

**DIAGNOSTIC MEDICAL SONOGRAPHY
PROGRAM
STUDENT HANDBOOK
2016 - 2017**



Contents

ACADEMIC CALENDAR 2016-2017	6
ORGANIZATIONAL CHART	7
CLINICAL SITES AND PRECEPTORS	8
PROGRAM INFORMATION	9
Introduction	9
Statement of Non-Discrimination	9
Diagnostic Medical Sonography: Associate in Science Degree	9
Diagnostic Medical Sonography Program Mission Statement	10
Diagnostic Medical Sonography Program Goals	10
Diagnostic Medical Sonography Program Technical Standards	11
Observation Standard:	11
Communication Standard:	11
Cognitive Standard:.....	12
Behavioral Standard:.....	12
Motor Standard:.....	12
Diagnostic Medical Sonography Program Outcomes	12
PROGRAM CONTACT INFORMATION	13
CLINICAL AFFILIATE CONTACT INFORMATION	13
PROGRAM STANDARDS	15
Student Code of Conduct	15
Academic Integrity	16
Program Disciplinary Standards	17
Disciplinary Sanctions	17
Disciplinary Procedures	18
Standards of Program Progression	19
Grading	19
Review of Academic Standing (Appeal of Grade)	20
Completion of the Program - Pinning and Graduation	20
Readmission	20
Readmission Requirements	20
Readmission Process	21

Ineligibility for Readmission	21
Didactic Attendance	21
School Closing/Inclement Weather	21
Clinical Attendance	22
Clinical Time Off (CTO)	23
Bereavement Time	23
Leave of Absence	24
Pregnancy Standard Volunteer Notification	24
Change of Address	25
Withdrawal from the Program	25
HEALTH AND SAFETY	25
Health Requirements, Toxicology Screening, and Background Check	25
Criminal Background Checks & Toxicology Screening	26
Procedures and Guidelines for Student Toxicology (Drug) Screening and Criminal Background Checks	26
Toxicology Screening Standards and Guidelines	27
Criminal Background Checks Standards and Guidelines	28
Incident/Accident Reports	28
Standard Precautions and HIPAA	28
Health and Safety Training: Blood Borne Pathogens	29
Basic Life Support/CPR/AED	29
Latex Allergies	29
Liability Insurance	30
Smoking Guidelines	30
Transportation and Parking	30
CLINICAL GUIDELINES	30
Introduction	30
Guidelines for Student Supervision in the Clinical Education Setting	30
Direct Supervision	31
Indirect Supervision	31
Imaging Sign Off and Repeat Procedures	31
Diagnostic Medical Sonography Program Uniform Requirements	31

CLINICAL EDUCATION STANDARDS & PROCEDURES	32
Clinical Standards	32
Confidentiality	33
Professionalism	33
Urgent/Stat Findings	34
Accepting Critique	34
Ergonomics	34
Clinical Labs & Scanning Practice	35
Employment Policy	35
CLINICAL EDUCATION	35
Method of Training	36
Clinical Evaluation	33
Clinical Process	33
Student Records	33
Clinical Grading Procedure	34
Initial Attempts and Final Competencies	34
EVACUATION PLAN	35
EMERGENCY LOCK DOWN PROCEDURES	35
EMERGENCY REPORTING PROCEDURES	35
EMERGENCY PHONE NUMBERS	35
GCC DMS PROGRAM PLAN OF STUDY	36
DMS PROGRAM STUDENT HANDBOOK 2016-2017	37
CONFIDENTIALITY AGREEMENT AND CONSENT TO VIDEO RECORD	38
STUDENT STATEMENT OF RESPONSIBILITY- ACADEMIC ADJUSTMENT	39
DMS CLINICAL LAB RELEASE FORM.....	40
SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY (SDMS) SCOPE OF PRACTICE, CLINICAL STANDARDS, AND CODE OF ETHICS	41
CLINICAL INSTRUCTORS	42
DMS PROGRAM INCIDENT REPORT FORM	44
ALLIED HEALTH DIVISION ADVISEMENT FORM	45
DMS PROGRAM INITIAL ATTEMPT FORM.....	46
DMS PROGRAM FINAL COMPETENCY FORM.....	47

DMS PROGRAM SITE VISIT EVALUATION	48
DMS PROGRAM CLINICAL PERFORMANCE EVALUATION	50
DMS PROGRAM REQUEST FOR CTO HOURS.....	52
UNIFORM INFORMATION – SCRUB WEAR HOUSE	53
ULTRASOUND RESOURCES.....	54

ACADEMIC CALENDAR 2016-2017

Fall 2016

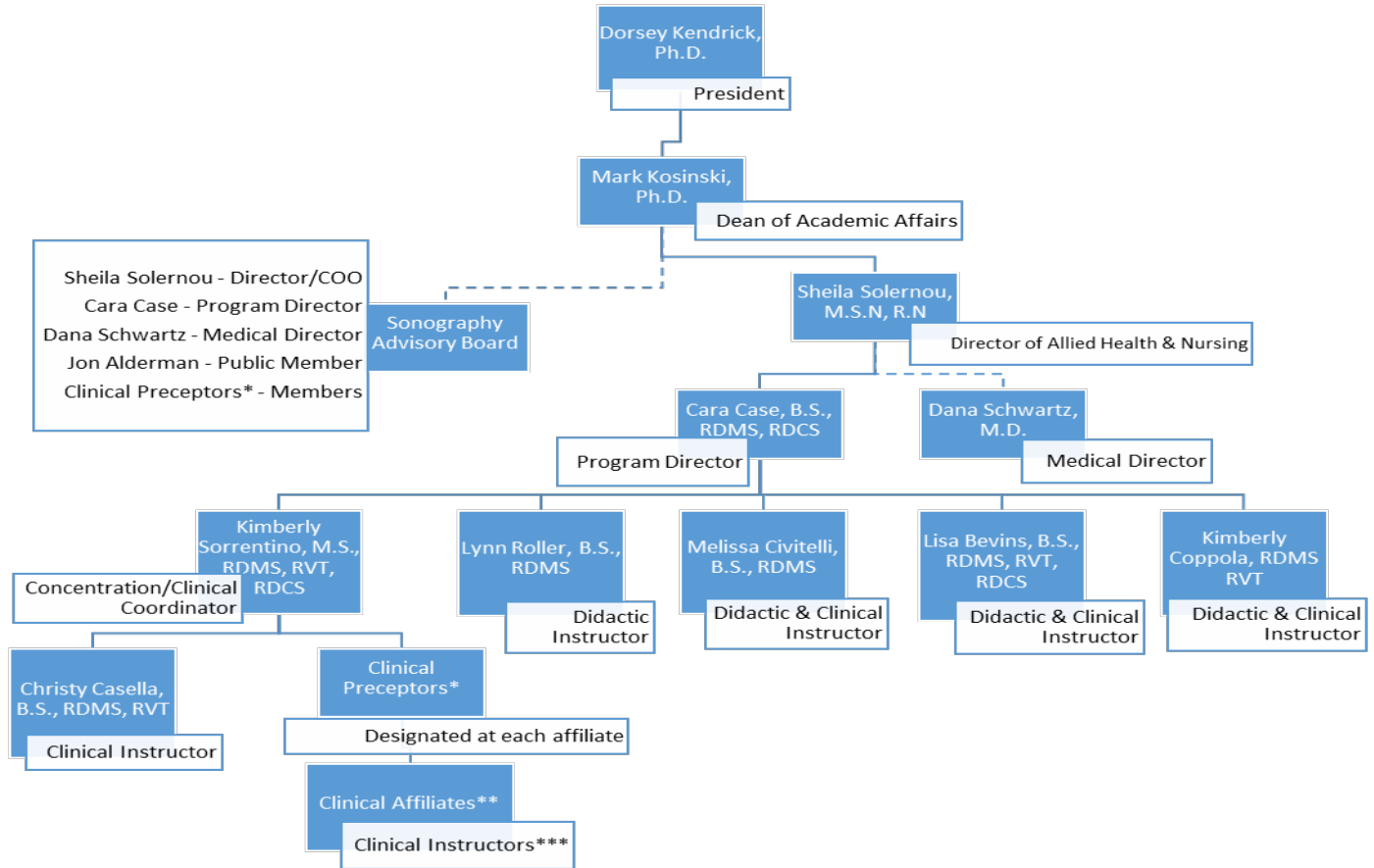
Summer 2016	Affiliate and Program Orientations
August 25	Professional Day
August 29	First Day of Classes/Clinical
September 2	Last Day to Add Classes (until 4:00PM)
September 3-5	Labor Day (College Closed) No Clinical
October 21	Mid-Term Deficiency Reports Due from Faculty
November 4	Last Day to Make Up Incomplete Grades from Spring 2016
November 11	Last Day to Withdraw from Individual Classes
November 23	Faculty Planning Day, No Classes or Clinical
November 24-27	Thanksgiving Recess, No Classes or Clinical
December 6&9	Reading Days, No Classes or Clinical
December 7	Last Day of Classes
December 10-16	Final Examinations, No Clinical
December 19	Last Day to Submit Final Grades (By 12:00 Noon)
December 23	Semester Ends
January 2-13	Winter Clinical Internship M-F 40 hrs/week

Spring 2017

January 13	Last Day of Winter Clinical Internship I
January 16	Martin Luther King Day (College Closed), No Clinical
January 17	Professional Day, No Classes or Clinical
January 19	First Day of Classes/Clinical
January 27	Last Day to Add Classes (Until 4:00PM)
February 17-20	President's Day Recess (College Closed), No Clinical
March 10	Mid-Term Deficiency Reports Due from Faculty
March 13-19	Spring Recess, No Classes or Clinical
March 31	Last Day to Make Up Incomplete Grades from Fall 2016
April 13	Last Day to Withdraw from Individual Classes
April 14-16	Easter Recess (College Closed) No Clinical
May 4	Reading Day, No Classes or Clinical
May 8	Last Day of Classes/Clinical
May 9-15	Final Examinations, No Clinical
May 18	Last Day to Submit Final Grades (By 12:00 Noon)
May 22	Summer Clinical Internship II Begins M-F, 40 hrs/week
May 25	Graduation
May 29	Memorial Day (College Closed), No Clinical
June 1	Spring Semester Ends
July 4	Independence Day (College Closed), No Clinical
August 4	Freshman-Summer Clinical Internship Ends

***All dates are subject to change**

ORGANIZATIONAL CHART



CLINICAL SITES AND PRECEPTORS

(current as of April 2016)

Backus Hospital

Stacy St. Louis

Bridgeport Hospital Antenatal Unit

Tara Amarante

Bridgeport Hospital Radiology

John Magee

Leah Velardi

CT Children's Medical Center

Christine Filanda

Susan Polumbo

County OB

Lisa Bevins

CT Vascular Center

Kim Coppola

Diagnostic Imaging of Milford

Cathy White

Griffin Hospital

Kristi Popescu

Belinda Borrelli

Colleen Kiley

Hammers Healthcare Imaging

Steve Boucher

Lawrence & Memorial Hospital

Staci Riley

Allison Small

Middlesex Hospital

Melanie Caruso

Patti Bishop

Steve Kelly

Danielle Cappello

Milford Hospital

Tony Hrenyo

Milford Vascular Institute

Melanie Suraci

Norwalk Hospital

Alan Iovino

St. Francis Hospital

Angela Burnham

St. Raphael's Hospital

Kyle Salerno

Temple Radiology

Christy Casella

Shannon Pye

The Vascular Experts

Stephanie DeFilippo

VA Hospital

Michelle Waterbury

Waterbury Hospital

Ernesto Cerdena

Toby McGiboney

PROGRAM INFORMATION

Introduction

The Gateway Community College (GCC) Diagnostic Medical Sonography (DMS) Program Student Handbook contains the program specific procedures in effect for the 2016-2017 academic year. It is the student's responsibility to become familiar with the content of this handbook. This handbook is a supplement to the GCC Student Handbook. The student will be held accountable for meeting the expectations outlined in this DMS Student Handbook, the GCC Catalog, and the GCC Student Handbook. The DMS program reserves the right to modify any information contained in this handbook. All approved changes will be made known to the students through a DMS Program Student Handbook Addendum. This handbook is not intended to cover all topics and circumstances. The program reserves the right to respond to specific situations in a manner that best suits the needs of the program and the student(s) involved, and most closely follows our stated policies.

