and a clinical setting the next in an integrated manner throughout the program. We believe this makes both faculty and clinicians responsible for detailed information on a daily basis.

5. ASSIGNMENT OF ROTATIONS

- Rotation assignments are made by the Clinical Coordinator with guidance from the Program Director.
- Students will be assigned their first clinical rotation in the Fall term of their first year after passing mandatory laboratory competencies.
- Each student will be assigned at least five (5) different clinical education sites during the length of the program.
- Students cannot receive academic credit for clinical education performed while being paid.

6. STUDENT RESPONSIBILITIES

- All students are subject to the rules and regulations established by the affiliating Clinical Education Center, the DMS program, and VSCC's policy and procedures.
- Students are responsible for their own transportation to and from their Clinical Education Center as well as all personal needs while at the institution. This includes parking expenses, identification badges, and transportation fees.

- c. All students are required to maintain valid Basic Life Support (BLS) certification (both adult and pediatric) for the duration of the program.
- d. Students are responsible for all possible costs incurred for meeting the rules, regulations, standards, and expectations of all clinical site they attend. This includes; but is not limited to, criminal background checks, drug screenings, immunizations, or other requests of clinical education sites.

7. STUDENT DIRECT SUPERVISION

- a. All diagnostic medical sonography students shall be under supervision of a registered sonographer of the American Registry of Diagnostic Medical Sonographers (ARDMS), American Registry of Radiologic Technologists (ARRT) or Cardiovascular Credentialing International (CCI) to the specific practice at all times while attending clinical education courses.
- b. Supervision is defined by CAAHEP as; “an ARDMS, ARRT, or CCI registered sonographer specific to the practice area physically present in the same room or departmental area as the student and the patient. This sonographer should review patient interactions, image acquisition, and image submission.”

8. CLINICAL EDUCATION SCHEDULES

- a. **Rotations**
 - i. The length and nature of clinical rotations will be determined by the college in coordination with the clinical education center and the campus calendar.
 - ii. The college will determine the total number of clinical hours required of each student for each rotation and/or academic term.
- b. **Scheduling**
 - i. Clinical education courses will be scheduled only during college class sessions.
 - ii. Clinical education schedules will follow the college calendar including; holidays, breaks, and class cancelations.
 - iii. Clinical education is **not** scheduled during college finals weeks or between academic terms.
- c. **Make-Up Time**
 - i. With advance approval by both the Clinical Coordinator and the clinical education center, and within the definitions of approved make up as defined below (IV:16), students may make up clinical education time outside the college’s schedule and this time will be considered part of VSCC’s clinical education schedule.
- d. **Start Time**
 - i. Start times for Clinical Education courses are set by the Clinical Instructor in coordination with the clinical site. A clinical day is variable but consists of eight hours scheduled between 6:00am and 10:00pm.
 - ii. Special assignments may be required before or after these hours on an occasional basis but assignments for these purposes must be acceptable to both the clinical education center and the student by advance agreement. Students who cannot make accommodation for these assignments may have their clinical grades affected.
 - iii. A student’s total educational contact hours may **not exceed 40 hours** per week.
 - iv. Day-to-day scheduling and room assignments will be made by the Clinical Instructor at each Clinical Education Center as best meets the educational needs of the student according to the patient care schedule for that facility. Students must remember that patients always come first and attending clinic is a privilege.
 - v. It is logistically impossible to assign all students to the same clinical activities at the same time in order to perfectly correlate didactic and laboratory with clinical instruction. Therefore, it is the students’ responsibility to work in good faith to coordinate competencies with assignments and the programs didactic and laboratory instruction. The best method of achieving this goal is to communicate details regarding which procedures have been taught to both clinical staff and Vol State faculty as needed.
- e. **Changes in Clinical Schedules**
 - i. All changes in clinical schedules must be approved in advance with VSCC’s Clinical Coordinator and the Clinical Instructor at the appropriate institution.
 - ii. Clinical schedules will not be changed to accommodate student work schedules.
 - iii. Clinical schedules may be changed to accommodate courses required for the diagnostic medical sonography program or any previously approved courses at the college when advance notice of at least two (2) weeks is given the Program Director, the Clinical Coordinator, and the Clinical Instructor.
 - iv. Students should be allowed the same time as staff sonographers in the institution for breaks and lunch.
 - v. Banking of clinical hours may be used to complete clinical education requirements in advance of missing clinical education. This may include achievement of clinical competency credits.
 - 1. Banked hours may be used to replace only those hours missed from a clinical education course for a course required by the college for a certificate or degree in Diagnostic Medical Sonography or previously approved courses and associated travel.
 - 2. This banking option may be used to plan for extended absences including pregnancy or planned medical care.
 - 3. The banking of hours may occur at any time, but banking hours may not cause a student’s schedule to exceed 40 education contact hours in any one week.
 - 4. Students must obtain written permission from the Clinical Coordinator before establishing a schedule to bank clinical time.

9. RECORD OF CLINICAL EDUCATION TIME

- a. Time records are used in all Clinical Education Centers.
- b. Time of arrival, time of departure, total lunch break time, and total time for the day must be recorded appropriately.

- c. Clinical Instructors may allow students to make-up time that has been requested upon approval from the Clinical Coordinator.
- d. All students are required to be present in their assigned areas for clinical education during the hours established with the Clinical Instructor.
- e. Students may not leave the Clinical Education Centers without notifying the Clinical Instructor or the Clinical Instructor's designee prior to leaving.
- f. Falsification of time records is considered a breach of college, program, and professional ethics. This may merit appropriate disciplinary action including dismissal from the program.

10. RECORD OF CLINICAL EDUCATION CASES

- a. Students are responsible for logging every clinical case they participate in during their clinical education.
- b. The type of exam and the student's level of participation on every case must be recorded daily.
 - i. Observed – student did not participate in scanning, patient preparation, nor submission of imaging.
 - ii. Assisted – student did not scan entire exam, but what involved in patient preparation and submission of imaging.
 - iii. Independent – Student scanned entire exam, prepared patient, and submitted imaging.
- c. Failure to accurately record clinical education cases may adversely affect the student's grade.
- d. Falsification of time records is considered a breach of college, program, and professional ethics. This may merit appropriate disciplinary action including dismissal from the program.

11. ABSENCE FROM CLINICAL EDUCATION

Students must notify the Clinical Coordinator **and** their Clinical Instructor at least one (1) hour before the scheduled start time of any absence or tardiness. Communication with the Clinical Coordinator needs to be in writing (email). This information must be noted on the Attendance Record.

All absences from clinical education are classified as either excused, unexcused, or tardy.

- a. No more than 12 hours of clinical time can be earned in any one day.
- b. No more than 40 educational contact hours per week is allowed.
- c. Clinical grading deadlines will be extended only for cancellation of clinical education, funerals, jury duty, military duty or an excused leave of absence for extenuating circumstances as approved by the Clinical Coordinator. The definitions below will be applied to these types of absences.
- d. Excused absences, as listed below, do not have to be made up but may be if the student desires additional time for competency credit completions.
 - i. Holidays are granted according to the Volunteer State Community College academic calendar.
 - ii. Cancellation of clinical education by the Program Director, VSCC, or the Clinical Education Center.
 - iii. Students are not required to attend clinical education on days when VSCC announces the cancellation of classes due to extreme weather or other qualifying event(s).
- e. Announcements will be made on the VSCC website as well as on local news and radio programming. For weather-related closing information call 615-452-8600.
- f. Any absence from a clinical site requires the student to notify the Clinical Coordinator and the Clinical Education site.

