



2017-2018

**DIAGNOSTIC MEDICAL SONOGRAPHY
MULTISPECIALTY PROGRAM
STUDENT HANDBOOK**

**NEBRASKA
METHODIST
COLLEGE**

THE JOSIE HARPER CAMPUS

This handbook of policies concerning the Diagnostic Medical Sonography Program has been compiled to help and inform you, the student. You are responsible for the information included in this handbook.

Table of Contents

Student Responsibility Statement.....	5
Table of Contents	2
Student Responsibility Statement.....	5
Introduction.....	6
Diagnostic Medical Sonography Program Directory.....	8
Section I - Sonography Program Information.....	9
Program Mission	9
Program Goals (Associate Degree- Multispecialty)	9
Program Accreditation.....	9
Description of the Profession and Credentials	10
Diagnostic Medical Imaging Student Honors Program - Nebraska Beta Chapter of Lambda Nu.....	11
Educated Citizen	12
Compendium of Learning.....	13
Course Requirements for Success.....	14
AIDET.....	14
Section II - Sonography Program Policies and Procedures	15
Professional Conduct.....	15
Technical Standards of Performance/Description of the Profession	16
Description of the Profession:	16
Technical Standards	17
ARDMS SPI Examination and Specialty Examinations.....	20
DMS Program Meetings.....	21
Student & Instructor Professional Boundaries	21
Academic Progression – Diagnostic Medical Sonography.....	21
Academic Sonography Student Retention.....	21
Title IX - Sexual Misconduct Policy including Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence and Stalking	22

POLICY:.....	22
Pregnancy Policy	23
Communication Guidelines (Informal Resolution of Issues)	23
Textbooks, Supplies and Uniforms.....	25
Recording of Classroom Sessions	25
DMS Assignments via Google Drive	25
Sonography Course Grading Policy	28
Sonography Course Exam Grading Policy	28
Course Incomplete	29
Communication Devices: (personal calls, cell phones)	29
Electronic Communication.....	30
Confidentiality of Patient Records	31
Student Records	32
Disciplinary Action.....	32
Outside Employment.....	33
Release of Reference Information	34
Section III– Sonography Lab Policies and Procedures	34
Sonography Lab Courses and Sessions	34
Lab Utilization and Scanning Policies.....	34
Sonography Lab Calendar (Google)Utilization.....	37
Ultrasound Equipment Utilization	37
Receiving Feedback in the Lab	38
Scanning Assignments.....	38
Utilization of Lab Computer	39
Use of Learning Resources	39
Section IV - Sonography Program Clinical Policies and Procedures	40
Clinical Assignment/Selection – Multispecialty Students	40
Directed Clinical Experience /Clinical Externship	41
Dismissal from a Clinical Education Site	41
Student Exposure to Illness.....	41
Clinical Behavior	41
Clinical Attendance	42
Return to Clinical Following Injury/Illness.....	45

Responsibilities of the Clinical Affiliate Supervisors/Instructors	45
Supervision in the Clinical Setting	46
Clinical Probation Policy	46
Patient Communication Policy	48
Communication Devices: (Personal Calls and Cell Phones).....	48
Clinical Dress Code	48
Trajecsys Online Clinical Recordkeeping.....	50
Clinical Documentation & Record Keeping	50
Completing Documentation.....	52
Clinical Performance (Rotation) Evaluations.....	54
Informed Consent – <i>Patient Consent</i>	56
Medical Error Reporting	56
Parking at Clinical Sites	56
Process for Handing in Assignments	57
Scanning Consent Form	59
Appendix A: Scope of Practice	60
Scope of Practice for the Diagnostic Ultrasound Professional	60
Appendix B: Code of Ethics	62
Code of Ethics For The Profession of Diagnostic Medical Ultrasound (Adopted by the SDMS).....	62
Appendix C: Clinical Practice Standards	65
Diagnostic Ultrasound Clinical Practice Standards	65

The policies and procedures contained in this handbook are subject to change without notice at the discretion of the Program Director with the approval of the Dean of Health Professions. Any changes made will be communicated to students in a timely manner. It is the responsibility of each student to be acquainted with all requirements, policies, and procedures for his or her degree program and to assume responsibility for meeting those requirements.

You may contact the Program Director, Academic Advisor, or Dean of HP with questions regarding the information in this Handbook or general NMC policies and procedures.

Student Responsibility Statement

Please read each statement below, initial, sign and give this sheet to the Program Director as an indication that you understand the contents, and agree to abide by all the policies within this document, no later than the end of the first week of classes.

_____ I have reviewed the ARDMS SPI Examination and Specialty Examinations policy and understand that they are programmatic requirements.

_____ I have reviewed the Technical Standards of Performance/Description of the Profession policy. I understand that it is my responsibility to notify the my respective Program Director if there is any reason that I cannot meet the expectations for DMS students described in this policy with or without reasonable accommodations.

_____ I have reviewed the Course and Exam Grading policy. I understand that a Course Incomplete is only granted to a student in extenuating circumstances not in instances when a student has been excessively absent during the term or who has simply failed to complete the work of the course before the end of the term without an exceptionally good reason.

_____ I have reviewed the Academic Progression policy and understand the implications should I fail a course.

_____ I have reviewed the Clinical Assignment/Selection policy and understand that I am responsible for my own transportation to my assigned clinical site(s) and that commuting time and costs are not determinant factors in making clinical assignments.

_____ I have reviewed the Dismissal from a Clinical Education Site policy and I understand that if I am removed from my assigned clinical site (as requested by the site), immediate and/or future clinical placement is not guaranteed and that in some cases my clinical experience may be delayed depending on clinical availability.

_____ I have reviewed the Clinical Dress Code policy.

I have read, understood accept and agree to take full responsibility for the policies, information and rules of conduct in the student handbook. Furthermore, I agree to and will comply with the course requirements as listed in each DMS syllabus.

Printed Name _____

Student Signature _____ Date _____

Introduction

The Nebraska Methodist College (NMC) Sonography Student Handbook has been compiled by the faculty to provide information pertinent to students enrolled in all the Sonography Programs offered at NMC. The faculty and staff wish you success in the pursuit of your educational goals.

The Sonography Student Handbook provides explicit policies and procedures specific to the Sonography Programs offered by NMC, and is used in addition to institutional College policies that are located on the College website. This handbook is designed to support the success of the student and is provided to students at the start of the fall term and is reviewed at points throughout the program when policies and procedures have been updated.

The Sonography Program is just one of many programs within the Division of Health Professions that range from certificate to graduate programs. The Division of Health Professions is committed to providing quality educational programs with the purpose of developing successful health care professionals. Developing caring, competent health care professionals prepared for diverse contemporary practice requires the development and practice of interpersonal communication so that interactions with patients, their families, and other professionals on the healthcare team all lead to improved patient clinical outcomes. For this reason, all students will receive special training in service excellence through the NMC AIDET program.

It is the responsibility of each student to be acquainted with all requirements, policies, and procedures for his or her degree program and to assume responsibility for meeting those requirements. Any changes made will be communicated to students in a timely manner.

Your signature on page 5 of this handbook (“Student Responsibility Statement”) indicates that you have read and understand all policies and that you agree to act in accordance with those policies and regulations.

Welcome!

You will spend the better part of two years completing the courses of the Diagnostic Medical Sonography Program. Integration of the clinical and didactic education at Nebraska Methodist College will be an ongoing process throughout the two-year program. The Diagnostic Medical Sonography Program offers a sufficient and well-balanced variety of sonographic examinations through clinical affiliates associated with the program. These clinical affiliates play an essential role in facilitating student competency in the clinical setting. Your coursework will be rigorous. At times you may wonder what you have gotten yourself into, but your perception of intensity has much to do with the amount of time, dedication and commitment you spend towards your chosen profession.

You will have to absorb a lot of information and apply that information in the laboratory setting and clinical setting. You will have to develop critical thinking skills, empathy, and knowledge relating to the field of Sonography. Every patient, every situation is unique. You can't memorize all the answers, but you will be expected to apply the basic Sonography skills that you have learned.

You will be educated and held accountable for your professional attributes. What are professional attributes? They are those qualities—over and beyond the knowledge you gain and the skills you learn—which are essential for your success in the classroom and clinic. In broad terms, you will be expected to demonstrate respect for others, communicate effectively, cooperate with fellow workers, and display the dependability expected of a professional. Treat your classmates, instructors, patients, and co-workers, as you would like to be treated.

Those who make the most of the program learn early on that the program faculty, clinical staff and instructors, and other college personnel work extremely hard to build a bridge for you to successfully graduate and realize your dream. You can become a Registered Sonographer and enjoy a rewarding and successful career.

It is up to YOU, the student, to be successful...we are here to help you achieve your goals.

Jody Berg MS, RDMS, RVT, R.T.(R)

Multispecialty Program Director
Diagnostic Medical Sonography

Diagnostic Medical Sonography Program Directory

Program Personnel— Diagnostic Medical Sonography Program	Room	Phone	Alt #
Multispecialty Program Director- Jody Berg	501-103	354-7034	213-1462 (cell)
Multispecialty Sonography Clinical Coordinator & Instructor - Abbie Hallgren	501-104	354-7074	
Adjunct Faculty <ul style="list-style-type: none"> • Mary Ann McNeel • Teresa Conway 		See course syllabi for faculty information.	
Dean of Health Professions– Dr. Stephanie LaPuma	RL-2026	354-7848	
Multispecialty Medical Director - Dr. Nick Nelson		354-4344	

Section I - Sonography Program Information

Program Mission

Develop Diagnostic Medical Sonographers who exhibit technical competency in Abdomen and OB/GYN ultrasound who will serve the community in the delivery of compassionate, holistic patient care. The graduate will be prepared for entry-level employment and enter the workforce as educated citizens dedicated to meeting the diverse needs of the individuals and communities that they serve.

Program Goals (Associate Degree- Multispecialty)

Graduates of the program will:

1. To prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains (applicable to Multispecialty Sonography students)
2. To prepare competent entry-level adult cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. (applicable to Cardiovascular Sonography students)
3. To prepare competent entry-level vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. (applicable to Cardiovascular Sonography students)
4. Model ethical and culturally sensitive professional attitudes, behaviors, and ethics that will encourage life-long learning, reflective practice and professional growth and development.
5. Exhibit didactic and clinical skills that include the ability to perform age appropriate patient care by assessment of physiological and psychological status incorporating communication skills, critical thinking skills, problem solving skills, and decision making abilities.
6. Attain the NMC Educated Citizen skills to become Reflective Individuals, Effective Communicators and Change Agents.

Program Accreditation

The Diagnostic Medical Sonography Program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). All graduates of the program are eligible to sit for the ARDMS examinations in those learning concentrations specific to their program of study.

Description of the Profession and Credentials

The following is a description of the profession as provided respectively by the national professional association and/or accrediting body. As a student you are expected to commit yourself to learning the skills described so that you can serve the community as a competent professional.

*Diagnostic Medical Sonography*¹

The diagnostic medical sonography profession includes general sonography, cardiac sonography, vascular technology, and various sub-specialties. The profession requires judgment and the ability to provide appropriate health care service. Sonographers are highly skilled professionals qualified by education to provide patient services using diagnostic techniques under the supervision of a licensed doctor of medicine or osteopathy. The sonographer may provide this service in a variety of medical settings where the physician is responsible for the use and interpretation of appropriate procedures. Sonographers assist physicians in gathering data necessary to reach diagnostic decisions. The sonographer is able to perform the following:

1. Obtain, review and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
2. Perform appropriate procedures and record anatomic, pathologic and/or physiologic data for interpretation by a physician.
3. Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.
4. Exercise discretion and judgment in the performance of sonographic and/or other non-invasive diagnostic services.
5. Demonstrate appropriate communication skills with patients and colleagues.
6. Act in a professional and ethical manner.
7. Provide patient education related to medical ultrasound and/or other non-invasive diagnostic vascular techniques, and promote principles of good health.