Statement of Non-Discrimination

The DMS program follows the non-discrimination statement of GCC which can be found in the GCC Student Handbook.

Diagnostic Medical Sonography: Associate in Science Degree

The DMS curriculum is designed to prepare students for employment as an entry-level sonographer in hospitals, clinics, private offices and other facilities where diagnostic imaging is available. The program is based on approximately twenty-four months of full-time study. The structure of the curriculum is designed to include didactic and supervised clinical education to assure sufficient opportunity for the student to achieve all didactic and clinical requirements. Students are expected to be able to rotate through all clinical education centers. Clinical rotation schedules are specifically designed to offer all student equitable clinical education and provide them with the opportunity to complete clinical objectives and competencies in order to meet program requirements for graduation. The purpose of the clinical practicum in the program is two-fold. First the student will learn to perform all procedures and attain patient interaction skills. Second the clinical practicum will provide an opportunity for the student to develop the critical thinking skills and professionalism necessary to manage the responsibilities he/she will encounter as a registered diagnostic medical sonographer. The student is expected to treat the clinical practicum as if it were a job. The student's technical skills and professionalism will be evaluated by clinical site instructors, program educational assistants, and program faculty through observation of performance in clinical areas as well as in the program facilities. The habits the student develops during the time spent in the program are habits that will follow the student in the future as an employed sonographer. Remember, this is the beginning of an unofficial two-year

interview with the clinical affiliates.

Diagnostic Medical Sonography Program Mission Statement

The DMS program at GCC is committed to educating and preparing competent entry-level sonographers who can provide high quality imaging and patient care to members of the community. Furthermore, the program is dedicated to providing tools to support lifelong learning.

The minimum expectations of the DMS program, as defined by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), are “To prepare competent entry-level general sonographers and vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.” ([https://www.caahep.org/documents/file/For-Program-Directors/DMSStandards\(1\).pdf](https://www.caahep.org/documents/file/For-Program-Directors/DMSStandards(1).pdf))

Diagnostic Medical Sonography Program Goals

The following DMS Program goals have been established to realize this mission:

1. Students will demonstrate skills in effective oral and written communication
 - a. Students will apply effective verbal communication skills with classmates, instructors, patients, sonographers, and physicians.
 - b. Students will utilize effective written communication skills with instructors, sonographers, and physicians.
 - c. Students will demonstrate professional and respectful behavior in all interactions.
2. Students will demonstrate skills in critical thinking and problem solving principles and practices of sonography
 - a. Students will evaluate and assess patient requisition in order to perform proper sonographic procedures.
 - b. Students will examine the sonographic and Doppler appearances of iatrogenic, degenerative, inflammatory, traumatic, neoplastic, infectious, obstructive,
 - c. Students will analyze the relationships between various disease processes and hemodynamic states
 - d. Students will explore the various imaging and testing modalities
 - e. Students will examine the effects of pharmacology on disease processes and on sonographic findings
3. Students will demonstrate clinical competence in the practice of sonography
 - a. Student will demonstrate exceptional patient care skills.
 - b. Students will provide a safe environment for patients.
 - c. Students will detect normal anatomy and pathology on sonographic images.
 - d. Students will adhere to the ALARA principle.
4. The program will prepare competent entry-level sonographers.

- a. Students will maintain high values congruent with the professional code of ethics and the scope of practice while adhering to national, institutional and/or departmental standards, and procedures regarding imaging and patient care. Please see the following section on technical standards and the websites listed for the SDMS Clinical Standards, Scope of Practice, and Code of Ethics on page 43.
5. Students will achieve personal and professional growth.
 - a. Students will analyze professional publications
 - b. Students will utilize professional web sites.

Upon successful completion of all program requirements, graduates are prepared to apply for candidacy to a National Qualifying Examination for certification in Sonography with the American Registry of Radiologic Technologists (ARRT) and/or the American Registry of Diagnostic Medical Sonographer (ARDMS).

Diagnostic Medical Sonography Program Technical Standards

Technical standards are a group of minimum expectations that incorporate observation, communication, cognitive, behavioral, and motor skills as recommended by the Society of Diagnostic Medical Sonography. These expectations are set forth so that the DMS student can perform the common duties of the diagnostic medical sonographer. Students must verify that they meet the technical standards described within, at the time of matriculation in to the program.

The DMS program at GCC complies with the Americans with Disabilities Act (ADA). Any student requiring adjustments should contact Student Accessibility Services at 203-285-2231 (Room S202) to coordinate reasonable adjustments.

Observation Standard:

- Distinguish multiple shades of gray in order to differentiate normal tissue from abnormal pathologies as well as have ability to detect different color distinctions.
- Observe sonographers demonstrating scanning skills and patient manipulations
- Observe patients both near and far in an environment with limited lighting.
- Have the visual ability to read electronic and paper charts, evaluate images, and observe the condition of the patient.
- Adequately view sonograms and have the ability to perceive small details and discriminate subtle differences.

Communication Standard:

- Communicate in English (verbally and in writing) to patients and other interprofessional healthcare workers.
- Hear and Communicate instructions and explanations to patients in a clear and compassionate manner, and be able to perceive nonverbal communication.
- Recognize and respond to an urgent or emergency situation.
- Read and analyze patient chart and exam requisition for pertinent information.

Cognitive Standard:

- Implement critical thinking skills in clinical and lab
- Demonstrate problem solving skills by recognizing problems, instituting solutions, and assessing outcomes.
- Integrate, analyze and compare images.
- Comprehend multidimensional and spatial relationships of anatomy.

Behavioral Standard:

- Be organized and perform protocols in a specific sequence.
- Learn by a variety of methods which includes, classroom, lab, groups, individual, and computer.
- Display professional behaviors in all interactions with patients, students, interprofessional healthcare workers, and instructors in the clinical, lab, and college settings.
- Adapt to changing environments.
- Accept constructive feedback from others and implement change learned from feedback.
- Understand the implication of noncompliance with the legal standards.
- Maintain good judgment to complete responsibilities as required.

Motor Standard:

- Be able to bend or stoop for equipment manipulation repetitively.
- Be able to lift 50 lbs. routinely.
- Stand for long periods of time up to 80%.
- Push or pull large pieces of equipment up to 500 lbs.
- Have full use of hands and wrists and shoulders for scanning and equipment manipulation.
- Manipulate equipment controls in various increments to create diagnostic images.
- Bend at the waist.
- Reach equipment keyboard, controls and screen.
- Maintain arm and hand positions for periods of time for various scanning protocols.
- Have good hand and eye coordination to correctly examine organs and document images.

Diagnostic Medical Sonography Program Outcomes

Goals are assessed by measuring the following student outcomes: course completion, clinical competencies, program completion, national certification pass rate, and employment rate as well as graduate and employer satisfaction surveys.

PROGRAM CONTACT INFORMATION

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Kim Sorrentino, MS, RDMS, RDCS, RVT Concentration/Clinical Coordinator/Assistant Professor
Office: S405J - Phone: (203) 285-2506 - Email: ksorrentino@gatewayct.edu

Lynn Roller BS, RDMS, RT (R), (M), (CT) DMS/DL Faculty/Professor
Office: N313A - Phone: (203) 285-2295 - Email: lroller@gatewayct.edu

CLINICAL AFFILIATE CONTACT INFORMATION

Bridgeport Hospital

267 Grant Street, Bridgeport, CT

Diagnostic Imaging

Antenatal Center

Phone: (203)384-3003

Phone: (203)384-4723

Connecticut Children's Medical Center

282 Washington Street, Hartford, CT

Phone: (860)545-9120

Connecticut Vascular Center P.C.

280 State Street, North Haven, CT

6 Business Park Road, Suite 204, Branford, CT

Phone: (203)288-2886

Phone: (203) 483-8053

County Obstetrics and Gynecology

46 Prince Street, Suite 401, New Haven, CT

687 Main Street, Branford, CT

Phone: (203)777-2022

Phone: (203)488-7712

Diagnostic Imaging of Milford

30 Commerce Park Dr., Milford, CT

687 Campbell Ave., West Haven, CT

Phone: (203) 878-2341

Phone: (203) 934-4482

Griffin Hospital

130 Division Street, Derby, CT

Phone: (203)732-7270

Hammers Healthcare Imaging

2 Church St South, New Haven, CT

Phone: (203) 773-8959

Lawrence & Memorial Hospital

365 Montauk Ave, New London, CT

L&M Crossroads 196 Parkway South, Suite 102, Waterford, CT

L&M Pequot 52 Hazelnut Hill Rd, Groton, CT

Phone: (860)444-5170

Middlesex Hospital

28 Crescent Street, Middletown, CT

260 Westbrook Rd, Essex, CT

Phone: (860)344-6526

Phone: (860)358-3805

Milford Hospital

300 Seaside Ave, Milford, CT

Phone: (203)876 4250

Milford Vascular Institute

849 Boston Post Road, Suite 102, Milford, CT
687 Campbell Avenue, West Haven, CT

Phone: (203)876 9720

Norwalk Hospital

34 Maple Street, Norwalk, CT

Phone: (203)852-2179

St. Francis Hospital

114 Woodland Street, Hartford, CT

Phone: (860)714-4076

VA Connecticut Healthcare System

950 Campbell Avenue, West Haven, CT

Phone: (203)932-5711
Ext 5596

The Vascular Experts

540 Saybrook Road, Middletown, CT

Phone (860) 740-2283

Waterbury Hospital

64 Robbins Road, Waterbury, CT

Phone: (203)573-6239

William Backus Hospital

326 Washington Street, Norwich, CT

Phone: (860)889-8331
Ext 4497

Yale New Haven Healthcare

Temple Medical Center Campus
40 Temple Street, Suite 4B New Haven, CT

Phone: (203)688-2092

St. Raphael's Hospital

1450 Chapel Street, New Haven, CT

Phone: (203)789-3804

PROGRAM STANDARDS

Student Code of Conduct

DMS students are entering a profession that requires academic honesty and integrity. The discipline of sonography requires assumption of personal responsibility and ethical behavior in all settings, in keeping with the Code of Ethics for the profession of Diagnostic Medical Sonography approved by SDMS (Page 42).

DMS program students are guests of the clinical affiliates. As guests, students are required to adhere to the clinical affiliates' standards as if they were employees of the clinical affiliates. Students must be sure to demonstrate appropriate behavior that: 1) does not interfere with the operations of the college, program, or clinical affiliate, 2) does not violate established standards and/or procedures, 3) does not discredit the program, and 4) is not offensive to patients, visitors, program staff, clinical staff, or fellow students. Inappropriate behavior is not tolerated and will be dealt with in accordance with the program disciplinary procedures.

The use of cell phones, recording devices, cameras, or any other electronic devices is not permitted in the college lab or classroom unless direct permission is obtained from the instructor. The unauthorized use of cell phones, recording devices, cameras, or any other electronic devices in the college lab or classroom without permission is considered an electronic device violation and will be dealt with in accordance with the program disciplinary procedures.

The use of cell phones, recording devices, cameras, or any other electronic devices is not permitted in the clinical site. Cell phones are to be on silent and out of sight while at clinical. Cell phone use, emailing, texting, social media posting, video recording, and online activity (except Trajecsyst) are all prohibited at clinical and students are prohibited from using the clinical site computers for non-program purposes. The use of cell phones, recording devices, cameras, or other electronic devices in the clinical site or the inappropriate use of clinical site computers is considered an electronic device violation and will be dealt with in accordance with the program disciplinary procedures.

The DMS program is an allied healthcare program and involves classroom and clinical discussions. The federal Health Insurance Portability and Accountability Act (HIPAA) applies in the classroom and clinical environment in accordance with federal standards. Please note that all classroom discussions should be treated in accordance with the same HIPAA standards as in the clinical sites. DMS students are reminded that posts to any and all social networking or social media accounts (including but not limited to personal Facebook account(s), Twitter account(s), or blog(s)) must reflect the same standards of honesty, respect, consideration, confidentiality, and professionalism that are expected in college and clinical environments. In any social media post

or communication, students must adhere to the same restrictions related to privacy for fellow students, faculty, and patients. Inappropriate use of social media by users with regard to the college, its faculty, students, clinical affiliates, or patients is subject to program disciplinary procedures. Violation of HIPAA in the classroom or clinical environment will be dealt with in accordance with program disciplinary procedures.