12. EXCUSED ABSENCES

Upon advanced approval by the Clinical Coordinator, the following excused absences may be granted:

- a. Funeral leave
 - i. Up to two (2) days in case of death in the immediate family.
 - ii. Immediate family is defined as spouse, child, parent, grandparent, brother, or sister, brother or sister-in-law, mother or father-in-law, nephew or niece.
 - iii. Proof of death is required in the form of a published notice (newspaper or funeral home announcement), death certificate, or other notice as approved by the Clinical Coordinator.
- b. Jury duty
- c. Military duty
- d. Hazardous weather leave may be taken up to 4 half-days (2 days total). These half-days are allowed in order to permit students to go home early when weather deteriorates during the day or to stay home for part of a day until roads are safer for travel. This policy is designed to encourage students to avoid driving in poor weather conditions while granting a half-day credit to students who are able to attend part of a clinical day due to improved or deteriorating weather conditions in their specific area.
 - i. A half day is defined as 4 hours.
 - ii. All other policies apply, including notifying both Clinical Education Center and the Clinical Coordinator in advance of an absence or half-day absence.
- e. Attendance at professional meetings, taking national board exams, or other VSCC student activities when approved in advance by the Program Director.
- f. Excused leave of absence may also be granted to individuals in extenuating circumstance. These are determined by the Program Director.

13. UNEXCUSED ABSENCES ARE PERMITTED ONLY AS LISTED BELOW:

- a. One (1) unexcused absence is permitted per rotation and two (2) unexcused absences are permitted per term without penalty, but clinical time may be made up with approval from the Clinical Instructor and Clinical Coordinator.

- b. Illness is considered an unexcused absence unless extenuating circumstances apply. Do not expect approval of extenuating circumstances for illness unless you have an, physician–documented absence. Normal illness, physician appointments, etc. should be handled within the provisions for an unexcused absence.
- c. Excessive or unwarranted unexcused absences may result in corrective action. Determination of excessive or unwarranted unexcused absences will be determined by the Program Director with the guidance of the Clinical Coordinator and Clinical Instructor.

14. TARDINESS

Tardiness is defined as arriving more than 10 minutes late or leaving more than 10 minutes early. Clinical Instructors may define the exact place where arrivals and departures are permitted.

- a. Tardiness of one hour or more (late arrival or early departure) is considered an unexcused absence.
- b. Students are required to notify the Clinical Instructor and Clinical Coordinator of tardiness the day it occurs.
- c. Additional corrective action may be taken for repeated tardiness as outlined in the corrective action section of this manual.

The basic actions are as follows:

- 2nd tardy per semester - verbal warning
- 3rd tardy per semester - written warning
- 4th tardy per semester - action plan created with Program Director and Clinical Coordinator
- 5th tardy per semester - failure of course with letter grade of "F"

15. SUSPENSION

- a. Students suspended for any reason are **not** permitted to make up missed clinical time as a result of the suspension.

16. OTHER UNANTICIPATED LIMITATIONS TO CLINICAL ATTENDANCE

- a. Acts of God or other unanticipated limitations to clinical attendance (such as labor strikes, construction, etc.) cannot be anticipated by the college and will be considered an excused absence.
- b. The college will attempt to place all students affected by unanticipated limitation to clinical attendance at another appropriately recognized clinical education center.
- c. Students will not be allowed to reduce the total clinical education time due to unanticipated limitation to clinical attendance. It is possible that students may have to make arrangements to attend clinical education during additional terms due to unanticipated limitations to clinical attendance. All students are expected to achieve the same level of attendance in all clinical courses.

17. MAKE-UP TIME

- a. Make-up clinical times and dates must be submitted to the Clinical Instructor in writing and in advance.
- b. Make-up time may not begin without approval of the Clinical Instructor and Clinical Coordinator.
- c. Make-up time may occur any time but may not cause a student schedule to exceed 40 educational contact hours in any one week or 12 hours in any one day.
- d. Competencies, proficiencies, and other grading components may be achieved during make up days if they are completed at least one (1) week before the end of the current academic grading term.

18. VACATIONS AND OTHER ABSENCES

- a. Vacations and other absences are strongly discouraged and are not eligible for make-up time with competency privileges.

VII. CLINICAL EDUCATION RULES

The overall guideline for all clinical education rules is that students are expected to conduct themselves in a professional manner at all times during their clinical education. These rules simply indicate the exact elements of professional behavior and conduct expected of all VSCC DMS students.

1. HEALTH COMPLIANCE

As mandated by the clinical education centers, all DMS students are required to meet all health compliance requirements in order to attend and participate in clinical education courses. This includes, immunizations, titers, basic life support certification (adult and infant), tuberculous screenings, criminal background checks, 10-panel drug screenings, and a number of other site-specific requirements. These requirements should be submitted electronically to myRecordTracker. No student will be allowed to attend clinical courses until all health compliance requirements are met.

Students should NOT send medical records directly to faculty or staff of VSCC, we do not maintain student medical records.

During the course of the program several health compliance requirements will expire. It is the student's responsibility to maintain compliance to all requirements. Failure to maintain compliance will result in the student not being allowed to attend clinical courses.

Any student, at any time during the program, may be required to submit a 10-panel drug screening at the expense of the student.

2. CLINICAL CONDUCT

In addition to being able to follow the rules and regulations established by the clinical education center, students are also expected to follow the Society of Diagnostic Medical Sonographers Code of Ethics, cooperate with the Patient Care Partnership of American Hospital Association's "Patients' Bill of Rights" and to:

- a. Consider all aspects of the Diagnostic Medical Sonography program in the Clinical Education Centers and all information concerning patients to be totally confidential. **THESE ASPECTS ARE NOT TO BE DISCUSSED WITH OTHER STUDENTS, FRIENDS, OR FAMILY OUTSIDE OF THE CLINICAL EDUCATION CENTER.** Violation of this professional trust will result in charges of misconduct from the college and/or may result in legal action from the victims of your actions. There are severe penalties for violating patient's right to confidentiality. Students are responsible for their own actions under these laws (which include all HIPAA regulations). Students are strongly advised to adhere to generic descriptions of all patients, health care professionals, and other medical staff when completing assignments involving clinical experiences. Never use the name or a unique description of a patient or professional that is specific enough to violate their confidentiality rights.
- b. Students are not permitted in hospitals or other health care institutions during non-clinical education hours unless on specific business not related to Vol State's DMS program.
- c. Avoid personal telephone calls on institutional phones except in case of emergency. Personal or public telephones are to be used for all non-institutional business. Many health care institutions have specific policies about cell phones, and you are responsible to make sure your phone is turned off in those areas.
- d. The use of tobacco, alcohol, non-prescription stimulant or depressant substances is not permitted during clinical education courses. The use of prescription substances may also be restricted during clinical education courses. Check with your Clinical Coordinator before attending any clinical assignments under the influence of any drug. Clinical education center policies and procedures apply to these rules in addition to all college policies and procedures.
- e. Your clinical education experience is designed to encourage and foster responsibility in a professional and an ethical environment and this includes behavior such as cooperation, accepting constructive criticism, and dependability.
- f. Patterns of behavior indicating an attitude of irresponsibility to self, patient, profession, college, or clinical site may result in dismissal of a student from a clinical site or the entire program.