Professional Credentials

Diagnostic medical sonographer earns competency-based certification by successfully passing a credentialing examination in one or more of the disciplines of the profession. These disciplines and their related credentials as provided by the American Registry of Diagnostic Medical Sonographers are:

¹ CAAHEP, Standards and Guidelines for an Accredited Educational Program for the Diagnostic Medical Sonographer

1. Medical Sonography RDMS (Registered Diagnostic Medical Sonographer)
2. Cardiac Sonographer RDCS (Registered Diagnostic Cardiac Sonographer)
3. Vascular Technology RVT (Registered Vascular Technologist)

Minimum entry level for the profession is acquisition of one or more of the professional credentials listed above. Taking these examinations is a student's choice and responsibility. The College does not guarantee that a student will pass these examinations, nor is the College responsible for the expenses incurred by a student as a result of the certification/registration process. The College cannot guarantee that a student will be permitted to sit for an examination (ARRT* and ARDMS) and is based on verification of information provided on the application, which may include investigation of a criminal record. Background investigations will be conducted as a condition of enrollment for admitted undergraduate and graduate students to participate in clinical courses. Enrollment in clinical courses and placement in clinical agencies are contingent upon successful completion of the background investigation. In addition, serious results of this investigation may affect candidacy for the licensure and certification examinations and employability. Students concerned about this are encouraged to meet with the Program Director and/or complete the ARDMS pre-application review procedure which assists an individual in assessing the potential impact of criminal matters on his/her eligibility for ARDMS certification prior to submitting an ARDMS examination application.

*Graduates of the multispecialty program who possess the ARRT(R) credential are eligible to take the ARRT Ultrasound examination.

ARDMS candidates must pass required examinations to earn the ARDMS credential. These required examinations are:

1. **RDMS** = Sonography Principles and Instrumentation (SPI) + Abdomen, or Obstetrics and Gynecology, Pediatric Sonography (2015 to include Neurosonography), Breast Sonography
2. **RDCS** = Sonography Principles and Instrumentation (SPI) + Adult Echocardiography or Pediatric Echocardiography.
3. **RVT** = Sonography Principles and Instrumentation (SPI) + Vascular Technology.
4. **Breast (BR)** specialty examination = Sonography Principles and Instrumentation (SPI) + Breast (BR) specialty examination

Diagnostic Medical Sonographers must obtain continuing medical education or successfully complete an additional ARDMS credentialing examination to maintain active status with the ARDMS.

Diagnostic Medical Imaging Student Honors Program - Nebraska Beta Chapter of Lambda Nu

Purpose:

The Nebraska Beta Chapter of Lambda Nu is the national honor society chapter for radiologic and imaging sciences at NMC. This student driven, faculty guided experience provides students with opportunities to increase intellectual initiative, explore creative processes, work independently, and expand social interaction. This program can be particularly beneficial to students as it enhances their credentials and shows potential employers the desire to go above and beyond just the minimum.

Criteria:

1. Enrollment in a radiologic, sonography or imaging sciences program as a full-time student
2. Professional coursework and Educated Citizen coursework cumulative GPA 3.5 or higher on 4.0 scale after one full-time semester in their professional program.

Process:

1. Complete the Lambda Nu Commitment form listing:
 - a. The desired Service to the Profession project and 3 Educated Citizen projects.
 - b. Lambda Nu requirements available in the Radiologic Technology and DMS Student Handbooks. Specific details with regards to each project will be shared with students who wish to commit.
2. Schedule a meeting with the Program Director for review and approval. If a student wishes to complete a project other than what is listed, they should present this to the Program Director at this meeting.
3. Students who successfully meet national and chapter standards of academic excellence and service are inducted into the Society prior to commencement. Members are granted lifetime membership and privileges including eligibility for scholarships and professional development.

Educated Citizen

Nebraska Methodist College is committed to the development of mature, responsible, educated citizens. In addition to acquiring the knowledge and skills to become an entry-level sonographer, you will also exhibit breadth of learning through the liberal arts and sciences traditions to explore, explain and express the diversity of human thought and experience. As a student at NMC, you will develop and complete a NMC Portfolio that documents your personal, student professional and academic development in the areas of Reflective Individual, Effective Communicator and Change Agent. These skills will enable you to meet the challenges and realize the promise of living in a complex, multicultural, and ever-changing world. Many of your DMS course assignments can be included in your NMC Portfolio. Please

feel free to meet with your program faculty to discuss inclusion of course assignments in your NMC Portfolio.

Compendium of Learning

The art and science of sonography requires that the individual achieve specific knowledge and skills for a defined scope of practice. Learning experiences, clinical practicum and curriculum requirements shall be structured for the health care professional to successfully demonstrate the level of competency necessary for comprehensive practice or limited practice in the following areas.

Computer Literacy and Applications: An understanding of generic terminology, keyboard operations, menu selection strategies and logistics of program flow.

Human Structure and Function: General anatomy, anatomical relationships, sectional anatomy and organ and system functions in order to perform accurate procedures for the defined discipline; and accurately identify the area of interest on resulting images.

Instrumentation: An understanding of the operation of devices, transducer selection; A-mode, B-mode, T-M mode, Real Time and Doppler, hard copy image recorders and other processing techniques.

Medical Ethics: Legal considerations which impact upon the Scope of Practice, respecting an established Code of Ethics and risk management.

Medical Terminology: An understanding of disease descriptions, abbreviations, symbols and terms or phrases necessary to successfully communicate with other health care professionals.

Pathology: Knowledge of disease and abnormalities which influence performance or outcome of an ultrasound procedure. Ultrasonic characteristics of pathophysiology and abnormal tissue.

Patient Care: Attention to and concern for the physical and psychological needs of the patient. The individual should recognize a life threatening condition and implement basic life sustaining actions.

Positioning: Accurate placement of the body, respecting patient's comfort, ability and safety to achieve prescribed results and best demonstrate the anatomic area of interest. Utilize techniques to physically manipulate and apply appropriate transducers and equipment to produce a desired image.

Physical Science: A knowledge of propagation properties, transducer parameters, beam profile, Doppler Effect, interaction properties with human tissue and possible biologic effect.

Quality Control: Preventive maintenance and knowledge of equipment capabilities, calibration of and care for equipment respecting operating standards, sensitometry characteristics and monitoring of image processing systems for accuracy and consistency.

Scanning Procedures: Ability to select appropriate equipment and scanning techniques to optimally visualize areas of interest.

Educational Experiences: Practice experience in various settings is an important educational component of the program. Such hands-on experiences provide a unique form of learning and contribute to professional development.

Course Requirements for Success

1. Prerequisites for courses outlined in the curriculum must be met in order to follow the necessary educational sequence. If students take a general education course that is not a DMS pre-requisite course (Core Curriculum course) out of sequence, it may affect their full-time status and therefore affect their financial aid, etc.
2. Students are responsible for accessing courses through MyMethodist and downloading all course syllabi, handouts and assignments for each course every semester.
3. Students are responsible for completing course evaluations for each of their courses at the end of the semester.
4. Students are responsible for checking their Methodist College e-mail accounts daily.

AIDET

Students will be introduced to AIDET toward the beginning of the program and will continue to master AIDET throughout their courses in lab and clinical. AIDET stands for:

- **A – Acknowledge** greet people with a smile and an appropriate eye contact and receptive attitude.
- **I – Introduce** offer your name, your role in the patient's care and communicate your ability and desire to help (full attention).
- **D – Duration** explain how long a procedure will take, how long the patient may have to wait (example: if walking length of walk).
- **E – Explanation** provide detailed information about a test or procedure, such as why it is being performed, who will perform it.
- **T – Thank you** sincerely thanks the patient or visitor for choosing the hospital and for trusting you to provide care.

Students will complete 3 modules of AIDET training and will receive a certificate at the end of the training stating you are competent in AIDET. Students will not receive the AIDET certificate if they do not demonstrate competency in AIDET. Some of the modules have quizzes that you will have to complete.

NOTE: AIDET is a programmatic requirement and does not correlate with a specific course.

Section II - Sonography Program Policies and Procedures

Professional Conduct

As students in training for a professional field, it is expected that he/she will conduct himself/herself in a professional manner during his/her didactic training, as well as during clinical training. Professional conduct includes, but is not limited to, punctuality, respect of other people, their property, and their right to learn. It also includes an appropriate respect for those in authority. As students of the Sonography program, it is expected that one conducts oneself in a manner that will not bring criticism to him/her, the program or the school. As each affiliated clinical site has granted students the privilege of learning in their facility, students are expected to demonstrate professional behavior at all times.

In any public place the student is potentially exposed to the patients' relatives and friends. Things one says and the attitude one exhibits have impact on those around. We request the student observe the following:

1. **Honesty** – Being truthful in communication with others.
2. **Trustworthiness** – Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient's expense.
3. **Professional Demeanor** – Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under pressure or fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served.
4. **Respect for the Rights of Others** – Dealing with professional staff and peer members of the health team in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional capacity regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status or veteran/Reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients' modesty and privacy.
5. **Personal Accountability** – Participating responsibly in patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.

- 6. Concern for the Welfare of Patients** – Treating patient and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or your own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient.

Technical Standards of Performance/Description of the Profession

Purpose:

The purpose of this policy is to signify that the student has the knowledge and skills to be a candidate to take the national board registries and demonstrate the physical and emotional abilities of a student in the DMS program in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991. All applicants and students in the program are required to read and understand the information presented on this page.

Policy:

Students are required to perform respective duties of the profession based on the necessary physical and emotional abilities as well as scholastic achievement. The College will make reasonable accommodation for all students. Applicants who disclose a disability are considered for admission if they are otherwise qualified.

Description of the Profession:

Diagnostic ultrasound is a multi-specialty medical field that utilizes high frequency sound waves to produce images of internal structures and hemodynamics that assist in the diagnosis of disease or injury and fetal development. The Sonographer is a highly skilled health care professional qualified by education to provide patient services using diagnostic techniques under the supervision of a licensed doctor of medicine. The sonographer may provide this service in a variety of settings where the physician is responsible for the use and interpretation of appropriate procedures.

Responsibilities of diagnostic ultrasound include, but are not limited to the following:

Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.

Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.

Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.

Exercise discretion and judgment in the performance of sonographic and/or other non-invasive/invasive diagnostic services.

Demonstrate appropriate communication skills with patients and colleagues.

Act in a professional and ethical manner.

The diagnostic medical sonographer exhibits professionalism in the performance of these duties, demonstrates an empathetic and instructional approach to patient care, respects and promotes patient rights and maintains confidentiality of information as required. He/she applies knowledge of ultrasound physics, instrumentation and biological effects while minimizing exposure of the general public, patient, fellow workers, and self to as low as reasonably achievable (ALARA). Professional growth and development is achieved through participation in medical and technical education and research to enhance the quality of patient care.

Upon successful completion of the Nebraska Methodist College's DMS Programs, the graduate should be able to demonstrate entry-level competencies in the above areas of the professional practice.

** Taken from the Standards and Guidelines for an Accredited Educational Program for the Diagnostic Medical Sonographer. Standards (Essentials) initially adopted in June 1979; revised in 1987, 1996, 1991, 1997 and 2011, 2015.*

The degree granted at the completion of the respective DMS program signifies that the student is a candidate to sit for the American Registry of Diagnostic Medical Sonographers board examinations for Sonography Principles and Instrumentation, Abdomen, Ob/Gyn and Vascular Technology, and Adult Echocardiography. This degree also signifies that the student is prepared for entry into the profession of Diagnostic Medical Sonography, therefore it ensures that graduates must have the knowledge and skills to function in a broad variety of clinical situations and demonstrate entry level competencies. Therefore, all students admitted to the program must meet the following abilities and expectations.

Technical Standards

1. Observation

Visual acuity is necessary for utilizing imaging equipment, evaluating the ultrasound exam in order to acquire appropriate diagnostic information and observing patient's vital signs.

The ultrasound applicant/student must observe and learn from experiences in the imaging clinics, Breast Imaging, Center for Advanced Fetal Care, Cardiology Vascular clinic and classroom. Examples are but not limited to: imaging procedures, performing and analysis of imaging procedures, computer analysis and patient care.

2. Communication

Hearing and speech needs to be sufficient to communicate effectively and efficiently with all customers. Communications include not only speech but also reading and writing.

The DMS applicant/student must be able to perform the following functions:

Read and comprehend technical and professional materials

Follow verbal or written instruction in order to correctly and independently perform procedures

Clearly communicate with patients and their families prior to and during imaging procedures

Use the telephone

Communicate with faculty members, fellow students, staff and other healthcare professions verbally and in a recorded format (writing, typing, etc.)

Independently prepare papers and take examinations.

3. Psychomotor

The DMS applicant/student must:

Have manual dexterity and good physical coordination to assist patients and operate ultrasound-imaging equipment.