Academic Integrity

A student's written work is expected to be original and done independently unless otherwise indicated. If a student uses textbooks, websites, or any other source in his/her work, quotes (if applicable), citations, and references in American Psychological Association (APA) format must be documented to acknowledge the source and avoid plagiarism. Each student in this course is expected to abide by the GCC Code of Academic Integrity.

Acts of academic dishonesty include, but are not limited to, the following:

Cheating: Attempting to use an electronic device, study aid, assignment, or notes without the instructor's permission.

Plagiarizing: The act of using someone else's work without proper citation and submitting as your own work in an academic assignment. This includes internet images, bibliographies, and articles.

Falsifying: Using fake sources or information or citation in an academic requirement.

“At Gateway Community College we expect the highest standards of academic honesty. Academic dishonesty is prohibited in accordance with the Board of Trustee's Proscribed Conduct Policy in Section 5.2.1. Of the Board of Trustee's Policy Manual. This policy prohibits cheating on examinations, unauthorized collaboration on assignments, unauthorized access to examinations or course material, plagiarism, zero tolerance of threatening, intimidating, and violent behavior, and other proscribed activities. Plagiarism is defined as the use of another's idea(s) or phrases(s) and representing that/those ideas(s) as your own, either intentionally or unintentionally.” (Excerpted from the Board of Trustee's Policy 5.2.1)

In addition, at GCC, the unauthorized use of any electronic device to convey information during an examination or any other form of assessment is considered academic dishonesty.

Violations of academic integrity will be dealt with in accordance with program disciplinary procedures.

If you need assistance with citations and referencing, please visit the GCC library or writing center.

In summary, students are expected to abide by the standards of professional behavior at all times. Any violation of HIPAA, ethics, professionalism, academic conduct, or social conduct will be

dealt with in accordance with the disciplinary standards outlined in this handbook, the GCC Student Handbook, and the standard manual of the Board of Regents (BOR) of the Connecticut Community-Technical Colleges. Please note that this list of potential violations is not all inclusive and additional violations not listed will be dealt with in accordance with the program disciplinary standards. The College Student Handbook is located on the College website (www.gatewayct.edu) and the BOR standard manual is available at: http://www.commnet.edu/Board-Docs/BPM_COMPLETE_Master.pdf (CSCU) affiliates' code of conduct and department standards.

Please note that selected portions of the DMS curriculum are taught, reinforced, or reviewed through the use of educational software and instructional media such as videotapes, computer software programs, DVDs, or other online learning activities.

Program Disciplinary Standards

The Program disciplinary procedures may be initiated upon receipt by the Program Director of behavior or action in violation of program standards. The report of violation may be provided by any of following means: written evaluation; verbal report, written comment, and/or verbal comment from the clinical affiliate staff, or observation by college faculty or staff. Please note that this list is not all-inclusive. Violations may pertain to unprofessionalism, breach of HIPAA, unauthorized use of electronic devices, plagiarism, late or incomplete didactic or clinical assignments, late or incomplete clinical site paperwork, late or incomplete health requirements, and tardiness. Please note that this list is not all-inclusive and additional violations or other methods of reporting not listed here may be used to begin disciplinary procedures.

Disciplinary Sanctions

If it is determined that a violation of program rules has occurred, disciplinary sanctions will be imposed. The sanctions are as follows:

1. Documented verbal warning
2. Disciplinary written warning
3. Clinical/Academic disciplinary probation
4. Programmatic dismissal

Disciplinary sanctions are generally progressive in nature and proportionate to the specific violation(s). Depending on the severity of the violation, though, the first disciplinary sanction imposed may be immediate dismissal. In addition to the sanctions listed above, students with violations may also lose clinical time off (CTO) hours or may be temporarily removed from clinical. Furthermore, specific course violations may affect the student's grade in that course. The prior conduct record of a student shall be considered in determining the appropriate sanction for a student who has been found to have violated any program standards.

In such cases where the continued presence of a student in the clinical setting constitutes a danger to the health and safety of patients or staff, the clinical affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. Any student who is dismissed from the clinical site for any reason must meet with the Program Director before returning to the clinical site. Due to the requirement that students in the DMS program must be eligible to rotate through all clinical sites, a student who is **permanently** removed from a clinical affiliate will be immediately dismissed from the program and will be ineligible for re-admission to the DMS program at any time in the future. The dismissal of a student from any classroom or lab beyond one day (interim suspension), must be made in collaboration with the designated DMS Program Director and the GCC Dean of Student Services. The faculty and staff involved will follow the process of GCC. The Program Director may also recommend to the GCC Dean of Students that the reported behavior of the student be addressed under the Student Conduct section of the GCC Student Handbook, which may lead to the student's suspension or expulsion from GCC.

Disciplinary Procedures

The following steps shall govern the enforcement of the program disciplinary procedures upon notification of a student violation:

- The Program Director may deem it necessary to immediately impose restrictions on or temporarily suspend a student from the clinical setting if the student disrupts the academic process or poses a danger to anyone at the clinical site.
- The Program Director will provide the student an opportunity to meet within three working days of the reported violation. The student will then have an opportunity to submit any relevant information regarding the violation to the Program Director within three working days after the meeting.
- The Program Director will review and investigate the allegations and supporting documentation and will render a decision within five working days of meeting with the student. During the investigation period, the student may be temporarily suspended from the clinical site. The Program Director's decision as to whether the student committed the reported violation and what appropriate sanction will be imposed is final.
- If the student is not satisfied with the resolution, the student may bring the concern to the Allied Health/Nursing Division Director within five working days of receiving the decision. The Allied Health/Nursing Division Director will respond in writing within five working days of the receipt of the appeal.
- If the student is not satisfied with the decision of the Allied Health/Nursing Division Director, the student can initiate the GCC Student Grievance Procedure as outlined in the GCC Student Handbook.

Student exhibiting inappropriate physical or emotional behavior in the academic or clinical setting will be managed in accordance with this procedure. The DMS Program Director, Clinical Coordinator, and faculty may recommend if the expertise of additional college personnel, healthcare professionals, or administrators is needed. If the physical or emotional condition of the student is related to a disability, and an Academic Adjustment has been granted by the GCC Accessibility Specialist, then faculty must consult with the GCC Accessibility Specialist prior to making any decisions. The actions of faculty are based upon their primary requirement to protect the student, clients, patients, other students, faculty, and clinical site employees and to ensure the delivery of safe and competent care.

Standards of Program Progression

The DMS program of study is sequential in nature. Students must meet all course requirements in order to progress to the next course. All DMS and co-requisite courses must be taken in the prescribed order according to the program of study. Students must maintain a minimum grade of C in all math and science courses. In order to progress in the program, a student must maintain a minimum grade of 75 in all program specific didactic courses and maintain a minimum grade of 85 in all program specific clinical courses. A student whose grades fall below the minimum requirement will be dismissed from the program. Students who have been dismissed who wish to seek readmission must comply with the readmission procedure. Please note, if a student is granted readmission he/she will be required to repeat any course(s) in which the minimum required grade was not achieved.

Grading

<u>NUMBER GRADE POINTS</u>	<u>LETTER GRADE</u>	<u>QUALITY</u>
94-100	A	4.0
90-93	A-	3.7
87-89	B+	3.3
84-86	B	3.0
80-83	B-	2.7
77-79	C+	2.3
75-76	C	2.0
70-74	C-	1.7
67-69	D+	1.3
64-66	D	1.0
60-63	D-	0.7
below 60	F	0.0
	I	Incomplete
	W	Withdraw
	N	Non-attendance
	Au	Audit
	P	Pass

Review of Academic Standing (Appeal of Grade)

The DMS program follows the College Review of Academic Standing (Appeal of Grade) procedure of GCC which can be found in the GCC Student Handbook.

Completion of the Program - Pinning and Graduation

A student officially completes the DMS Program on the day of the GCC Commencement Ceremonies. In addition to the College's general requirements for graduation, students of the DMS program must have completed all math and science courses with a minimum grade of C, program specific didactic courses with a minimum numerical grade of 75%, and program specific clinical courses with a minimum numerical grade of 85%. In addition, students must successfully complete all the required clinical initial attempts and competencies and the students must not owe any clinical time. If the student owes clinical time, he/she must make up the clinical time prior to the published graduation date in order to complete the program.

All clinical documentation and ID badges must be returned to the clinical affiliate or Clinical Coordinator prior to commencement. Students who have not met all program requirements for graduation may not be considered for program awards and may not be allowed to participate in the Pinning Ceremony. The Pinning Ceremony is held prior to graduation and students are responsible for the cost of the pin for the program.

Readmission

Readmission to the DMS program is based on, at minimum, a review of past academic/clinical evaluations and evidence of interim efforts to strengthen areas of weakness. A student is eligible for readmission to the DMS program one time. Consideration for readmission to the program can only be granted if there are available openings, clinical resources, and faculty. In the event there are more readmission applicants than available openings, a ranking system will be applied. Readmission requests are evaluated on an individual basis. The Program Director reserves the right to deny readmission to those students who do not complete the requirements of the exit plan.

Readmission Requirements

All applicants for readmission must:

- Have successfully completed the first semester of the DMS program
- Be in good clinical standing at the time of leaving the program
- Maintain a minimum GPA of 2.75
- Schedule an exit interview with the Program Director **within thirty (30) days** of leaving the program
- Submit a request for readmission to the Program Director within 12 months of withdrawing
- Submit current health assessment forms prior to the start of the semester in which they will be readmitting

- Reactivate Trajecsys just prior to readmission
- Submit current CPR/AED or BLS certification just prior to readmission
- Complete a CORE background check and toxicology screening just prior to readmission

Students who withdraw because of personal or health-related issues and who are in good academic and clinical standing are eligible to reapply to the program the following year. Applications for readmission should be accompanied by a healthcare provider's release and a completed health form which states that the student is able to return to class and clinical attendance with no restrictions. Students may be required to repeat/audit sonography courses previously taken.

Readmission Process

The student must:

- Meet with the Program Director to complete the exit interview and formulate a plan for readmission.
- Submit a request for readmission letter to the Program Director by the appropriate date (April 1st for the fall semester, November 1st for the spring semester, and January 1st for the summer session).
- Describe in the readmission letter the efforts that were made by the applicant to strengthen the areas of concern that were identified in the exit interview.

Ineligibility for Readmission

The following students are ineligible for readmission:

- A student who receives a final grade of F in any DMS clinical practicum or internship
- A student who has already been readmitted once
- A student who has been absent from the sonography program for more than 12 months (due to withdrawal or dismissal).

Didactic Attendance

By enrolling in the college, the students accept responsibility to take full advantage of their educational opportunity by regularly attending all classroom and laboratory sessions. In the case of absence, program students are expected to notify the faculty 30 minutes prior to the start of the class. Excessive tardiness is a disruption to the class and will be dealt with as outlined in the syllabus.

School Closing/Inclement Weather

The student should refer to area radio and television stations or the college website for class delays, late openings, cancellations, or school closing. In the event that college classes are cancelled, clinical experiences for that date are also cancelled. The clinical affiliate staff members do not have the authority to allow students to be excused from attending clinical due to inclement

weather. Students can use their available CTO (four or eight hours) during inclement weather if they are concerned about driving conditions.

Clinical Attendance

It is the responsibility of the student to attend clinical and arrive on-time at their assigned clinical affiliate. It is required that all students attend all scheduled clinical hours. Please note that GCC liability insurance covers students for scheduled hours only. Students cannot start clinical more than 15 minutes early or leave clinical more than 15 minutes late. Excessive tardiness or absence will detract from a student's clinical education and may possibly affect the student's clinical grade and progression in the program.

Students are scheduled for eight hours of clinical on their designated clinical days. Assigned hours for daytime clinical rotations are 8:00 am – 4:30 pm and assigned hours for evening clinical rotations are 12:30 p.m. – 9:00 p.m. The student will take one half hour lunch/dinner break during their scheduled clinical shift. Students should report to the clinical location a few minutes prior to their assigned time so that they are ready to begin clinical at their start time. Please note that these hours cannot be changed by the student.

It is the student's responsibility to clock-in and clock-out daily using the program's online clinical documentation system, Trajecsys. Accurate and timely clock-ins and clock-outs will be part of the student's clinical grade. Accurate attendance records are extremely important and any inaccuracies or falsifications will be dealt with in accordance with program disciplinary procedures.