3. DRESS CODE

- a. The official Volunteer State Community College clinical uniform consists of a white lab jacket with long sleeves to be worn over a white scrub top with navy scrub bottoms and closed toed shoes with muted colors.
- b. Clinical uniforms must be kept clean, wrinkle-free, and be of appropriate size.
- c. Coats, jackets, and sweatshirts are prohibited. If a student needs warmer clothes, white undershirts and/or white lab jackets may be worn.
- d. Lab jackets must have the Volunteer State Community College patch sown on the left arm sleeve, two (2) inches below the shoulder seam. The patch must be visible at all times. These can be purchased at the VSCC bookstore.
- e. Clothes worn under scrubs must adhere to usual, acceptable, and reasonable dress as defined by the Clinical Instructor.
- f. Students not adhering to institutional standards for dress may be removed from clinical education sites until their dress meets these requirements. Clinical education time lost as a result of dress code violations is considered an unexcused absence.
- g. Pins, badges, and other symbols are prohibited during clinical education. This includes holiday, spirit, political, or any other non-professional items.
- h. Students must wear clean white, black, or grey enclosed shoes at all times. Clogs or open back shoes are prohibited.
- i. Tattoos must remain covered at all times.

4. GROOMING RULES

- a. Clean and pressed scrubs should be worn every day while attending clinic.
- b. Cosmetics and perfumes/colognes should be worn in extreme moderation.
- c. No glitter or scented lotions may be worn.
- d. Long hair should be restrained by being tied back or pulled up.
- e. Facial hair should be kept neat and well groomed.
- f. Large, loud, or flashy jewelry is not permitted.
- g. Body piercing are not permitted. (i.e. tongue, eyebrow, lip, nose rings)
- h. Students engaged in clinical education are in close proximity with patients, sonographers, and doctors; acceptable personal hygiene must be maintained at all times.
- i. Students may be required to remove jewelry or other items before being allowed into specific situations (i.e. operating rooms, MRI exam rooms, trauma rooms, etc.).
- j. Fingernails should be kept trimmed and neat with no colored nail polish. No artificial nails, tips, or acrylics are to be worn at any time.

5. NAME BADGES

Each student is required to wear an approved name badge stating their first name, their last name, and the word "Student" along with the Volunteer State Community College logo. A VSCC student clinical identification badge will be provided to each student.

6. INCIDENTS

It is very important that hospitals have a record of all incidents in case of litigation. The prescribed format must be followed according to hospital policies for reporting incidents:

- a. An institutional incident report and a VSCC incident report must be completed and submitted immediately.
- b. A copy of the institutional incident report must be requested by the student and sent to the Clinical Coordinator.
- c. Students will be subject to corrective action for failure to follow this procedure.

7. PATIENTS WITH INFECTIOUS DISEASES

Students are required to follow the exact procedures established by our Clinical Education Centers (standard precautions, blood borne pathogen precautions, ionizing radiation protocols, etc.) in caring for these patients.

Students are required to report any contact with a communicable disease in accordance with the policies of the Clinical Education Center in which the contact occurs and notify the Clinical Coordinator.

8. STUDENTS WITH INFECTIOUS DISEASES

Students with an infectious disease (which includes; but not limited to, a common cold, bedbugs, flu, Covid-19, etc.) may **not** attend clinical courses. They should inform both the Clinical Instructor and the Clinical Coordinator immediately upon diagnosis. They may not return to a clinical education center until a doctor's release has been presented to the Clinical Coordinator. Absence due to infectious disease is considered unexcused until extenuating circumstances are granted by the Clinical Coordinator or Program Director.

As future health care professionals, students have a moral, ethical, and professional responsibility to protect patients from infectious diseases. If a student suspects they are infections, they should not attend clinic.

In incidences of an epidemic or pandemic of an infectious disease the course may drastically change. This includes but is not limited to; the course schedule, the course delivery method, the course assignments and requirements, etc.

9. HEALTH SERVICES

Emergency medical services will be provided by the Clinical Education Centers when needed but students are responsible for payment for all services rendered by the institution.

10. NOTICES

Students are responsible for all information posted to class email list servers, announced in class, posted on eLearn, or posted on the bulletin board in the DMS classroom (S-225) regardless of class, laboratory, or clinic attendance. Students can always contact the instructor about any notices given during a missed class.

11. AMBIDEXTROUS SCANNING

Musculoskeletal (MSK) injuries are nearing epidemic proportions among sonographers with current research indicating more than 90% of sonographers scan in pain on a daily basis. To help combat this, students are required to scan ambidextrously in lab and clinic.

VIII. INSURANCE

1. MALPRACTICE

- a. All students must be covered under a malpractice insurance policy prior to beginning clinical education.
- b. Volunteer State Community College requires both professional and personal liability insurance for students while engaged in student clinical activities.
- c. As a VSCC DMS student, professional and personal liability insurance is provided through Vol State.
- d. These policies do not cover students while working outside of their assigned clinical education hours or site.
- e. Additional student malpractice insurance is available privately.

2. HEALTH

- a. Neither the Clinical Education Centers nor Volunteer State Community College assumes responsibility for any medical expenses that may be incurred by a student for incidents occurring during clinical education (i.e., puncture wounds from contaminated needles, contagious diseases, etc.). Therefore, students in the DMS program must be covered by a health insurance policy during the entire duration of the program.
 - i. The student must inform the Program Director and Clinical Coordinator immediately should coverage be discontinued for any reason.
 - ii. If the student does not have comprehensive personal health/accident insurance, they will be prevented from participating in clinical education courses.

IX. STUDENT CORRECTIVE ACTION

To maintain the high standards of a health care professional, any student may be subjective to the following disciplinary actions.

1. Disciplinary Actions

- a. **Warning**
 - i. First offense - A formal verbal warning will be given and documented.
 - ii. Second offense - A formal written warning will be given and documented.
 - iii. Third offense - Disciplinary action will be taken (probation, suspension, or dismissal)
- b. **Probation**
 - i. Probation involves a set of expectations and a list corrective actions that must occur over a set period of time.
 - ii. If the student fails to meet these expectations, they may be dismissed from the program.
- c. **Suspension**
 - i. Students may be suspended from the clinical education center or from campus activities for investigatory purposes following a breach or an alleged breach of the programs, colleges, or clinical sites policies.

- ii. Temporary suspension from a clinical education center may be imposed as a disciplinary measure for failure to meet proper standards of conduct.
 - iii. Suspension from a clinical education center may result in the inability of the student to complete the course objective and/or mandatory competencies.
 - iv. The Dean of Health Sciences will review all suspensions.
- d. **Dismissal**
- A student may be dismissed from the program for violating the policies in this handbook, the college's student handbook, or any of the following:
- i. Disclosure of confidential information
 - ii. Falsification of records
 - iii. Excessive warnings (any combination of 3 verbal and/or written warning)
 - iv. Repetitive tardiness or excessive absences
 - v. Insubordination
 - vi. Conviction of a crime
 - vii. Possession of a firearm while on institutional grounds or in a clinical education center
 - viii. Malicious damage or theft of VSCC equipment
 - ix. Unethical, immoral, or unprofessional behavior or conduct
 - x. Any incident deemed critical by the Program Director

2. DISMISSAL FROM CLINICAL EDUCATION

- a. A student may be dismissed from a clinical education center immediately with recommendations for advising or charges of misconduct forwarded to the Program Director and the Clinical Coordinator by any clinical education center employee for any of the following reasons:
 - i. Insubordination to institutional or college personnel
 - ii. Failure to comply with the policies, rules, and regulations of the institution or college
 - iii. Unprofessional conduct
 - iv. Unauthorized schedule changes
- b. Dismissal from clinical education for misconduct is an unexcused absence and cannot be made up.
- c. Students may not return to a clinical education center until they have received written permission from the Clinical Instructor, the Clinical Coordinator, and the Program Director.