Students must have full utility of arms, hands and fingers in order to perform examinations, operate equipment and maintain prolonged arm positions necessary for scanning. This is necessary for the ability to help patients up off examination tables and to assist patients and other sonographers with lifting patients out of wheel chairs when necessary.

The student must be able to push and maneuver all Ultrasound imaging equipment up to approximately 500lbs and during mobile procedures manipulate ultrasound equipment along with patient equipment on the nursing unit.

*Sonography students must assist with moving and lifting patients and equipment of up to 50 lbs or more, up to 50% of the time. Visual abilities are necessary for viewing the ultrasound screen 85% of the time.

(*adapted from Methodist Health System Performance Development Plan - Job Description for the sonographer)

4. Intellectual

The DMS applicant/student must:

Possess the following intellectual skills: comprehension, measurement, mathematical calculation, problem solving, reasoning, integration, analysis, comparison, self-expression and criticism

Be able to exercise sufficient judgment to recognize and correct performance deviations.

5. Behavioral and Social

The DMS applicant/student must:

Be able to manage time to complete didactic and clinical tasks within realistic constraints

Possess emotional health necessary to effectively employ intellect and exercise appropriate judgment

Be able to provide professional and technical services in spite of the stresses of heavy workloads.

Be flexible and creative and adapt to clinical and didactic changes

Recognize potentially hazardous materials equipment and situations and proceed safely to reduce risk of injury to patient or self

Be able to minimize ultrasound exposure to patients, self and others

Support and promote the activities of fellow students and health care professionals

Be honest, compassionate, ethical and responsible

6. Technical

The DMS applicant/student must perform diagnostic ultrasound imaging procedures by demonstrating appropriate competency in the following:

Evaluation of requisition and patient assessment

Patient and family education

Patient care and management

Equipment configuration and operation

Positioning and imaging skills

Adhering to established departmental procedures and protocols

Work efficiently and cope with emergency situations

Image processing, evaluation and analysis with physician

It is your responsibility to notify the Admissions Department and/or Admissions Committee as well as the respective Program Directors if there is any reason you cannot meet the expectations for DMS students described above with or without reasonable accommodations.

Individuals with disabilities are encouraged to apply to the program. Candidates who indicate that they cannot meet one or more of the expectations will be reviewed further by the Admissions Committee, program faculty, the applicant, the Director of Compliance and medical staff, to determine if reasonable accommodations might be possible to facilitate successful completion of the DMS curriculum and preparation for the national board registry examinations

ARDMS SPI Examination and Specialty Examinations

NMC DMS students are required to sit for and pass their SPI exam after completion of their DMS 305 Sonographic Physics II course. In addition to the SPI exam, all DMS students are required to schedule and sit for at least one ARDMS specialty examination within 60 days of their graduation date. Students are responsible to pay the associated fees to the ARDMS.

Procedure:

1. Students will create a MY ARDMS account with the ARDMS and apply under the Prerequisite 2 pathway.
2. Students are strongly encouraged to schedule their SPI examination no later than July 1st to assure that they have completed the examination prior to fall break.
3. Students are required to submit proof of taking and passing their SPI exam prior to Fall Break to their Program Director. Failure to do so will result in a hold being placed on their spring course registration.
4. Students who do not successfully pass their SPI examination will need to meet with their Program Director to discuss and develop a plan of action for repeating their SPI examination.
5. Students are strongly encouraged to schedule their ARDMS specialty examination 60 days prior to their graduation date to assure that they meet the programmatic requirement of attempting a specialty examination prior to graduation.

6. Successful completion of the ARDMS SPI Examination is a programmatic requirement for graduation. Scheduling and attempting one specialty examination is a programmatic requirement for successful completion of the Sonography Program. These items will be listed in the DMS 307 course (Sonographic Seminar II) as requirements.

Note: The ARDMS will conduct a "pre-application review" for individuals who wish to determine the impact of a previous criminal proceeding on their eligibility to apply for ARDMS certification. Criminal proceedings include, but are not limited to, conviction or pleas of guilty/nolo contendere to any crime or when a finding of guilt is made or returned in a criminal proceeding but the adjudication of guilt is withheld, deferred, not entered, or the sentence is suspended/stayed (including pre-trial diversion programs).

DMS Program Meetings

The DMS Program schedules programmatic meetings to disseminate information with regards to (but not limited to) program orientation, pre-clinical and clinical information. Proper notice of a meeting (2 weeks) will be given to students. Students are highly encouraged to attend these meetings.

Student & Instructor Professional Boundaries

As an NMC student, the code of conduct and standards of professionalism are imperative to your success. Accordingly, we strongly encourage you **not** to "friend" any faculty or clinical instructors on Facebook, request that they engage with you in activities outside the workplace, or request their personal cellular phone numbers (unless it is necessary for clinical related incidents).

Academic Progression – Diagnostic Medical Sonography

The Diagnostic Medical Sonography programs are cohort programs, meaning that the program is designed to be completed by the student in a lockstep fashion from beginning to end, according to a preset schedule. HUM 150/152 is to be taken in the first semester the DMS AS student matriculates; BS:WMI students may complete HUM 150/152 at any time prior to their 2nd year fall semester.

Satisfactory progression with the cohort is necessary to maintain one's position in the clinical portion of the program because of limited clinical availability. If a student enrolled in the Sonography program fails to progress within the professional curriculum (including all pre-requisite courses), the student will be dismissed from the program and will be eligible to apply for readmission into a subsequent cohort, but readmission is not guaranteed. Exceptions based on extenuating circumstances will be reviewed on a case-by-case basis. **Please note the Dismissal from a Clinical Education Site in Section IV.**

Academic Sonography Student Retention

It is the student's responsibility to monitor his/her progress in all of the DMS curriculum courses. All Sonography faculty members utilize the MyMethodist for DMS courses therefore grades are accessible to the student at all times. Due to the nature of clinical assessment, and reporting a grade, grades for the DMS clinical courses may not be posted to MyMethodist before the end of the semester; the student can track his/her own grades or request a review of all clinical course evaluations and clinical documents to monitor progress. Students are expected to seek assistance from their instructors and/or Student Services whenever necessary to maintain a passing grade average in any course. There is an organized process for keeping students apprised of their grades/professional behavior. The DMS faculty utilizes a variety of forms to evaluate the student's performance in didactic courses, lab courses, and clinical courses.

Title IX - Sexual Misconduct Policy including Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence and Stalking

Nebraska Methodist College (NMC) strives to create a respectful, safe, and non-threatening environment for its students, faculty, staff, administrators and visitors. This policy sets forth the resources available to students, describes prohibited conduct, and establishes procedures for responding to sexual misconduct incidents that includes sexual harassment, sexual assault, domestic violence, dating violence, stalking and other unwelcome behaviors as explained below.

POLICY:

NMC prohibits discrimination, which can include disparate treatment directed toward individuals or group of individuals based on race, ethnicity, sex, color, religion, national origin, physical or mental disability, age (40 and over), marital status, sexual orientation, pregnancy, gender identity, status as a U.S. Veteran (disabled, Vietnam, or other), or other protected class, that adversely affects their employment or education. For religion or disability, the law allows employees and students to request reasonable accommodation to continue their work or studies.

NMC also prohibits sexual misconduct in any form, including sexual assault or abuse, sexual harassment, sexual violence, stalking, dating violence, domestic violence and any other forms of unwelcome conduct of a sexual nature, all of which can be forms of sexual discrimination. Members of the NMC community should be able to live, study, and work in an environment free from sexual misconduct.

It is NMC's position that sexual misconduct in any form will not be excused or tolerated. It is the College's goal to prevent the occurrence of discriminatory and harassing activity and to promptly stop such conduct. While grounded in state and federal non-discrimination laws, this policy may cover those activities, which, although not severe, persistent, or pervasive enough to meet the legal definition of harassment, are unacceptable and not tolerated in an educational or work environment.

All members of the administration, faculty, staff and student will be subject to NMC's disciplinary process for violation of this policy. Persons engaged in prohibited conduct may also be subject to criminal and civil procedures at state and/or federal levels. NMC is committed to fair and prompt procedures to investigate and adjudicate reports of sexual misconduct and to the education of the NMC community about the importance of responding to all forms of sexual misconduct. Special emphasis is placed on the rights, needs, and privacy of the person with a complaint, as well as the rights of the accused. At the same time, NMC adheres to all federal, state, and local requirements for intervention and crime reporting related to sexual misconduct.

Please refer to the entire policy on the website.

Pregnancy Policy

It is recommended that the student who becomes pregnant:

- Inform the Program Director of her pregnancy as soon as known.
- Consult with the Clinical Coordinator to devise a plan for completion of clinical educational requirements.
- Obtain a physician release to return to clinical education after delivery (refer to the Return to Clinical, Class or Lab Following Illness or Injury policy on the College Website for more information)

An "incomplete" due to pregnancy will be managed on a case-by-case basis.

Communication Guidelines (Informal Resolution of Issues)

Purpose:

To provide a clear chain of communication for the student to follow to seek resolution of a problem that may arise in the classroom, laboratory, or clinical setting. The resolution process for an academic concern is to provide an impartial review of academic situations and issues for ensuring that the rights of all students are properly recognized and protected. No adverse action will be taken against a student who chooses to utilize this process.

The grade received in a course.

A decision perceived to be arbitrary, capricious, or applied unequally and impacts one's academic progression.

Additionally, as a part of the professional expectations of a student, the student is always encouraged to seek immediate resolution by directly engaging the party involved. When this is not possible, the student is expected to use the following line of communication. If the student feels the need to deviate from this procedure, he or she may do so, but must be able to explain why they did not follow the established

procedure. Nebraska Methodist College has formal policies and procedures for resolution of academic and non-academic student concerns. The policies are available in the College Catalog online. Refer to the Resolution Process policy under the General Student Policies section for the complete policy at <http://www.methodistcollege.edu/about/policies-and-guidelines/personal-code-of-conduct>

Guidelines:

1. Academic:

- a) Student should notify the course instructor of the issue or concern to seek resolution.
- b) If the desired outcome is not reached the student should then report the issue/concern to the Program Director.
- c) If the issue cannot be resolved at the Program Director level, the Program Director will take the matter to the Dean. If a student wishes to discuss a concern regarding the Program Director, they may take their concern to the Dean of Health Professions after they have attempted to meet with the Program Director to resolve the matter. It is strongly encouraged that a student attempts to resolve matters with their instructor or Program Director in a face to face meeting when available prior to taking matters to the Dean of Health Professions.
- d) The Vice President of Academic Affairs will be contacted if the matter is not successfully resolved with the Dean.
- e) At any time the student may initiate a more formal resolution process if the student feels that the matter has not been addressed to their satisfaction- refer to Academic Policies, Student Health Policies, or Personal Conduct Policies on the Website <http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies>

2. Clinical:

- a) The student should notify the designated clinical instructor/ preceptor or a clinical staff member about the situation.
- b) The clinical instructor/staff will notify the Clinical Coordinator of the situation and whether or not the matter was successfully resolved.
- c) The Clinical Coordinator will schedule a meeting with the student involved, and involve the clinical instructor or department manager as necessary. The Program Director will be notified of the issue and the planned steps for intervention.
- d) The Program Director will notify the Dean of Health Professions in situations requiring further intervention.

Textbooks, Supplies and Uniforms

Textbook, supplies and/or additional course requirements are listed in each course syllabus. The Sonography textbooks are available in the bookstore approximately 1-2 weeks prior to the start of the semester. It is recommended that students retain possession of anatomy, physiology, pathophysiology, and medical terminology texts used in previous courses. Students should also have English language and medical dictionaries for reference. Students are required to purchase the appropriate clinical and lab attire as specified in Section III and IV.

Recording of Classroom Sessions

Policy:

Nebraska Methodist College prohibits recording and transmission of activities (e.g., lectures, discussions) that occur as part of a classroom session by a student unless written permission from the course instructor has been obtained and all students in the course as well as any guest speakers have been informed that audio/video recording may occur. A recording is defined as a video or audio replication or photographic image recorded on devices, including, but not limited to, audio recorders, video recorders, cellular phones, digital cameras, MP3 players, computers, tablets, and other handheld devices that records images and/or sound. If a student is granted permission to record any portion of a classroom session, that student understands that the recording is for the sole use of the individual student and may not be reproduced, sold, posted online, or otherwise distributed. A student does not have permission to reproduce or post the information on any social media (e.g., YouTube, FaceBook, etc), or other public or private forum that would infringe on the privacy rights of others represented in the recording. (See full policy in the NMC College Catalog)

Note: Each DMS faculty member will determine whether or not audio and video recording in their class is allowed and may ask at any time to have a student discontinue audio or video recording.