Students are required to fulfill all of their clinical obligations. Therefore, no one is permitted to leave the clinical site before their shift ends unless the Clinical Coordinator has been informed and has granted prior approval. Tardiness is defined as clocking-in to your assigned clinical site after your scheduled start time or returning late from your scheduled break. Missing or forgotten clock-ins and clock-outs are treated in the same manner as tardiness and leaving early, respectively. If there is a site specific reason for the late or missing clock-in/clock-out (no access to computer, computer system down, internet down, etc.), it is the student's responsibility to have the site notify the GCC Clinical Coordinator within one week (either verbally or in writing). Tardiness and missed clock-ins/clock-outs will not be tolerated and three incidents of either of these will result in a loss of eight hours of CTO. Chronic absenteeism, tardiness, missed clock-ins/clock-outs, and leaving early without informing the Clinical Coordinator will be dealt with in accordance with program disciplinary procedures.

Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Students must complete their scheduled hours at their assigned clinical sites. Please note that scheduled clinical sites cannot be changed by the student. Violations such student-initiated changes with the clinical site or student-initiated clinical changes with other students will be dealt with in accordance with program disciplinary procedures. The Clinical Coordinator/Program Director reserves the right to change clinical assignments at any time and with little to no notice

due to educational and/or staffing needs. Student requests for changes in clinical rotation assignments will not be considered. Students are required to be eligible to rotate through all clinical sites. Students who are unable to report for clinical at the start of their scheduled shift must notify their Clinical Coordinator AND the Clinical Instructor assigned to the clinical area at least 30 minutes prior to the scheduled shift.

Clinical Time Off (CTO)

Students may only take CTO time in four or eight hour blocks.

Students are allotted two CTO days per practicum.

Students are allotted three CTO days during the summer internship.

Students are allotted one CTO day during the winter internship.

CTO days cannot be accrued.

All CTO must be recorded on a CTO form and submitted to the Clinical Coordinator as follows:

- Scheduled CTO requires that a CTO form (Page 54) be submitted **48 hours** prior to the requested CTO day
- Unscheduled CTO requires that the CTO form be submitted prior to returning to the clinical site
- CTO cannot be used the week of mid-terms or the week before finals

An absence of more than two consecutive days requires a physician's note before returning to the clinical site. A student absent without notification for three consecutive days on which the student was scheduled for clinical is considered a voluntary resignation from the program without notice.

If a student's absences from clinical exceed their CTO allowance they will be required to make-up the clinical time on non-clinical days. The student must request permission from the Clinical Coordinator to make up missed time. Please note that make-up clinical time is not guaranteed as it is based on available time and space at the clinical sites. Students granted make-up time by the Clinical Coordinator or Program Director will receive an assigned date and clinical site for the make-up day. If the student does not make-up the clinical time, they will receive a grade of incomplete and they will be unable to advance to the next clinical level.

Bereavement Time

When a death occurs in a student's immediate family, the student will be granted bereavement days off without the loss of CTO days. Students can request up to three consecutive bereavement days off. The program recognizes the following as immediate family: spouse, parent, step-parent, daughter, son, brother, sister, step-child, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student's residence.

The Program Director reserves the right to require verification of the death and relationship. The student must submit a request for additional bereavement time to the Program Director.

Leave of Absence

A leave of absence may only be taken after satisfactorily completing the first semester of the DMS program. If a student decides to withdraw from the DMS program before the successful completion of the first semester, he/she must reapply to the program as a new student.

In the case of extenuating circumstances such as extensive illness, hardship, or emergency, a student who has successfully completed the first semester of the program may request a leave of absence of up to two semesters from the program. This request must be made in writing to the Program Director. Students who are granted a leave of absence and who wish to re-enroll must comply with the steps outlined in the readmission process.

Pregnancy Standard Volunteer Notification

The pregnancy standard notification is a voluntary option for pregnant students who may be occupationally exposed to ionizing radiation at the clinical setting.

In the event that a student becomes pregnant while in the DMS program, she has the option to either declare or not declare the pregnancy. The pregnant student is advised to consult with her physician regardless of whether or not the pregnancy is declared to the program. The DMS program, clinical affiliates, and GCC will not assume liability for exposure in any case of pregnancy.

The student has the right to not declare the pregnancy and remain in the program with no modifications. If the student chooses to declare the pregnancy, the following steps must be followed in one week of declaration:

- The student must advise the Program Director in writing of their declaration.
- The student must provide a note from their healthcare provider with an estimated due date and medical clearance for full-time participation with or without limitations. If there are limitations, they must be clearly stated.

Additionally, the pregnant student has the option to request a film badge for radiation monitoring and has the option to take a leave of absence. If the student decides to take a leave of absence, the student must comply with the readmission requirements of the program. Please see leave of absence, standards of program progression, and readmission requirements in this handbook. Please note that the student may withdraw a declaration of pregnancy at any time in writing.

Students who are absent from clinical beyond their allotted CTO will need to take a leave of absence. Students cannot begin the next semester's academic classes if all clinical requirements

have not been completed. Please see leave of absence, standards of program progression, and readmission requirements in this handbook.

Change of Address

The program and the college must be informed of any change in a student's name or address. If any changes occur, please notify the Program Director, Clinical Coordinator, and the College Registrar's Office within one week of the change.

Withdrawal from the Program

If a student wishes to withdraw from the DMS program, the student must meet with the Program Director and the Director of Allied Health and Nursing. If the decision to withdraw is final, the student must provide a written notice of withdrawal with a general explanation for the withdrawal.

HEALTH AND SAFETY

Health Requirements, Toxicology Screening, and Background Check

- All students are required to submit a current health assessment completed by a primary care provider within the last twelve months. This assessment must be submitted to Castle Branch (Certified Background) by the due date stated on the candidate reply form. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. Some clinical affiliates may require the student to directly submit health assessment forms and/or immunizations to the clinical site prior to the beginning of the clinical rotation. Students will receive advance notification of this request prior to their clinical rotation and non-compliance will be dealt with in accordance with program disciplinary procedures.
- Each student must provide documentation of current American Red Cross CPR/AED for the Professional Rescuer *or* American Heart Association Basic Life Support (BLS) for Healthcare Providers certification. Online CPR classes will not be accepted. American Red Cross CPR/AED for the Professional Rescuer or American Heart Association Basic Life Support (BLS) for Healthcare Providers certification must remain current for the duration of the program.
- Certain items may require additional follow-up during the program (i.e. Hepatitis B immunization, Influenza vaccine, and Tuberculin testing). The student is required to follow all instructions for documentation of immunization status (with the required laboratory reports) and to obtain the signature of the health care provider as indicated. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the Hepatitis B immunization series must submit the Hepatitis B waiver form.
- Each student must provide Castle Branch (Certified Background), and in some cases the clinical affiliates, with documentation of the results of an annual or semi-annual PPD

(Tuberculin) test. Each student must have documentation of PPD results that were obtained within the last year on file at the college and some clinical sites are now requiring semi-annual documentation of PPD results. Students who have a history of a positive PPD must submit one of the following: chest x-ray report within the past two years or Quantiferon Gold lab test. In addition, clinical affiliates require that all students have yearly influenza vaccinations.

- All costs incurred for the health assessment, vaccinations, toxicology screen, background check, PPD, and BLS/CPR/AED certification are the student's responsibility.
- Non-compliance or incomplete paperwork regarding the health requirements, toxicology screen, background check, or BLS/CPR/AED will be dealt with in accordance with program disciplinary procedures.

Criminal Background Checks & Toxicology Screening

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screening may be required for all students prior to participation in clinical experiences. Due to this requirement, student refusal of either the background check or drug screening will result in dismissal from the program due to the inability to complete clinical learning requirements. Students must follow college and program instructions for obtaining criminal background checks and toxicology screenings.

Students who are found guilty of having committed a felony, misdemeanor, and/or are found to have a positive toxicology screen may be prevented from participating in clinical experiences. Results of student background checks and toxicology screening do not become a part of the student's educational record, as defined by the Family Educational Rights and Privacy Act ("FERPA").

Procedures and Guidelines for Student Toxicology (Drug) Screening and Criminal Background Checks

Confidential toxicology (drug) screening and/or criminal background checks may be required for students prior to participation in the initial clinical rotation utilizing the vendor(s) adopted by the college (i.e. Certified Background, Connecticut League for Nursing/CLN, etc.). The following guidelines are applicable to toxicology screening and/or criminal background checks for any student:

1. Fees for all screenings must be paid by the student
2. The need for additional screening/assessment beyond the initial screening/assessment is related to clinical affiliate requirements and/or results of the initial screening/assessment
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that insures the integrity, accuracy, and confidentiality of the information

4. Students are not allowed to hand-deliver results of either toxicology screening or criminal background checks
5. Students are required to sign a release for results of toxicology screenings and criminal background checks to be sent to their program
6. Results of toxicology screenings and criminal background checks are NOT a part of the student's "educational record" as defined by the Family Educational Rights and Privacy Act ("FERPA").

Toxicology Screening Standards and Guidelines

The following guides the response to a positive toxicology screening for any student:

1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed, and interpreted by the vendor
2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive test result (i.e. a result of a legally prescribed medication)

Toxicology screening that requires retesting:

1. Vendor reports that the screening specimen was diluted;
2. If a student challenges a result, only the original sample can be retested.

Response to a confirmed positive toxicology screen

If a student tests positive for drugs that are illegal substances, non-prescribed legal substances, or the student is deemed unsafe for the clinical setting by a healthcare provider, the student will be immediately dismissed from the DMS program. Students will be given an opportunity to discuss the results of the non-negative/positive screen with the Program Director.

Readmission following dismissal from the program in response to a confirmed positive toxicology screen is guided by the following conditions:

1. The student provides documentation from a qualified healthcare professional indicating status of abuse, addiction or recovery and/or documented rehabilitation related to the alcohol/drug abuse
2. A confirmed negative toxicology screen is documented immediately prior to readmission
3. The student meets all other requirements for readmission.

Reasonable Suspicion Screening

Students may also be required to submit to additional toxicology screening during the program in accordance with clinical affiliate contracts when reasonable suspicion of impairment exists.

Reasonable suspicion testing may include, but is not be limited to, the following:

1. Physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of drug/alcohol use
2. Presence of an odor of alcohol or illegal substance

3. Abnormal conduct or erratic behavior during clinical or on-campus learning activities, chronic absenteeism, tardiness, or deterioration of performance regardless of any threat to patient safety
4. Suspected theft of medications, including controlled substances, while at the clinical facility
5. Evidence of involvement in the use, possession, sale, solicitation, or transfer of illegal or illicit drugs while enrolled in the DMS program.

Criminal Background Checks Standards and Guidelines

Students who are found guilty of committing a felony will be prevented from participating in clinical experiences by clinical affiliate policy. If a student cannot participate in a clinical rotation at an assigned facility, s/he will not be able to complete the objectives of the course and program. If a criminal background check reveals that a student has been found guilty or convicted as a result of an act which constitutes a felony and the student is unable to be placed at a clinical site, then the student is unable to meet the clinical objectives/outcomes of the course. The Program Director notifies the student and the student is provided with the opportunity to withdraw from the program. Should the student refuse to withdraw, the student will be terminated from the program

Incident/Accident Reports

Students must report any incident or accident that occurs at the clinical affiliate immediately to the Clinical Instructor and Clinical Coordinator. An incident or accident report for each occurrence must be completed according to the guidelines of the clinical affiliate site. Students must provide a copy of the clinical affiliate incident report and a completed GCC DMS incident report (Page 46) to the Program Director within 24 hours. Failure to report an occurrence to the Clinical Instructor, Clinical Coordinator, and Program Director will be dealt with in accordance with program disciplinary procedures. For any incidents or accidents that occur while on the GCC campus, the student should follow the guidelines outlined in the GCC Student Handbook.

Standard Precautions and HIPAA

Students enrolled in the DMS program must adhere to all policies and procedures concerning standard precautions and infectious diseases and the Health Insurance Portability and Accountability Act of 1996 (cell) as practiced at the assigned clinical affiliate.