3. STUDENT GRIEVANCE PROCEDURE

- a. Student who are unsatisfied with conditions or procedures during didactic, laboratory, or clinical education courses should use the following chain-of-command to seek redress:
 - i. The person who caused the problem.
 - ii. The sonographer/instructor who is directly supervising the student.
 - iii. The Clinical Instructor (if clinic related).
 - iv. VSCC Clinical Coordinator
 - v. VSCC Program Director
 - vi. VSCC Dean of Health Sciences
 - vii. VSCC Vice President of Academic Affairs
 - viii. VSCC President
- b. For instances where the student cannot discuss the problem with the person who caused it or when the problem is with the next person in the chain-of-command, the student may go to the next person on the list.
- c. In cases that might be considered harassment, we do **not** recommend informing the person causing the problem. Go directly to the next person in the chain-of-command.
- d. If a student disagrees with any disciplinary action, the student has the right to appeal that decision. Appeals will be handled in the following sequence:
 - i. The student must present a written and signed appeal outlining the complaint and proposed resolution to the Program Director within five (5) instructional days following the disciplinary action. The Program Director must respond within five (5) instructional days after receipt of the appeals.
 - ii. If the student does not obtain satisfactory resolution, an appeal should be made to the Dean of Health Sciences. The Dean will consult the involved parties and notify the student of the decision within ten (10) institutional days of the appeal.
 - iii. If the student does not obtain a satisfactory resolution, an appeal should be made to the Vice President of Academic Affairs within three (3) institutional days. The Vice President of Academic Affairs will review the appeal and notify the all parties of the decision within ten (10) institutional days.

X. PREGNANCY

IMPORTANT NOTE: The first 3 months of a pregnancy are the most critical time as far as exposure to ionizing radiation and personal health is concerned. Any student who believes they might be pregnant may declare a pregnancy. Students also have the right to un-declare pregnancy at any time. All pregnancy declarations and un-declarations must be in writing, dated, signed, and submitted to the Program Director. Pregnancy declarations are located in the back of this handbook.

- a. Upon declaration of pregnancy, the student is required to present to the Clinical Coordinator a written statement from her physician that indicates the expected date of delivery and her fitness for clinical education. This statement shall address any concerns or limitations of physical activities during pregnancy and must be presented within the first month following diagnosis. This statement is not intended to address any radiation safety issues.

- b. A student may choose to take a leave of absence during their pregnancy or they may continue with their clinical education.
 - i. If a student elects to participate in their clinical education courses, they must present a statement from their physician stating they are fit to participate in clinical activities to the Clinical Coordinator every 2 months. Failure to do so will result in suspension from clinical education until all proper procedures have been followed.
 - ii. If a student decides to continue her clinical education she will be expected to participate in all clinical assignments and/or duties.
- c. Student will be allowed to make up any clinical time missed due to pregnancy or immediate post-partum care.
- d. Students are allowed to bank clinical time in anticipation of missing clinic for pregnancy.
- e. Make-up time will be structured to compensate for the loss of clinical experiences during pregnancy.

XI. CLINICAL EVALUATION SYSTEM

A Registered Diagnostic Medical Sonographer (RDMS) is competent in both the art and science of sonography. The Volunteer State Community College Diagnostic Medical Sonography Program will evaluate a student's skill in these professional actions through the Clinical Evaluation Program.

1. REQUIREMENTS

Students must complete all prerequisite, mandatory, and basic patient care competencies and observations prior to graduation and are strongly encouraged to complete as many proficiencies as possible.

- a. All competencies are based on information taught during VSCC didactic courses.
- b. All prerequisites, clinical competencies, and clinical proficiencies must be completed on patients, at a clinical education center, and as part of a clinical education course. The final clinical course cannot be passed until this requirement is met.
- c. Additional clinical activities are included in the clinical grade. These activities include, but are not limited to, case studies, rounds, proficiencies, case presentations, and clinical quizzes.
- d. Clinical competencies are achieved by performing procedures on patients during clinical education.
- e. The observation and evaluation of a student's procedural skills is done by an ARDMS/CCI registered sonographer who are clinical instructors, staff sonographers, and/or college faculty.
- f. Students are responsible for arranging for a credentialed evaluator to be present during the procedure to carry out observations. This is done by asking in advance of the procedure. Students should not expect to be evaluated on a procedure until they have demonstrated their ability to perform the procedure to an acceptable level.
- g. All competency evaluations must be performed by ARDMS/CCI registered sonographers who are registered in the specialty area in which the student has requested an evaluation according to the following areas:
 - i. Abdomen: RDMS (AB), RT(S)
 - ii. Ob/Gyn: RDMS (OB), RT (S)
 - iii. Breast: RDMS(AB), RDMS (BR), RT (S)
 - iv. Neurosonology: RDMS (AB), RDMS (NE), RDMS (PS), RT (S)
 - v. Adult Echocardiography: RDCS (AE), RCS
 - vi. Pediatric Echocardiography: RDCS (PE), RCCS
 - vii. Fetal Echocardiography: RDMS (OB), RDMS (FE), RT (S), RDCS (PE), RDCS (FE), RCCS
 - viii. Vascular: RVT, RVS
- h. Student competencies may be rejected by college faculty due to failure of evaluators to note errors.
- i. When students are unable to gain reasonable access to specific mandatory competencies, a limited number of simulated competencies may be permitted through faculty evaluation in the laboratory. Simulations will be accepted on a case-by-case basis and at discretion of the Program Director and Clinical Coordinator as allowed by our accrediting body.

2. CLINICAL ADVISING PROGRAM

A Registered Diagnostic Medical Sonographer (RDMS) must also have the ability to care for patients in a professional and ethical manner. To assist in developing these skills, Volunteer State Community College's Diagnostic Medical Sonography program conducts a Clinical Advising Program in conjunction with clinical education courses.

This program is designed to assess each student's personal progress toward achieving objectives consistent with professional clinical practices specific to that student including affective behavioral characteristics. Each student is required to set personal goals/objectives for each semester.

- a. Students are required to continue to make progress toward achieving these personal goals as established by the clinical advising program each term.
- b. Clinical grades are affected by advising results only when it is determined that the student has failed to make continued and regular progress toward achieving these personal goals.
- c. Students are required to complete and submit all clinical competency documents at the end of every rotation.
- d. The required mandatory clinical competencies and clinical proficiencies are listed below in the Clinical Grading Scale.

3. PROGRAM GRADING SCALE:

Grades will be calculated and rounded to the first decimal place.

Passing Grades	Failing Grades
100.0 – 93.5% = A	79.4 – 73.5% = D
93.4 – 86.4% = B	73.4 – 0.00% = F
86.4 – 79.5% = C	

4. CLINICAL GRADE SCALE

Points	Competency Evaluations									Proficiency Evaluations							Participation
	70	65	60	55	50	45	40	35	0	20	18	15	12	10	5	0	
SONO - 2006C Clinical Education 1	>4	4	3	2	1	N/A	N/A	N/A	0	>3	3	2	1	N/A	N/A	0	
SONO - 2016C Clinical Education 2	>12	12	11	10	8	6	4	2	<2	>9	7	6	4	3	2	<2	
SONO - 2026C Clinical Education 3	>13	13	12	11	10	8	6	4	<4	>10	8	7	5	4	3	<3	
SONO - 2036C Clinical Education 4	>15	15	14	13	10	8	6	4	<4	>11	10	9	7	6	4	<4	
				Min Passing Level							Min Passing Level						

5. DESCRIPTION OF ASSIGNMENTS AND ASSESSMENT

Each clinical education course will provide each student with an adequate number of scheduled contact hours of clinical education at a sonography center under the direction of a registered diagnostic medical sonographer. Students will be required to demonstrate satisfactory clinical competencies and proficiencies.