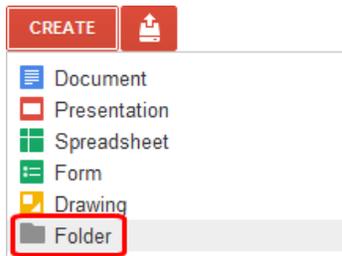
DMS Assignments via Google Drive

The DMS Program has set you up with a Google Account through the methodistcollege system so students can upload files and share them as necessary. Below are the instructions for logging into it, uploading your file, and sharing it with classmates. Contact the Program Director with any questions.

Creating your folders and your assignments

1. Go to google.com
2. Click on Drive at the top of the Google site
3. In the Sign In window type student.e-mail@methodistcollege.edu in the e-mail window and “student password here” for the password. Then click the **Sign In** button

4. Start by creating a Folder for each course in a given semester:



5. Include in the name:

- a) The current school year (four digits such as 2015)
- b) The course number (ex: DMS 207)

The new folder will appear in your files list.

6. Please create subfolders in each course folder (Ex of subfolders: Section information such as, OB, ABD, Lab). Select the folder and click on the **Create** icon toward the top left of the screen

- a) In the “**New Folder**” popup window, type the name of the Subfolder

7. Save your assignments in the respective folders. When you save them, please include the following:

- a) The current school year (four digits such as 2015)
- b) The course number (ex: DMS 207)
- c) Your name (last name then first name)
- d) The name of the document or folder

- A shared **folder** may be named: **2015-DMS207-Smith-Jane-Worksheet #1**

Sharing your work:

You can share a file or folder in Google Drive or in the Docs, Sheets, and Slides home screens.

1. Open Drive, or a file or folder you want to share.
2. Open the sharing box:

While you have a file open: Click Share in the top-right corner.

While you have a folder open: Click the share icon in the top-right Share.

From your file list in Drive: Select the name of a file or folder and click the share icon at the top Share.

3. Under “People” in the sharing box, type the email addresses of the people or Google Groups you want to share with. You can also search for contacts by typing them into the box.
4. Choose the type of access you want to give these users by clicking the dropdown arrow to the right of the text box:

Can edit: Users can edit the file or folder and share it with others

Can comment: Users can view and add comments to the file, but can’t edit it. Folders can't be given comment access.

Can view: Users can see the file or folder but can’t edit or comment on it

5. Click Done. The users will receive an email letting them know you’ve shared the file or folder with them. **Note:** Instead of just sharing individual documents, you can also choose to **share an entire folder** with others. If you do this, then **everything inside the folder** will be automatically shared with those people. If later you add a new file to the folder, it will automatically be shared to those people as well.

If you want to share multiple files at once, add the files to a folder in Drive and then share the entire folder with the people you want to see the files.

To change your password to this account, do the following:

1. After signing into your Google Docs College Account, click on your e-mail address at the top right of the screen
2. Click on Account Settings
3. Click on Change Password
4. Type your current password (See #3 in the instructions above)
5. Type in a new password in the New Password and Confirm New Password spaces then click Save

Note: See Section IV for details on Clinical Assignments, Clinical Portfolios and Google Drive.

Sonography Course Grading Policy

Purpose:

To clarify the grading policies of professional sonographic courses.

Policy:

Students must have a minimum of a 70% (C) average in their professional courses/labs.

Procedure:

1. Students must achieve a minimum of 70% average to successfully complete the course.
 - a) Course grades will be figured according to the course syllabus.
 - b) There will be no curve grading, so the grade you earn is a direct reflection of your own performance, and uninfluenced by the class average.
 - c) There will not be any rounding of numerical grades to the nearest integer.

Sonography Course Exam Grading Policy

Purpose:

To clarify the grading policies of exams in professional sonographic courses.

Policy:

Students must have a minimum of 75% average on all examinations to successfully complete a course.

Procedure:

1. Students must achieve a minimum of 75% exam average to successfully complete the course.
 - a) Lab Competencies will be treated as exams.
 - b) Clinical evaluations in the fall and spring semesters
2. Prior to final course grade computation, examinations will be averaged separately to determine if the 75% score has been met or exceeded.
3. Test grade averages equal to or greater than 60% and less than 75% will result in a "D" in the course. Test grade averages less than 60% will result in an "F" in the course, regardless of other course assignments or grades.
4. If the test grade average is greater than or equal to 75%, the final course grade is computed incorporating all graded class assignments.

5. A grade of “D” or less in any course will result in failure to progress academically (See Academic Progression Policy).
6. If a student wishes to dispute an exam question, they must appeal IN WRITING within 24 hours after the exam has been returned and must include a specific rationale for why your answer is correct with supporting evidence (citations). The faculty member will respond within 3 working days of the date the appeal was received.
7. Please allow 5-7 working days for grading of exams.

Course Incomplete

An “I” is given to a student who has substantially completed a course, but who as a result of serious illness or other justifiable cause, cannot complete all requirements of the course by the end of the term. ***The “I” is not granted to a student who has been excessively absent during the term or who has simply failed to complete the work of the course before the end of the term without an exceptionally good reason.***

The student faced with extenuating circumstances that prevents satisfying course requirements according to the established schedule must contact the faculty in the course. The faculty reviews the situation and agrees or disagrees with the student request. If a faculty member agrees, the student and the faculty member will complete and endorse a Completion of Course Agreement Form (available from the Registrar) detailing the requirements and plan for completion of the course. This agreement will specify the final grade to be assigned if course work is not completed by the deadlines specified.

The responsibility for completing all coursework rests with the student. The **maximum time** allowed for clearing a grade of “I” is one year from the START of the course. If, after one year, the student has not completed the necessary requirements to finish the course, the instructor will assign the final grade as agreed to in the Completion of Course Agreement Form.

Refer to the Course Incomplete Policy on the Website

<http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies>.

Communication Devices: (personal calls, cell phones)

Purpose:

To support an academic atmosphere free from distractions caused by communication devices.

Policy:

No personal telephone call should be received while in the clinical area except for emergencies. Departmental telephones may not be used for personal calls.

All students must turn cell phones off during all educational activities (class, lab, clinical). These devices are disruptive to the educational environment and should only be activated during breaks.

Failure to do so may result in dismissal from the classroom, lab or clinical site and could result in disciplinary action. Please refer to the policy on Penalties for Inappropriate Use. Disciplinary action for violations of the student code of conduct (privacy violations, photographing documents or individuals, text-messaging during an exam, etc) range from a written or verbal warning to dismissal.

Electronic Communication

Purpose:

To ensure the privacy of all communications with the College.

Policy:

All students are required to utilize the Methodist College e-mail system for electronic communication with the instructor. Students are also to ensure that only appropriate materials are transmitted through this e-mail account. Inappropriate material or material in bad taste sent can be subject to disciplinary action as deemed by the Program Director and/or Associate Dean.

Electronic Communication Etiquette: Students are to use appropriate and professional etiquette when communicating with College faculty or personnel, or any representative of the Program including clinical instructors. This includes, but is not limited to:

- Appropriate salutation or greeting by name (i.e.- Hello, Dr. Smith, Hi Jane, etc)
- Full sentences with appropriate grammar —(no text-message shortcuts or jargon)
- Closure- (i.e.- Thanks, Mary; Regards, Tom)

The instructors will use e-mail frequently to contact you individually and occasionally as a group; therefore, it is very important that you check your college e-mail frequently (at least once a day) and that you carefully read all e-mail correspondence. We will make every effort to respond to your e-mail messages within 24 hours of receipt of your message during the week. If you send an e-mail after 4 P.M. on Friday, however, do not expect a reply until after 9 A.M. on Monday morning. If you are having technical problems with MyMethodist (Discussion Board, etc), please call technical support. If you have questions of a more personal nature, please contact us individually via phone or set up an appointment before contacting anyone through e-mail. Refer to the College Online- Communication Policies at <http://www.methodistcollege.edu/about/policies-and-guidelines/online-communications-policies>.

Confidentiality of Patient Records

Purpose:

Students are able to complete the clinical objectives and requirements of the programs through the privileges granted them from the clinical affiliates associated with the program. While in the clinical areas students will be privy to confidential information for each patient examined. The purpose of this policy is to protect patient identity and privacy.

Each student is required to sign confidentiality agreement. An excerpt of the agreement follows:

The student “acknowledges **his/her responsibility under applicable State and Federal law and the Agreement between NMC and Facility, to keep confidential any information regarding Facility patients,** as well as all confidential information of NMC and Facility. The undersigned agrees not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and **further agrees not to reveal to any third party any confidential information of NMC and Facility,** except as required by law or as authorized by NMC and Facility.

The undersigned understands that all Facility computer network accounts opened for him/her are to be used by the undersigned. The undersigned agrees not to make the account available to any other person. **The undersigned further agrees not to access any user account for which he/she does not have authorization to use.** The undersigned will not delete, modify, remove, or change any computer file that belongs to another person. The undersigned also understands that the information contained in the patient management systems and employee management systems is confidential and that accessing that information for personal use or allowing another person to access such information or to divulge such information, particularly confidential patient information, is cause for disciplinary action up to and including termination of employment, contract and/or dismissal from the training program at the Facility.

In accordance with federal HIPAA regulations, removing client records (including film or video tapes) is expressly prohibited unless the patient has signed a release form or the material has been thoroughly de- identified. The student must abide by the individual policies and procedures set forth by each clinical site pertaining to the use of cases for educational purposes. **Failure to abide by this policy may result in suspension or dismissal from the College and/or legal action brought against the student. Student liability insurance provided by the College will not protect the student who violates this policy.**

Procedure:

1. Any discussion of the patient information beyond the purpose of fulfilling clinical assignments is prohibited.
2. Appropriated discussion of patient information to co-workers and hospital employees must be accomplished in a confidential manner and place to restrict information only

to the healthcare personnel involved with that patient's care. Conversations in elevators, eating places, or other places of common assembly within the clinical site must be avoided. Patients' families and community people may be listening and wrongly interpret the things discussed. Careless talk may lead to malpractice litigation.

3. If client information is to be taken from a unit/agency, students must consult with the clinical instructor or Clinical Coordinator regarding agency policies and procedures. The policy may include having the client sign a release of information form available at that site.
4. All identifying client information must be blacked out or eliminated from any client record.
5. Discussion related to the case is to take place **solely** in the classroom with the instructor present. The material must be presented in a way that completely protects the patient's identity.

Policy: Please review the full policy on the website under general policies at <http://www.methodistcollege.edu/about/policies-and-guidelines/general-policies>

Student Records

The program maintains DMS program specific records for current and recently graduated Sonography students in the respective Program Director's offices. Student program files are kept through each accreditation cycle. All other records are kept on file with the Registrar. The respective Clinical Coordinator maintains all current student clinical files. These documents are secured and may be reviewed by making arrangements with the Program Director and/or Clinical Coordinator.

Disciplinary Action

Policy:

Any infraction of the policies of the Diagnostic Medical Sonography program, NMC, and/or any infraction of the policies and regulations of the clinical site in which the student is assigned will warrant disciplinary action. These interventions below are not in lock-step order, meaning that any type of disciplinary action may be initiated at any time depending on the seriousness and frequency of the infraction, circumstances surrounding the infraction and the student's prior record.

Procedure:

1. If the problem should develop within the DMS program or assigned clinical site, the staff will notify the proper program faculty through the appropriate channels of communication (see Communication Guidelines Policy).