Students must never disclose confidential information including patient identifying information, medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on “Protected Health Information” which includes any “individually identifiable health information.” This includes individual identifying information; potentially identifying information; past, present, or future physical/mental health; the delivery of health care; or the past, present, or future payment for the delivery of health care. Individually identifiable health information includes many common

identifiers such as name, medical record number, date of birth, address, and Social Security number that may be located on electronic or printed images or documents from the clinical site. All individual identifiable health information must be completely removed from all electronic or printed images or documents from the clinical site.

Please visit <http://www.hhs.gov/hipaa/for-professionals/index.html> for more information. Failure to adhere to this code is professionally unacceptable and potentially compromising from a medical/legal standpoint. Furthermore, it constitutes a violation of the “Right to Privacy Act” and HIPAA. Violations will be dealt with in accordance with program disciplinary procedures.

Health and Safety Training: Blood Borne Pathogens

Students are required to complete the online Connecticut Hospital Association (CHA) Health and Safety Training Course prior to participation in clinical experiences. Students are required to pass the corresponding test with a grade of 85. If the student does not achieve a passing grade, the student will be required to review the information and retake the test. The course is available at: <http://www.cthosp.org/Career/healthcourse2010/main.html>

Basic Life Support/CPR/AED

Students are required to provide and retain documentation of current professional level certification in Basic Life Support for adult, child and infant for the duration of the program. Certification can only be earned through the American Heart Association or the American Red Cross and must remain current throughout the Program. Courses meeting this requirement are:

- The American Heart Association Basic Life Support (BLS) for Healthcare Providers
- The American Red Cross CPR/AED for the Professional Rescuer

A copy of the current certification card must be submitted to Castle Branch (Certified Background) by the due date on the candidate reply form. If the current certification card does not cover the entire duration of the DMS program, students must re-take the class and re-submit a current certification card to Castle Branch (Certified Background) before the expiration date of the original card. Non-compliance will be dealt with in accordance with program disciplinary procedures.

Latex Allergies

The college DMS lab and many clinical sites are not totally latex-free. Students who enter the program with a latex sensitivity must notify the Program Director or Clinical Coordinator and discuss this with their healthcare provider to develop a plan of action.

Liability Insurance

Professional liability insurance is provided for students by the college. Students may also purchase additional professional liability insurance on their own.

Smoking Guidelines

GCC is a smoke-free campus and workplace. Students are required to follow hospital policy regarding smoking. Please be advised that the program requires that all students arrive to clinical free from any tobacco product odors. If a student smells of tobacco products they will be asked to leave clinical immediately and they will lose CTO time. Repeated violations will be dealt with in accordance with program disciplinary procedures.

Transportation and Parking

- Students are responsible for obtaining their own transportation to and from the college and clinical affiliates.
- Students will travel to clinical affiliates located throughout Connecticut.
- Students are subject to the parking regulations established by the clinical affiliates and are expected to park in designated areas only.
- If a violation occurs, the car may be towed at the student's expense.
- The college and the DMS program are not responsible for expenses associated with traveling to the site, parking or towing, or injury to property sustained at a clinical affiliate site.

CLINICAL GUIDELINES

Introduction

Clinical affiliates are an integral component of the student's clinical education in this program. Students gain a significant amount of clinical knowledge observing and performing sonographic exams at the clinical sites. Students are responsible for following the standards, procedures, rules and regulations outlined in this handbook. Furthermore, students are responsible for following standards, procedures, rules, and regulations outlined in the clinical affiliate paperwork and at the clinical site. Students are responsible for attending all scheduled hospital orientation sessions and for maintaining current immunizations, TB, and BLS/CPR/AED training documentation for the duration of the program. If requested, it is the student's responsibility to provide any or all of this information to the clinical sites directly before rotations.

Guidelines for Student Supervision in the Clinical Education Setting

Students are required to perform sonographic procedures under **direct supervision** until the student has been signed off on the specific competency. Once this competency has been achieved, the student can perform the procedure under **indirect supervision**. Students are never to perform any sonographic exams without the appropriate level of supervision.

Direct Supervision: Student supervision under the following parameters:

- a. A qualified sonographer reviews the procedure in relation to the student's achievement
- b. A qualified sonographer evaluates the condition of the patient in relation to the student's knowledge
- c. A qualified sonographer is present during the conduct of the procedure
- d. A qualified sonographer reviews and approves the procedure/images
- e. A qualified sonographer is present during student performance of a repeat of an unsatisfactory sonogram

Indirect Supervision: Student supervision under the following parameters:

- a. A qualified sonographer must be immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified sonographer adjacent to the room or location where a sonographic procedure is being performed. Contact via electronic devices such as cell phones or pagers are not acceptable.
- b. A qualified sonographer reviews and approves the procedure/images
- c. A qualified sonographer is present during student performance of a repeat of an unsatisfactory sonogram

Imaging Sign Off and Repeat Procedures

No student, regardless of competency level, can perform any imaging procedure without first reviewing the request with a supervising sonographer and then obtaining permission from the sonographer to perform the procedure. All images must be reviewed and approved by a supervising sonographer before the patient leaves the room and before the images are sent to the radiologist for interpretation. Students are prohibited from dismissing a patient without the permission of a supervising sonographer. No student can repeat a scan without direct consultation with a supervising sonographer. In the case that a repeat scan is needed, a clear explanation of the reason for the repeat scan must be documented. There are no exceptions and violations will be dealt with in accordance with program disciplinary procedures.

Diagnostic Medical Sonography Program Uniform Requirements

Students are required to purchase the uniform designated for the sonography program. The student uniform consists of navy blue scrub pants, navy blue embroidered scrub tops, and white leather closed-toe and closed-back uniform shoes or white leather low-top sneakers. The scrub top is embroidered with the GCC logo and the words Sonography Student (Scrub Wear House has the appropriate embroidery – be sure to tell them that you are a sonography student). Students may also wear a short white lab jacket embroidered with the Gateway Community College logo and the words Sonography Student in navy stitching. This jacket is optional and may be worn over the

navy blue embroidered scrub top. The student may also opt to wear a white tee-shirt or long-sleeved white shirt underneath the navy blue, embroidered scrub top. Please note that the shoes must be all-white with white stitching and white laces. The scrubs must be purchased from the Scrub Wear House (Page 55). The following general uniform guidelines must be followed at all times:

- Uniforms should be clean, pressed, and properly maintained. Shoes should be clean, well-constructed, and practical.
- Tattoos should be covered at all times.
- Hair longer than shoulder length must be securely tied back to keep it from coming in contact with patients. Appropriate hairstyles and accessories are to be conducive to the professional atmosphere of the clinical affiliate.
- Appropriate levels of daily personal hygiene and body cleanliness suitable for patient contact should be maintained. Facial hair must be trimmed.
- For purposes of safety, earrings must not extend beyond the ear lobes and ornamental rings are not permitted in direct patient care areas. Necklaces, excessive rings, and ornamental jewelry of any kind (including any type of facial piercing) are not permitted as these can be hazardous to the patient as well as the student.
- Fingernails must be clean, well-manicured, and kept at a length of no more than ¼ inch as recommended by the CDC. Nail polish, if worn, must be neatly maintained and free of cracks and chips. If a student chooses to wear nail polish, a single color is recommended. Artificial nails, nail tips, rhinestones, sparkles, designs, or foreign bodies/nail jewelry are not permitted in the clinical setting.
- Cosmetics, perfume, and/or cologne are to be used in moderation.
- Chewing gum is not allowed.
- The student must wear the GCC student ID badge and hospital ID badge (if applicable) at all times while at the clinical affiliate. All ID badges must be visible and attached to the student's uniform or lab coat. Lanyards are not allowed for safety reasons.

CLINICAL EDUCATION STANDARDS & PROCEDURES

Clinical Standards

The ultimate level of honesty and integrity is expected from all DMS students. Students should respect lines of authority in the clinical setting and follow the instructions of their immediate supervisors. The lead sonographer and the clinical instructor are the immediate authority in the clinical setting. Be motivated to learn from others and request to be present during exams. Ask to start exams and/or scan after the sonographer. Unless the sonographer dismisses you, be present from the beginning of a test until the end. Demonstrate initiative and a willingness to participate; however, only attempt procedures for which you have received permission. Be attentive to those who are giving instructions and explaining procedures and ask questions pertinent to the situation. Do not hesitate to request clarification of any written or verbal order prior to the patient procedure;

however, do not bring up concerns while in the presence of a patient. Diagnostic interpretation of imaging and/or treatment decisions are always made by the physician. Students should not communicate personal interpretive diagnostic judgments to patients, family members, etc. as this is a serious breach of medical ethics that will result in disciplinary action. Do not allow the patient to coerce you into giving information that is not within your scope of practice and authority to relate. You may assist the patient by giving them information as to who they can contact for their results and when their results will be available. Proper medical record keeping is a fundamental responsibility and obligation of the health care professional. Records should be complete, legible, and accurate. When writing technologist notes or worksheets, stick to the facts and use medical terminology to describe the findings or limitations of the study. Personal and/or negative comments are not acceptable in the clinical setting (verbally or in writing).

Confidentiality

Students must never disclose confidential information (anything patient identifying information or anything pertaining to the patient's medical history, diagnosis, treatment, and prognosis) to anyone not directly involved in the care of the patient. Failure to respect this code constitutes a violation of the "Right to Privacy Act," is professionally unacceptable, and is potentially compromising from a medical legal aspect. Questions from the patient and family should be addressed to the supervising sonographer. Any images that students are allowed to acquire and use for objectives or case evaluation, studies, or presentations must have all patient identifying information removed. No images may be removed from a clinical site without the permission of the supervising sonographer. Students are prohibited from asking patients themselves for images or for acquiring images on their own. Violations of HIPAA, removing images from a clinical site without permission, or asking patients for images will be dealt with in accordance with program disciplinary procedures.

Professionalism

A patient must feel that those participating in his/her medical care are competent, confident, and worthy of the trust placed in them. The impression that you give to the patient as to your level of professionalism is an important factor in creating a feeling of confidence and trust. Always address the patient as dictated by the site protocol and introduce yourself and any other person participating in the procedure. Avoid addressing patients by endearments. Be courteous and respectful at all times. Provide the maximum comfort, privacy, and safety for your patient. Become an empathetic and encouraging listener; however, make an effort to avoid becoming involved in discussions of the merits or failures of other health care professionals or facilities. The patient has a right to know about the procedure being performed, so be willing to answer questions within your knowledge base. Deal with the patient's questions with honesty, tact and integrity. Your ability to correctly recognize how your tone of voice, words, actions, and behaviors are being interpreted by patients, colleagues, and physicians are important tasks which you must master.

Behaviors which patients interpret as professionalism include:

- A warm greeting with a smile.
- Explaining each step of the procedure.
- Demonstrating focus and interest in the task.
- Portraying positive facial expressions.
- Displaying respect, compassion, and kindness.
- Maintaining composure at all times.
- Accepting the patient's physical appearance.

Any breach of professionalism (behavior, language, etc.) will be dealt with in accordance with program disciplinary procedures.

Urgent/Stat Findings

During the course of the clinical internships/practicums, the student will most likely encounter patients who have urgent/stat sonographic findings (new acute thrombus, new arterial occlusion, etc.) and/or clinical situations (fainting, trouble breathing, etc.). The student should report these urgent findings/situations immediately to their supervising sonographer. If a student is in doubt whether a finding/situation is urgent/stat, the student should err on the side of caution and report the finding immediately to the supervising sonographer.

Accepting Critique

As a student there is no need to feel hesitant at any time about asking questions, seeking clarification, or asking for advice or assistance. Constructive critical analysis of your work and feedback are essential parts of the educational process. Students have the opportunity to comment and respond to the periodic evaluations made by faculty and clinical instructors. Please make an effort to take necessary constructive feedback in stride and benefit from it.

Ergonomics

In the sonography profession, it is very important to understand and follow ergonomically correct scanning practices at all times to reduce the risk of musculoskeletal injury. Prior to beginning each patient, the student should ensure that the ultrasound equipment, stretcher, and chair are properly adjusted for the student's comfort. The patient should be positioned as close as possible to the student, the student should rest their arm on the patient whenever possible, and the student should keep their scanning arm as close to their body as possible. There are many companies that focus on ultrasound ergonomics and specific scanning accessories are available to assist sonographers (arm/wrist supports, cable braces, etc.). Students are required to purchase an ergonomic cable brace prior to scanning. Posters with specific exercises designed to help sonographers are also available. Please see Page 56 for more information about ultrasound ergonomics.