Terminology:

Competency – Earned when a student independently performs a given protocol according to the assessment sheets and is deemed high-quality by a sonographer registered in the specific type of exam being evaluated.

Proficiency – Earned when a student consistently performs a specific protocol to competency-level multiple times.

All competency and proficiency evaluations are competency based using a modified mastery learning evaluation. This means you must pass ALL objectives to receive credit. There is no partial credit available. There is also no penalty for failure, other than you must continue to repeat each evaluation until you pass at a 100% level.

This evaluation system will include the following mandatory and optional clinical procedures:

MANDATORY CLINICAL COMPETENCIES

Required for Every Rotation

Professional Qualities # 1 Equipment
Professional Qualities # 2 Image Acquisition
Professional Qualities # 3 Patient Management
Professional Qualities # 4 Conduct & Behavior

Required for Summer and Final Fall Rotations

Professional Qualities # 5 Professional Growth & Development

Required for Graduation

Professional Qualities # 1 Equipment
Professional Qualities # 2 Image Acquisition
Professional Qualities # 3 Patient Management
Professional Qualities # 4 Conduct & Behavior
Professional Qualities # 5 Professional Growth & Development
Professional Qualities # 6 Left-Handed Scanning
Professional Qualities # 7 Portable Scanning

Abdomen # 1 Great Vessels
Abdomen # 2 Liver
Abdomen # 3 Gallbladder and Biliary System
Abdomen # 4 Pancreas
Abdomen # 5 Retroperitoneal/Peritoneal/Pleural Cavities
Abdomen # 6 Spleen
Abdomen # 7 Urinary Tract
Abdomen # 8 Abdomen RUQ
Abdomen # 9 Abdomen Complete
Abdomen #10 Male Pelvis

Superficial Structures # 11 Scrotum
Superficial Structures # 12 Soft Tissue
Superficial Structures # 13 Thyroid /Parathyroid
Superficial Structures # 14 Breast
Superficial Structures # 15 Breast Pathology
Superficial Structures # 21 Guidance Procedures

GYN # 1 Transabdominal Pelvis
GYN # 2 Transvaginal Pelvis
GYN # 3 Pelvis Pathology (Transabdominal and Transvaginal)

OB # 4 First Trimester
OB # 5 Second Trimester - Fetal Environment & Biometry
OB # 6 Second Trimester - Fetal Head & Face
OB # 7 Second Trimester - Fetal Head and Thorax
OB # 8 Second Trimester - Fetal Abdomen and Extremities
OB # 9 Third Trimester - Biophysical Profile
OB # 10 Third Trimester - Fetal Environment & Biometry

Vascular # 10 Lower Extremity Venous Duplex Testing
Vascular # 11 Upper Extremity Venous Duplex Testing

Optional Competencies

Advanced Examination # 16 Adrenal Glands
Advanced Examination # 17 Gastrointestinal
Advanced Examination # 18 Prostate
Advanced Examination # 19 Transplants
Advanced Examination # 20 Musculoskeletal
Advanced Examination # 21 Guidance Procedures

OB/GYN # 12 Invasive Procedures

Vascular # 1 Examination Preparation and Evaluation
Vascular # 2 Abdominal Doppler
Vascular # 3 Lower Extremity Arterial Duplex Testing
Vascular # 4 Lower Extremity Arterial Indirect Testing
Vascular # 5 Upper Extremity Arterial Duplex Testing
Vascular # 6 Upper Extremity Arterial Indirect Testing
Vascular # 7 Carotid
Vascular # 8 Graft Hemodialysis
Vascular # 9 Graft Peripheral
Vascular # 12 Venous Valve Incompetence
Vascular # 13 Venous Mapping
Vascular # 14 Penile Sonography
Vascular # 15 Transcranial Doppler

Your program handbook will indicate which semester each one of the Professional Qualities are to be completed. These forms should be printed and kept in a notebook. The notebook will accompany you in the labs and in the clinical setting. They are to be completed by a registered sonographer who is registered in the specific specialty you are requesting the evaluation. You are to keep these master forms and **copies will be turned into your Clinical Coordinator at the end of each rotation.

XI. SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHERS CODE OF ETHICS

Code of Ethics for the Profession of Diagnostic Medical Sonography

Approved by SDMS Board of Directors, December 6, 2006

PREAMBLE

The goal of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers. In so doing, the integrity of the profession of diagnostic medical sonography will be maintained.

OBJECTIVES

1. To create and encourage an environment where professional and ethical issues are discussed and addressed.
2. To help the individual diagnostic medical sonographer identify ethical issues.
3. To provide guidelines for individual diagnostic medical sonographers regarding ethical behavior.

PRINCIPLES

Principle I: In order to promote patient well-being, the diagnostic medical sonographer shall:

- A. Provide information to the patient about the purpose of the sonography procedure and respond to the patient's questions and concerns.
- B. Respect the patient's autonomy and the right to refuse the procedure.
- C. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.
- D. Promote the privacy, dignity and comfort of the patient by thoroughly explaining the examination, patient positioning and implementing proper draping techniques.
- E. Maintain confidentiality of acquired patient information, and follow national patient privacy regulations as required by the "Health Insurance Portability and Accountability Act of 1996 (HIPAA)."
- F. Promote patient safety during the provision of sonography procedures and while the patient is in the care of the diagnostic medical sonographer.

Principle II: To promote the highest level of competent practice, diagnostic medical sonographers shall:

- A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.
- B. Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the National Commission for Certifying Agencies (NCCA); <http://www.credentialingexcellence.org/ncca> or the International Organization for Standardization (ISO); <http://www.iso.org/home.html>
- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- D. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.
- E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and re-credentialing.
- F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
- G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
- H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

Principle III: To promote professional integrity and public trust, the diagnostic medical sonographer shall:

- A. Be truthful and promote appropriate communications with patients and colleagues.
- B. Respect the rights of patients, colleagues and yourself.
- C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
- D. Accurately represent his/her experience, education and credentialing.
- E. Promote equitable access to care.
- F. Collaborate with professional colleagues to create an environment that promotes communication and respect.
- G. Communicate and collaborate with others to promote ethical practice.
- H. Engage in ethical billing practices.
- I. Engage only in legal arrangements in the medical industry.
- J. Report deviations from the Code of Ethics to institutional leadership for internal sanctions, local intervention and/or criminal prosecution. The Code of Ethics can serve as a valuable tool to develop local policies and procedures.

XII. Scope of Practice and Clinical Standards of the Diagnostic Medical Sonographer

SCOPE OF PRACTICE

In May 2013, representatives of sixteen organizations came together to begin the process revising the existing Scope of Practice and Clinical Practice Standards. Thus began a process that engaged the participating organizations in an unrestricted dialogue about needed changes. The collaborative process and exchange of ideas has led to this document, which is reflective of the current community standard of care. The current participants recommend a similar collaborative process for future revisions that may be required as changes in ultrasound technologies and healthcare occur.

PARTICIPATING ORGANIZATIONS

The following organizations participated in the development of this documents. Those organizations that have formally endorsed the document are identified with the symbol “†”. Supporting organizations are identified with the “*” symbol.