2. The program faculty will investigate the situation and decide upon the appropriate measure to pursue. Disciplinary action shall fall into one of the following categories (**these are not in a lock-step order**):
 - a) **VERBAL WARNING** - The appropriate faculty member will notify the student that continuation or repetition of specified conduct may be cause for other disciplinary action.
 - b) **WRITTEN WARNING** - A written reprimand may be given to a student whose conduct violates any part of these regulations or policies. Such a reprimand does not restrict the student in any way, but does have important consequences. It signifies that he or she is in effect being given another chance to conduct himself or herself as a proper member of the institution community, but that any further violation may result in more serious penalties.
 - c) **DEVELOPMENTAL PLAN/CLINICAL PERFORMANCE CONTRACT** - This is a written plan that involves input from the student and Program Faculty and is directed toward establishing strategies which will improve the students behavior (clinical or classroom). **This will occur a maximum of once per semester.**
 - d) **COURSE FAILURE and/or DISMISSAL FROM PROGRAM** – Students who fail in the above processes are subject to the policy regarding academic progression.
3. At any time during this process, a student may be referred to counseling, in addition to or in place of, other sanctions. In the event a student is believed to be in immediate danger to him/herself or to others due to emotional or psycho-social issues, the student may be required to obtain professional evaluation and treatment in order to remain enrolled as a student.

Outside Employment

Purpose:

To ensure separation of clinical education and student employment within the profession and to provide guidance on balancing employment with program rigor.

Policy:

Students may be employed outside the classroom and clinical times. However, employment within the discipline being studied will not substitute for program clinical time. Because of the rigorous nature of the Program, it is generally advised that the student engage in part-time work if necessary. It is ultimately the student's decision whether and how much to work. Students should be advised that the course, clinical and lab schedules will not be altered to accommodate a student's employment schedule.

1. Outside employment must be arranged to not interfere with Program classroom, lab, off- campus experiences and clinical schedules.

2. Employment in the discipline being studied is a matter between the employee and the employer. The College is not a party to any such agreements.
3. Employment in the professional area being studied is a matter between the employee and the employer. The College is not a party to any such agreements and provides no liability insurance for the actions of students who are acting outside of their role as a student.

Release of Reference Information

Purpose:

The purpose of this policy is to ensure the appropriate release of reference information regarding Nebraska Methodist College students in accordance with federal and state requirements and to provide documentation of signed student request information released.

Policy:

College personnel may provide, upon written request, written reference information regarding the student's performance at Nebraska Methodist College. Only written references will be provided upon completion of the Permission to Release Information Form. The form is available at the Clark Center Information Desk or from the Program Director or Clinical Coordinator.

Section III– Sonography Lab Policies and Procedures

Sonography Lab Courses and Sessions

Scheduled Sonography lab courses and or sessions are designed to provide instruction in the technical and psychomotor skills involved in learning basic and advanced scanning skills, production of sonographic exams, and the analysis and critique of sonographic images and/or exams.

Lab Utilization and Scanning Policies

Purpose:

To monitor appropriate lab utilization.

Policy:

The use of ultrasound equipment is restricted to the DMS program faculty and the students enrolled in the Sonography Program. Use of ultrasound equipment by any other nursing or allied health students is expressly prohibited and may result in disciplinary action. The policy is also to ensure the prudent and safe utilization of ultrasound when scanning volunteer models. Each learning concentration may have more specific lab polices (See Lab Course Pages on MyMethodist).

Procedure:

1. Students are expected to conduct themselves as though they are in the clinical setting. Loud talking, joking, use of foul language or any disruptive behavior will cause the student to be dismissed from the lab session and will result in a disciplinary action.
2. Students should wear appropriate lab attire of solid, one color scrubs with NMC Student identification at all times (see clinical dress code policy).
 - a. 1st offense- you will receive a warning.
 - b. 2nd offense- you will be dismissed from lab and receive a 0 for the day and will receive a 5 point deduction from each laboratory course.
 - c. 3rd offense- you will lose your laboratory privileges and be scheduled times that you can be in the laboratory.
 - d. 4th offense- you will be dismissed from the program.
3. There shall be **NO minors** in the lab at any time.
4. Minors are not allowed to be scanned.
5. The Sonography Lab Calendar (Google) must be utilized at all times for reservation of equipment use. You may reserve unit for up to an hour of time. If it is not reserved for that period of time and you wish to use it longer, you may do so. Keeping in line with the ALARA concept, OB volunteers should not be scanned for more than one hour. Weekly scanning times should not be reserved any more than 1-2 weeks in advance.
6. All volunteers must sign a waiver (**Laboratory Volunteer Consent Form or OB Volunteer Consent Form**) that indicates that the sole purpose of the experience is for education and instruction. A physicians name must be included for contact in the unlikely event that an incidental abnormality is discovered. This form must be on file with the instructor, prior to the volunteer being scanned.
 - a) Pregnant volunteers must have had a normal ultrasound examination prior to the lab experience and have a completed **OB Volunteer Consent Form** must notify her physician of her intent to volunteer as a model. Under no circumstances will a pregnant woman be scanned who is not under the care of a physician and who has not had an initial screening ultrasound exam that has been interpreted by a physician. Direct supervision shall be provided by an instructor unless indirect or limited supervision has been approved in advance by the instructor.
7. Students may have a beverage and food in the lab but must comply with the following:
 - a) All food must be in a covered container or to-go box.
 - b) All beverages (pop, coffee, juice, etc.) must be covered and kept in the storage cubicles.

- c) At no time should there be food or drink in the scanning portion of the lab or by the computers.
- d) All food/drink must be disposed of prior to leaving the lab.
- e) These privileges are ultimately at the discretion of the program faculty and may be altered.
- f) When supplies and linen are running low, it is the students' responsibility to notify the program director or clinical coordinator.

8. Laboratory Demeanor:

- a) Students are required to conduct themselves as sonographic professionals while in laboratory. Always assume that patients are present or due to arrive.
- b) If music is playing, it must be played at a low volume and may not contain offensive lyrics and/or content.
- c) The laboratory must maintain a "library-like" environment. Excessive or loud talking is prohibited.
- d) Students that have reserved laboratory time on the calendar shall always have "right of way" for equipment utilization over those that did not.
- e) Patient privacy and modesty is paramount. Students scanning the volunteer will ensure that all patients are afforded privacy and also appropriately covered.

9. When a volunteer is to be scanned, the student and instructor will introduce themselves to the volunteer and explain the procedure. The volunteer **MUST** sign a **Laboratory Volunteer Consent Form** prior to being imaged. These can be found in the organizer on the wall in the lab. The student and instructor will conduct themselves as they would in the clinical site. All volunteers shall be treated with the same respect and courtesy as patients in the clinical setting.

- a) The instructor will explain to the volunteer that technical information and scanning instructions will be given to the student and that the instructor will answer student questions about anatomy, scanning technique, and image acquisition during the scanning session.
- b) Scanning times are to be limited to one hour per "exam".
- c) If a significant atypical finding is discovered by the student and/or instructor(s), the student and instructor will document the finding (if possible) and the scan session will be terminated. The medical director will be contacted for appropriate action, which may include informing the volunteer's physician.

Sonography Lab Calendar (Google)Utilization

Purpose:

To ensure that Google Calendar is used appropriately.

Policy:

The student is responsible for scheduling scanning time outside of lab; the student must utilize Google Calendar appropriately and it should be fair and equitable to all sonography students.

Procedure:

1. The Sonography Lab Calendar (Google) shall be utilized at all times for reservation of equipment use. You may reserve unit for up to an hour of time. If it is not reserved for that period of time following your scheduled time and you wish to use it longer, you may do so. You may schedule a time through google Calendar 1 week prior to the time that you wish to reserved.
2. The student should sign up for the time that best works for them and must request the equipment that they will be using. **This should be specified in the reservation (ex. Jane Smith Phillips #1).**
3. If a student needs to cancel their scheduled time, please delete your name from the Sonography Lab Calendar (Google). At no time should a student delete another student's name/time from the Sonography Lab Calendar (Google).
4. If a student is more than 15 minutes late for your scheduled scanning time, they will lose the timeslot.
5. If a student is in violation of any of the Sonography Lab Calendar (Google) rules, they may be given a set time to scan each week by the instructor/ program director or may lose their lab privileges.

Ultrasound Equipment Utilization

Purpose:

To ensure that equipment is properly maintained.

Policy:

The student will be responsible for the condition of the equipment that is entrusted to his/her care for educational purposes through proper utilization and maintenance.

Procedure:

1. All students must have had an orientation to the lab, equipment and policies **prior to use**.
2. The Sonography Lab Calendar (Google) shall be utilized at all times for reservation of equipment use. You may reserve unit for up to an hour of time. If it is not reserved for that period of time and you wish to use it longer, you may do so. Keeping in line with the ALARA concept, OB volunteers should not be scanned for more than one hour.
3. Upon arrival, the student will turn on the unit of choice and wait for the appropriate warm up period.
4. After a transducer is used, it is to be cleaned with a moist towelette or washcloth and hung appropriately. **Under no circumstances should a transducer be allowed to hang by the cord.** This can damage the wiring and result in irreparable damage to the unit and possible injury to the user.
5. At no time should there be a transducer lying on the floor or anywhere except for the allotted holder on the machine.
6. When the student has finished, the machine is to be cleaned of any gel that has accumulated on the keyboard, panels, and transducers, and the unit is to be turned off.
7. All dirty laundry is to be placed in the hamper and taken to the soiled linen area.
8. It is the students' responsibility to notify the program directors or clinical coordinators when linen is running low.

Receiving Feedback in the Lab

1. Assume that feedback is constructive.
2. Ask for clarification or examples if statements are unclear or unsupported.
3. Accept negative and positive feedback positively for consideration, rather than dismissively for your protection.
4. Ask for suggestions of ways you might modify or change your technique.

Scanning Assignments

1. Scanning assignments are expected to be the student's own work. If it is brought to the instructor's attention that a scanning assignment is not the student's own work, this is considered to be plagiarism and plagiarism of any kind will not be tolerated. Refer to the Academic Policies, Student Health Policies, or Personal Conduct Policies on the Website <http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies>.

2. The only means for acquiring images off of the machines is by thumb drive. (Unless you are using the HP machine or GE machine).
3. Rubrics shall be provided by instructors so expectations are clear for each assignment.

Utilization of Lab Computer

Purpose:

To ensure that the computers in the lab are used for sonography education purposes.

Policy:

Students are to use the computer in the lab for education purposes only. It is expressly for the use of sonography students and faculty unless permission is obtained from the program administration.

Procedure:

1. **NO software may be loaded on the computer** in that it may conflict with existing programs and cause system failure. This policy will be strictly enforced.
2. All educational and registry review CDs are located in the Program Director or Clinical Coordinator's office and may be used by checking them out.
3. Under **no circumstances may computer software be duplicated**. This is in violation of copyright laws and will be strictly enforced.

Use of Learning Resources

Purpose:

To ensure that learning resources such as computer programs, library books and journals are used and returned in good condition.

Policy:

Students have open access to all learning resources in the lab. If any item is going to be removed from the lab, the student must check it out with a faculty member. Learning resources are there to enhance the educational experience and should be used by all students. However, these supplies are also expensive. If this policy is not adhered to, the result will be a closed system whereby all materials will be locked up and require the presence of an instructor for check-out. It is the expressed wish of the department that this would not have to happen.

Procedure:

1. Students have open access to the lab. If a scanning lab is in progress, the student may ask the instructor for permission to enter and retrieve material.

2. All material is to be used in the lab. If the student needs to remove an item from the lab, it must be signed out with an instructor.

Section IV - Sonography Program Clinical Policies and Procedures

Clinical Assignment/Selection – Multispecialty Students

Purpose:

The program utilizes multiple clinical affiliates. The Clinical Coordinator(s), in conjunction with the Program Director, places students at clinical sites to give all students equitable and comparable clinical experience. Students do not choose their clinical sites. Any changes to student assignment will only be made by the Clinical Coordinator or Program Director.

Policy:

The Clinical Coordinator has the responsibility of assigning students to clinical rotations. Students must complete their clinical education through scheduled utilization of approved clinical affiliates. Site preference is considered, but clinical site assignment remains solely at the discretion of program faculty. Students shall use personal or public transportation to clinical sites. Commuting time and costs are not determinant factors in making clinical assignments.

Procedure:

1. Student input into selection of clinical site or facility may be solicited in specific (and rare) instances.
2. In order to obtain specific clinical experiences to meet course objectives, students may be required to travel to clinical settings in a variety of geographic settings. Students should be aware of the possibility of direct and the indirect expenses associated with travel.
3. Students will receive the clinical schedule for each semester approximately 2 weeks prior to the beginning of the semester. It is the student's responsibility to arrange to be at his/her site and at the hours given in the clinical schedule.
4. Per the Clinical Affiliate Agreement, a clinical site, at their discretion, has the right to dismiss a student or not accept a student back into the clinical site. Immediate and/or future clinical placement is not guaranteed. Refer to the Dismissal from a Clinical Site policy on page 44.
5. DMS 380 (Clinical Practicum III) begins one week ahead of the designated start date on the academic calendar for spring. This is to ensure the completion of required clinical hours and to allow flexibility in students needing time off for interviews and boards.