Clinical Labs & Scanning Practice

Clinical lab is designed to expose students to scanning techniques, planes of the body, and normal structures within the body. In order to accomplish this, students are encouraged to participate as both the scanner and the scanned (a student 'patient'). Fellow students and instructors will be positioning the student 'patient' and scanning them with an external transducer in areas such as the abdomen, neck, arm, etc. Students cannot perform internal or private area sonograms on other students during in-school clinical labs or at the clinical site. Students are required to participate in clinical lab as a scanner; however, participation as a student 'patient' is not mandatory. Non-participation as a student 'patient' will not affect a student's grade. A student who does not wish to be scanned needs to inform the faculty in advance so that alternate arrangements can be made ahead of time.

All in-school clinical lab scan time must be documented on the log-in sheets in the lab. Documentation must include the student who is scanning, the student being scanned, and the start and end times. A student who is pregnant cannot be scanned in the pelvic area. Student scanners may not report findings to student 'patient' volunteers. Internal and/or private area sonograms such as transvaginal, breast, and scrotal sonograms are **not** to be performed on students during in-school clinical labs or at the clinical site. A phantom and simulation equipment are available in the clinical lab for students to practice breast and transvaginal scanning.

Incidental pathology may be revealed during scanning practice. The DMS program and GCC are not responsible for finding or documenting pathology, providing medical diagnosis, and/or providing treatment options. These exams are NOT diagnostic exams and do NOT take the place of appropriate medical diagnosis and treatment with the student's healthcare provider. It is the student's responsibility to follow up with their healthcare provider regarding any incidental findings.

Employment Policy

Due to the concentrated and intense nature of the DMS program, outside employment may be difficult. Students should ensure that their clinical hours are separate from employment hours. No student may be employed in a position as a sonographer before graduation. Any employment of students must be outside the regular educational/clinical hours and cannot be used as the requirement for clinical hours. Students may not receive monetary gifts from staff or patients. Any questions or concerns about clinical requirements should be brought to the attention of the Clinical Coordinator or Program Director.

CLINICAL EDUCATION

The clinical aspect of the DMS program is of utmost importance. Clinical training should be viewed as if it were a two year job interview. Clinical skills must be performed routinely in an accurate, professional, and caring manner. The DMS program has developed specific objectives

and a competency system to meet these standards. Clinical education encompasses specific categories that incorporate observation, communication, cognitive, behavioral, and motor skills.

Clinical competencies specific to each rotation have been developed. Areas included are:

- Normal abdomen
- Abnormal abdomen
- Normal renal
- Abnormal renal
- Pediatric renal
- US guided biopsies
- US guided procedures
- Thoracentesis
- Thyroid
- Male pelvic
- 1st trimester OB
- Female pelvic
- BPP
- Biometry
- 2nd trimester OB
- LE venous
- Carotid
- UE venous
- Venous reflux
- ABI
- PVR
- Segmental pressures
- Venous mapping
- LE arterial
- Bypass graft
- Stent
- Renal artery Doppler
- Aorta Doppler

The student is instructed to gain knowledge in a logical and progressive manner. Basic skills are taught and learned before more complex ones are introduced. Once these individual skills are mastered and documented, the student then proceeds to assessment. An initial attempt is the first form of assessment. Completing an initial attempt signifies that the student was able to complete a study with only verbal guidance from the sonographer (no physical guidance with location or positioning of the transducer). Completing a final competency signifies that the student was able to complete a study with no verbal or physical guidance from the sonographer. Once a student attains competency in any area or procedure, the student shall continue to practice these skills in order to maintain competency. A student who has attained competency in a certain area, but who is unable to consistently demonstrate competency in this area will need to re-do the final competency. Competencies can be challenged by faculty, clinical program instructors, or clinical site instructors.

By the completion of the clinical portion of the program, students will successfully complete numerous final competencies. Students must complete three initial attempts in each skill area before they become eligible to complete a final competency. The student must demonstrate entry-level sonography skills to successfully complete the final competencies. The initial attempt and final competency evaluation forms are located in Appendices. All competency exams must be supervised by the Clinical Coordinator, Educational Assistants, or Site Clinical Instructors. Failure to complete the attempts and competencies within the scheduled timeframe may result in clinical failure.

Method of Training

Students will rotate through the Ultrasound Department of the clinical affiliates in such a manner as to provide sufficient exposure to a variety of sonographic examinations and procedures. Students will also participate in clinical laboratory sessions at GCC. Each assigned area is considered a clinical learning lab and each area is

assigned a clinical instructor. During each clinical practicum/internship students will observe, assist and demonstrate each skill as it is taught and acquired. Students are afforded ample opportunity to complete all assigned tasks, attempts, and competencies. Strengths and weaknesses are assessed through evaluation and the performance of attempts and competencies. Students have at least one clinical performance evaluation and at least one site visit evaluation per semester. The clinical performance evaluation is performed by a Site Clinical Instructor and the site visit evaluation is performed by either the Clinical Coordinator or an Educational Assistant. The clinical performance evaluation is located on Page 52 and the site visit evaluation is located on Page 50.

The clinical training is correlated with the didactic education. The clinical training is broken down into three levels of mastery skills as presented within the clinical setting: normal anatomy, normal variants and common pathology, and pathophysiology.

Clinical Evaluation

Specific initial attempt, competency, and assignment requirements are due for each practicum/internship. These assignments are listed in the handbook and syllabus and will be posted on Blackboard. Performance improvement plans and 1:1 instruction will be provided for students who clinical instructors, educational assistants, or program faculty document as requiring additional scanning assistance to complete scans with the level of competency appropriate for the student's time in the program.

Clinical Process

- Students must complete assignments, initial attempts, and competencies in accordance with the clinical syllabi.
- Students will be evaluated on a regular basis by clinical site instructors, educational assistants, and program faculty at the clinical site.
- The purpose of the regular evaluation is to measure the progression of the student's communication, cognitive, behavioral, and motor skills
- Written evaluations are submitted on Trajecsys and the Clinical Coordinator will review all evaluations to offer direction and improve areas of deficiency.
- Students will review all initial attempts, competencies, and evaluations and submit their electronic signature through Trajecsys.

Student Records

Students are required to maintain their clinical records in Trajecsys in order to document clinical hours, initial attempts, competencies, and the numbers and types of cases with participation level and pathology (if applicable) for reference when applying to the ARDMS or employment. While our clinical documentation system is online, computer errors do sometimes occur. Students are strongly encouraged to make copies of their records on a continuous basis (students are responsible for the cost of making the copies). Students are not allowed to return to a clinical site after their practicum/internship has ended; therefore, students are advised to complete all paperwork before leaving a site. Returning to a clinical site after the end of a practicum/internship without permission from the Clinical Coordinator will lead to clinical failure and removal from the program.

Clinical Grading Procedure

Clinical courses are graded in the form of a P for “pass,” F for “fail,” or I for “incomplete.” Successful completion of each clinical course with a passing grade requires that the student show continual progression of skills, complete the initial attempts and/or final competencies as listed in the syllabi, and achieve a total percentage grade of 85% or higher based on the grading outlined in the syllabus. All of the following components will factor into the clinical grade:

- On-time completion of clinical assignments and surveys
- On-time completion of journal and logbook entries
- Completion of clinical initial attempts and/or final competencies
- Review and signature of all clinical paperwork on Trajecsys
- Site visit, clinical performance, and lab scanning evaluations
- Attendance and punctuality

The student is responsible for the completion and documentation of all required clinical components for each practicum/internship prior to the last day at the clinical site. To remain eligible for continuance of clinical studies, students must show continual progression of skills in this competency-based program. The student must master and maintain all past clinical initial attempts and competencies through the end of the final practicum. Students are unable to advance to the next clinical level with a grade of fail or incomplete.

Initial Attempts and Final Competencies

The final competencies, mandatory initial attempts, and elective initial attempts consist of various exams and procedures. The level of difficulty will escalate as the student progresses through the clinical portion of the program. The student will be responsible for completing an assigned number of initial attempts and/or final competencies per clinical practicum/internship.

The Clinical Coordinator and/or Clinical Instructors will provide instruction of technical and clinical skills needed to obtain initial attempts and competencies. The initial attempts and competencies are to be acquired in a timely manner by the students in accordance with the syllabus for each practicum/internship.

The materials presented during didactic lecture are reinforced through active participation in the clinical setting. Once a student has successfully mastered a scanning skill they must demonstrate their skill to a sonographer registered in that specialty. The sonographer will evaluate the student’s skills according to the program’s criteria and, if the student successfully performs the skill, the sonographer will complete the initial attempt or final competency in Trajecsys. The student is required to document all of their clinical participation in a daily logbook and subsequently enter this information into Trajecsys. The documentation should include the type of exam, the level of participation, the supervising sonographer, and the type of pathology (if applicable). Information must be regularly entered into Trajecsys and this constitutes part of the clinical grade.

Completion of the final competencies verifies that the student has met the following criteria:

- Scanned the procedure multiple times in the clinical setting and demonstrated skill and knowledge.
- Accurately performed procedure under direct supervision of registered sonographer with no assistance.

EVACUATION PLAN

Everyone in the building must evacuate when an alarm sounds and/or upon verbal notification by authorized personnel. All persons in classrooms should be directed to move in an orderly manner to the designated exits posted on the **Emergency Action Plan** chart located on the wall of the room's egress. If time and safety permits, close all doors. If your assigned exit is blocked, keep calm and seek nearest exit. When outside of building proceed away from the building and stay out of roadways and areas utilized by emergency personnel.

Remain outside of the building until the security staff authorizes re-entry.

1. The Early Learning Center evacuated to the Temple Street Garage.
2. Gateway Garage evacuated to the Crown Street sidewalk.
3. Persons with a physical/mobility disability, who cannot exit, should be accompanied to the rescue area and where they shall wait for the emergency personnel to arrive and evacuate them.

The rescue areas are as follows:

Second Floor Bridge-stairwell/escalator

Third Floor Bridge-stairwell

Fourth Floor Bridge-stairwell

EMERGENCY LOCK DOWN PROCEDURES

If a lockdown occurs, proceed to nearest office or classroom. If already in office or classroom, stay there. If time and safety permits, **close and lock all doors, shut off lights, and stay out of sight.**

Dial 911 (9-911 from college phone) or call GCC Security 203-285-2246/203-285-2611 (52246/52611)

Do not leave your location until you are given an "all clear" sign by an authorized person – Police, Fire or Security Staff.

STAY: CALM, QUIET, WAIT

EMERGENCY REPORTING PROCEDURES

Notify the Security Department of any emergency situations. Keep calm. Keep others calm

Campus Security Department: ON CAMPUS dial 52246 and OFF CAMPUS dial 203-285-2246

* In a medical or police emergency in which Security cannot be reached, **dial 911**
(**9-911** from college phone)

EMERGENCY PHONE NUMBERS

Emergency Operator (All life-threatening Emergencies) 9- 911

When calling, stay calm and carefully explain the problem and location to the Dispatcher.

Do not hang up until told to do so.