- American College of Radiology (ACR) *
- American Congress of Obstetrics and Gynecologists (ACOG) *
- American Institute of Ultrasound in Medicine (AIUM) *
- American Registry of Radiologic Technologists (ARRT) *
- American Society of Echocardiography (ASE) †
- American Society of Radiologic Technologists (ASRT) *
- Cardiovascular Credentialing International (CCI) †
- Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) †
- Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) *
- Society of Diagnostic Medical Sonography (SDMS) †
- Society of Radiologist in Ultrasound (SRU) *
- Society of Maternal-Fetal Medicine (SMFM) †
- Society of Vascular Surgery (SVS) †
- Society for Vascular Ultrasound (SVU) †
- Sonography Canada (formerly the Canadian Society of Diagnostic Medical Sonography) *
- American College of Phlebology *

LIMITATION AND SCOPE

Federal and state laws, accreditation standards, and lawful facility policies and procedures supersede these standards. A diagnostic medical sonographer, within the boundaries of all applicable legal requirements and restrictions, exercises individual thought, judgement, and discretion in the performance of an examination taking into account the facts of the individual case.

This document is intended to set forth the standards in major areas of the diagnostic medical sonographer’s responsibilities. It does not cover all areas or topic that may present themselves in actual practice. In addition, technological changes or changes in medical practice may require modification of the standards.

Disclaimer: This document is provided without any representations or warranties, express or implied. The participating and endorsing organizations expressly disclaim all liability to any party of the accuracy, completeness, or availability of this document, or for damages arising out of the use of this document and any information it contains.

SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER

The purpose of this document is to define the scope of practice and clinical standards for diagnostic medical sonographer and describe their role as members of the healthcare team. Above all else, diagnostic medical sonographers act in the best interest of the patient.

DEFINITION OF THE PROFESSION

Diagnostic medical sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, obstetrics/gynecology sonography, pediatric sonography, phlebology sonography, vascular technology/sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer:

- Functions as a delegated agent of the physician; and
- Does not practice independently

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvements that increase knowledge and technical competence. Diagnostic medical sonographer use independent, professional, ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

A fundamental approach to the safe use of diagnostic medical ultrasound is to apply elements of the *As Low As Reasonably Achievable* ("ALARA") *Principal* including lowest output power and the shortest scan time consistent with acquiring the required diagnostic information. The diagnostic medical sonographer uses proper patient positioning, tools, devices, equipment adjustments, and ergonomically correct scanning techniques to promote patients comfort and prevent compromised data acquisition or musculoskeletal injury to the diagnostic medical sonographer.

DIAGNOSTIC MEDICAL SONOGRAPHER CERTIFICATION/CREDENTIALING

A diagnostic medical sonographer must be competent in any sonographic procedure they perform. Certification by a sonography credentialing organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute-International Organization for Standardization (ANSI-ISO) represents "standard of practice" in diagnostic sonography.

Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers in different areas of sonography specialization are markedly different. If performing procedures in any of the following primary areas of sonography specialization, a diagnostic medical sonographer must demonstrate competence in the specialty area(s) through appropriate education, training, and certification:

1. Abdominal Sonography
2. Obstetrical/Gynecological Sonography
3. Cardiac Sonography
4. Vascular Technology/Sonography

If the diagnostic medical sonographer specializes or regularly performs procedures in secondary area(s) of specialization (e.g. breast sonography, fetal cardiac sonography, musculoskeletal sonography, pediatric sonography, phlebology sonography, etc.), the diagnostic medical sonographer should demonstrate competence through certification in the area(s) of practice by a nationally recognized sonography credentialing organization. Employers and accrediting organizations should require maintenance of diagnostic medical sonographer certification in all areas of practice.

NOTE: Temporary or short-term situational exceptions to the certification standard of practice may be necessary (in accordance with applicable federal and state laws and facility policy). For example:

1. Students enrolled in an accredited educational program who are providing clinical services to patients under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider;
2. Sonographers who are cross-training in a new sonography specialty area under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider; and
3. Sonographer who are providing emergency assessment in an urgent care environment where an appropriately certified sonographer is not available in a timely manner.

DIGNAOTIC MEIDAL SONOGRAPHY CLINICAL STANDARDS

Standards are designed to reflect behavior and performance levels expected in clinical practice for the diagnostic medical sonographer. These clinical standards set forth the principles that are common to all of the specialties within the larger category of the diagnostic sonography profession. Individual specialties or clinical areas may extend or refine, but not limit, these general principals according to their specific practice requirements.

SECTION 1

STANDARD – PATIENT INFORMATION ASSESSEMNT AND EVALUATION:

- 1.1 Information regarding the patients' past and present health status is essential in providing appropriate diagnostic information. Therefore, pertinent data related to the diagnostic sonographic procedure should be collected and evaluated to determine its relevance to the examination. The diagnostic medical sonographer:
 - 1.1.1 Verifies patient identification and that the requested examination correlates with the patient's clinical history and presentation. In the event that the requested examination does not correlate, either the supervising physician or the referring physician will be notified.
 - 1.1.2 In compliance with privacy and confidentiality standards, interviews of the patients or their representative, and/or reviews the medical record to gather relevant information regarding the patient's medical history and current presenting indications for the study.
 - 1.1.3 Evaluates any contraindication, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination and associated procedures.

STANDARD – PATIENT EDUCATION AND COMMUNICATION:

- 1.2 Effective communication and education are necessary to establish a positive relationship with the patient or the patient's representative, and to elicit patient cooperation and understanding of expectations. The diagnostic medical sonographer:
 - 1.2.1 Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner that can be easily understood by the patient and other healthcare providers.
 - 1.2.2 Explains the examination and associated procedures to the patient and responds to patient questions and concerns.

- 1.2.3 Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare professional.

STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION:

- 1.3 The most appropriate protocol seeks to optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the diagnostic objective of the examination. The diagnostic medical sonographer:
 - 1.3.1 Integrates medical history, previous studies, and current symptoms in determining the appropriate diagnostic protocol and tailoring the examination to the needs of the patient.
 - 1.3.2 Performs the examination under appropriate supervision, as defined by the procedure.
 - 1.3.3 Uses professional judgment to adapt the protocol and consults appropriate medical personnel, when necessary, to optimize examination results.
 - 1.3.4 Confers with the supervising physician, when appropriate, to determine if intravenous contrast is necessary to enhance image quality and obtain additional diagnostic information.
 - 1.3.5 With appropriate education and training, uses proper technique of intravenous line insertion and administers intravenous contrast according to facility protocol.

STANDARD – IMPLEMENTATION OF THE PROTOCOL:

- 1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. The diagnostic medical sonographer:
 - 1.4.1 Implements a protocol that falls within established procedures.
 - 1.4.2 Elicits the cooperation of the patient to carry out the protocol.
 - 1.4.3 Adapts the protocol according to the patient's disease process or condition.
 - 1.4.4 Adapts the protocol, as required, according to the physical circumstances under which the examination must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room, etc.)
 - 1.4.5 Monitors the patient's physical and mental status.
 - 1.4.6 Adapts the protocol according to changes in the patient's clinical status during the examination.
 - 1.4.7 Administers first aid or provides life support in emergency situation.
 - 1.4.8 Performs basic patient care tasks, as needed.
 - 1.4.9 Recognizes sonographic characteristics of normal and abnormal tissues, structures, and blood flow; adapts protocol as appropriate to further assess findings; adjusts scanning technique to optimize image quality and diagnostic information.
 - 1.4.10 Analyzes sonographic findings throughout the course of the examination so that a comprehensive examination is completed and sufficient data is provided to the supervising physician to direct patient management and render a final interpretation.
 - 1.4.11 Performs measurements and calculations according to facility protocol.