Directed Clinical Experience /Clinical Externship

Students interested in completing either of these courses should communicate at least one semester in advance with their advisor and/or Clinical Coordinator. It is the student's responsibility to find the clinical site, contact them and gain the necessary information needed. A clinical affiliation agreement must be in place for the student to participate.

Dismissal from a Clinical Education Site

Any request by a clinical site to remove (temporary or permanently) an individual student from the site as a result of the student's behavior or performance will be evaluated on a case-by-case basis. Depending on the nature of the clinical dismissal, actions may range from placement at a new clinical site or required make-up time to clinical probation or program dismissal. Due to the variety of circumstances that involve the affective and technical domains of learning, no one disciplinary standard can apply to all of these areas. The nature and degree of disciplinary action taken will be based on the type and seriousness of the infraction, the student's academic and clinical record, and previous history of warnings/ disciplinary actions. Note, incidents that compromise patient safety or violate patient confidentiality (HIPAA) will have serious consequences. The Clinical Coordinator will conduct an investigation of the situation and together with the Program Director will render a decision on the outcome. If a student is removed from the clinical site, immediate and/or future clinical placement is not guaranteed. In some cases, a student's clinical experience may be delayed depending on clinical availability.

Student Exposure to Illness

As healthcare providers, Nebraska Methodist College students are at increased risk of exposure to communicable and blood borne illnesses (including, but not limited to: influenza, hepatitis, pertussis). Students are required to maintain complete and current health and immunization records with Student Health Services. This requirement ensures the well-being of students, clients and the NMC community. Please refer to your Clinical Policies and Student Health Center policy for guidance should an exposure occur. Refer to the Academic Policies, Student Health Policies, or Personal Conduct Policies on the College Website <http://www.methodistcollege.edu/about/policies-and-guidelines/student-health-policies>.

Clinical Behavior

Students are to exhibit high standards of behavior at all times. All individuals possess certain unique attributes, which can be positive features in interacting with others. However, if personal characteristics become distractions, or are viewed as undesirable by patients, staff, or faculty, it is expected that such behavior will be appropriately modified and disciplinary

action could result (**see Disciplinary Action Policy & Student Code of Conduct Policy**). Above all, each student should keep in mind that personal behavior is not only a reflection of oneself, but also of the program and the institution. As each clinical education center has granted students the privilege of learning in their facility, students are expected to demonstrate professional behavior at all times. This means that the student must also abide by the clinical affiliate's procedures, policies, rules, and regulations. Please remember that while at clinical assignments, students are representatives of the program, the profession, and Nebraska Methodist College.

A student is individually responsible for his/her own actions and are expected to use good judgment and taste in their conversations with others. Examples of inappropriate conversations are, but not limited to:

- making inappropriate comments or using inappropriate verbal or body language to patients, family or staff
- gossip regarding patients, physicians, fellow students, or co-workers
- discussion of other students, clinical sites, faculty and staff at NMC
- discussion of student grades and progress in the program
- discussion of clinical information (condition or prognosis) with patients or relatives (all patient information is considered confidential and must be treated as such. Refer to HIPPA policy.)

Furthermore, a student's private, as well as professional life is expected to be conducted according to the highest moral standards. Students are not to burden patients or personnel with personal problems. "Common sense" applies here.

Clinical Attendance

Purpose:

Each student will be assigned to one or more clinical sites for each semester. The student is required to be present in their designated department according to the schedule that has been provided. Students are required to make-up any hours missed at the clinical site where the absence occurred.

Clinical rotations provide the experience and practice necessary in developing clinical skills and problem solving abilities. Attendance and punctuality matter. You will not be able to fulfill your clinical requirements for the clinical portions of the courses if you are not in attendance at your clinical assignments.

NOTE: DMS 380 (Clinical Practicum III) begins one week ahead of the designated start date on the academic calendar for spring. This is to ensure the completion of required clinical hours and to allow flexibility in students needing time off for interviews and boards.

Policy:

Responsible attendance is a tremendously important part of the student's education. Students are responsible for their own transportation to assigned clinical sites. Students will follow designated clinic hours during the entire semester. Students are required to attend all scheduled clinical sessions. Tardiness will not be tolerated. If a clinical site is closed for any reason the hours must be made up. Clinical time missed must be made up in the semester in which it was missed or academic progression and/or graduation might be delayed. Refer to the pregnancy and short term disability policies for absences that might extend beyond a semester or cannot reasonably be made up in the semester in which they occurred. This does not include days where the college is officially closed (hotline 402-354-7222). This may be weather or non-weather related. Clinical make-up is not guaranteed in all circumstances due to the structure of the programs. If clinical rotations are not complete, the student may receive an incomplete grade for the course. Refer to the Incomplete and Academic Progression Policies on the College Website at <http://www.methodistcollege.edu/about/policies-and-guidelines/>,

Procedure:

1. Clinical schedules will be developed and provided to the students and clinical staff prior to the start of a semester. **Students are responsible for all clinical hours in a given semester. Students will not be allowed to accrue or build-up compensatory time.** However, if a student fulfills their clinical hour requirement in their final spring semester, they may have the option to opt out of clinical attendance in the last scheduled clinical week of that semester only. This option is only available to students in good standing academically. Students on a Clinical Performance Contract are not eligible to accrue time to be used at the end of the final spring semester.
2. If there is a need or request to alter a student's clinical rotation schedule in any manner (i.e. hours, rotations, etc) a request must be made in writing to the Clinical Coordinator prior to the change, so that it may be approved. Failure to follow procedure may result in removal from the clinical site or forfeiture of unauthorized clinical hours.
3. If a student wishes to attend a clinical site during a time that is not designated for clinical time in the syllabus, /schedule (for further experience, or if they would like to shadow a sonographer on call, etc.) they must first contact the Clinical Coordinator who will then contact the clinical site/sonographer for approval. This time may not be logged as fulfillment of required clinical hours in any clinical practicum course.
4. Due to the mandatory number of clinical hours required to pass a clinical practicum course, students are not allowed to leave the clinical site early (unless the site closes for the day) even if the clinical site's schedule is finished for the day. There is always a possibility that a case may be added on late in the day. Students are encouraged to bring study materials in cases of downtime and to use the time wisely.
5. Lunch periods and breaks will be determined by the staff at each clinical site. Meal and break times are inclusive of the scheduled clinical education hours.
6. If a student is going to be late or absent or leave an assigned clinical rotation early, he/she must notify the clinic personnel and Clinical Coordinator no later than one hour prior to when the clinical day was scheduled to begin or one hour in advance of an early departure. Your clinical manual has the names and phone numbers of the people you

should contact in the event you are going to be late or absent. If you are unable to speak directly to a staff member, leave a message for the clinical staff, indicating approximately how late you will be (five minutes, one hour, etc.). It is advised that students record the name and title of the person with whom the message was left.

- a) Short Term Clinical Absence Form: There may be instances where absence from the clinical site is warranted in a last minute situation. Examples include, but are not limited to: illness, flat tire, sudden death of a family member, etc. These are all emergency situations where attendance at clinic for the day would be excused. An immediate phone call to the clinical site and clinical coordinator is mandatory. A short term absence form is due no later than one week following the day the absence occurred. It is the student's responsibility to schedule a plan for make up with the clinical site where the absence occurred.
- b) Future Clinical Absence Form: Most personal or health issues that warrant a leave of absence can be anticipated in advance. Examples include, but are not limited to: vacation, doctor's appointments, family commitments, funerals, surgery, etc. Any such need for absence from a clinical practicum should be anticipated in advance to the extent possible. No more than 2 future absence forms will be allowed in any given clinical course for a semester. If the time period of the absence extends 3 days on a form, a written request along with your future absence form must be made to the Clinical Coordinator and it must be then approved by the Program Director. Once the absence has been approved by the Clinical Coordinator, it is the student's responsibility to schedule a plan for make up with the clinical site where the absence occurred.
- c) If a student is in good standing academically, leave time for job interviews in the final semester (pertaining to the field of study) will be allowed on a case by case basis at the discretion of the Clinical Coordinator and/or Program Director. (Missing class time will be addressed in each course specifically.) A future absence form must be submitted.

Note: Absence forms that are handed in without a clinical instructor's signature will be automatically denied. Short Term absence forms that are turned in more than one week following the absence will result in an automatic 5 point deduction from the overall grade for the course. Future absence forms that are turned in later than one week before the absence will be automatically denied. If a make-up day or time that is listed on your short notice or future notice absence forms needs to be changed for any reason, a new absence form will need to be handed in indicating this change.

7. If an excess of clinical absence occurs due to illness, a written note from a nurse or physician may be requested before returning to the clinical site.
8. While every effort is made to schedule make up time as expeditiously as possible, due to the number of required hours and clinical site schedule, immediate placement may not be possible. Students who are absent from the program for more than one semester

may be required to enroll in a Bridge course to ensure technical competency. Refer to the Technical Competency Assurance following absence policy <http://www.methodistcollege.edu/about/policies-and-guidelines>.

9. Failure to show up on an assigned clinical day or make-up day without the proper notification stated above may result in the drop of up to one letter grade (from the overall grade). NO-CALL NO-SHOW, that is not showing up to a clinical site and not calling in, is unacceptable behavior. Note, a family member may call in for you if you are unable to do so. Failure to follow any of these guidelines may result in the drop of up to one letter grade (from the overall grade).

Return to Clinical Following Injury/Illness

Purpose:

To determine the student's ability to return to normal clinical activities and to protect the student and patients.

Policy:

Upon return from an absence caused by having surgery, any orthopedic pain/injury including back/neck pain, pregnancy, delivery or a student requesting any restrictions must present documentation from their personal health care provider to the Student Health Center.

Procedure:

Documentation must indicate the date that the student may return to clinical and any restrictions. Students with physical restrictions may not be allowed to provide patient care. Restrictions will be evaluated on a case- by-case basis depending on the clinical area at the time of the illness/injury. Before returning to class/clinical from an absence related to an actual or probable infectious condition including, but not limited to, pink eye, diarrhea/vomiting, rash, draining wounds or influenza, the student must contact and may need to be seen by the Student Health Center at the request of the faculty. The student may also be requested to present documentation from their personal health care provider stating that they are no longer infectious and may return to class/clinical. All documentation related to the issues above shall be presented to the Student Health Center to be placed in the student's medical file.

(Refer to <http://www.methodistcollege.edu/about/policies-and-guidelines/student-health-policies> for more information.)

Responsibilities of the Clinical Affiliate Supervisors/Instructors

The clinical affiliate supervisors/instructors are available to students whenever they are assigned to a clinical setting. They provide appropriate clinical supervision and are responsible for student clinical evaluation and clinical competencies. See your clinical manual for a list of current clinical supervisors/instructors and their contact information.

Supervision in the Clinical Setting

Purpose:

To ensure adequate and proper supervision during all clinical assignments.

Policy:

Students must perform medical imaging procedures under the direct or indirect supervision of a qualified technologist or sonographer. Students shall not take the responsibility or the place of qualified staff. A student is never to perform a clinical examination without either the direct or indirect supervision of their assigned sonographer.

Indirect supervision- The student will perform an imaging study with the assigned sonographer, both student and sonographer will scan the patient. The sonographer may not be present in the exam room for the entire length of the exam, however, the sonographer will be immediately available to assist the student. The sonographer is ultimately responsible for the exam.

Direct supervision- The student will perform an imaging study with the assigned sonographer, both student and sonographer will scan the patient. The sonographer will be present in the exam room for the entire length of the exam. The sonographer will always be present to assist the student. The sonographer is ultimately responsible for the exam.

It is encouraged that an entry level student will always perform clinical examinations under direct supervision from their assigned sonographer. As the student improves his/her knowledge of ultrasound, anatomy, physiology, pathology, patho-physiology and clinical competency the clinical instruction will become more indirect to allow the student time to perfect their scanning skills and gain confidence. The assigned sonographer will always be immediately available and is always responsible for the exam in progress.