Information to give to 911 and/or Public Safety:

Your Name

Emergency Location (Bldg. name & #, Floor #____, Room #____)

Size and Type of Emergency

Any Additional Information requested by the Operator

College Operator 203-285-2000 (X5-2000)

Security Department 203-285-2246 (X5-2246)

Building Maintenance Supervisor 203-285-2240 (X5-2240)

Facilities and Events Management Director..... 203-285-2223 (X5-2223)

GCC DMS PROGRAM PLAN OF STUDY

Total Program Credits 68

Freshman Year – Summer Session – Total Credits 3

RST 200	Cross Sectional Anatomy	3 credits
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Freshman Year – Fall Semester – Total Credits 17

ENG*101	English Composition	3 credits
MAT*175	College Algebra and Trigonometry	3 credits
PHY*111	Physics for the Life Sciences	4 credits
DMS*104	Introduction to Abdominal/Small Parts Sonography	3 credits
DMS*105	Introduction to OB/GYN Sonography	3 credits
DMS*111	Clinical Practicum I	1 credit

Freshman Year – Winter Intersession – Total Credits 1

DMS*113	Clinical Internship I	1 credit
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Freshman Year – Spring Semester – Total Credits 14

COM*171	Fundamentals of Human Communication	3 credits
CSC*101	Introduction to Computers	3 credits
DMS*102	Sonographic Physics and Instrumentation I	3 credits
DMS*103	Sonographic Imaging and Lab	4 credits
DMS*112	Clinical Practicum II	1 credit

Freshman Year – Summer Session – Total Credits 2

DMS*126	Clinical Internship II	2 credits
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Sophomore Year – Fall Semester – Total Credits 17

PSY*111	General Psychology I	3 credits
DMS*201	Sonographic Physics and Instrumentation II	3 credits
DMS*206	Vascular Sonography	3 credits
DMS*207	Advanced Sonographic Pelvic Pathophysiology	3 credits
DMS*211	Clinical Practicum III	2 credits
Elective	Fine Arts	3 credits

Sophomore Year – Spring Semester – Total Credits 14

DMS*203	Advanced Sonographic Applications	3 credits
DMS*205	Advanced Abdominal/Small parts Sonographic Pathophysiology	3 credits
DMS*208	Advanced Obstetrical Sonographic Pathology	3 credits
DMS*212	Clinical Practicum IV	2 credits
Elective	Humanities	3 credits



DMS PROGRAM STUDENT HANDBOOK 2016-2017

DMS students are responsible for reading and complying with the information in the current Gateway Community College (GCC) Catalog, GCC Student Handbook, DMS Program Student Handbook, clinical affiliates' code of conduct and departmental policies, and ARDMS and ARRT Code of Ethics. It is the intent of this handbook to ensure patient safety and professional, ethical, and legal conduct of all DMS program students. Failure to comply with college and DMS program standards will lead to a review of student behavior and possible disciplinary action, which may include dismissal from the DMS program.

The DMS program reserves the right to modify any statement in the handbook. Changes will be given to students through a DMS Student Handbook Addendum.

DMS Program Student Handbook Acknowledgement of Receipt and Agreement to Comply

I, _____, acknowledge receiving and reading the 2016-2017 GCC DMS Program Student Handbook. I have read the standards and procedures of the DMS Program. I have also read the clinical evaluation and competency process that will be used to assess my progress in clinical. I agree to comply with the procedures and standards stated within this handbook.

I acknowledge that prior to signing this form I have been given the opportunity to seek further clarification.

I understand that this statement will be placed in my DMS Program student record.

Student Name (Printed): _____

Banner ID Number: _____

Signature: _____

Date: _____



CONFIDENTIALITY AGREEMENT AND CONSENT TO VIDEO RECORD

During your participation in simulated clinical experience scenarios (SCES) while a student in the Gateway Community College (GCC) Diagnostic Medical Sonography (DMS) Program are encouraged to participate as an active contributor and as an observer.

The primary objectives of the SCES are to support and enhance your clinical learning while you are a student in the DMS Program. These experiences will provide you with additional methods to identify scanning areas to improve on and how to enhance your scanning skills. SCES are designed to challenge your response and judgment in a variety of clinical situations. Due to the possible sensitive nature of any SCES, strict confidentiality regarding the specific scenarios, including what occurred during the simulation experience, is required by all participants and observers. Strict confidentiality will also help to ensure that the simulation experiences are beneficial for all learners. Simulation scenarios will be discussed during debriefing with the understanding that, "All that takes place in the simulation environment stays in the simulation environment!"

Each student is asked to agree to the following conditions:

My signature on the DMS Program Confidentiality Agreement and Consent to Video Record Acknowledgement of Receipt and Agreement to Comply indicates my agreement to maintain strict confidentiality regarding the specific simulation scenarios, participants, my performance, and the performance of others regardless of whether the information was obtained by participating in the SCES in person, viewing it on a video, or obtaining the knowledge in any other form of communication regarding the SCES. In addition, my signature indicates that I have authorized the GCC DMS faculty and staff to video record my performance during SCES as a participant or as an observer. Furthermore, my signature indicates that I have authorized the GCC DMS faculty and staff to use the video recording(s) of my participation in SCES for purposes including, but not limited to, debriefing, faculty review, and educational support of other learners.

DMS Program Confidentiality Agreement and Consent to Video Record Acknowledgement of Receipt and Agreement to Comply

I, _____, acknowledge receiving and reading the GCC DMS Confidentiality Agreement and Consent to Video Record. I acknowledge that prior to signing I have been given the opportunity to seek further clarification. I acknowledge that my agreement is truly voluntary. I agree to comply with the terms of the confidentiality agreement and consent to video recording. I understand that this statement will be placed in my DMS program student record.

Student Name (Printed): _____

Banner ID Number: _____

Signature: _____

Date: _____



STUDENT STATEMENT OF RESPONSIBILITY- ACADEMIC ADJUSTMENT

Any student who feels s/he may need an adjustment based on the impact of a documented disability should contact Student Accessibility Services at 203-285-2231 in room S-202 (2nd floor of the South Building) to coordinate reasonable adjustments. Students then should contact the professor privately to ensure adjustments are received.

Students with a documented disability must self-disclose and provide appropriate documentation to the Accessibility Specialist. A request should be made every semester if the student requires reasonable adjustments. Please contact Student Accessibility Services prior to the beginning of the semester or as early as possible in the semester as any potential adjustments that may be made are not retroactive.

For more information please contact Accessibility Specialists Ronald Chomicz or Samantha Kusiak at 203-285-2231, rchomicz@gatewayct.edu, or skusiak@gatewayct.edu

Please see the GCC Policy regarding requesting academic adjustments at <http://www.gatewayct.edu/Offices-Departments/Student-Accessibility-Services/Requesting-Academic-Adjustments>

My signature below signifies that I have received written directions on the procedures for requesting academic adjustments (including when the request must be made and who I can contact to make the request).

Student Name (Please Print)

Student Signature

Date



DMS CLINICAL LAB RELEASE FORM

Clinical lab is designed to expose students to scanning techniques, planes of the body, and normal structures within the body. In order to accomplish this, students are encouraged to participate as both the scanner and the scanned (a student 'patient'). Fellow students and instructors will be positioning the student 'patient' and scanning them with an external transducer in areas such as the abdomen, neck, arm, etc. Students cannot perform internal or private area sonograms on other students during in-school clinical labs or at the clinical site. Students are required to participate in clinical lab as a scanner; however, participation as a student 'patient' is not mandatory. Non-participation as a student 'patient' will not affect a student's grade. A student who does not wish to be scanned needs to inform the faculty in advance so that alternate arrangements can be made ahead of time.

Incidental pathology may be revealed during scanning practice. The DMS program and GCC are not responsible for finding or documenting pathology, providing medical diagnosis, and/or providing treatment options. These exams are NOT diagnostic exams and do NOT take the place of appropriate medical diagnosis and treatment. It is the student's responsibility to follow up with their healthcare provider regarding any incidental findings.

My signature below signifies that I have received and read the clinical lab release form, that I agree to not perform any internal or private area sonograms on other students during in-school clinical labs or at the clinical site, and that the DMS program and GCC are not responsible for finding or documenting pathology, providing medical diagnosis, and/or providing medical treatment options. I acknowledge that prior to signing this form I have been given the opportunity to seek further clarification.

Student signature: _____

Printed student name: _____

Date: _____

SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY (SDMS) SCOPE OF PRACTICE, CLINICAL STANDARDS, AND CODE OF ETHICS

DMS students should review and familiarize themselves with the following important documents:

SDMS Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer

<http://www.sdms.org/docs/default-source/Resources/scope-of-practice-and-clinical-standards.pdf?sfvrsn=8>

SDMS Code of Ethics

<http://www.sdms.org/about/who-we-are/code-of-ethics>

CLINICAL INSTRUCTORS

(Updated April/May 2016)

Backus Hospital

Stacy St. Louis
Elaine Peluso
Linda DeSalvo
Shannon DeVega
Christina Maisano
Jennifer Stolaronek
Tammy Tinkler
Meghan Wilson
Kelly Forster
Stephanie Lisee
Valerie Ciavaglia
Renee Temple

Bridgeport Hospital Antenatal Unit

Tara Amarante
Elizabeth Damien Bisignano
Irina Martynenko
Jessica Kennedy
Pamela Hauben
Cheryl Wyskiel

Bridgeport Hospital Radiology

John Magee
Leah Velardi
Lisa Granata
Caitlin Pirreca
Jetlira Islami
Monica Herr
Nicole Dessin
Aleksandra Barinow
Alicia Brown

CT Children's Medical Center

Christine Filanda
Susan Polumbo
Judy McCartney
Jonathan Neville
Jamie Clukey
Danielle King
Bridget Butler

County OB

Lisa Bevins
Trudi Borkowski
Fernanda Cunha
Jill Hazelwood

CT Vascular Center

Kim Coppola
Frances Paulson
Maciej (Tom) Samsel

Diagnostic Imaging of Milford

Cathy Elliot

Griffin Hospital

Kristi Popescu
Belinda Borrelli
Colleen Kiley
Jill Botelho
Kara Cassetti
Kamila Naporoswki
Elise Piotrowski
Kaitlin Ruskay
Nina Savastano
Amber Gee
Barbara Carralero

Hammers Healthcare Imaging

Steve Boucher
Maria Farina
Alecia Mackin
Trudi Borkowski

Lawrence & Memorial Hospital

Staci Riley
Allison Small
Peggy Acimovic
Yuliana Aleksandrova
Nancy Dyer
Ellen Hurlburt
Leslie Paquette
Kate Schneider
Rachel Stackowitz
Dan Staskiewicz
Susan Steward
Sushma Thomas
Kristina Torino
Paiten Melanson

Middlesex Hospital

Melanie Caruso
Patti Bishop
Steve Kelly
Danielle Cappello
Nancy Distefano
Mary Bird
Julie Bergen
Kristen Vilar
Jen Shumbo
Darcie Rich
Robin Longworth

Kelly Cavanaugh	Nelson Sanchez
Chrissy Outlaw	Fatemeh Amirkhani
Erica Carlino	Laura Vazquez
Christina Sanderson	Taylor Hazelwood
Monika Gromowski	Kelly Kiernan
Amy McBrien	Sarah Rinaldi
Stephanie Coppola	Khalid Mohamed
Kacey Demorest	LuAnn Lightfoot
Paiten Melanson	Temple Radiology
Michaela Hessee	Christy Casella
Nicole Dessin	Shannon Pye
Katherine Redditt	Jessica Widman
Fallon Daly	Nicol Bell
Milford Hospital	Billie Edwards
Tony Hrenyo	Danielle Ludovico
Andrea Talamelli	Jamie Santamauro
Karen Floriano	Laura Giambrone
Jill Kelly	Traci Lipka
Milford Vascular Institute	Patty Doyle-Warner
Melanie Suraci	Kathy Fraulo
Andrea Talamelli	Taylor Hazelwood
Melissa Aquilante	Kacey Demorest
Norwalk Hospital	Danielle Clark
Alan Iovino	The Vascular Experts
Yadira Rodriguez	Stephanie DeFilippo
Lindsay Gaudino	Sarah Morassini
Judith Kohanowski	Traci Lipka
Jessica Pallatta	Margaret Leyria
St. Francis Hospital	VA Hospital
Angela Burnham	Michelle Waterbury
Jane Paine	Lan Sandwell
Sabrina Roberts	Carl Blanchone
Padmaja Lammata	Waterbury Hospital
Mary Bihlmeyer	Ernesto Cerdena
Dawn Patterson-Williams	Kellie Anderson
Angelique Chagnon	James Boakye
Michelle Carrier	Mir Chowdhury
Magdalena Predka	Lisa LeBlanc
Amanda Greenlaw	Lynn Luchetti
St. Raphael's Hospital	Khalid Mohamed
Kyle Salerno	Toby McGiboney
Jereisha Gordon	Judy Nova



DMS PROGRAM INCIDENT REPORT FORM

Student Name:

Date of Incident:

Location of Incident:

Detailed Description of Incident (include others involved and witnesses, if applicable):

Student Signature:

Date Incident Report Completed:

Outcome of Incident:

Program/Clinical Coordinator Signature:

Date:



ALLIED HEALTH DIVISION ADVISEMENT FORM

Student's Name _____

Program _____

Date _____

Problems Identified:

Conclusion:

Recommendation/Action Plan:

Follow-up Date:

Student _____

Date _____

Program Director _____

Date _____

Clinical Coordinator _____

Date _____

Director, Allied Health Division _____

Date _____



DMS PROGRAM INITIAL ATTEMPT FORM

(This form is subject to change)

EXAM:

Student Name:

Clinical Site:

Date:

Please circle the response

- Proper preset selected Yes No
- Identified & correlated patient/exam information Yes No
- Site scan protocol maintained Yes No
- Proper patient positioning utilized Yes No
- Structures surveyed in multiple planes/locations Yes No
- Borders & surrounding structures completely surveyed Yes No
- Relational anatomy evaluated Yes No
- Acoustic window adjusted to optimize visualization Yes No
- Abnormal findings evaluated and represented in multiple planes Yes No N/A
- Proper application of equipment settings to optimize images Yes No
- Proper placement of calipers & measurements obtained Yes No N/A
- Proper annotation applied Yes No
- Proper application of Doppler functions demonstrated Yes No N/A
- Communicated findings using proper sonographic terminology Yes No
- Demonstrated the ability to correlate differential diagnosis Yes No N/A
- Recognized & properly identified acoustic artifacts Yes No
- Compensated for artifacts & applied ALARA standards Yes No
- Archived sonographic images properly Yes No
- Requested sonographer's presence during competency performance Yes No

Sonographer's Comments:

Sonographer's Signature & Credentials:



DMS PROGRAM FINAL COMPETENCY FORM

(This form is subject to change)

Student Name:

Clinical Site:

Date:

EXAM:

Please circle the response

• Reviewed orders, prior history, relevant labs, & imaging exams	Yes	No	
• Entered patient data in the system according to site protocol	Yes	No	
• Identified patient according to site protocol	Yes	No	
• Introduced self as a student sonographer	Yes	No	
• Explained exam & conducted a proper exam interview	Yes	No	
• Assessed patient's tolerance of the exam	Yes	No	
• Maintained patient's dignity & comfort throughout the exam	Yes	No	
• Proper preset selected	Yes	No	
• Site scan protocol maintained	Yes	No	
• Proper patient positioning utilized	Yes	No	
• Structures surveyed in multiple planes/locations	Yes	No	
• Borders & surrounding structures completely surveyed	Yes	No	
• Relational anatomy identified & completely evaluated	Yes	No	
• Acoustic window adjusted to optimize visualization	Yes	No	
• Abnormal findings evaluated and represented in multiple planes	Yes	No	N/A
• Proper application of equipment settings to optimize images	Yes	No	
• Proper placement of calipers & measurements obtained	Yes	No	N/A
• Proper annotation applied	Yes	No	
• Proper application of Doppler functions demonstrated	Yes	No	N/A
• Communicated findings using proper sonographic terminology	Yes	No	
• Provides logical pathological differential diagnosis	Yes	No	
• Recognized & properly identified acoustic artifacts	Yes	No	
• Compensated for artifacts/applied ALARA standards	Yes	No	
• Archived sonographic images properly	Yes	No	
• Provided an accurate sonographer's impression/completed worksheets	Yes	No	
• Presented exam to Radiologist & used proper sonographic terms	Yes	No	
• Requested sonographer's presence during competency performance	Yes	No	

Sonographer's Comments:

Sonographer's Signature & Credentials:



DMS PROGRAM SITE VISIT EVALUATION

(This form is subject to change)

Responses to statements are either:

Not Progressing, Progressing, Meets Expectations, Exceeds Expectations, or N/A

Clinical/Technical/Professional Skills: Patient Assessment

- Assesses and verifies patient information, patient identification, & physician requisition
- Correlates clinical history and physical presentation to requisition
- Uses interviewing techniques to gather relevant clinical information
- Recognizes significant clinical signs and symptoms
- Reviews prior relevant exams
- Evaluates patient for insufficient preparation, unwillingness or inability to tolerate the exam
- Maintains patient confidentiality and complies with HIPAA regulations

Communication

- Establishes a positive relationship with the patient or patient's representative
- Provides escort to patients arriving and leaving the department
- Elicits patient cooperation
- Provides explanation and instructions that are easily understood
- Responds to questions appropriately
- Refers specific questions about diagnosis, treatment or prognosis to the supervising sonographer/physician
- Effectively communicates with patient and other health care workers

Examination Skills

- Performs the appropriate diagnostic ultrasound procedure
- Uses proper transducer and preset selections
- Recognizes anatomic structures
- Recognizes normal sonographic appearance
- Adheres to ALARA principles

- Uses proper patient positioning
- Uses accessory equipment appropriately (exam table, stretcher, step stool, head rest, bolsters, linens, wheelchair)
- Adapts to difficult physical/ergonomic circumstances as required (OR, Portables, ER)
- Thoroughly surveys/sweeps anatomy to be imaged
- Selects optimal imaging windows
- Maintains sequential scanning and imaging order
- Uses proper imaging protocol
- Modifies protocol as required due to disease process or patient condition
- Acquires high quality diagnostic images using relational anatomy, Depth, Focus, Gains, TGC
- Uses good judgment selecting images in a timely manner
- Recognizes sonographic characteristics of normal and abnormal tissues
- Uses advanced imaging features (Color, Power Doppler, Duplex) when appropriate
- Adjusts scanning technique to optimize color image quality and spectral waveforms

Patient Care Skills

- Demonstrates appropriate care for patient in areas outside department (portables)
- Maintains patient safety, dignity and comfort at all times
- Monitors patient's physical and mental status during the examination
- Performs basic patient care tasks, as needed
- Utilizes standard precautions/ infection control measures
- Provides appropriate age related care

Documentation Skills

- Provides clear and precise annotation/measures/calculations/images of the examination for archival purpose
- Documents diagnostic and patient data in the appropriate patient record (MR and Accession #'s)

Professional Skills

- Understands the role of the student sonographer
- Receptive to the learning experience
- Demonstrates cooperative and proactive behavior
- Uses good judgment/acts ethically
- Employs analytical skills
- Anticipates and responds to the needs of the department
- Maintains a professional and engaged attitude toward patient, staff, physicians
- Embraces all types of challenges
- Conducts tasks with respect for the rights and wishes of others
- Demonstrates reliability and timeliness
- Fosters mature and professional relationships
- Understands, respects and complies with department schedule and logistics



DMS PROGRAM CLINICAL PERFORMANCE EVALUATION

(This form is subject to change)

Responses to statements are either:

Not Progressing, Progressing, Meets Expectations, Exceeds Expectations, or N/A

Clinical/Technical/Professional Skills: Patient Assessment

- Assesses and verifies patient information, patient identification, & physician requisition
- Correlates clinical history and physical presentation to requisition
- Uses interviewing techniques to gather relevant clinical information and recognizes significant clinical signs and symptoms
- Reviews prior relevant exams
- Evaluates patient for insufficient preparation, unwillingness or inability to tolerate the exam
- Maintains patient confidentiality and complies with HIPAA regulations

Communication

- Establishes a positive relationship with the patient or patient's representative
- Provides escort to patients arriving and leaving the department
- Elicits patient cooperation
- Explains exam and responds to questions appropriately
- Provides translation and special needs communication tools as needed
- Refers specific questions about diagnosis, treatment or prognosis to the supervising sonographer/physician

Examination Skills

- Performs the appropriate diagnostic ultrasound procedure
- Uses proper transducer and preset selections
- Recognizes and identifies anatomic structures
- Recognizes sonographic characteristics of normal and abnormal tissues
- Adheres to ALARA principles
- Uses proper patient positioning and accessory equipment appropriately
- Adapts to difficult physical/ergonomic circumstances as required (OR, Portables, ER)

- Thoroughly surveys/sweeps anatomy to be imaged
- Uses proper imaging protocol, annotation, and cursor placement
- Modifies protocol as required due to disease process or patient condition
- Acquires high quality diagnostic images by optimizing depth, focus, gains, and TGC
- Uses good judgment representing anatomy and pathology
- Uses advanced imaging features (Color, Power Doppler, Duplex) when appropriate
- Adjusts scanning technique to optimize color image quality and spectral waveforms
- Provides comprehensive and sufficient imaging in a timely manner
- Confers with appropriate medical staff when necessary

Patient Care Skills

- Demonstrates appropriate care for patient in areas outside department (portables)
- Maintains patient safety, dignity and comfort at all times
- Monitors patient's physical and mental status during the examination
- Performs basic patient care tasks and acknowledges site protocols for initiating critical care if necessary
- Requests assistance when warranted
- Maintains a clean and prepared exam room
- Utilizes standard precautions/ infection control measures
- Provides appropriate age related care

Documentation Skills

- Provides clear and precise annotation/measures/calculations/images of the examination for archival purpose
- Documents diagnostic and patient data in the appropriate patient record
- Ensures that the documentation is timely, accurate, concise, and complete
- Documents any deviations from the established protocols and procedures
- Recognizes the need for urgent rather than routine reporting
- Provides oral or written summary of preliminary findings to the interpreting physician

Professional Skills

- Understands the role of the student sonographer
- Receptive to the learning experience
- Exhibits cooperative and proactive behavior and anticipates the needs of the department
- Employs analytical skills, uses good judgment, and acts ethically
- Maintains a professional and engaged attitude toward patients, staff, and physicians
- Embraces all types of challenges
- Conducts tasks with respect for the rights and wishes of others
- Demonstrates reliability and timeliness
- Follows guidelines set by the GCC student guide and clinical site procedure manuals
- Accepts responsibility for his/her actions
- Demonstrates good listening skills
- Understands, respects and complies with department schedule and logistics



DMS PROGRAM REQUEST FOR CTO HOURS

Today's Date: _____

Student's Name: _____

CTO time may only be taken in four or eight hour segments.

CTO cannot be used the week of mid-terms or the week before finals.

Request for CTO forms must be submitted at least 48 hours in advance for planned CTO.

Number of CTO hours to be used: _____

four hours (please note morning or afternoon) or eight hours

Date CTO to be used: _____

Student's Signature: _____

UNIFORM INFORMATION – SCRUB WEAR HOUSE

The student uniform consists of navy blue scrub pants, navy blue embroidered scrub tops, and white leather closed-toe and closed-back uniform shoes or white leather low-top sneakers. The scrub top is embroidered with the Gateway Community College logo and the words Sonography Student (Scrub Wear House has the appropriate embroidery – be sure to tell them that you are a sonography student). Students may also wear a short white lab jacket embroidered with the Gateway Community College logo and the words Sonography Student in navy stitching. This jacket is optional and may be worn over the navy blue embroidered scrub top. Please note that the shoes must be all-white with white stitching and white laces. If uniforms are not in stock and need to be ordered, it takes 3 weeks for the uniforms to arrive and for the embroidery to be done. Students must plan ahead and order their uniforms early in order to be ready to go to their clinical site.

Locations

Please note that most Gateway Community College students purchase their uniforms from the Scrub Wear House in Milford. Justin is the Manager of the Milford store. The Milford store carries pre-embroidered Gateway Community College uniforms in the appropriate colors and styles.

232 Boston Post Rd
Milford, CT 06460
(203)877-1293

2409 Main St
Rocky Hill, CT 06067
(860)571-8966

625 Wolcott Street
Waterbury CT 06705
203-527-4440

ULTRASOUND RESOURCES

Diagnostic Medical Ultrasound Societies/Agencies

ARDMS – American Registry for Diagnostic Medical Sonography
www.ardms.org

SDMS – Society of Diagnostic Medical Sonography
www.sdms.org

ARRT – American Registry of Radiologic Technologists - Sonography
<https://www.arrt.org/Certification/Sonography>

AIUM – American Institute of Ultrasound in Medicine
www.aium.org

SVU – Society for Vascular Ultrasound
www.svunet.org

ASE – American Society of Echocardiography
asecho.org

AIUM Practice Guidelines

<http://www.aium.org/resources/guidelines.aspx>

Ultrasound Ergonomics

<https://www.soundergonomics.com/>

<https://secure.sdms.org/msi/default.asp>

<http://www.sonoworld.com/Client/Centers/Ergonomics.aspx>

Transducer Cleaning

<http://www.aium.org/officialStatements/57>

http://www3.gehealthcare.com/en/Products/Categories/Ultrasound/Ultrasound_Probes

<http://www.usa.philips.com/healthcare-resources/feature-detail/transducer-care-cleaning>

<http://blog.pcimedical.com/press-content/bid/77702/How-to-Clean-an-Ultrasound-Probe>