STANDARD – EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:

- 1.5 Careful evaluation of examination results in the context of the protocol is important to determine whether the goals have been met. The diagnostic medical sonographer:
 - 1.5.1 Establishes the examination, as performed, complies with applicable protocols and guidelines.
 - 1.5.2 Identifies and documents any limitations to the examination.
 - 1.5.3 Initiates additional scanning techniques or procedures (e.g., administering contrast agents) when indicated.
 - 1.5.4 Notifies supervising physician when immediate medical attention is necessary, based on examination findings and patient condition.

SECTION 2

STANDARD – IMPLEMENT QUALITY IMPROVEMENT PROGRAMS:

- 2.1 Participation in quality improvement program is imperative. The diagnostic medical sonographer:
 - 2.1.1 Maintains a safe environment for patients and staff.
 - 2.1.2 Performs quality improvement procedures to determine that equipment operates at optimal levels and promote patient safety.
 - 2.1.3 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adhere to protocols.
 - 2.1.4 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence base literature, or accepted guidelines.

STANDARD – QUALITY OF CARE:

- 2.2 All patients expect and deserve optimal care. The diagnostic medical sonographer:
 - 2.2.1 Works in partnership with other healthcare professionals.
 - 2.2.2 Reports adverse events.

SECTION 3

STANDARD – SELF-ASSESSMENT:

- 3.1 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge, and skills. The diagnostic medical sonographer:
 - 3.1.1 Recognizes strength and uses them to benefit patients, coworkers, and the profession.
 - 3.1.2 Recognizes weakness and limitations and performs procedures only after receiving appropriate education and supervised clinical experience in any deficient area(s).

STANDARD – EDUCATION:

3.2 Advancements in medical science and technology occur very rapidly, requiring an on-going commitment to professional education. The diagnostic medical sonographer:

- 3.2.1 Obtains and maintains appropriate professional certification/credential in area(s) of clinical practice.
- 3.2.2 Recognizes and takes advantage of opportunities for educational and professional growth.

STANDARD – COLLABORATION:

3.3 Quality patient care is provided when all members of the healthcare team communicate and collaborate efficiently. The diagnostic medical sonographer:

- 3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team.
- 3.3.2 Communicates effectively with members of the healthcare team regarding the welfare of the patients.
- 3.3.3 Shares knowledge and expertise with colleagues, patients, students, and members of the healthcare team.

SECTION 4

STANDARD – ETHICS:

3.4 All decisions made and actions taken on behalf of the patient adhere to ethical standards. The diagnostic medical sonographer:

- 3.4.1 Adheres to accepted professional ethical standards.
- 3.4.2 Is accountable for professional judgements and decisions.
- 3.4.3 Provides patient care with equal respect for all.
- 3.4.4 Respects and promotes patient rights, provides patient care with respect for patient dignity and needs, and acts as a patient advocate.
- 3.4.5 Does not perform sonographic procedures without a medical indication, except in educational activities.
- 3.4.6 Adheres to this scope of practice and other professional documents.

APPENDIX A. GLOSSARY

ALARA: an acronym for *As Low As Reasonably Achievable*, the fundamental principle for the safe use of diagnostic medical ultrasound is to use the lowest output power and the shortest scan time consistent with acquiring the required diagnostic information.

Certification: designates an individual has demonstrated through successful completion of a specialty certification examination requires knowledge, skill, and competencies, and met other requirements established by a sonography credentialing organization. Certification also is intended to measure or enhance continued competence through recertification or renewal requirements.

Credential: the recognition awarded to an individual who has met the initial (and continuing) knowledge, skills, and competencies requirements of a sonography credentialing organization.

Education: the process undertaken to gain knowledge of facts, principles, and concepts. Education encourages problem solving, critical thinking, and application of the facts, principles, and concepts learned.

Examination: one or more sonographic or related procedures performed to obtain diagnostic information that aids in the verification of health or identification of diseases or abnormalities.

Interpreting Physician: the physician (e.g., radiologist, cardiologist, gynecologist, obstetrician, vascular surgeon, etc.) who evaluates the results of the diagnostic examination and provides the final report of the findings that is included in the patient's medical record.

Procedure: a specific action or course of actions to obtain specific diagnostic information often associated with a reimbursement procedure code.

Protocol: a written, standardized series of steps that are used to acquire data when performing a diagnostic sonographic examination and its associated procedures.

Referring Physician: a physician who orders a diagnostic examination or refers the patient to a specialized facility for a diagnostic examination. In some clinical environments, the referring and supervising physician may be the same person.

Sonography Credentialing Organization: an organization that is accredited by the National Commission of Certifying Agencies (NCCA) of the American National Standards Institute-Internal Organization for Standardization (ANSI-ISO) that awards sonography credentials upon successful completion of competency-based certification examination(s). Also known as a sonography "registry".

Supervising Physician: a physician who provides overall medical direction of the sonographer but whose physical presence may not necessarily be required during the performance of a diagnostic examination. The supervising physician is available to review examination procedures and to offer direction and feedback. In some clinical environment, the supervising and interpreting physician may be the same person.

Training: the successful completion of didactic and clinical education necessary to properly perform a procedure in accordance with accepted practice standards. While closely related to education, training is undertaken to gain specific skills.

XIII. The Patient Care Partnership

Replacing the AHA's Patients' Bill of Rights, the Patient Care Partnership was adopted by the American Hospital Association in 2011. This informs patients about what they should expect during their hospital stay with regard to their rights and responsibilities.

- **High quality hospital care.**

Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

- **A clean and safe environment**

Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

- **Involvement in your care.**

You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:

- **Discussing your medical condition and information about medically appropriate treatment choices to make informed decisions with your doctor, you need to understand:**

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.
- The financial consequences of using uncovered services or out-of-network providers.

- **Discussing your treatment plan.**

When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

- **Getting information from you.**

Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

- **Discussing your treatment plan.**

When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

- **Understanding your health care goals and values.**

You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team knows your wishes.

- **Understanding who should make decisions when you cannot.**

If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a "living will" or "advance directive" that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

- **Protection of your privacy.**

We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that is part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

- **Help when leaving the hospital.**

Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

- **Help with your billing claims.**

Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

CLINICAL ADVISING PROGRAM SONOGRAPHER EVALUATION OF THE STUDENT

Clinical Education Center _____ SONO - _____
Course # _____ Semester & Year _____ Student Name _____

INSTRUCTIONS: Please rate the student in the following categories by checking inside the appropriate box. These forms are anonymous. Students will see a typed compilation of all evaluations, not your individual evaluation form. We appreciate honest and candid responses as they are essential to the students' professional growth.

DO NOT COMPLETE THIS FORM UNLESS YOU HAVE WORKED WITH THE STUDENT

1. PROFESSIONAL CONDUCT	
mannerisms, cleanliness, neatness	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	
2. ATTITUDE	
enthusiasm for profession interest in assigned activities	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	
3. COMMUNICATION SKILLS	
interpersonal skill c/ patients	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
interpersonal skill c/ staff	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	
4. PATIENT CARE SKILLS	
awareness of emotions, modesty	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	
5. COOPERATION	
willingness to assume duties	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	
6. DEPENDABILITY	
punctuality & reliability	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	

7. SELF-CONFIDENCE

confidence in personal ability Excellent Good Fair Poor

Comments:

8. APPLICATION OF KNOWLEDGE

use of academic information Excellent Good Fair Poor

Comments:

9. ORGANIZATION OF DUTIES

logical & efficient performance Excellent Good Fair Poor

Comments:

10. ADAPTABILITY

achievement of routine procedures on non-routine patients, assist patient promptly Excellent Good Fair Poor

following procedure

Comments:

Please use the blank space below to provide any additional commentary you believe could be useful in improving the educational experience of this student.