Clinical Probation Policy

Purpose:

To improve the student's professional behavior or technical skills to the level necessary for successful completion of the clinical practicum course. The term of probation is defined as a period of time from notice of the unsatisfactory performance (written or verbal) to the end of that semester/term, during which time, the student is placed on a Clinical Contract that specifies what is necessary to improve professional behavior and/or technical skills required for successful completion of the Clinical Practicum Course.

Policy:

Depending on the nature and severity of an issue or concern, a student *may* be placed on Clinical Probation. Unsatisfactory clinical performance may include, but is not limited to

violation of professional standards of behavior, deficiencies in technical skills and ability, issues related to attendance and punctuality, etc.*

Examples of conditions that might warrant Clinical Probation include unprofessional behavior, repeated minor offences that have not been satisfactorily addressed by the student, or any situation where patient safety is compromised. A Clinical Contract will be established for the student that has been placed on Clinical Probation. The terms of the contract will specifically identify actions necessary for the student to earn a passing grade in the Clinical Course. If the student is successful in meeting the terms and conditions of the contract, the student will be removed from Clinical Probation at the *end of the term/semester*. If a student receives an unsatisfactory evaluation of the nature to warrant clinical probation in any subsequent semester/term (any term after the initial Clinical Probation has been lifted) the student will be dismissed from the program.

*typically through the written evaluation, but may include verbal notification in extreme circumstances where patient safety is compromised.

Procedure:

1. The Student must meet with the Clinical Coordinator/Program Director to prepare a Clinical Contract explicitly stating expectations that must be met during the probationary period. The Clinical Contract shall identify the areas of concern and the goals for improvement.
2. It is the student's responsibility to communicate regularly with the Clinical Coordinator/Program Director about their progression towards improvement and completion of the contract.
3. At the end of the probation semester, the Clinical Coordinator/Program Director will review the terms of the contract and subsequent clinical evaluations. If the student has demonstrated satisfactory performance and has successfully met the terms of the contract, the student will be returned to good standing for the subsequent semester.
4. If improvement is not made within the probationary period, the student will receive a failing grade for the course.
5. A student may be placed on probation only once for a violation of professional standards of behavior and/or deficiencies and once for technical skills and ability in the program. If the student is placed on probation for both of these areas in the same semester, then the student cannot be placed on probation again.
6. While on probation any further violation of professional behavior or technical skills can result in dismissal from the program.

Patient Communication Policy

Purpose:

To provide students a framework to communicate effectively with patients, family, faculty and each other. Our students will display an active commitment to the five fundamentals of service and have the dedication of providing excellent care to our patients and their families.

Policy:

Students receive instruction in the AIDET process of communicating with patients, and are expected to follow this process in the clinical environment. Students will make sure to acknowledge and introduce themselves to patients, and explain treatment procedures to patients. This communication process serves to increase the patient's trust in the student and the treatment, build the therapeutic relationship, decrease patient anxiety and improve clinical outcomes.

Communication Devices: (Personal Calls and Cell Phones)

Purpose:

To support an academic and clinical atmosphere free from distractions caused by communication devices.

Policy:

No personal telephone call should be received while in the clinical area except for emergencies. Departmental telephones may not be used for personal calls.

- All students must turn cell phones and pagers off during all clinical hours. These devices are disruptive to the educational environment and should only be activated during breaks.
- Failure to do so may result in dismissal from the clinical site and could result in disciplinary action.

Clinical Dress Code

Purpose:

Since the student has chosen a professional field for his/her work, it is important that the student portray a professional image to those with whom he/she comes into contact. Inappropriate dress and grooming detracts from the patient's confidence in the quality of their care.

Policy:

All students will be expected to adhere to the following dress code policy and the policies of their clinical sites.

Procedure:

1. Personal Grooming - Good taste indicates that haircuts, hairstyling, and personal grooming be neat and conservative rather than ostentatious. Grooming and style should also be practical so as to enable one's duties to be performed without embarrassment or inconvenience.
 - a) Hair must be neat and an appropriate color. If long, it may be required to be tied back.
 - b) Mustaches and beards, if worn, must be neat and trimmed.
 - c) Excessive make-up and fragrances are not appropriate.
 - d) Rings, if worn, should be low profile and limited to one finger per hand.
 - e) One necklace is allowed and should be worn close to the neck.
 - f) Earrings, if worn, should not exceed 1 inch in diameter and are limited to no more than two per ear.
 - No other pierced jewelry on any other visible part of the body, including tongue piercings, is permitted to be worn while in the clinical setting.
 - g) Fingernails should be maintained in a professional manner, be closely trimmed, and should not interfere with patient care or professional duties. False fingernails are strictly prohibited. Nail polish, if worn, should be subdued in color.
 - h) Any visible tattoos must be appropriately covered.
2. Dress – All students will arrive at the clinical site in a clean, professional uniform. Individual clinical sites may or may not have additional stipulations. Solid, one color uniforms are to be worn by students. Students may attend a conference or grand rounds and business casual dress will be required. Some sites do have specific uniform requirements; please check with your Clinical Coordinator for details before buying any uniforms.

In addition to the above:

- a) A short white laboratory jacket may be worn.
- b) If you do not own scrubs, it is recommended that you purchase scrubs through the NMC bookstore. These scrubs will come with the NMC logo and do not require a patch to be sewn on. Please allow at least 1 week for delivery of the scrubs.

- c) If you own scrubs and do not wish to purchase additional scrubs with the NMC logo through the bookstore, you will need to visit the bookstore and purchase the insignia patch that must be worn on the upper left sleeve of the uniform, two inches down from the shoulder seam.
 - d) Student id badges must be worn at ALL TIMES and shall be worn on the uniform so that the student's identity is readily visible to the patient. Students are not allowed to wear name tags at waist level.
 - e) Clean shoes are required. Athletic shoes are acceptable. High heels or opened toed shoes are not allowed as they pose a safety risk.
 - f) Only white or black socks in good condition shall be worn.
 - g) Words, pictures, and/or symbols displayed on clothing other than the insignia patch is not allowed.
 - h) A clean, white shirt in good condition is allowed to be worn underneath a uniform top.
3. Students will be dismissed from clinical if they are **NOT** in compliance with the dress code. The Clinical Coordinator and/or Program Director must be notified prior to dismissing a student for any reason.
4. All clinical time lost in this manner will have to be made up. (See attendance policy.)

Trajecsys Online Clinical Recordkeeping

Purpose:

The Diagnostic Medical Sonography Program uses an on-line student record management service called Trajecsys. This system is used by each student to clock in and out of their clinical education sites as well as to keep track of the procedures in which they are involved. It is used by the clinical instructors to complete the necessary paperwork on each student, and it is also used by the faculty to maintain accurate records of each student's accomplishments in the clinical setting.

Each student is required to sign up for this service. The instructions for doing this will be provided by your Clinical Coordinator(s) at the appropriate time in the program. There is a one-time fee of \$150.00 which will be assessed as a course fee in the student's first clinical practicum course that is good for the length of the program. Students will not be allowed to start their clinical education unless they have registered and paid for Trajecsys.

Clinical Documentation & Record Keeping

Purpose:

Verification of experiences gained while in the clinical rotations is essential for maintaining and providing high quality education to the students.

Policy:

Students are required to complete various types of program documentation. It is the student's responsibility to maintain their own documentation and records. Examples of these forms are provided in the Student Clinical Manual, as well as on MyMethodist. Clinical Evaluation expectations are explained in great detail in the Clinical Manuals.

Procedure:

1. Documentation is primarily the responsibility of the student.
2. Responsibility for documentation is as follows:

DAILY

AS REQUIRED

Trajecsys Time and Case Logs

Competency Forms

Daily Attendance Sheet

Clinical Performance Evaluation Forms

Clinical Site Evaluation Forms

Additional Learning Activities

Journal

Award Nomination

Image Portfolio

3. Students are expected to keep their documentation up-to-date.
4. Documentation will be collected and checked regularly by program faculty.
5. If a student does not keep documentation current and available for collection, disciplinary action may result and the clinical grade may be reduced. Clear deadlines will be determined by the Clinical Coordinator and will be communicated in the clinical course syllabus.
6. The falsification, forgery, or misrepresentation of clinic documentation will not be tolerated in this program. Upon determination that a student is guilty of falsification of clinical records, disciplinary action and/or dismissal from the program will occur. Regarding attendance, falsification of records includes, but is not limited to, signing out before your clinical day is completed or signing in for times that you are not present in clinic.

If the Program Administration decides to allow the student to remain in the program based on evidence that has been established, if the affiliate site chooses to no longer allow that student access to its operations and if another suitable site cannot be found for that student, the program cannot guarantee clinical placement, and therefore, cannot guarantee clinical progression for that student.

7. Discussion of ones own grades with other students and/or clinical staff is strictly prohibited. Grades are private and may only be discussed with the faculty and administration of the college. The clinical instructors shall not discuss the evaluation with the student and the student is not to discuss the nature of the evaluation with the clinical instructor without the Clinical Coordinator present. Disciplinary action may be necessary in some instances.
8. Under any circumstances, do not discuss other students/classmates or clinical sites with clinical personnel.

Completing Documentation

Purpose:

Completing documentation accurately and submitting them in professional-quality condition by scheduled deadlines is an important element of a student's professional behavior. Students are expected to know scheduled deadline dates and required documentation. Each student has a clinical file, maintained by the Clinical Coordinator. The clinical file contains a complete set of documentation for each student's clinical experience. This file remains in the department indefinitely. It provides the documentation needed to verify clinical experiences and is referred to during the accreditation process or if graduates request verification letters for licensure and other professional endorsements.

Procedure:

1. All required clinical documentation is to be submitted in professional-quality condition to the Clinical Coordinator by the date due.
2. Forms in worn condition (i.e., crumpled, containing food and drink stains, and illegible) will be returned to the student for resubmission. Incomplete forms (i.e., forms with missing data or signatures) will be returned to the student for resubmission.
3. Trajecsyst Reporting System will be used by students to enter clinical hours, cases, submit evaluations, competencies, etc. You will need to register for Trajecsyst by going to www.trajecsyst.com and choosing the Registration tab at the top right. Once you are registered you will be able to login using the Log In tab at the top right. If you ever need assistance, a User Guide is available to you on the left side of the screen. This contains videos that explain everything in detail. There are also step by step instructions on how to complete tasks in Trajecsyst posted on MyMethodist.
4. Students missing documentation at the end of the semester will receive an "I" grade until the file is complete. **All Incompletes must be taken care of before the student can progress to their next clinical practicum.**

Instructions for Completion of Forms/Documentation

1. Daily Attendance Form (pink)

- a) At the end of each clinical day you will have a clinical instructor sign and date your log to verify the time you were there that day. **These hours must match the hours on Trajecsys.**
- b) After every clinical rotation you will hand this in completed to your Clinical Coordinator with your signature. You may start a new daily attendance log after every clinical rotation.
- c) If a mistake is made while writing, do not scribble out, write over, or use white out. Simply cross out the entire line, initial it, and start a new one.

2. Trajecsys Time Log

- a) You will log into Trajecsys daily to clock in and clock out of clinical. This will help you keep track of your clinical hours. This must be done while in the ultrasound department. Clock ins should not be more than 15 minutes before the scheduled clinical time.
- b) The hours on your Trajecsys time log and pink daily attendance form must match in order to receive credit.
- c) To clock in with Trajecsys:
 - Click on the “Clock in/out” tab on the left.
 - Choose the appropriate clinical site and click on “clock in” or “clock out”.
 - The system will then log you out and you will be clocked in/out.

If you forget to clock in or clock out, then you will need to choose the “Time Exception” tab and complete all information within.

3. Trajecsys Case Log

- a) This will be filled out at home after each clinical day to help keep track of the number of exams you observed, backscanned, scanned with assistance, partially performed, and completely performed.
- b) To log your daily studies in Trajecsys:
 - Click on the “Daily Logsheet” tab on the left.
 - This will bring up the Date and you will select the Site, Amount of studies done, and Supervising Employee (you need to add any new sonographers that you work with, by clicking “New”).

- Click on “Add Logsheet”. This is where you will choose Major Study, Skill, Participation Level, Pathology (if there is pathology, note what you found) and Time Spent.

4. Clinical Site Evaluation (in Trajecsys)

a) This will be filled out by you, the student, at the end of each rotation. You will evaluate the site you have just finished.

b) To do an evaluation in Trajecsys:

- Click on the “Evaluation” tab on the left.
- Click on Student Evaluation of Clinical Site
- Once you have completely filled it out, hit Submit

** If you have a problem at a clinical site prior to filling out the evaluation at the end of the rotation, please fill out a pink clinical concern form and hand it in to your Clinical Coordinator ASAP.*

5. Clinical Feedback Form

a) This is an option available to you to receive written feedback from your clinical instructors. This form is not a part of your permanent record and is not required, but is there for you to use if you would like feedback any time during your rotation prior to receiving your final Student Clinical Evaluation. It is your responsibility to initiate this process with the clinical instructors.

Clinical Performance (Rotation) Evaluations

Purpose:

The Clinical Performance (Rotation) Evaluation provides communication between the clinical staff, program faculty and the student regarding the student’s performance in the clinical setting. The evaluation is meant to effectively measure the performance (professional and technical) of a student and provide constructive feedback at the completion of a clinical rotation. Feedback may include praise for noteworthy performance and analysis of deficient performance.

Policy:

A Clinical Instructor will complete a Clinical Performance (Rotation) Evaluation at the completion of a student’s clinical rotation.

Procedure:

1. The Clinical Coordinator shall give the Clinical Sites a Clinical Performance (Rotation) Evaluation upon completion of a student’s clinical rotation.

2. The Clinical Performance Evaluation will be returned to the Clinical Coordinator within 7-10 working days. This can be done via mail, fax, Trajecsys, or hand delivered to the Clinical Coordinator by the Clinical Instructor. Under no circumstance will the student return an evaluation from the clinical site.
3. It is the student's responsibility to schedule time to go over this paperwork with the Clinical Coordinator. The student will review and sign the evaluation after each rotation. Any questions/concerns will be addressed at that time with the Clinical Coordinator and if necessary the Program Director.
 - If a student receives a marking under the "Needs Improvement" category, the student and the Clinical Coordinator will conference to discuss the evaluation.
 - The implementation of a Clinical Performance Contract will be up to the discretion of the Clinical Coordinator depending on the nature and severity of the situation.
 - If the criteria in the Clinical Performance Contract are not met with satisfaction, the student will receive a failing grade for the course and will need to refer to the Academic Progression Policy in the Student Handbook.
4. The clinical instructors shall not discuss the evaluation with the student and the student is not to discuss the nature of the evaluation with the clinical instructor without the Clinical Coordinator present. Student records, including clinical evaluations, are protected documents. The clinical instructors are not to discuss the student evaluation with anyone who does not meet the Federal standard (FERPA) for need to know.

Student Clinical Evaluation Grading Criteria

There are 8 categories on the evaluation which will be broken down into two sections- Professionalism and Patient Care/Skill:

- Professionalism (categories 1-5) will be worth a total of 20 points
- Patient Care/Skill (categories 6-9) will be worth a total of 16 points.

The point system for each category is as follows:

- If all marks are given under "Skills are Strong", 4 points shall be received
- If any one mark is given under "Skills are Still Developing", but none in "Needs Improvement", 2 points shall be received
- If any one mark is given under "Needs Improvement", 0 points shall be received

A student must have a 75% evaluation average at the end of the Clinical Practicum II and III in order to pass the course.

Informed Consent – Patient Consent

Purpose:

To provide a mechanism to ensure patients are informed when students are involved in patient care and to ensure the risk-free right of patients to refuse to participate in clinical education.

Policy:

1. Students are to introduce themselves to the patient as a sonography student with Nebraska Methodist College
2. In accordance with the dress-code policy, students are required to wear their lab coats or scrub tops with the NMC patch that identifies them as a student in the sonography program and are to wear appropriate identification badges as determined by the clinical site.
3. If a patient refuses to allow the student to participate in their care, the student is to respond appropriately and respectfully to the patient and seek out the supervising clinical instructor, after ensuring that the patient's safety is secured.

Medical Error Reporting

Purpose:

It is a professional obligation to immediately report and actively prevent medical errors. Because students will be working with patients in a health care setting, there is the potential for error, and the possibility of identifying the potential for error. Students have an obligation to report any errors that may have gone unnoticed so that patient safety can be maximized. The purpose of reporting error, in addition to its direct impact on the patient affected, is to develop a plan to prevent such errors in the future.

Policy:

When a student feels that an error in practice has occurred (whether or not they made the error), it is their responsibility to inform their direct clinical instructor or lab instructor. The student is obligated to report the error as soon as reasonably possible to a person in authority. If the student fears possible repercussions from reporting the error, they should contact either the Clinical Coordinator or Program Director immediately. Depending on the nature of the error if committed by the student, a plan for remedial education may be required.

Parking at Clinical Sites

Policy:

Students are responsible for their own personal transportation. Public transportation is available to and from affiliating agencies. Some clinical experiences necessitate the use of an automobile. Students must park in designated lots at all facilities. Students should familiarize

themselves with the rules and regulations of the assigned clinical facility. Students are expected to abide by that facility's expectations and guidelines.

Process for Handing in Assignments

Procedure:

Due dates and times for assignments will be provided in the syllabus. If you need clarification on any of this, it is your responsibility to ask your instructor.

There are 3 ways to submit your assignments:

1. Directly to your Clinical Coordinator in his/her office.
2. Use Google Drive
3. Clark front desk receptionists. Please have one of the receptionists sign, time and date the item you are turning in. Generally, if the item is received at the Clark front desk by 2:00 pm that day, it will get transported to the faculty mailbox that day. If it is received later than 2:00 pm, your assignment may not be received by your instructor until the following day when the mail is delivered in the afternoon. There may be occasions where mail may be delivered earlier or later in the day.

As a student, it is your responsibility to keep track of when assignments are due and to make sure your instructor receives the assignment when it is due. You will not be reminded.

All assignments will be assigned a due date which is to be considered the last day/time it will be accepted. Due dates, times and mode of submission for assignments will be provided in the syllabus, in class or on MyMethodist. Any assignment submitted after a given deadline and time will generally receive a "0". Assignments that are not properly submitted will result in a "0". An assignment will be considered late if an assignment is due to myMethodist via upload instead of submitted to google drive. An assignment will also be considered late if it is due to google drive and submitted in the incorrect folder. There may be circumstances in which the instructor may allow a student to hand in an assignment and still receive up to full credit. This remains at the discretion of the instructor.

Student Responsibility Statement

As a student in the Multispecialty Sonography Program, it is your responsibility to read this Handbook and Appendices. Your signature below confirms that you have read and understand and agree to the student policies as outlined in the NMC DMS Student Handbook and Appendices. Furthermore, you will agree to and will comply with the course requirements as listed in each DMS syllabus.

Printed Name _____

Student Signature _____ **Date** _____

Scanning Consent Form

Please read the following statements regarding the use of ultrasound instrumentation in the laboratory. Sign the consent form only after you have read and understand the following statements.

1. DMS lab courses will involve students practicing scanning techniques oneach other using diagnostic ultrasound instrumentation. The scanning will take place under the direct supervision of the course instructor.
2. I have been informed and understand that during the past twenty years there have been no known harmful effects caused by diagnostic ultrasound to either the patient or the operator.
3. I understand that my nonparticipation or withdrawal as a "patient" being scanned from the laboratory course in no way influences my course grade.
4. I understand that my participation as a "patient" being scanned is not essential for completion of the course.
5. I understand that NMC's Diagnostic Medical Sonography Program faculty and staff are not physicians and/or legal diagnosticians. If pathology is discovered during scanning laboratories,I understand that it is my sole responsibility to seek medical advice/treatment from the appropriate health care professional.

I have had the opportunity to ask questions which have been answered to my satisfaction. Having read and understood the above statements, I agree to participate as a "patient" for the Diagnostic Medical Sonography program. I also understand that I may be asked to be scanned by any/all student sonographers during the course of the lab courses for the sole purpose of ultrasound education.

Signature of Student _____ **Date** _____

Student Name (Please Print) _____

Appendix A: Scope of Practice

Scope of Practice for the Diagnostic Ultrasound Professional

Preamble:

The purpose of this document is to define the Scope of Practice and clinical standards for diagnostic medical sonographers and describe their role as members of the health care 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 improvement that increases knowledge and technical competence. Diagnostic medical sonographers 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”) Principle 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 adjustment, and ergonomically correct scanning techniques to promote patient 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. Sonographers who are providing emergency assessment in an urgent care environment where an appropriately certified sonographer is not available in a timely manner.

Reference: <http://www.sdms.org/positions/scope.asp>

Appendix B: Code of Ethics

Code of Ethics For The Profession of Diagnostic Medical Ultrasound (Adopted by the SDMS)

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. - See more at: <http://www.sdms.org/about/who-we-are/code-of-ethics#sthash.EMT4ThP0.dpuf>

Objectives:

- To create and encourage an environment where professional and ethical issues are discussed and addressed.
- To help the individual diagnostic medical sonographer identify ethical issues.
- To provide guidelines for individual diagnostic medical sonographers regarding ethical behavior.- See more at: <http://www.sdms.org/about/who-we-are/code-of-ethics#sthash.EMT4ThP0.dpuf>

Principles:

Principle I: In order to promote patient well-being, professionals 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. - See more at: <http://www.sdms.org/about/who-we-are/code-of-ethics#sthash.EMT4ThP0.dpuf>

Principle II: To promote the highest level of competent practice, professionals 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) or the International Organization for Standardization (ISO).

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 recredentialing.

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 professional 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

Reference <http://www.sdms.org/about/who-we-are/code-of-ethics#sthash.EMT4ThP0.dpuf>

Appendix C: Clinical Practice Standards

Diagnostic Ultrasound Clinical Practice Standards

Standards are designed to reflect behavior and performance levels expected in clinical practice for the Diagnostic Ultrasound Professional. These Clinical Practice Standards set forth the standards (principles) that are common to all of the specialties within the larger category of the diagnostic ultrasound profession.

Individual specialties or subspecialties may adopt standards that extend or refine these general Standards and that better reflect the day to day practice of these specialties. Certification is considered the standard of practice in ultrasound. Individuals not yet certified may reference these Clinical Practice Standards to optimize patient care.

Section 1

STANDARD - Patient Information Assessment & Evaluation:

- 1.1** Information regarding the patient's 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 the patient 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 contraindications, 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 which can be easily understood by the patient and other health care providers.
 - 1.2.2 Explains the examination procedure 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 for 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 situations
 - 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 that 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.

STANDARD - Documentation

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care and quality assurance. The diagnostic medical sonographer:

- 1.6.1 Provides timely, accurate, concise, and complete documentation.
- 1.6.2 Provides an oral or written summary of findings to the supervising physician.

Section 2

STANDARD - Implementation of Quality Assurance

2.1 Participation in quality improvement programs 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 to promote patient safety.

2.1.3 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.

2.1.4 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence based literature, or accepted guidelines.

STANDARD – Quality of Care

2.2 All patients expect and deserve quality 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.
 - 3.1.1 Recognizes strengths 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 areas.

STANDARD - Education

- 3.2** Advancement 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 areas 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 efficiently with members of the healthcare team regarding the welfare of the patient.

3.3.3 Shares knowledge and expertise with colleagues, patients, students, and members of the healthcare team.

STANDARD - Ethics

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

4.1.1 Adheres to the accepted professional ethical standards

4.1.2 Is accountable for professional judgments and decisions.

4.1.3 Provides patient care with equal respect for all.

4.1.4 Respects and promotes patients rights, provides patients care with respect for patient dignity and needs, and acts as a patient advocate.

4.1.5 Does not perform sonographic procedures without a medical indication, except in education activities.

4.1.6 Adheres to this scope of practice and other related professional documents.

<http://www.sdms.org/docs/default-source/Resources/scope-of-practice-and-clinical-standards.pdf?sfvrsn=14>

APPENDIX A. GLOSSARY

For purposes of this document, the following definition of terms applies:

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 that an individual has demonstrated through successful completion of a specialty certification examination the requisite knowledge, skills, 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: Means 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 disease or abnormality.

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 action 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 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.
examination.

Sonography Credentialing Organization: An organization that is accredited by National Commission of certifying Agencies (NCCA) or the American National Standards Institute -

International 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 environments, 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 a specific skill.

Reference - <http://www.sdms.org/positions/clinicalpractice.asp>