EVALUATORS PLEASE DO NOT TO SIGN THIS FORM.

CLINICAL ADVISING PROGRAM STUDENT SELF-EVALUATION

_____ SONO - _____
Clinical Education Center **Course #** **Semester & Year** **Student Name**

INSTRUCTIONS: As students, you are constantly evaluated by your instructors in order to monitor your progress during your clinical education. However, it is important your instructor also hear how you perceive your experience and ability. This evaluation asks you to candidly discuss your current progress. Please check the appropriate columns which best describe your feelings about your level of proficiency at this point in your education.

1. PROFESSIONAL CONDUCT			
mannerisms, cleanliness, neatness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
2. ATTITUDE			
enthusiasm for profession interest in assigned activities	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
3. COMMUNICATION SKILLS			
interpersonal skill c/ patients	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
interpersonal skill c/ staff	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
4. PATIENT CARE SKILLS			
awareness of emotions, modesty	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
5. COOPERATION			
willingness to assume duties	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
6. DEPENDABILITY			
punctuality & reliability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
7. SELF-CONFIDENCE			
confidence in personal ability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			
8. APPLICATION OF KNOWLEDGE			
use of academic information	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:			

9. ORGANIZATION OF DUTIES

logical & efficient performance

Excellent Good Fair Poor

Comments:

10. ADAPTABILITY

achievement of routine procedures on non-routine patients, assist patient promptly following procedure

Excellent Good Fair Poor

Comments:

Place an "X" on the line to rate your overall professional ability at this point in your education:

Excellent Good Average Fair Poor

List the procedures you require the most assistance with:

-
-

Student Goal #1

Yes No

Student Goal #2

Yes No

Student Goal #3

Yes No

ALL goals met from previous term?

Yes No N/A

In the space below explain the progress you've made in achieving the goals you set at your last self-evaluation.

Please add any additional comments which you deem important (e.g., disagreements with this or other evaluations, clinical assignments, etc.):

I have reviewed this evaluation and have had an opportunity for discussion.

Student Signature _____

Clinical Coordinator Signature _____

Clinical Site Evaluation

Clinical Site: _____ **Term:** _____

INSTRUCTIONS: Before completing this form, give an honest and candid answer to this question:
Did I make every possible effort to take advantage of the educational opportunities available during this rotation?

ABSOLUTELY POSSIBLY NOT

All results are given to the clinical sites so that you cannot be personally identified. Honest and candid answers will be most helpful.
PLEASE DO **NOT** SIGN YOUR NAME TO THIS EVALUATION.

REGARDING THE SONOGRAPHER(S) I believe they made every attempt to:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Recognize my role was primarily to learn with the resulting service being secondary in nature				
2. Show a positive attitude toward all students				
3. Encourage and answer my questions				
4. Ask me questions that helped me think and learn				
5. Point out alternative methods for me to accomplish a task				
6. Permit me to correct my own mistakes				
7. Allow me to work independently				
8. Encourage me to perform at an appropriate level of confidence				
9. Assist me in finding answers to my questions				
10. Discuss my performance with me				
11. Permit me to scan as many patients as my skill level would permit				
12. Evaluate me according to my clinical experiences				
13. Display professionalism				
14. Be a professional role model for me				
REGARDING THE RADIOLOGISTS/PHYSICIANS I believe they made every attempt to:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Recognize my role was primarily to learn with the resulting service being secondary in nature				
2. Encourage and answer my questions				
3. Ask me questions that helped me think and learn				
4. Point out alternative methods for me to accomplish a task				
5. Permitted me to correct my own mistakes				
6. Allow me to work independently				
REGARDING MY PERSONAL FEELINGS As a result of this rotation, I am:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. More advanced in clinical knowledge due to clinical experiences				
2. More interested in sonography as a profession				

Please add any additional comments to the back of this form:

CLINICAL INSTRUCTOR EVALUATION

Clinical Site: _____ **Clinical Instructor:** _____

The student is requested to complete this form after they have finished a clinical rotation. These remain anonymous and then all evaluations are sent to the respective clinical sites at the completion of the student's college experience. The purpose of this questionnaire is to evaluate the clinical instructor. Please be objective when considering your responses to these questions. If you score them lower than a 4, please comment on why.

Please read each statement and rate your responses using a 1 to 5 Likert scale with according to the following criteria:

5 = strongly agree, 4 = agree, 3 = no opinion, 2 = disagree, 1 = strongly disagree.

1. Helps me to apply classroom knowledge to the clinical situation.	1	2	3	4	5
<i>Comments:</i>					
2. Is willing to provide clinical supervision and guidance outlined in the handbook?	1	2	3	4	5
<i>Comments:</i>					
3. Discusses my performance with me, if necessary.	1	2	3	4	5
<i>Comments:</i>					
4. Corrects me in a constructive and professional manner when necessary.	1	2	3	4	5
<i>Comments:</i>					
5. Appears interested in me and my learning experience.	1	2	3	4	5
<i>Comments:</i>					
6. Is a professional role model for me?	1	2	3	4	5
<i>Comments:</i>					
7. Helps me develop my problem-solving skills.	1	2	3	4	5
<i>Comments:</i>					
8. Encourages me to perform at an appropriate level of confidence.	1	2	3	4	5
<i>Comments:</i>					

9. Evaluates me according to my clinical performance.	1	2	3	4	5
<i>Comments:</i>					
10. Available for assistance when needed.	1	2	3	4	5
<i>Comments:</i>					
11. Assists me in finding answers to my questions.	1	2	3	4	5
<i>Comments:</i>					

Additional Comments:

CLINICAL EDUCATION CASE LOG

Name of Student _____

Clinical Education Center _____

Students should be recording the number of specialty specific exams they are exposed to in clinic. The date, the exam type (ABD, OB, GYN, V, PS, FE, AE), the medical record number, the accession number, and the level of student involvement (Observed (O), Assisted (A), Independent (I)) should be logged.

Date	Exam Type	Medical Record Number	Accession Number	Level of Involvement (O, A, I)
01/01/2020	ABD	12345678	12345678	I

CLINICAL EDUCATION ATTENDANCE RECORD

Name of Student _____

Clinical Education Center _____

VSCC Policies and Procedures include:

Time of arrival and time of departure must be recorded accurately.

Initials to verify students' arrival and departure is required by the clinical instructor or appropriate personnel.

Falsification of time records is considered cheating and is breach of college and professional ethics and will merit appropriate disciplinary action on all parties involved.

Date	Time In	Sonographer Initials	Total Break Time	Sonographer Initials	Time Out	Sonographer Initials	Total Time

SIGNIFICANT INCIDENT / INJURY REPORT FORM

STUDENT

Last Name	First Name
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INCIDENT/INJURY

Date of incident	Date reported	Course in which injury occurred
Place of incident		Type of injury ('strain', 'cut', etc.)
Describe how incident/injury happened		
Names of witnesses(s)		
Name of doctor (if known)		
Signature		Date

INSTRUCTOR'S REPORT

What caused this accident? (please be explicit)	
How was the injury treated? Or how was the incident addressed?	
How can a recurrence be prevented?	
Has preventative action been taken? If no, please explain	Has a report been completed at the institution where the incidence occurred?
Comments by student regarding injury or incident	
Signature	Date

RECOGNITION FOR PERFORMING ABOVE & BEYOND

If you observe a VSCC student performing above and beyond your expectations, please take a moment to complete the form below:

Student Name:	Name of person that observed performance:
Date:	Clinical Educational Center:
Description of the performance that is above and beyond expectations:	
Clinical Instructor comments:	
Clinical Instructors Signature:	Date:

