

DCH School of Sonography Program Handbook

2026 – 2027 Academic Year





Welcome! We are excited you have chosen the DCH School of Sonography sponsored by DCH Health System. In this handbook, you will find sections which contain specific information and serves as a guide for you to understand policies, procedures and requirements; all which must be satisfied to remain in and graduate from the program. This handbook is prepared specifically for students in the DCH School of Sonography and is used in conjunction with DCH departmental protocols.

The information in this handbook is current at the time of printing but may be subject to change. If a change occurs, students will be notified in a timely and efficient manner. However; final interpretation of program policy and procedures will be made by the Program Director (PD).

<u>It is the responsibility of each student to READ this handbook closely, adhere to all policies and to request clarification of any policies or policy changes.</u>

Section I	Includes, but is not limited to, an introduction to the <i>Program</i> , to Administration for the Sponsor and Medical Imaging, our mission statement, purpose and goals.
Section II	Includes, but is not limited to, policies such as tuition/ fees, dress code, inclement weather plan, HIPAA and FERPA, Safety and Health, and web based communication.
Section III	Program disciplinary actions, both academic and non-academic in nature are discussed here, Student Appeals and Grievance Procedure, and attendance.
Section IV	Academic standards and requirements, Canvas learning system, Edelman, Course descriptions, curriculum and professional society.
Section V	Clinical Standards, requirements and syllabi for each semester, rotation evaluations and rotational information.
Section VI	Information regarding ARDMS requirements for certification and other information.
Section VII	DCH policies, documentation, emergency codes, and <i>Program</i> forms.
Section VIII	Quick reference of phone numbers and contacts.

Sponsor policies & procedures and any material specifically related to sponsor can be found on the DCH Health System intranet page.

DCH Health System and the School of Sonography are equal opportunity employers and educators. DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law. Additionally, DCH does not discriminate on the basis of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status or any other reason in administration of its educational policies, admission policies, and scholarship opportunities. At no time will any student or faculty be excluded from consideration of acceptance into the program or employment on the basis of the above criteria.

Information about the DCH School of Sonography is available on the DCH Imaging intranet page found on The Loop as well as the DCH website. An electronic version of this handbook and the accompanying forms are available on The Loop as well as the DCH internet website: https://www.dchsystem.com. Located at the bottom of the DCH home page you should click on **Education** and then *DCH School of Sonography*. At this site you will find information about the program, including this handbook.

- It is the student's responsibility to read the entire student handbook.
- The student will be held responsible for policies in this handbook.
- Rules and policies are subject to change. Students will receive written notice of any major changes.
- Disputes over interpretation should be brought to the attention of the Program Director who will seek the advice of the faculty of the program and/or the Ultrasound Advisory Committee for a final decision.

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Introductions

Program, Faculty, Staff,
Preceptor Sites, Clinical Preceptors



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Program Philosophy

The Program is committed to the practice of ethical standards in education. The policies, procedures, and regulations of the Program reflect this commitment and comply with those of the DCH Health System, JRC-DMS, and the ARDMS. The Program expects an acceptable quality of work and mature behavior from each student and will accept no less. Students are regarded as adults and are expected to conduct themselves in a manner which meets the accepted standards of health care professionals.

Guidelines

The guidelines for appropriate student behavior, academic standards and requirements, and procedures for resolving student problems rest with the sponsoring institution and shall be approved by administration. Requirements of individual courses shall be given to the student at the beginning of each semester. The Student Appeals Procedure shall be given to each student upon enrollment. The right of the student to due process shall be protected.

Program Accreditation

DCH School of Sonography is currently an unaccredited certificate program.

Technical Standards & Requirements

A student must possess the following to perform as a Sonography student:

- 1. Verbal and written skills sufficient to respond promptly in communications with patients, staff and physicians.
- 2. Sufficient sight to read requisitions and charts, observe conditions of the patient in low levels of light and to evaluate medical images on computer screens.
- 3. Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.
- 4. The ability to stand and walk for 80% of clinical time.
- 5. The ability to lift, assist and maneuver patients in/on wheelchairs, stretchers and hospital beds without injury to patient, self or other healthcare workers and to respond to medical emergencies.
- 6. Sufficient motor skills to manipulate, lift and reach equipment and to operate small controls on equipment.
- 7. Intellectual and emotional skills to exercise discretion in handling confidential medical information.
- 8. Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods.

9. The ability to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation.

Sponsor Administration

Under local ownership for more than 100 years, the DCH Health System has continually evolved to offer advanced caring to West Alabama. Today, the DCH Health System includes DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center.

DCH Health System

Katrina Keefer, Health System President/CEO Mallary Myers, SVP & Chief Operating Officer Rodney Clark, Fayette Administrator

Sponsorship

The Program is sponsored by the DCH Regional Medical Center, which is a member of the DCH Health System. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits the DCH Health System.

Sponsor Mission & Vision

Mission

We serve to improve the health of our patients and community.

Vision

To be the provider of choice in our market by delivering excellent care to patients and families in West Alabama.

Program Administration and Faculty

Program Director (PD)

Courtney Channell, MHA-SI, RDMS(AB)(BR)(OB/GYN), RVT(VT)

Office: 205-759-6039

courtney.channell@dchsystem.com

Clinical Coordinator (CC)

Kim Crowley, BLS-Ed, RDCS(AE), RDMS(AB), RVT(VT), ARRT (R)(CT)

Office: 205-750-5026

kimberly.crowley@dchsystem.com

School Agent

Kim Wiggins

Office: 205-750-5169

Kimberly.wiggins@dchsystem.com

Medical Advisor to the Program

Mathew Merritt, M.D. Hospital Phone: 205-759-7338

Program Address & Information

408-B Bryant Drive

Tuscaloosa, AL 35401

Phone: 205-759-6039 Admissions: 205-750-5169

Fax: 205-759-7844

Mailing Address

809 University Blvd East Tuscaloosa, AL 35401

Physical Address

408-B Bryant Drive East Tuscaloosa, AL 35401

Clinical Sites & Clinical Preceptors

<u>DCH Regional Medical Center - Inpatient</u> Andrea Malone, RDMS(AB)(OB/GYN), RVT (VT)

Sonography Department Phone: 205-759-7338

<u>DCH Regional Medical Center – Outpatient</u> Cortney Davis, RDMS, (AB)(BR)(NE), RVT(VT)

Sonography Department Phone: 205-750-5598

Northport Medical Center - DCH Mallary Fuerch, B.S., RDMS(AB)(BR)(OB/GYN), RVT(VT)

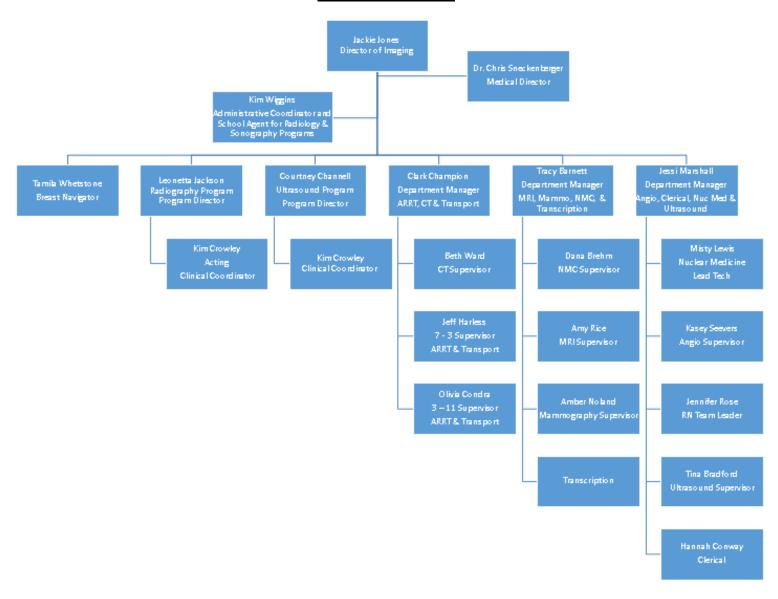
Sonography Department Phone: 205-333-4800

The Radiology Clinic

Kylie Townsend, RDMS (AB)(BR)(OB/GYN), RVT(VT)

Sonography Department Phone: 205-345-7000

Organizational Chart



Recruitment & Selection Process



Program Admission Policies

Applicants must complete a list of prerequisites, 4 hours of observation, references, transcripts, ACT & GPA scores. The application window is from June 1 to October 31. All prerequisites are preferred to be completed by the end of the application window. Prerequisites after the end of the application window will be looked at with strict guidelines that will be presented to the applicant. We communicate with our applicants via email during the application process. All applicants are considered using the same standards and selection criteria.

Selection Process

Students will be selected based on the following factors:

- <u>Application</u>: The application requirements that are met by the deadline. Applications
 will not be reviewed if the application packet is not completed by the application
 deadline.
- <u>Registration/Certification Status</u> if applying with background of ARRT, RN or Respiratory.
- Grade point scores: Required college courses are awarded points based on their letter grade. A & P courses successfully passed on 1st attempt will be awarded an additional point. Required ACT is awarded points based on the composite score. Cumulative college GPA score is awarded points based on a scale with the minimum being no lower than 2.5
- A.S. degree in Applied Science from ARRT, RN or Respiratory or a B.S. or Master's degree in any field with required prerequisites.
- Observation visit.
- <u>Interview:</u> A face-to-face interview will be granted to applicants who complete the admission process by the deadline and meet all criteria. The interview process includes a scoring process based on different factors including research, attitude, dress, etc.
- The interview panel shall consist of Program faculty, Medical Director (if available) and 2
 3 chosen staff members.

DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law.

The selection is competitive but not discriminatory. We are looking for the best applicant to be a good student who can successfully complete the program and be the best sonographer we can offer.

CommitteesAdvisory & Assessment



Advisory Committee Members

The Program's Advisory Committee consists of members from education, the Program, and Administration. The purpose of the committee is to review and make suggestions for improvement in the instructional program. The committee provides a means of communication between students, communities of interest, and the Sponsor; which is essential to the success of the Program.

Sponsor Faculty: Courtney Channell, Program Director

Kim Crowley, Clinical Coordinator Tina Bradford, Ultrasound Supervisor Jackie Jones, Director of Imaging Jessi Marshall, Department Manager

Kim Wiggins, School Agent

Clinical Instructors

Student Representative

Public Members: Carolyn Lowery

Kristin Robinson

Medical Advisor: Dr. Mathew Merritt

Advisory Committee Responsibilities

- 1. Review applications from prospective students and select those best qualified for admission.
- 2. Determine the goals and objectives of the program.
- 3. Perform program evaluation regularly to ensure program outcomes are acceptable.
- 4. Implement measures to improve the program whenever possible.
- 5. Appoint faculty to the program.
- 6. Make recommendations and suggestions regarding program governance & organization.
- 7. Perform periodic review of program outcomes to ensure goals and objectives are met.
- 8. Review and approve the program outcomes assessment plan.
- 9. Assist program faculty in preparing and submitting the self-study and preparing for the JRC-DMS accreditation site visit.
- 10. Review and approve program scholarships and other financial aid opportunities.
- 11. Review and approve program documentation related to course offering and application materials.
- 12. Advise program officials and make recommendations regarding program policies and procedures.

Assessment Committee Members

Sponsor Faculty: Courtney Channell, Program Director

Kim Crowley, Clinical Coordinator Tina Bradford, Ultrasound Supervisor Jackie Jones, Director of Imaging Jessi Marshall, Department Manager

Clinical Instructors

Kim Wiggins, School Agent

<u>Assessment Committee Responsibilities</u>

- 1. Determine the goals and objectives of the program.
- 2. Perform program evaluation regularly to ensure program outcomes are acceptable.
- 3. Submit suggestions to improve the program to the Advisory Committee.
- 4. Review, recommend, and suggest regarding program governance and organization.
- 5. Perform periodic review of program outcomes to ensure goals and objectives are being met.
- 6. Review and approve the program outcomes assessment plan.
- 7. Assist program faculty in preparing and submitting the self-study and preparing for the JRC-DMS and/or CAAHEP accreditation site visit.
- 8. Review documentation related to course offerings and application materials.
- 9. Assist program officials and make recommendations regarding program policies and procedures.

Program Purpose, Mission & Student Learning Outcomes



The Program should have an ongoing, systematic process to assess its outcomes. The assessment plan that will be provided to the JRC-DMS should incorporate the programs goals, supported by specific desired outcomes.

- 1. Graduate at least 67% of matriculated students.
- 2. Average at least an 60% pass rate on the ARDMS certification exam for the previous five years.
- 3. Average at least a 75% job placement rate within 12 months of graduation over the previous five years.
- 4. Program must be completed within a 16-month time frame from beginning of matriculation.

Program Purpose, Goals, Mission Statement and Student Learning Outcomes

The Program Director and Clinical Coordinator coordinate classroom instruction and clinical education such that they provide each student the opportunity to receive adequate instruction in both didactic and clinical areas.

The Program is designed in a manner where courses are in sequential order and build upon each other with the correlation of didactic and clinical courses. The Clinical Instructors and clinical staff provide supervision and instruction in the clinical education sites to ensure that the assignments are educational. At no time are students used as replacements for registered sonographers or staff.

Purpose & Goals

The **purpose** of the program is to provide educational opportunities in sonography to members of the communities supported by the sponsor. To that end, the **goals** of the program and its curriculum are designed to:

- 1. Graduate students with the professional skills necessary to perform competently in the clinical setting.
- 2. Provide students with opportunities to develop and then acquire problem-solving and critical thinking skills.
- 3. Graduate students that will demonstrate values and ethical behaviors of a sonographer.
- 4. Graduate students that will practice effective communication skills.
- 5. Provide the healthcare community with entry-level competent sonographers.
- 6. To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills) and effective (behavior) learning domains for the Abdominal Sonography extended concentration.

Mission Statement

The DCH School of Sonography is committed to prepare students to be competent, entry-level sonographers, and provide high quality health care professionals to any medical community.

Student Learning Outcomes

Cognitive

Students will demonstrate critical thinking skills and obtain a thorough patient history.

Psychomotor

Students will perform and analyze sonographic procedures accurately and appropriately.

Affective

Students will demonstrate effective communication skills and use patient care and comfort skills.

Professionalism

Students will exhibit a professional work ethic and demonstrate a positive attitude.

Patient care

Students will demonstrate compassionate patient care and education.

Technical competence

Students will demonstrate technical competence as sonographers.

Ethics

Students will maintain adherence to the Code of Ethics and Scope of Practice.

Communication

Students will communicate effectively with patients, staff, and interpreting physicians.

Anatomy and physiology

Students will demonstrate an understanding of human anatomy, physiology, and pathophysiology.

Sonographic Physics and Instrumentation

Students will demonstrate knowledge of sonographic physics, Doppler ultrasound principles, and ultrasound instrumentation.

Policies



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Advanced Placement

The DCH School of Sonography **does not** offer an Advanced Placement classification for students applying to the program. The components of the didactic and clinical education are very structured and coordinated; therefore, advanced placement would be detrimental to the goals and objectives of the program.

Attendance

The attendance policy is effective for both academic classes and clinical rotations. Attendance to all didactic courses, clinical assignments and labs is **mandatory**.

Poor attendance and tardiness:

- appears to others as a lack of cooperation and respect.
- implies that a student sonographer is
 - o insensitive to co-workers,
 - o unaccountable for his/her responsibilities and is
 - uninterested in not only their personal success but the success of their chosen career.

Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. Instructors reserve the right to reduce the final academic grade assigned for excessive absences. An excessive absence is defined as any time missed beyond that which is allotted by the attendance policy.

Laboratory sessions, hospital and clinical experiences and outpatient imaging experiences are considered as clinical education. It is expected that the student will assume responsibility for punctual and regular attendance to all class, laboratory and clinical assignments. If it becomes impossible for the student to meet assignment obligations, it is the student's responsibility to notify the proper school official prior to the beginning of the assignment.

If you are unable to attend class, lab or clinic; you must CALL in as soon as possible before 7:00 a.m. You must speak to the PD or Clinical Coordinator directly if at all possible. If not, then the student must leave a message with a number where you can be reached. The student is also responsible for calling <u>both</u> the clinical site and program officials, as well as, using Trajecsys to clock absent if clinical time is being missed. In addition, the student must complete the *Student Request for Time Off* form located on Trajecsys within three days of their return.

Employee health must be contacted in the event of three or more missed days, COVID, flu or any other illness that requires missing three or more days.

Program disciplinary action will be taken whenever a student fails to comply with the following:

- Lateness is unprofessional and irresponsible.
- Reporting to the assigned area of the clinical site/class sessions after assigned time is considered tardy.
- Tardy is up to one hour late.
- Any missed time over one hour is considered an absence.
- The amount of time tardy is added to the assigned departure time for that day. Failure to stay for the time tardy will result in one absence. For example; assigned time is 7 a.m. 3 p.m. Student arrives at 7:45 a.m. Then the departure time will be 3:45 p.m.
- Students are permitted to take **2.5 days or 20 hours (4-hour increments)** per academic semester for personal time off.
- The student is responsible for all tests and lesson material missed while out sick or on leave. Missed tests will be made up at the discretion of the instructor or PD.
- Three tardies constitutes one absence and must be made up if it occurs during clinic time.
- Students are required to do make-up time during the semester break as scheduled by the Clinical Coordinator. Make-up time can only be made up during break week.
- In the event that the missed time occurs after the final break week of the program, the student will be required to make up the time following graduation. The awarding of the certificate will be deferred until all required clinical hours are completed and verified.
- Students will not be assigned make-up time during DCH recognized holidays.
- Students will not be able to return from semester break until all time has been made up. **No exceptions!**
- Weekend shift assignment call-in's will be made up on the next weekend. Evening shift 3 p.m. - 9 p.m. or 3 p.m. - 11 p.m. assignment call-in's must be rescheduled.
- Students becoming ill while in attendance at the clinical site will not be permitted to remain at the clinical site.
- Leaving the clinical site prior to completing assigned hours will result in an 8-hour absence.
- Failure to contact program officials and clinical site for call-in will result in a 16-hour absence.
- **Two** failures of clocking in or out will be considered an absence and failure to clock in is considered a tardy.
- Three violations of not properly documenting time in a semester will result in a oneday absence.

Incident of absence:

- An occurrence when a student does any of the following:
 - o Misses 60 minutes or greater of the amount of scheduled time.

Incident of tardy:

- An occurrence when a student does any of the following:
 - Misses 59 minutes or less of the amount of scheduled time.

Completion of clinical and didactic hours' account for a student's learning experience in the DCH School of Sonography; therefore, attendance is **crucial** to the success of the student. There are occasions when an absence is necessary and we do understand. HOWEVER, frequent absences will cause the student to miss critical learning opportunities. *This attendance policy applies to all students.*

If a student misses 20% of any course, the instructor will initiate dismissal procedures and the student will not progress in the program.

If a student misses more than four (5) lectures in a class, the instructor will initiate dismissal procedures and the student will not progress in the program.

If a student misses more than five (5) clinical days, the Clinical Coordinator or Program Director will initiate dismissal procedures and the student will not progress in the program.

Attendance Hours

The average school day consists of eight (8) hours with the student involved in a combination of didactic, laboratory and clinical education activities. Assignments to shifts other than day shift will not exceed eight (8) hours. Total school time will not exceed forty (40) hours per week. The PD, Clinical Coordinator, or preceptor staff will assign breaks and meals each day.

AWOL

If a student is unable to attend class, online class (when applicable) or clinic and does not attend or call in as soon as possible (before 7:00 a.m.), they are considered AWOL and will be subject to disciplinary action as outlined in this manual under Program Disciplinary actions.

Bereavement Leave

Students are eligible for a maximum of three (3) excused scheduled days leave in the event of a death of an <u>immediate family member</u>. These days can be taken within 14 days of the loss, are not required to be consecutive and are not required to overlap with the death and/or funeral. These days are excused absences and will not be deducted from the two time off/sick days.

For the purpose of bereavement leave, immediate family is defined as **father**, **mother**, **spouse**, **brother**, **sister**, **child**, **father**-in-law, **mother**-in-law, **grandparents**,

grandparents-in-law, grandchildren, legal guardian of the student, step children, step parents, step grandparents and step siblings. It is the responsibility of the student to request the number of days s/he will need when they report the death to the Program Director. Bereavement leave will only be granted for days the student is normally scheduled for class/clinic. If the three days fall on off days or scheduled time off, they will be deducted from the three days.

Should the student desire to attend a funeral for someone other than an immediate family member, the student will use normally assigned personal days for that semester.

Excused Absences

The program recognizes an excusable leave of absence as one of the following categories:

Jury Duty – The student must notify the PD and Clinical Coordinator of the impending jury duty immediately upon receipt of notice to serve. A copy of this notice must be provided.

Reserve Military – A maximum of ten days per year is allowed for training in accordance with the Alabama Statute on such.

Any of the above listed absences may be required to be made up if the student's normal educational process is hindered or impended. Student must be responsible for and make up any academic class work during this absence.

Requesting Time Off

Students may pre-schedule a whole or half personal day. Requests for time off are subject to approval by the Clinical Coordinator, PD or faculty. Request for Time Off (RTO) form should be submitted through Trajecsys. At no time should a student take off without approval. Approval for time off is based on the student's progress both clinically and academically. *Time off will not be approved during final exams, semester counseling, weekend or evening clinical rotations*. Extenuating circumstances can be discussed with program officials and the student must request time off with the appropriate form.

Scheduled Holidays

DCH Health System observes six nationally recognized holidays. Students will not attend classes or clinical sessions on these holidays:

New Year's Day Memorial Day Juneteenth Fourth of July Labor Day Thanksgiving Day Christmas Day

Tardiness

A student is considered tardy if they arrive after the start time of the assignment. Students who arrive early but are found not reporting to their assigned class/area on time will receive a tardy. Three (3) tardies will equal one (1) absence.

Unexcused Absences

Unexcused absences will not be tolerated. If the student is unable to attend class, online class (when applicable), lab or clinic for any reason, the PD or other school official must be **notified directly.** Unexcused absences must be made up as outlined by the PD. The following are considered unexcused absences/behaviors:

- A. failure to notify the PD or other school official (classroom instructor/clinical coordinator) if unable to attend.
- B. failure to contact employee health if absent for more than three consecutive days or for a second or subsequent call-in.
- C. being absent for more than two days in a semester unless under the care of employee health.
- D. abusing the time off/sick day privilege, e.g., asking for every Friday/Monday off.
- E. arriving at or leaving a clinical assignment other than the scheduled time without prior approval by the PD or Clinical Coordinator.

Unexcused absences of two (2) or more days are considered excessive and will result in disciplinary action as outlined in this manual. <u>Disclaimer: The program reserves the right</u> to change attendance hours for both clinic and classes for the benefit of the student's education.

Cafeteria

A cafeteria is provided at DCH Regional Medical Center and Northport Medical Center for employees, students and visitors. Students will receive an employee discount if the ID badge is present; however, students cannot use their badge to charge meals or snacks unless they are working at DCH for pay. When you swipe your badge to pay for meals, the amount is taken out of your paycheck. DCH does not send invoices for charged meals or snacks.

Cardiopulmonary Resuscitation (CPR)

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.

Communications

DCH students are expected to comply with all DCH policies, behavioral standards and federal and state laws when participating in social media activities. Failure to comply with DCH policies may

subject the student to the provisions of the positive discipline process up to and including dismissal.

Personal Electronic Device Policy

The use of personal cell phones, other portable electronic devices including camera phones and wearable electronic devices including smartwatches should not be used during clinical and didactic hours. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Students are to ensure that friends and family members are aware of DCH's policy. Cell phone use is prohibited in the classroom; therefore, these devices MUST be turned off while in class. In case of dire situations, the student should communicate with the PD or class instructor.

Web Based Communications

No student shall post photos, comments, or other forms of web based/social media material of faculty, students, clinical personnel, clinical education settings, schedules or patients to their web based/social media communication sites such as, but not limited to platforms such as Facebook, Message Boards, Personal Blogs, Instagram, TikTok, Snapchat, Twitter, etc. In addition, no student shall supply or forward photos, comments or other web based/social media materials to anyone for posting on any web based communication/social media sites.

Confidential Information

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a federal law that protects the privacy and confidentiality of personally identifiable information contained within student education records. The DCH School of Sonography complies with FERPA's confidentiality protections and adheres to procedures dealing with student education records.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that was passed by Congress in 1996 to assure that individuals' health information is properly protected.

DCH Health System develops, stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Access to patient information shall only be granted to student sonographers who have a **need** to access patient information in order to perform exams. Failure to comply with confidentiality obligation may result in disciplinary action or

termination of educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.

Counseling & Guidance

Scheduled academic counseling and guidance will be held with each student at the end of each semester. The faculty will provide the student with academic guidance and help with problems related to the program. In the event the student is having personal problems that the program staff cannot resolve, the student will be referred to EAP who is qualified in these matters. Faculty will post office hours each semester for student counseling and will be available to meet at other times by appointment.

<u>Cultural Sensitivity & Diversity Cultural Sensitivity</u>

Understanding the needs and emotions of your own culture and the culture of others, and diversity mean something different to each and every person. The changing demographics and economics of our growing multicultural world and the longstanding differences in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, Native Americans/Alaskan, and Pacific Islanders. In addition to racial classification and national origin, there are many other faces of cultural diversity. Religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status, and geographical location are but a few of the faces of diversity. Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, manners of interacting, roles, relationships, and expected behaviors of a racial, ethical, religious, or social group.

Dress Code & Appearance

DCH School of Sonography students are to remember that you are training to be professionals. The first impression that the public has of you, DCH and the profession is projected by your appearance.

It is our goal to provide consistency in our care and appearance. An aligned approach allows us to:

- Present a consistent professional appearance to our community, so no matter where a
 patient or family member encounters a member of our team they will know we are all
 on the same team.
- To assist our patients and their families with role identification.
- To align with our goals to provide an exceptional patient experience (every patient, everywhere, every time).

• In addition, it is our belief that brand and appearance provides a sense of team within our employee family and a sense of confidence among our community when they seek care.

The following are the minimum dress and personal appearance guidelines for DCH Health System. Sonography specific guidelines are indicated in **bold**.

Guideline	Allowed	Not Allowed
Beards and mustaches	Beards and mustaches that are neat, clean, well groomed (facial hair) Beards and mustaches in Patient Careareas that are in compliance with N-95 fit testing	
Footwear	 Shoes Must cover toes with solid material when working in patient care area Coordinate with uniform color in compliance with safety and infection prevention standards providing safe footing Offer protection against hazards Quiet for the comfort of the patients Clogs must be worn with socks or hosiery Sonography students are required to wear black or white shoes with minimal color. Socks Worn with pants only Color appropriate to uniform or attire being worn 	 Shoe covers outside the work area Sandals in patient care areas Open-toe shoes in patient care areas Flip flops
Fragrances	Fragrant free hair care. Personal hygiene products	 Smoke odors or tobacco residue Aftershave, cologne, perfume and scented lotions Laundry detergents that are heavily scented
Hair/ head covers	 Hair that is neat, clean and well groomed Long hair that is secured so as not to interfere with patient care Caps worn bill forward (only when approved by department head) Hijabs/turbans worn for religious purposes Surgical caps may be worn by those working in patient care or procedural areas and must be made of non-shedding material Holiday or decorative head coverings must be approved by department leader and director 	 Excessive, distracting or unnecessary hair ornaments Hair color about which a patient complains must be covered with an approved head covering while caring for the patient Sleep caps, silk bonnets and shower caps are not permitted in any area

Ornamental jewelry Face coverings	Small necklaces of short length worn under the uniform Earring studs or rings no larger than one-half inch in diameter Up to two earrings per ear One nasal stud orringin either nostril orseptum,no larger than 1/4 inch in diameter Homemade face coverings are only	Bracelets, dangling earrings and large rings worn in patient areas Jewelry that interferes or distracts the work being performed Jewelry in the eyebrow, tongue or visible piercing other than the ear, nostril, or septum must be covered by a mask at all times other than breaks or removed during work hours Jewelry which contains obscene, profane, racist, sexual, degrading, demeaning, political or objectionable words or imagery (this includes foreign languages) No homemade face coverings
Tace coverings	permitted, as directed by administration, during special situations requiring universal masking and the commercial supply is low. Homemade face coverings must not contain obscene, profane, racist, sexual, degrading, demeaning, political or objectionable words or imagery (this includes foreign languages)	in direct patient care or procedural areas
Tattoos	 Visible tattoos (other than on face and neck) which do not contain obscene, profane, racist, sexual, degrading, demeaning, or objectionable words or imagery (this includes foreign languages) Coverage for tattoos which are not allowed may include clothing in accordance with this policy or concealing makeup 	Visible tattoos on face and neck Any visible tattoo about which a patient complains must be covered while caring for the patient
Fingernails	 Fingernails that are clean and do not exceed 1/4" past the fingertip Artificial nails (in good repair with no exposed nail bed) 	Nail polish colors that interfere with the performance of job duties Chipped nail polish Acrylic nails prohibited in designated specialty areas (NICU) Nail ornaments/jewelry are considered enhancements and may not be worn in patient care and/or procedural areas

	Indergarments: Chirte may be wern under tone	Visible through or sutside of street
Undergarments	 Undergarments: Shirts may be worn under tops (these should be of the same color as the top or white, gray or black and made of non- shedding material, short or long sleeves) 	Visible through or outside of street clothes or uniform
Food and drink	Eating and drinking in designated areas only	Chewing gum or eating while caring for patients
Uniforms and Scrubs	 Colored scrubs based on Department and Job Category (as defined below) While pregnant, scrubs are preferred. However, knit or cotton tops are permitted, provided that the top is long enough to fully cover the torso and follows the guidelines for cotton or knit tops. Scrub Tops: V-neck or Crew neck styles with one chest pocket, two lower pockets or a combination of chest and lower pockets Tops should be hip length May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines). Color should provide as much contrast as possible (e.g., white logo on dark background and DCH navy blue or black logo on a lighter background) Scrub Pants: Loose fitting styles Elastic or drawstring waistband Pants with two back pockets, two side pockets or cargo pockets may be worn Ankle length Scrub Dresses/Skirts: Skirt must be knee-length to mid-calf length Made of non-shedding, scrub-type, woven material Must wear hose Lab coats/Jackets: Same as uniform color, white or black (except where otherwise noted, check department guidelines) May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines) Color should provide as much contrast as possible (e.g., white logo on dark 	Sweatshirts (except DCH approved), sweaters and hooded jackets are not allowed. Scrubs worn by non-clinical employees unless approved by department leader and HR Piping or other accents in different colors on scrubs Tight, form-fitting Heavily soiled scrubs Tank top or sleeveless styles Uniform/scrub leggings Pants with cuffed legs or jogger type pants are not allowed.

	background and DCH navy blue or black logo on a lighter background) • White lab jacket when worn over business attire in the clinical setting	
	 Fleeced jackets should be made of non-shedding material and may only be worn in nonprocedural departments Sweatshirt with DCH logo on the front and designated work area on the back Scrub Jump Suits Loose fitting styles V-neck or crew neck styles May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines). Color should provide as much contrast as possible (e.g., white logo on dark background and DCH navy blue or black logo on a lighter background) Ankle length or longer pant section Made of non-shedding, scrub-type, woven material 	
Eyelashes	Must be natural in appearance and not exceeding 1 cm in length	Employees who have false eyelashes that can pose a safety concern may be required to remove the eyelashes.
Attire	 Clothes that are clean, pressed, and in good condition Sized appropriately Appropriate to the job being performed Dress, skirt, or top worn as a dress with length at least to tip of fingernails when standing Asymmetric and/or high-low dress, skirt, or top worn as a dress where length of shortest part to fingertips when standing Leggings, hosiery or tights worn with a dress, skirt, or top worn as a dress with length at least to tip of fingernails when standing Skirts with splits at or below the knee Capri slacks (where the length ends below the mid-calf) in non-clinical areas Logo shirts and knit shirts only in designated departments Jackets/vests with DCH logo on the front and designated work area on the front pocket area, opposite DCH logo. May add embroidered DCH logo, 	 Blue jean or denim pants, jackets, skirts or dresses Tight-fitting pants made of t-shirt fabric, nylon, spandex, etc. worn without a dress, skirt or top with length at least to tip of fingernails when standing Leggings, hosiery or tights without a dress, skirt or top with length at least to tip of fingernails (including those worn with long boots) Asymmetric and/or high-low dress, skirt, or top where length of shortest part is not at least to fingertips when standing (including those worn with long boots) Casual wear, such as shorts or Capri pants (where the length ends above the mid-calf) Tight-fitting clothing Revealing clothing, such as

	employee name, unit name, or credentials (limit 2 lines). Color should provide as much contrast as possible (e.g., white logo on dark background and DCH navy blue or black logo on a lighter background) • DCH approved t-shirts (shirts must be approved by administration for special events to include hospital week, football games (Friday & Saturday), nurses' week, etc. Approval for such events will be communicated by the DCH Marketing Department.	plunging necklines, high skirt splits, crop tops, etc. • Heavily soiled or worn-out t-shirts/game day shirts.
Employee Badges	 Employee badge worn at all times as a part of the uniform, in the upper chest area DCH-sanctioned badge holder, lanyard or pull pin with the picture and name displayed prominently DCH service award pins, badges or patches and Professional school and certification pins 	 Political, religious, potentially offensive images or message buttons, stickers or pins not issued by DCH. Badge holder with potentially offensive images or messages. No stickers or other markings should be placed over the ID badge picture

Violations of the dress and personal appearance policy, the jewelry, nails or fragrance policy will be treated with the progressive discipline policy.

Drug & Alcohol

It is the goal of DCH to have a work environment that is free from the use of illegal drugs, non-prescription drugs, alcohol and unauthorized prescription drugs. Being impaired or under the influence of drugs or alcohol while working poses serious safety and health risks to employees, patients, family members, and visitors.

Evaluations & Surveys

Clinical Instructor/Faculty Surveys

Students evaluate program faculty and clinical instructor's performance regularly to assure instructional responsibilities are being performed. This also provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness.

Employer Surveys

Our prospective accreditation agency requires us to conduct employer follow-up surveys on our graduates. Employer surveys will be sent to your employer approximately 6 months after graduation.

Evaluations

Students will be evaluated on a regular basis during didactic, laboratory and clinical sessions. Didactic evaluations include tests, laboratory practicum's, homework assignments, presentations and final exams. Clinical evaluations consist of three forms: the DMS Abdomen – Extended clinical competency evaluation form and, the DMS Beginning Abdominal Clinical Experience evaluation form, and the Student Performance Evaluation form.

Program Effectiveness Survey

Before graduation, students have the opportunity to evaluate program effectiveness to assure instructional, administrative, and support responsibilities are performed. This evaluation process also allows students to state areas of improvement within the program as well as areas of excellence.

Family Members in the Workplace

For the safety and protection of our students, DCH does not permit students or employees to bring family members who are not DCH employees to school or work with them. This policy applies to all employees who are wearing a DCH badge including students.

<u>Harassment</u>

How to Report Instances of Harassment

DCH cannot resolve matters that are not brought to its attention. Therefore, everyone will be held accountable for accomplishing our goal of a harassment free classroom. Any student who believes they are being subjected to unlawful harassment or discrimination by a co-worker, management, physician or other individual (whether employed by DCH or not), or believes they are being adversely affected by such conduct, should report such incidents and any other observations of unlawful harassment or discrimination to the Program faculty, Department Director/Manager. If a student is uncomfortable bringing a complaint to the attention of his or her Department Director/Manager, the employee should contact the Human Resources Department or the Employee Liaison. If the complaint or observation involves someone in the employee's direct line of command, or if the employee is uncomfortable discussing the matter with his or her direct supervisor, the employee is urged to go to the Human Resources Department, Employee Liaison, or any senior member of administration.

Additionally, any employee, supervisor, or manager who becomes aware of any possible unlawful harassment is directed to advise his or her superior, the Human Resources Department, or any senior member of administration. All complaints are to be forwarded to the Vice President of Human Resources.

How DCH Will Investigate Complaints

DCH will conduct through the office of the Vice President of Human Resources a prompt and thorough investigation of the complaint or observation of all possible unlawful harassment or discrimination. The Vice President of Human Resources will meet with the complaining employee to discuss the results of the investigation and, where appropriate, review the proposed resolution of the matter. Since allegations of harassment or discrimination are serious matters for all concerned, discretion will be utilized in investigating and, where appropriate, remedying improper conduct. Information will be kept as confidential as possible and will be released only on a "need to know" basis. In addition, DCH will not tolerate any retaliation against an employee for making a good faith harassment complaint or for cooperating in a harassment investigation. Violations of this policy will not be permitted and will result in discipline up to and including discharge.

Our Commitment to an Effective Harassment Policy

Finally, if you feel that your report or complaint of a possible violation of this policy has not been promptly or properly addressed or you otherwise feel that DCH has not met its obligations under the policy, you should contact the President/CEO or Corporate Compliance Officer. An effective harassment policy depends on all of us, working together, to address this very important subject.

Unlawful Discrimination and Harassment

DCH Health System is committed to maintaining a work environment that is free from unlawful discrimination and harassment where employees at all levels are able to devote their full attention and best efforts to the job. Unlawful harassment, either intentional or unintentional, has no place in the work environment. Accordingly, it is and shall continue to be the policy of DCH that its employees and their work environment shall be free from all forms of unlawful harassment and intimidation. DCH will not discriminate or permit discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law whether the harassment is caused by a co-worker, management, physician, or other individual (whether employed by DCH or not). Unlawful harassment can include, but is not limited to: slurs, epithets, threats, derogatory comments and unwelcome jokes which would make a reasonable person experiencing such harassment uncomfortable in the work environment or which would interfere with the person's job performance. Some examples of conduct that could be considered sexual harassment include:

- unwanted sexual advances
- offering employment benefits in exchange for sexual favors
- making or threatening reprisals after a negative response to sexual advances
- visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters
- verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress
- verbal sexual advances or propositions
- verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations
- physical contact: touching, assault, impeding or blocking movements

The purpose of this policy is not to regulate our employees' personal morality. It is to assure that in the workplace, each employee is able to accomplish his or her job without being subjected to unlawful harassment.

Inclement Weather / Emergencies / Disasters

Should a student not be able to attend class, online class (when applicable), lab or clinic during times of severe weather (declared as such by the National Weather Service), they can take an absent weather day. There is no penalty to this, but the day has to be made up by the end of the semester. The student can schedule the eight-hour shift on 3-11 or on a weekend 7-3 or 3-11 shift. Any make-up time has to have prior approval of the PD or Clinical Coordinator.

In case of weather conditions that render hazardous traveling, students are urged to use their best judgment. If there is no declaration of severe weather by the NWS, the school will operate under the regular attendance policy.

If the Program is closed due to inclement weather or disasters, students are not required to attend class, online class (when applicable), lab or clinic; however, any missed days deemed a necessary educational assignment may be re-assigned or may result in addition of allotted time at the end of the semester to ensure academic and/or clinical requirements are fulfilled.

Lactation Breaks

DCH complies with all federal and state laws and regulations concerning breast-feeding and nursing mothers and provides assistance for nursing mothers who want to express breast milk at workplaces during business hours. This policy addresses different forms of lactation assistance that DCH provides for nursing mothers.

Students who are nursing mothers can use their two breaks to express breast milk for their children. Nursing mothers can take breaks to express milk beginning from the date of the nursing child's birth up to one year. Students who are nursing mothers can use their allotted break times of fifteen (15) minutes during each eight-hour (8) shift but must clock in and out. If a student needs to take an additional break, the PD must approve. Students must request and gain approval from the PD or instructor prior to leaving their area. For the convenience and privacy of nursing mothers, DCH School of Sonography will provide a private room at the school.

Leave of Absence

A student may request a leave of absence from school for any reason (personal, medical, pregnancy/maternity, etc.), but all leave requests are subject to the approval of the Program Director, outlining the nature of the requested leave and providing the starting and ending dates. For medical leave of absence, proper documentation of the medical condition is required as part of the review of the leave request, and medical clearance may be required for the student to return to program activities.

Prior to leave, a plan for re-entry into the curriculum and meeting requirements for graduation will be developed and signed by the Program Director and the student, and retained as part of the student's record. Depending on the length of the leave, the student may be required to repeat clinical or didactic experiences to ensure competence has been established. Depending on the length of time of the leave the student may have a different program completion date than his/her classmates.

In the event a student is unable to return from leave within the prescribed period and was in good academic standing when he or she went on leave, the program may ask the student to withdraw and may elect to offer the student a position in the next cohort. The student will be required to repeat ALL clinical assignments/competencies. However, credit for preciously completed didactic coursework may be awarded at the discretion of the Program Director.

Under NO circumstances will a student be permitted to complete the program requirements in more than an additional nine (9) months beyond the student's original anticipated completion date.

Library

The student is encouraged to use the library facilities of the program. To obtain complete understanding of Sonography, the student may need additional reading. The program's library is located within the school.

Students can also access the UA Library which is located at The College of Community Health Sciences located at 850 5th Avenue East, Tuscaloosa, AL 35401. The general information number

is 205-348-1360. Hours of operation are Monday through Thursday from 8:00 a.m. to 9:30 p.m. and Friday from 8:00 a.m. to 4:45 p.m.

A catalog for the library collection found at the Health Sciences library can be located at http://library.ua.edu

Name Badges

The ID badge is to be worn at all times as a part of the uniform. ID badges are to be worn on the upper chest, only in a DCH provided badge holder with the picture and name displayed prominently. Only DCH service and award pins, badges or patches and professional school and certification pins, may be worn on the uniform. No political, religious or message buttons, stickers or pins not issued by DCH, may be worn.

Students who report to school/clinic without their ID name badge have the possibility of accruing two tardies for that day. If the student reports to school without their ID name badge, they must immediately contact the CC or PD. In the event the student acquires a replacement immediately from HR, only one tardy will be issued. In the event that a student is dismissed or withdraws from the program, the ID badge should be turned in to the PD.

Parking

All students, regardless of reason for being at the school, are required to park across the street (Bryant Drive) in the large parking lot. **At no time** should a student park in the area in front of the Medical Tower main entrance, at the UOC office located behind the school or in the small lot in front of the school. Parking in any of these areas is **strictly prohibited** and you will be subject to ticketing and possible towing at your expense.

Personal Property

Students are responsible for all personal property. DCH Health System will not be responsible for lost or stolen items. Lockers are provided free of charge at the school for the students; however, students are responsible for the lock if they wish to use one. Textbooks, which are lost or stolen, must be replaced at the student's expense.

Pregnancy Policy

DCH School of Sonography is dedicated to supporting students who are pregnant. In keeping with the ALARA (As Low as Reasonably Achievable) Principle on the potential bioeffects of ultrasound, under NO circumstances should a pregnant student be scanned for fetal imaging unless it is a medical procedure ordered by her medical provider.

Please choose one of the following options.

Option #1 – Undeclared Pregnancy

The pregnant student may choose not to declare pregnancy. As indicated above, the declaration of pregnancy by a student is voluntary and not required. The student may choose any of the other options at any time during her pregnancy.

Option #2 - Declare Pregnancy and Continue in the Program without modification

The pregnant student may declare pregnancy and request to continue in the program and clinical rotations without modification. The student must provide the program director a written intent to continue in the program without modifications.

Option #3 – Declare Pregnancy with Requested Restrictions in Clinical Rotations

A student may specifically request to not participate in clinical rotations or to participate with restrictions. The student must provide the program director a physician's letter stating the medical reason for not participating or participating with restrictions.

If rotations restrictions are requested, substitute clinical rotations will not be provided. All clinical rotations missed by the student must be made up. This will result in a delay in the completion of the program. In addition to the clinical restrictions, progress in didactic courses may be affected when these courses have pre-requisite clinical courses associated with them.

Option #4 - Request Temporary Leave

The pregnant student may request a leave of absence not to exceed one year and either withdraw from or attempt to complete the courses they are currently enrolled in. If the student continues in currently enrolled courses, she needs to decide whether or not to declare pregnancy during that time period (i.e., either option 1 or 2). Once the temporary leave is granted, there would be a place reserved for the student in the next accepted class. It would not be necessary to submit another application admission.

Option #5 – Permanent Withdrawal

The pregnant student may request to withdraw from the program from an indefinite period. If she wishes to be reinstated, she must apply to the Program and compete for readmission.

Reasonable Accommodation

It is the policy of DCH to ensure that all individuals are provided with equal educational and employment opportunities without regard to disability. A qualified individual with a disability will be afforded the same opportunity based upon the same performance standards and requirements expected of persons who are not disabled.

When an individual with a disability needs accommodation in the educational and clinical setting, DCH will consider under appropriate circumstances whether a reasonable accommodation exists that will enable the individual to perform the necessary essential functions. Determining whether a reasonable accommodation is appropriate is an individualized process; decisions will be made on a case by case basis, depending upon the individual involved and essential functions of the job in question. No specific form of accommodation is guaranteed for all individuals with a disability.

The responsibility for seeking a reasonable accommodation begins with the employee or student. If you believe that a disability is preventing equal educational and employment opportunities, it is your responsibility to inform your direct supervisor or Program Director and to request a reasonable accommodation. Upon notification that a disability may exist, DCH may need to contact your physician(s) to obtain medical information and records relevant to determining an appropriate reasonable accommodation. DCH will work with you to determine an appropriate reasonable accommodation, but it cannot identify an accommodation without active participation on your part.

This is an interactive process that requires participation by DCH and the student. Although DCH cannot guarantee that it will provide the accommodation that is most desired by the student, DCH will do its part to ensure that individuals with disabilities have an equal opportunity to compete in the workplace with those who are not disabled.

Refunds

Refunds of unearned prepaid tuition, fees and other charges shall be made in the following manner within thirty (30) days of withdrawal/termination:

- 1. If withdrawal/termination occurs within seventy-two (72) hours of enrollment date, all money paid by the prospective student shall be refunded.
- 2. If withdrawal/termination occurs after seventy-two (72) hours of enrollment date, but before classes begin or correspondence materials are delivered; a refund shall be made of all money paid except the application and activity fee.
- 3. If withdrawal/termination occurs after classes begin or after shipment of correspondence materials, a pro rata refund will be made of all unearned prepaid tuition, fees and charges for books and supplies not issued to the student. Once books and supplies are issued and received by students, these become the property of students and refunds may be made only at the discretion of the school.
- 4. A full refund is due to students whose contracted educational services are denied by the school as a result of economic or academic fraud as defined in the Code of Alabama § 16-46-1 (7) and (8) (1975).

Removal of Hospital Property

Hospital property shall not be removed from DCH premises for personal use. A dated, written permission form by the Department Managers, Director of Imaging Services or the Division VP shall accompany any hospital property, regardless of value, being taken from the hospital for work-related use.

Safety & Health Care

Access to Health Care

Access to health care is restricted to injuries sustained while attending school only. Illness or injuries not related to school or any follow-up care is the responsibility of the student. Students are not eligible for monetary worker's compensation for any loss of hours but will be covered under the hospital worker's compensation policy for treatment.

DCH Health System provides employees and students with health services through the facility employee health nurse. The health nurse is available at Regional Medical Center Monday - Friday from 7:00 a.m. to 4:00 p.m. The health nurse is located on the second floor of the medical tower in Suite 206. The phone numbers are 205-750-5905 or 205-759-7698. The health nurse is also available at Northport Medical Center on Tuesday from 7:00 a.m. - 3:30 p.m. The health nurse is located in the HR department.

Should a student be exposed, diagnosed, injured or become ill while in student status and require these services, the CI will be notified immediately. If the CI is not available, then the next person in charge should be notified. S/he will ensure that the student completes an Employee Work Injury Form in MIDAS* and is then referred to Employee Health and/or Emergency Department. Program Officials and the School Agent should be notified as well. If the injury or illness occurs after hours, then they should be referred to the Emergency Department, and the Employee Work Injury Form should be completed as well. If the student refuses treatment, or treatment is not needed, the student should go to Employee Health.

Employee Health will notify the PD and/or Clinical Coordinator regarding the status of the student within 24 hours of the filing of the incident report unless the report occurs after normal hours or on a weekend. Employee Health will provide a copy of the incident report to the PD within 24 hours of receipt.

Should Employee Health not be available at the time of the injury or illness, the CI/supervisor will be responsible for advising the student as outlined above. The incident report and final disposition of the student will be forwarded to Employee Health for review by close of the next business day. *Students are not considered employees but the Sponsor recognizes this form across the Health System, and utilizes it for documentation, treatment, and evaluation.

After Hours Exposure

After 4:00 p.m. or during weekends and holidays, and/or at a facility other than Northport or Regional; students must immediately report to the supervising sonographer, complete the Employee Work Incident/Injury and Authorization Form and report to the emergency room at DCH for medical evaluation if necessary. Subsequent notification of Program Officials should occur when school resumes session.

An exposure incident is defined as follows:

- Injury with a contaminated sharp object (e.g., needle-stick, scalpel-cut).
- Spills or splashes of blood or other potentially infectious material onto non-intact skin or onto a mucous membrane (e.g., mouth, nose, eye).
- Exposure to TB

A personal injury is defined as follows:

Harm or damage to the body while performing a work involved action

If a student has an exposure to blood/bodily fluids as described above, the student must first wash the injury site with soap and water, and immediately notify the faculty or preceptor.

Action Steps:

- 1) Report incident to supervising sonographer.
- 2) Complete the Employee Work Incident/Injury Report and Authorization Form in MIDAS.
- 3) Notify Program Officials.
- 4) DO NOT LEAVE THE FACILITY unless directed to do so by the supervising sonographer, Employee Health, Emergency Room physician and/or Program Officials.
- 5) Report to Employee Health or Emergency Room.

NOTE: All students are required to participate in Blood borne Pathogens training prior to clinical experiences. Pathogens include, but not limited tom hepatitis B, human immunodeficiency virus (HIV).

Some of the most common communicable disease include: chicken pox, mumps, rubella, measles, infective conjunctivitis, staph infections, salmonella, scabies, hepatitis A/B/C, Pneumonia, acquired immune deficiency, and tuberculosis.

During School Hours Exposure

Between the hours of 7:00 a.m. and 4:00 p.m., students who have or may have experienced an exposure incident or an incident involving personal injury must complete the DCH Employee Work Incident/Injury Report and Authorization Form and immediately report to the supervising sonographer, employee health, and/or Program Officials.

Guidelines for Students with Infectious Diseases

It is vital for students to be aware of the importance of preventing the spread of infectious diseases. Students are exposed to patients that will either be a carrier of an infectious disease or be susceptible to acquiring an infectious disease. The student must keep in mind that our goal is to help our patients, not complicate their illness. If a student should contract a specified infectious disease, the PD will be notified immediately and the correct action for the protection of the patient and co-workers will be taken. A list of infectious diseases and the complete policy can be found on The Loop.

Hepatitis "B" Immunization

It is the policy of the DCH Health System for students classified at reasonable risk for exposure to Hepatitis B to receive education, blood (titer) screening, or vaccinations according to their history.

Student Health Services

Each student accepted into the program is required to have a physical examination by the Medical Center's Occupational Health nurse/physician. This will be accomplished during the admissions process at no cost to the student.

Students also have access to Lucet Employee Assistance Program (EAP) for short term counseling. Lucet EAP provides confidential support, counseling services and resources to help you overcome life challenges and live a happy balanced life. Phone (800) 624-5544 or visit eap.lucethealth.com/dch

Student Employment

- 1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with sonography students during their employment at locations <u>outside</u> the DCH Health System.
- 2. Students who elect to work in any capacity can only do so <u>after</u> the normal academic and/or clinical day.
- 3. There should be no clocking in for pay while you are on academic and/or clinical time unless student is under a stipend.
- 4. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.

- 5. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.
- 6. Sonography examinations performed during employment hours may not be submitted for clinical education competencies.
- 7. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.
- 8. When a scheduled class is cancelled for any reason or is let out early, the student <u>cannot</u> work at a DCH facility for the time frame of the class. There should be <u>no</u> clocking in on student time. After the time that the class should have been concluded, the student is then free to work if they are needed and only then with supervisor approval.
- 9. For those that work and are scheduled to be on the late shift as a student, you are allowed to work **only after** your student shift has ended.

Student Records

Public Law 93-380: Protection of Rights and Privacy of Parents and Students

I. Definition of Student

For the purposes of this policy, a student is defined as, any individual currently or previously enrolled in any course(s) offered by the DCH Regional Medical Center DCH School of Sonography.

II. Definition of Educational Records

Student educational records are defined as those records, files, documents, electronic data, and other materials that might contain information directly related to a student and are secured by the program or by a person acting on behalf of the school.

III. General Policy

No information from records, files, or electronic data directly related to a student, other than public information, will be disclosed to individuals, or agencies outside the school without the written consent of the student, except pursuant to a lawful subpoena or court order, or except in the case of educational or government officials as provided by law. Information contained in such records may be shared within the school. Students will

have access to all such information with the exceptions set forth below in accordance with the procedure outlined within this policy statement.

IV. Records Security

All student records are secured in locking filing cabinets located in the school offices. The school has designated the following individuals as being responsible for student records within their respective areas:

- 1. Program Director (PD) has the overall responsibility of ensuring that each student entering the program has an established academic, laboratory and clinical record. The records must be current and secured by all provisions as set forth in this policy and governed by Public Law 93-380.
- 2. Clinical Coordinator (CC) responsible for establishing, securing, and maintaining student clinical records in accordance with this policy and the Privacy Act of 1974.
- 3. School Agent responsible for assisting in establishing, securing and maintaining student transcripts in accordance with the Privacy Act of 1974.

Academic Student Record Privacy Release and Authorization Form

Student records are maintained and protected in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). A signed copy of this form is maintained in each individual student's file.

Changes in the Policy

This policy statement is subject to change by any additional federal regulations or court decision that may modify and/or negate any portion of these regulations. This statement of policy will be published in the appropriate school publications and/or bulletins.

Disclosure of Student Records to the Student

The student has the right to inspect, in the presence of the appropriate record official, his or her records, files and electronic data primarily and directly related to the student. In order to inspect one's record, the student must first report to the office where the records are kept and initiate a written request. The right of inspection does not include financial statements of parents or confidential recommendations placed in the record prior to January 1, 1975. Students may also make verbal requests to inspect their academic records for any worthwhile reason.

Length of Time Records Are Kept

The program is required to maintain a permanent transcript for each student enrolled in the program. The DCH School of Sonography maintains and retains detailed student records for the duration of the student's enrollment. The DCH School of Sonography will retain tests, grades, etc. for up to one year after the student has passed their boards.

Providing Records to Third Parties

The general policy is to refuse access to student records to third parties without the written consent of the individual student. Should a student wish to have such records released, a written request must be directed to the proper records official specifying the records to be released, the person to whom the records are to be released to, and a request for copies to the student, if desired. The program will transfer or grant access to the information. The established service fee for producing photocopies of the records will be assessed against the person whose record is involved.

Transfer Credits

Our program accepts transfer credits only for prerequisite courses that meet our academic standards. We do not accept transfer credits for sonography-specific coursework or experiential learning. All core sonography instruction must be completed within our program to ensure consistency in training and competency.

Tuition

Tuition for the program is approximately \$8,000. The first semester's tuition is due and payable upon acceptance into the program. The remaining tuition will be paid per semester for the remaining three semesters. Each semester's tuition is due 10 days before the next semester begins. Students will not be allowed to start the next semester if tuition is not paid or payment arrangements have not been made. Each semester must be paid completely before start of the next semester.

DCH School of Sonography Program Cost Information

Year: 2026

Program Length: 4 Semesters

Credit Hours: 82

Description:	Cost:
Tuition (\$2,000/semester with 1 st semester due upon acceptance)	\$8,000
Books & Supplies (one-time payment upon acceptance)	\$1,700
All books needed	
Supplies	
SDMS Student Membership	
Graduation	
Technology Fees (one-time payment upon acceptance)	\$150
Trajecsys Reporting system	
Laptop/iPad (not supplied, student's expense)	\$500
Program Uniforms (Royal Blue scrubs)	\$250
Licensure Exam Fees (student expense)	
Abdomen	\$275
Physics	\$250
Licensure Review (Prepry) (student expense)	\$300
	\$13,225

Withdrawal

Students wishing to withdraw from the program should notify the Program Director in writing. Every effort shall be made to assist the student with this decision. If a student withdraws from the school or is dismissed, the name badge and any school property must be returned to the PD.

Rules Cheating, Plagiarism & Appeals



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Cheating & Plagiarism

Cheating is the act of obtaining or attempting to obtain credit for academic or clinical work by using dishonest means. It includes, but is not limited to copying another's work, in part or whole, consulting sources not specifically authorized by the instructor during an examination, falsification or misrepresentation of attendance or records.

Plagiarism is the act of utilizing someone else's work as your own without appropriate acknowledgment. If a student is in doubt about the nature of plagiarism, he/she should discuss the matter with the course instructor. If plagiarism occurs, disciplinary action will occur.

Decisions Related to Academic Matters

Any grievances, which arise from complaints of the student with respect to academic matters, are covered under this category. It should be noted that assignment of grades is the prerogative of the individual faculty member, and unless assigned arbitrarily or capriciously, are not subject to appeal. The following academic matters will be subject to action as outlined in this document but are **not necessarily limited to**:

- Failure to meet academic standards or requirements of a course or the program.
- Dishonesty in assignments or examinations, or falsification or alteration of official documents such as transcripts or admissions forms.
- Plagiarism.
- Violation of any specified honor code.
- Failure to fully disclose required information and/or documentation during the admissions process.

Program Disciplinary Procedure: Academic

The faculty member or Program Director will notify the student of any proposed changes in the student's academic status, or charges made against the student. The student shall be given an opportunity to meet with the instructor or Program Director to discuss the proposed change in academic status or to explain or refute the charges. Every effort shall be made to resolve an alleged problem using the prescribed program policies and procedures. If action is recommended, the Program Director will give written notification to the student specifying the reason(s) for a change in the student's academic status and citing the action to be taken. A copy of this notification shall be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following actions:

- 1. Grade adjustment
- 2. Probation
- 3. Suspension
- 4. Dismissal from the program

5. Option of voluntary withdrawal by the student

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. The student may remain in his/her academic program during the appeals procedure unless the safety of patients or other persons is jeopardized.

Student Appeals Procedure for Academic Matters

The student may request a hearing after receiving written notification citing program action. The student must request such a hearing in writing to the Program Director. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final.

Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final. The usual course of action for disciplinary procedures is as follows:

- 1. Counseling with the Program Director with written documentation.
- 2. Probation for a length of time determined by the Program Director.
- 3. Suspension for a length of time determined by the Program Director.
- 4. Dismissal from the program.

Decisions Related to Non-academic Matters

Misconduct is a behavior which interferes with the educational process or which jeopardizes the welfare of the patient, fellow students, and/or faculty. The following non-academic matters will be subject to disciplinary action as outlined in this document but **are not limited to**:

- Insubordination to instructors, supervisors, and staff.
- Disrespectful, disruptive or lackadaisical behavior.
- Excessive tardiness or unexcused absences.
- Violation of any specified honor code or code of professional ethics.
- Possession of or being under the influence of alcoholic beverages or illegal drugs while assigned to a clinical education center, attending class or laboratory sessions.
- Participation in activities threatening the safety of others in a clinical site, lab or classroom.
- Illegal possession of dangerous weapons while in a clinical site, lab or classroom.

- Stealing from any individual or DCH Regional Medical Center entity.
- Exhibiting unprofessional behavior by
 - a) Falsification of patient records,
 - b) Improper practice of the profession,
 - c) Willful neglect of a patient,
 - d) Improper use of equipment or participation in activities which potentially damage equipment, supplies, and/or private and public property.

Program Disciplinary Procedure: Non-Academic

Student misconduct shall be reported to the Program Director, Clinical Coordinator, and Didactic Instructor, preceptor staff, Sonography Department Manager or legal authority. Any person may report student misconduct.

Every effort shall be made to resolve the alleged problem using the prescribed program policies and procedures.

If a student is reported for misconduct and disciplinary action is recommended, the Program Director will give written notification to the student specifying the charges and citing the disciplinary action to be taken. A copy of this notification will be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following disciplinary actions:

- 1. Grade adjustment
- 2. Probation
- 3. Suspension
- 4. Expulsion
- 5. Option of voluntary withdrawal by the student

In cases where personal or public property has been stolen, defaced, disfigured, damaged or destroyed; the disciplinary action may also include an appropriate monetary reimbursement for compensatory damages.

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. It will be the decision of the Program Director whether the student shall remain in the academic portion of the program during the appeals process. This decision will be based on the nature of the misconduct.

Student Appeals Procedure for Non-academic Matters

The student may request a hearing with the Grievance Committee after receiving notification citing the Program Director's decision. The student must inform the Program

Director in writing of the request for a hearing. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final. Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present and examination of witnesses may take place. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final.

Formal Appeals Process

1. Following the failure to reach resolution through the informal grade appeals process and not later than the 15th class day of the semester, the student must complete the <u>Notice</u> of Intent to Formally Appeal a Grade form.

On the form, the student will be asked to:

- verify that s/he has been unsuccessful in reaching a resolution through the informal appeals process;
- b. precisely and specifically state the reasons for the appeal; and
- c. offer suggestions as to what the student would consider a fair resolution of the appeal, with supporting reason(s);
- d. The form should be submitted to the PD. After all signatures are obtained, copies of the form will be distributed to the student and the instructor.
- 2. The instructor will be asked to submit a written response to the PD and to the student within five class days of the receipt of the appeal. The PD will attempt to resolve the appeal within five additional days through conferencing with the instructor and the student appellant. If not resolved within five class days, the PD will request in writing to the department's Advisory Committee that the Committee consider the appeal.

The Advisory Committee is comprised as listed in the program's published material according to the department's policy. In addition, the PD strongly recommends that the department's Advisory Committee handling the grade appeal include one voting student member listed on the Advisory Committee. Including a student on the committee is in keeping with a longstanding DCH School of Sonography commitment to fully involve students in responsible leadership, advisory and governance capacities whenever possible.

A quorum for decisions of the Committee is three-fourths or more of the assigned members. The highest ranking and within rank the most senior faculty member and/or the Administrator of the Committee shall be the chair. The Program handbook outlines the Committee membership selection process.

- 3. The student appellant and the instructor(s) involved may submit additional brief written summaries of the evidence to the chair of the student grade appeal committee within five class days after the chair notifies the Committee that a formal appeal has been filed. The student has the right to consult with a DCH School of Sonography faculty member of the student's choice. The faculty member may also attend the grade appeal hearing if one is conducted. Based upon the evidence presented and any additional evidence requested by the Committee, the Committee will meet to decide if there are grounds for a hearing. Minutes of the meeting must be kept and copies of any evidence presented shall become part of the record.
 - a. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are grounds for a hearing, a formal hearing will be scheduled not sooner than ten and not later than twenty class days after the notice of a hearing is given to the instructor and the student appellant.
 - b. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are no grounds for a hearing, the appeal goes to step 5 of the process, and, if certified, the grade remains unchanged.
 - In either case, the student and the instructor shall be notified in writing within two class days of the Committee's decision. Copies of the minutes of the Student Grade Appeal Committee meeting shall accompany the notification of the decision. Should a hearing be necessary, the Committee chair will notify in writing the student appellant and the instructor at least three class days prior to the hearing date. The Student Grade Appeal Committee cannot change a grade without a full hearing as described in the next step.
- 4. If a hearing is to be held, the Student Grade Appeal Committee will conduct the hearing at which both the student appellant and the involved instructor(s) must be present. The student may also elect to have present; a faculty advisor, who may privately counsel the student but may address the Committee or question witnesses. Neither party may be represented by legal counsel at these proceedings. In the event that either the student or the faculty member is absent at the time of the appeal as a result of illness, resignation or any other reason found valid by the Student Grade Appeal Committee, the Committee may delay the hearing until a more appropriate time. If the Committee determines that the reason is not valid, the Committee may proceed with the hearing and notify the absent party that a full hearing was held in his/her absence. The faculty member and student appellant shall place all available pertinent grade records and student class work

for the student bringing the appeal in the hands of the Student Grade Appeal Committee. Access to work of other students in the course must protect the privacy rights of the students either by requiring permission of the students or through having their names withheld. Members of the Committee must be present at the hearing in order to be eligible to vote. Minutes of the hearing must be kept.

The hearing should proceed as:

- a. The chair of the Student Grade Appeal Committee calls the hearing to order. All those present for the hearing introduce themselves and indicate their roles in the hearing. The chair points out that one member of the Committee will be taking notes. The chair reminds all present that all participants are bound by the DCH School of Sonography Honor Code and asks for the verbal assurance of each that s/he will uphold the honor code. The chair then states the purpose of the hearing and briefly explains the procedure.
- b. Any witnesses present are dismissed from the hearing room. They are asked to remain available outside the room, to be called upon as needed.
- c. The student appellant makes a statement about the reason(s) for the appeal. This statement should be limited to the reason(s) included on the Intent to Formally Appeal a Grade form.
- d. The instructor makes a statement stating his/her position as to why the awarded grade was appropriate.
- e. Members of the Committee may direct questions, first to the student appellant and then to the instructor. The instructor has the opportunity to ask questions of the student appellant and the student appellant may ask questions of the instructor.
- f. The student appellant may call upon his/her witnesses, one at a time. Witnesses are questioned by the Committee. The instructor may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.
- g. The instructor may call upon his/her witnesses, one at a time. Witnesses are questioned by the committee. The student appellant may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.

- h. The instructor is given the opportunity to make a brief final statement that summarizes his/her position that the original grade was appropriate.
- i. The student appellant is given the opportunity to make a brief final statement that summarizes his/her position that a change of grade is warranted.
- j. The student appellant and the instructor are informed that they will be notified in writing within five days of the Committee's decision. They are also informed that the Committee's decision is final and may not be appealed. The chair asks everyone to leave the hearing room except the members of the Grade Appeal Committee.
- k. The Committee deliberates and reaches a decision. The chair dismisses the hearing. One of three outcomes may result from the hearing:
 - i. If two-thirds or more of the members of the Grade Appeal Committee present vote in favor of a grade change, the grade shall be changed as indicated above.
 - ii. If less than two-thirds of the members of the Grade Appeal Committee present vote in favor of a grade change, no grade change shall be mandated.
 - iii. In the event the faculty member concerned refuses to participate in the appeals procedure (e.g., does not submit a written response to the appeal or refuses to provide available materials essential for the appeals procedure), the Grade Appeal Committee may, by a simple majority vote of those present and voting (excluding abstentions), initiate a grade change. This decision shall have the same effect as a vote of more than two-thirds (i.e., the decision is binding). The Chair of the Committee shall inform the student appellant of its decision by written memorandum, with copies to the instructor, and the program officials. The written memorandum shall be transmitted within five class days of the hearing and shall include a description of the process followed from informal appeals through the hearing decision, copies of all material presented and a copy of the minutes of the hearing.

As is usual in academic debate, the individual proposing the change has the opportunity to speak first and last. Since the student appellant maintains the burden of proof to demonstrate that a change of grade is justified, s/he will give the initial opening statement and the final closing statement.

- 5. The Committee may select to have an outside administrator to review the process, all related materials, and hearing minutes within five class days of the receipt of all materials. If that option is utilized, then the following occurs:
 - a. If that administrator certifies that the procedures were followed, the grade appeal is completed. If indicated by the Grade Appeal Committee in its findings, grade changes are initiated as indicated above.
 - b. If that administrator finds substantive errors in the process that they believe could have reasonably altered the decision reached, reconsideration by a separate Grade Appeal Committee in another department shall be initiated by that administrator. The reconsideration shall begin at step 4 of this process.
- 6. Changes of grade shall be initiated as follows:
 - a. If the Grade Appeal Committee rules in favor of a grade change, the PD shall request that the faculty member contact the school agent to change the grade within five class days after the PD's certification of the process.
 - b. If two-thirds or more of the Committee voted for a grade change (or a simple majority if the faculty member refused to participate in the procedure) and the faculty member does not initiate a grade change within five class days of the request by the PD, then the PD shall forward the Committee's decision to the school agent, who shall then change the grade.

Decisions reached through this process are final and may not be appealed.

Grade Appeal Procedure

The grade appeals procedure is designed to give the student the opportunity to correct an injustice. It should be utilized only when the student contends that the final course grade assigned by the instructor is arbitrary, capricious or an error. It is not to be used to challenge grades on individual assignments. The terms arbitrary or capricious implies that:

- The student has been assigned a grade on the basis of something other than his/her performance in the course, or;
- Standards utilized in the determination of the student's grade are more exacting or demanding than those applied to other students in the course, or;
- The grade is based upon standards that are significant, unannounced and unreasonable departures from those articulated in the course description distributed at the beginning of the course.

The assessment of the quality of the student's academic performance is one of the major responsibilities of faculty members and is solely and properly their responsibility. A grade appeal is not appropriate when a student simply disagrees with the faculty member's judgment about the quality of the student's work. A student who is uncertain about whether or not a grade should be appealed or who needs additional information about the grade appeals process can contact the PD.

The burden of proof is always on the student appellant to prove that a change of grade is an appropriate action in his/her case. Students must adhere to the timelines delineated in this policy or the right to appeal may be lost. The PD may, under extreme circumstances, extend timelines at his/her discretion. The Notice of Intent to Formally Appeal a Grade can be found in the Appendix section of this handbook.

Grievance Committee and Procedures

The purpose of the grievance committee is to provide fair and equitable treatment to all students. The committee and its members are available to resolve complaints presented by the Student Advisory Committee or by individual students. Such complaints or grievances are not restricted to those related to the STANDARDS or program policies. During a student's enrollment, there may be instances when s/he feels that they have received unfair treatment regarding the STANDARDS or other program policies and procedures. Sometime in the relationship between students and faculty, dissatisfactory actions can develop.

Often these are the result of misunderstandings or a lack of information. Before a grievance or complaint can be resolved, it must be expressed. Any time a student feels that s/he has been unfairly treated or if they have a complaint or grievance related to the STANDARDS or program policies and procedures, s/he should refer to the following steps to ensure due process in a timely and just manner. These steps apply to, but are not limited to, grievances/complaints related to the JRC-DMS STANDARDS and program policies and procedures.

Students should try to resolve problems at the lowest possible level. This means
first discussing your complaint/grievance with your immediate supervisor or
instructor. More than one attempt at this level may be required before a
resolution is reached. The initial grievance/complaint should be discussed with

your immediate supervisor/instructor within 72 hours of the grievance or complaint.

- 2. If you have not received a satisfactory response to your grievance/complaint from your immediate supervisor or instructor within five (5) class days, you are encouraged to take your grievance/complaint to the PD. A written complaint detailing the circumstances of the problem, and your attempt to resolve it through your immediate supervisor or instructor should be presented to the PD. If the complaint is related to a STANDARD or program policy, you must include reference to the specific STANDARD/program policy. The PD may consult the Student Advisory Committee for input regarding the complaint within ten (10) class days of the initial complaint. If the PD was involved in Step 1, the written complaint will be presented to the Grievance Committee within ten (10) class days of the initial complaint. If the PD was not involved in Step 1, s/he will meet with you within ten (10) class days of the initial complaint and respond to your complaint in writing within five (5) class days of that meeting.
- 3. If you are not satisfied with the response from the PD, you should; within three (3) class days of her response, file your written complaint with the Grievance Committee. You should include copies of all written material sent to or received from the PD and your instructor/supervisor. The Grievance Committee will convene a meeting within five (5) class days from the receipt of your complaint to discuss and review. The Grievance Committee may request that you be present during the meeting. The committee will make a recommendation to the appropriate hospital administrator within three (3) class days after their meeting. The Administrator may or may not take the recommendation of the Grievance Committee.

The Administrator will meet with you within five (5) class days after receiving the recommendation from the Grievance Committee. S/he will render a final decision at that time. No other appeals process is available at this point with the exception of program non-compliance.

Informal Appeals Process

The student must begin the grade appeals process by contacting the instructor in an attempt to resolve the disagreement in an informal and cooperative atmosphere. This discussion should take place within the first ten class days after the beginning of the following semester. If the student and instructor cannot, after consultation, reach a satisfactory resolution within the first ten days from the beginning of the following semester, the student may begin the formal grade appeals process.

Reporting Procedure for Students

Any student may report misconduct or address a concern or event, and every effort will be made to resolve the alleged problem using the policies and procedures in the handbook. Referring to the organizational chart, alleged problems are to be reported to the Program Director, Clinical Coordinator, Didactic Instructor, preceptor staff, and Sonography Department Manager.

The organizational chart should also be used when addressing the correct person.

Examples:

- 1. In the event the problem is with a didactic instructor, it is suggested that the student discuss the problem with the instructor first, before going to the PD. If the problem is not resolved, then the Programs organizational chart should be used.
- 2. In the event the problem is with the clinical coordinator, it is suggested that the student discuss the problem with the clinical coordinator first, before going to the PD. If the problem is not resolved, then the Programs organizational chart should be used.
- 3. In the event the problem is with the Program Director, it is requested that the student discuss the problem with the clinical coordinator first, and then may speak with the Imaging Director if the problem is not resolved.
- 4. In the event the problem is with a sonographer, it is requested that the student discuss the problem with the clinical coordinator first, and then may speak with the PD if the problem is not resolved.

This procedural system is in place to ensure minimal disruption to the daily operation of the *Program*. It is inappropriate behavior and against behavioral standards for a student to discuss alleged problem openly in the clinical area, classroom or lab setting, or in any public forum which includes, but is not limited to social media.

Academic Standards Classroom Conduct, Course Descriptions, Curriculum & Requirements



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Academic Requirements

The grading system for the Program is as follows:

93 - 100 = A 83 - 92 = B 75 - 82 = C Below 75 = F

Students must maintain a grade of 75% of higher on all courses as indicated in the course syllabi. This grade is computed based on the number of tests and assignments required in each course and will follow the grading system shown above. Any course failed will lead to dismissal from the program. To ensure that all graduation requirements are met, clinic time missed to accomplish this will be made-up before the student will be eligible for graduation. To be eligible for graduation, the student must satisfy all graduation requirements within 150% of the published program length from the date of matriculation.

Each student entering DCH Regional Medical Center's School of Sonography will be on **probation** for the first three months of the program. This three-month period is used for both the program and the student to assess their ability to meet the requirements of the program. All students must sign a statement upon entering the program acknowledging the three-month probation period.

If at any time during this three-month probationary period, it becomes evident to the staff that a student's attitude and/or aptitude for a career in Sonography is unsuitable, the student will be so advised and asked to withdraw from the program.

The PD will review each student's progress at the end of the three-month probationary period. If all requirements have been met, the probation will be withdrawn. If, after the probationary period, the student has not proven that s/he can meet the necessary requirements, his/her case will be brought before the Advisory Committee. The committee will make recommendations concerning the final status of the student. The committee's recommendations can be appealed by the student following the guidelines set forth in the Student Appeals Procedure.

If at any time following the probationary period, the student fails to meet the minimum program requirements, action will be taken by the PD and the Advisory Committee as outlined in the Student Appeals Procedure under "Decisions Related to Academic Matters". At any time during the program, if the student decides that they do not wish to continue with the program, they may send a formal letter of withdrawal to the PD. The PD will meet with the student to discuss the circumstances. If the student's decision is final, they will be allowed to withdraw. At this time, the student will be required to complete resignation forms and turn in their ID. Any tuition paid

in advance for courses not completed will be refunded to the student in accordance with the refund policy.



Canvas – Student Learning Management System

Canvas is the online Learning Management System used at DCH for students to review shared course materials, participate in course assignments, quizzes, and communication. Canvas is web-based and does not need to be installed on your computer, however, your computer and web browser must meet the basic requirements to run Canvas.

Supported Browsers

Instructure products support the current and previous major releases of the following browsers:

- Chrome 122 | 123
- Firefox 123 | 124 (Extended Releases are not supported*)
- Edge 121 | 122
- Respondus LockDown Browser (supporting the latest system requirements)
- Safari 16 | 17 (Macintosh only)

Student Access in Canvas

Listed below are the default Canvas permissions for the Student role. However, institutions may modify Student role permissions as needed. To learn more about Student participation in Canvas, view the Canvas Student Guide.

Students can:

- View course announcements
- Submit assignments
- View the course calendar
- View and post to open discussions
- View and participate in Chat
- Create conferences and student collaborations
- Upload and manage files
- Create ePortfolios
- Create and manage group pages
- View their course grades
- View a list of users in a course
- Send messages to other users in a course

Students cannot:

- Add, edit, and delete items in a course calendar
- Add or remove others in a course
- Publish, conclude, and delete courses
- View other course participants' grades
- Add and delete external applications (LTI) for a course
- Add, edit, and delete course content, sections, or student groups
- Create and edit rubrics
- Add, edit, and delete learning outcomes associated with course content
- Delete and lock discussions and edit others' discussion posts
- Read SIS data
- View course analytics and usage reports for a course
- View and link to question banks
- View all student group pages for a course
- View grade audit trail

Student Role Limitations

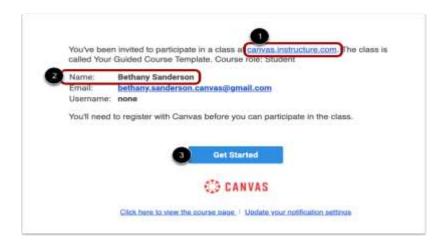
- Students can only view content for a course in which they are enrolled.
- Students cannot view locked or unpublished course materials.
- If the enabled at the account level, students may be able to create, edit, and delete Scheduler appointments in the course calendar that are visible to other course members.
- Students may be able to view and comment on other students' submissions if a teacher has enabled this option for an assignment.
- Each teacher can customize the links in the Course Navigation and limit the number of features that Students and Observers can see. Students may or may not see links to certain features.

Canvas Guides

The <u>Canvas Student Guide</u> has over 200 articles that each answer a question that relates to using the Canvas interface as a student.

User Account Setup

Before you can do anything in Canvas, you'll need an account. When you receive a course invitation, you will also receive a prompt to create your account.



How do I use the Course Home Page as a student?

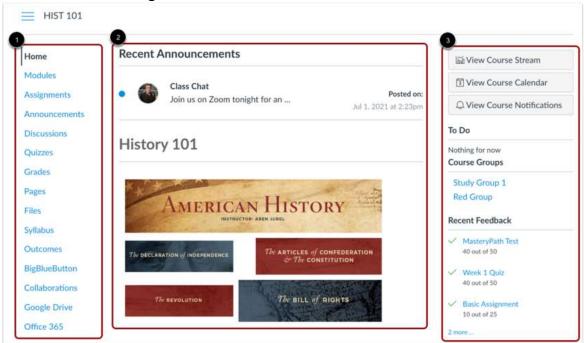
If you are enrolled in a course as a student, the Course Home Page helps you navigate your course and manage your coursework. The Course Navigation Menu is always visible on its respective pages. Note: Your instructor may choose to display a different font for your course.

Open Course



In Global Navigation, click the Courses link [1], then click the name of the course [2].

View Course Home Page



The Course Home Page involves Course Navigation [1], the content area [2], and the sidebar [3].

View Course Navigation



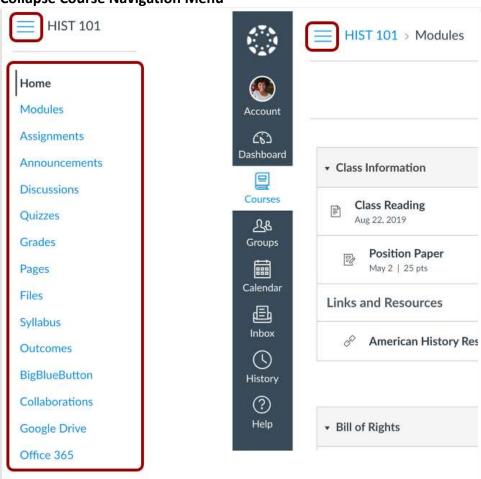
The Course Home Page is viewed from the Course Navigation Home link [1].

Course Navigation includes links that help you and your students get to specific locations in the course. Instructors can customize what links are shown in a course, so if you don't see links that may display in other courses, your instructor has hidden those links from your view.

The active link of the page you are viewing is highlighted with different color text and a line indicator. This highlight helps you quickly identify the feature area you are currently viewing in Canvas.

You may also see course indicators [2] that show updates to your course grades when your instructor grades your assignments.

Collapse Course Navigation Menu



To expand or collapse the Course Navigation Menu, click the Menu icon. When you choose to expand or collapse the Global Navigation menu, your preference is applied to all of your courses.

View Content Area



Home Page content (and all Canvas content) is displayed in the content area.

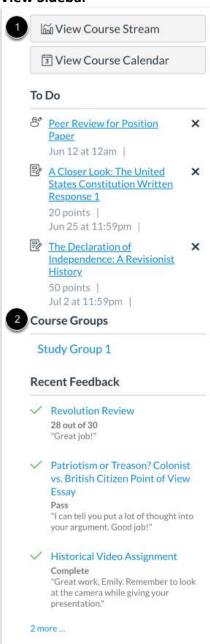
The content can be a page, the syllabus, discussions, announcements, quizzes, or imported content [1]. The content can also show the <u>Course Activity Stream</u>, which is a list of all recent activity in the course. Your Home Page may also display recent announcements at the top of the page [2]. The Home Page content also defines what sections display in the sidebar.

View Breadcrumbs



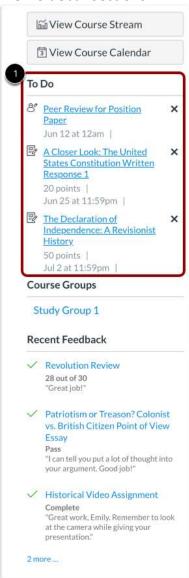
Breadcrumbs appear above the course content area. As you view course content, the breadcrumbs leave a trail to show where you are inside the course. You can follow these links backward to visit prior course content. Note: If you have created a nickname for a course, the breadcrumbs display the nickname to identify the course. Otherwise, the breadcrumbs display the course code.

View Sidebar



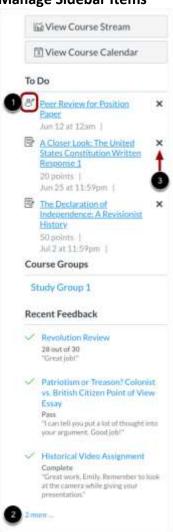
The sidebar functions the same as the <u>Dashboard sidebar</u> but only shows content for the specific course and includes additional options. If your Course Home Page displays a page other than the Course Activity Stream, you can view the course activity stream by clicking the sidebar View Course Stream button [1]. When the Home Page is set as the Course Activity Stream, this button will not appear. If you have been added to a group in your course, the Course Group section [2] includes links to your course groups.

View Sidebar Sections



The sidebar always shows the to Do section [1], which shows all recent announcements and up to seven assignments that are due in the upcoming weeks, including ungraded quizzes and assignments that do not require a submission. Each item in the to Do list displays the assignment name, the number of points, and the due date for the assignment. Once the due date has passed, items remain in this section for four weeks. The sidebar can also include a variety of other sections, depending on the layout your instructor sets for the Course Home Page. Additional sidebar options include the Assignment list, Calendar and Assignment Groups, and Recent Feedback.

Manage Sidebar Items



Each section item displays an icon [1] to differentiate between assignments and peer review assignments. If a section contains more items than are listed, a link will appear under the list that you can use to view additional items [2]. The to Do section shows up to seven items with due dates in the upcoming weeks. To view more items, you must manually remove items from the list. To remove a to Do item, click the remove icon [3]. Note: Assignments submitted through Canvas disappear automatically from the to Do list; no-submission assignments (submitted on paper/in class) can only be removed from the list manually.

Classroom Conduct

Students in this program are considered adults and are expected to act appropriately. Behavior that is disrespectful or disruptive will not be tolerated; the student will be asked to leave the class. Each occurrence will be documented and may result in counseling from the instructor and program director. Handbook policy will be followed. Each course syllabi have specifications applicable to the course.

Course Descriptions for Sonography Courses

DCH - Orientation

This provides orientation to the DCH Health System and DCH School of Sonography as well as the profession of Sonography. Initial emphasis is on the student's role as a sonographer in the healthcare delivery system to include but not limited to: student responsibilities for clinical and classroom, key departments and program personnel, Computer Based Testing, AIDET skills, CPR, Program Handbook Review, Health System tours, Expanse, Trajecsys and Synapse/PACS. Students will receive a detailed orientation schedule.

DMS 202 – Foundations of Sonography

This course provides the student with concepts of history and development of sonography in medical imaging, equipment, transducer cleaning and disinfection, clinical assessment and procedures, prevention of work related injuries, medical terminology, and legal and ethical aspects used in the practice of sonography. Emphasis in theory is placed on patient assessment and considerations of physical and psychological conditions in both routine and emergency situations. Upon completion, students will demonstrate an understanding of concepts, as well as demonstrate/explain patient care procedures appropriate to setting and situation while utilizing medical terminology. A final grade of 75 or above is required to pass this course.

THEORY	LAB	CLINIC	COURSE
45	0	0	3

DMS 208 - Abdominal - Extended Sonography I

This course will provide a detailed study and instruction of normal anatomy, assessment, and evaluation of major abdominal organs and superficial structures and pathology assessment. Emphasis will be placed on the sonography instruction of the aorta and associated vessels, biliary system, liver, pancreas, spleen, kidneys, bladder, and retro-peritoneum. Correlation of sonographic findings with other imaging modalities to be included as well as sonographic technique, measurements, sonographic appearances, and Doppler patterns, where applicable, in both normal and abnormal structures.

THEORY	LAB	CLINIC	COURSE
90	0	0	6

DMS 209 – Abdominal – Extended Sonography II

This course will review the anatomy and familiarize students with scanning protocols for the thyroid, parathyroid, breast, scrotum, male pelvis, neonatal hips, spine, and head. Advanced interventional skills will also be introduced. At completion, students will identify, describe skills, and participate in sterile procedures.

THEORY	LAB	CLINIC	COURSE
60	0	0	4

DMS 216 - Sonographic Principles & Instrumentation I

Sonographers apply principles of ultrasound in the operation of medical sonographic equipment to produce a sonogram. Knowledge of the interaction of ultrasound with tissue is important for image optimization, acquisition and interpretation of sonographic images, and critical to the accurate diagnosis of disease. Introduces concepts for the factors involved with diagnostic ultrasound principles and instruments. Emphasis will be placed on ultrasound physics, transducer construction, operation and characteristics, artifacts and adjustable physics parameters. Topics include: basic principles and wave analysis; propagation of acoustic waves through tissues; principles of pulse echo imaging; sonographic transducers and sound beams; hemodynamic and Doppler imaging; sonographic instrumentation; artifacts; quality assurance/quality control of sonographic instruments; bio effects and safety.

THEORY	LAB	CLINIC	COURSE
45	0	0	3

DMS 217 – Sonographic Principles & Instrumentation II

Continuation of Basic Ultrasound Physics. Includes interaction of ultrasound with tissues, mechanics of ultrasound, production and display, various transducer designs and construction, quality assurance, bio effects, and image artifacts. May introduce methods of Doppler flow analysis.

THEORY	LAB	CLINIC	COURSE
60	0	0	4

DMS 224 – Gynecologic & Obstetrical Sonography

This course introduces gynecology physiology, pathology, and pathophysiology along with normal and abnormal embryonic and fetal development during the first trimester using diagnostic medical sonography. Topics include: the role of the sonographer in obstetric imaging; antepartum obstetric sonography evaluation; Doppler imaging for the obstetric patients; significant laboratory values in early pregnancy; anatomy, physiology, pathology and pathophysiology of the female pelvis; gynecologic patient care and imaging techniques; clinical

assessment of obstetrical patient; normal first trimester; uterine and extrauterine assessment during the first trimester; first trimester complications; prudent use; and performance standards and documentation

THEORY	LAB	CLINIC	COURSE
60	0	0	4

DMS 229 - Clinical Preceptorship I

This course provides the sonography student with the opportunity to practice patient care skills and use beginning sonographic skills in a clinical environment. At course completion, the student should be able to provide basic patient care needs for the individual scheduled for a sonogram and create sonographic images pertinent to the current level of didactic training in general abdominal sonography. Competencies will be required.

THEORY	LAB	CLINIC	COURSE
0	0	240	5

DMS 230 – Clinical Preceptorship II

This course provides the student with the opportunity to develop additional sonographic skills in the clinical setting. The student will assist with and perform sonographic exams pertinent to the level of didactic training in general sonographic specialties. Competencies will be required.

THEORY	LAB	CLINIC	COURSE
0	0	360	9

DMS 231 - Clinical Preceptorship III

This course provides continuum in the development of sonographic skills in general specialties with the opportunity to develop additional sonographic skill in the vascular specialty. Students should be able to perform more general exams with less assistance. Vascular exams should be performed at the level pertinent to the didactic training.

THEORY	LAB	CLINIC	COURSE
0	0	360	9

DMS 232 – Clinical Preceptorship IV

This course will provide an in-depth practice of all general sonographic skills in the clinical setting with the opportunity to develop additional sonographic skills in the OB/GYN Specialty. Upon completion the student will perform general and specialty sonograms with little to no assistance from supervising sonographer. OB/GYN exams should be performed at the level pertinent to the didactic training.

THEORY	LAB	CLINIC	COURSE
0	0	360	9

DMS 233 – Sonography Lab I

This course is designed to allow students the opportunity to improve their application of knowledge gained in other courses. Content will vary depending on student needs as determined by the instructor. Content may include general contents.

THEORY	LAB	CLINIC	COURSE
0	135	0	4

DMS 234 - Sonography Lab II

This course is designed to allow students the opportunity to improve their application of knowledge gained in other courses. Content will vary depending on student needs as determined by the instructor. Content may include general contents.

THEORY	LAB	CLINIC	COURSE
0	90	0	3

DMS 235 - Sonography Lab III

This course is designed to allow students the opportunity to improve their application of knowledge gained in other courses. Content will vary depending on student needs as determined by the instructor. Content may include general and vascular contents.

THEORY	LAB	CLINIC	COURSE
0	90	0	3

DMS 236 - Sonography Lab IV

This course is designed to allow students the opportunity to improve their application of knowledge gained in other courses. Content will vary depending on student needs as determined by the instructor. Content may include general and OB/GYN contents.

THEORY	LAB	CLINIC	COURSE
0	60	0	2

DMS 240 – Sonography Principles & Instrumentation Seminar

This course provides a review for Sonography Principles and Instrumentation Exam. Topics include sonographic principles and instrumentation. Mock registries must be passed with a grade of 80% or better to complete this course.

THEORY	LAB	CLINIC	COURSE
60	0	0	4

DMS 241 – Abdominal Sonography Seminar

This course provides a review for the ARDMS registry exam. Topics include abdominal and superficial topics. Mock registries must be passed with a grade of 80% or better to complete the course.

THEORY	LAB	CLINIC	COURSE
86	0	0	5

DMS 245 – Sonography Case Presentation

This course allows students to share interesting sonographic cases obtained during clinical rotations. Students are required to present cases with sonographic images, reports, patient history and symptoms and correlating reports from other exams/tests performed. The cases become the property of the program for use as future reference material. By the end of the term, students will have developed proficiency and expertise in case presentation.

THEORY	LAB	CLINIC	COURSE
15	0	0	1

DMS 261 – Vascular Sonography Techniques

This course will familiarize the student with sonographic anatomy of the peripheral vascular structures of the human body. The student will learn techniques to perform spectral, color and angiographic Doppler of these vessels. Images will be correlated with other modalities. At course completion student will be able to perform vascular sonograms.

THEORY	LAB	CLINIC	COURSE
60	0	0	4

Curriculum for Sonography Courses

	DCH School of Sonography					
		_	•			
	ABDOMEN EXTENDED PATHWAY					
		2027 COHORT				
FULL TIME	PREFIX	COURSE DESCRIPTION	Contact Hours	Semester Hours	DAYS	TIME
SEMESTER 1 Orientation:	ORI	DCH School of Sonography Orientation	0	0		Same anline
December 28	DMS 233	Sonography Lab I	135	4	т w тн	07:00-10:00
Classes Start: January 12, 2026	DMS 216	Sonographic Principles & Instrumentation I	45	3	T W TH	10:15-11:15
Classes End:		Lunch Break	-	-	T W TH	11:15-1200
April 30, 2026	DMS 202	Foundations of Sonography	45	3	т w тн	12:00-1:00
Finals: April 26-28 Breaks:	DMS 208	Abdominal Sonography I	90	6	T W TH	1:15 - 3:15
March 16-22 May 4-8	DMS 229	Clinical Preceptorship I	240	5	MF	07:00-3:00
SEMESTER 2 Classes Start:	DMS 209	Sonography Lab II	90	3	т тн	07:00-10:00
May 11, 2026	DMS 217	Sonographic Principles & Instrumentation II	60	4	T TH	10:15-12:15
Classes End:		Lunch Break	-	-	T TH	12:15-1:00
Aug 27, 2026	DMS 209	Abdominal Sonography II	60	4	T TH	1:00-3:00
Firels: Aug 24-27 Breaks: June 29 – Jul 5 Aug 31 – Sept 4	DMS 230	Clinical Preceptorship II	360	9	MWF	07:00-3:00
SEMESTER 3	DMS 240	Physics Capstone	60	4	T TH	07:00-09:00
Classes Start:	DMS 224	OB/GYN Sonography	60	4	T TH	09:15-11:15
Sept 8, 2026		Lunch Break	-	-	T TH	11:15-12:00
Classes End: Dec 19, 2026	DMS 235	Sonography Lab III	90	3	т тн	12:00-3:00
Finels: Dec 14-19 Break: Dec 21-Jan 10	DMS 231	Clinical Preceptorship III	360	9	MWF	0 7 :00-3:00
SEMESTER 4	DMS 236	Sonography Lab IV	60	2	M F	07:00-09:00
Classes Start: Jan 11, 2027 Classes End:	DMS 260	Intro to Vascular Sonography	60	4	M F	09:15-11:15
April 29, 2027		Lunch Break	-	-	M F	11:15-12:00
Finals:	DMS 245	Case Presentations	15	1	М	12:00-1:00
April 26-29 Break:	DMS 241	Abdomen Capstone	86.25	5	M F	1:15-3:00 12:00-3:00
Mar 14-20 Graduation: April 29, 2027	DMS 232	Clinical Preceptorship IV	360	9	т w тн	07:00-3:00

Certification or registration in Applied Science (i.e., ARRT, Respiratory Therapy or RN); B.S. or Masters' degree with required pre-requisites or 18 semester hours of pre-requisites are required before entering into the professional phase of the DCH School of Sonography. Courses needed: English 101, College Algebra or higher, Human Anatomy & Physiology I & II and Intro to Physics. ** If the student has a radiographic physics, PHY 112 or other physics course taken within 7 years of admission, this may cover the physics requirement for entry into the program pending program director approval. Professional Phase of DCH School of Sonography is taught at DCH Health System.

Edelman Interactive Webinar

The Edelman webinar for ultrasound is a live, interactive webinar offered by ESP Ultrasound, which provides continuing education for ultrasound professionals. ESP Ultrasound was created in 1992 by Dr. Sidney Edelman to help professionals prepare for and enhance their ultrasound knowledge. In order to receive credit, students must remain logged in and active for the entirety of each day's webinar. Failure to do so may lead to zero credit. The credits received will lead to the student's ability to take the Sonographic Physics and Instrumentation (SPI) exam.

Sonographic Physics and Instrumentation: A 12-hour program designed for ultrasound professionals with little or no formal physics background. The course is intended to help students pass the ARDMS and CCI certification exams.

Abdominal Sonography: A 12-hour program that reviews over 800 ultrasound images of normal anatomy and pathology.

Professional Societies

Student membership in both of these societies is strongly recommended. These societies will enhance your professional future and represent radiologic professionals.

<u>SDMS</u> – Society of Diagnostic Medical Sonography is the national professional society. The dues are \$45 annually for students. Go to <u>www.sdms.org</u> for additional information. Dues include career resources, the *Journal of Diagnostic Medical Sonography*, virtual events, scholarship opportunities, etc. There is an annual conference held in September each year.

<u>AIUM</u> – The American Institute of Ultrasound in Medicine is The Association for Medical Ultrasound. It creates opportunities for passionate medical professionals to improve their knowledge and use of ultrasound in the diagnosis and treatment of patients. The dues are \$30 annually for students. Go to www.aium.org for additional information. Dues include the *Journal of Ultrasound in Medicine*, AIUM Online learning center, webinars and CMEs.

<u>Semester Schedule – with breaks and holidays</u>

Subject to change

1st Semester 2026	January 12, 2026 – April 30, 2026	
Spring Break Week	March 16-20, 2026	
Semester Break Week	May 4 – May 8, 2026	

2 nd Semester 2026 May 11, 2026 – August 28, 2026	
Memorial Day Holiday	May 25, 2026
Summer Break Week	June 29 – July 3, 2026
Semester Break Week	August 31 – September 4, 2026

3 rd Semester 2026 September 8, 2026 – December 19,	
Thanksgiving Break	November 26 – 27, 2026
Christmas Break Weeks	December 21, 2026 – January 8, 2027

4 th Semester 2027	January 11, 2027 – April 30, 2027	
Spring Break Week	March 15 – 19, 2027	
Tentative Pinning Ceremony	April 29, 2027	
Tentative Graduation	August 17, 2027	

Unsatisfactory Class and/or Clinical Performance

Students who violate class/clinical policies will receive an unsatisfactory class/clinical performance evaluation. An unsatisfactory class/clinical performance will equal one (1) absence. <u>Example:</u> Failure to call the clinical site, instructor, or other school official when a tardy or absence is eminent; leaving an assigned area without permission; or violation of uniform policies. Excessive class/clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.

Clinical Standards & Requirements



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Competency Categories and Procedures

Candidates for the ARDMS exam must demonstrate clinical competence through the performance of sonographic examinations of the abdomen and superficial structures, according to practice parameters established by national professional organizations and the protocol of the clinical affiliate. Students must complete all of the clinical competencies to be eligible for graduation. Clinical competencies must include evaluation and documentation of:

Mandatory General Competencies

(May be incorporated within core competencies)

- Identification of anatomical and relational structures
- Differentiation or normal from pathological/disease process
- Image optimization techniques in gray scale
- Image optimization techniques in Doppler (where applicable)
- Measurement techniques
- Use of Proper Ergonomics
- Safety and Infection Control
- Obtain Clinical History and Utilize Information Appropriately
- Oral and Written Communication
- Image Optimization Techniques
- ALARA
- Professionalism
- Document Sonographic Findings for Communication with Interpreting Physician
- Finalize Examination for Permanent Storage
- Process for Reporting Critical Findings

Mandatory Abdominal – Extended Competencies

- Complete Abdomen
- Limited Abdomen
 - Aorta/IVC
 - Biliary System
 - Liver
 - Pancreas
 - Spleen
 - Kidneys/Bladder
 - Pleural Space
 - Sonographic Guided Procedure (Thora, Para, Breast) Assisted
 - Gastrointestinal Tract (i.e., appendix) (Proficiency or Simulation)
 - Hepatic Artery (Proficiency or Simulation)

- Mesenteric Artery (Proficiency or Simulation)
- o Renal Artery (Proficiency or Simulation)
- Superficial Structures
 - o Thyroid
 - o Scrotum
- Complete Abdomen Recomp in last semester

Mandatory Abdominal – Extended Proficiency

- Complete Abdomen
- Aorta/IVC
- Biliary System
- Kidneys/Bladder
- Liver
- Pancreas
- Pleural Space
- Spleen
- Sonographic Guided Procedure
- Thyroid
- Neonatal Head
- Carotid
- Lower Extremity Arterial with ABI (Bilateral)
- Lower Extremity Venous (Bilateral)
- Upper Extremity Venous (Unilateral)
- Transabdominal Pelvis
- Transvaginal Pelvis
- 2nd Trimester Complete
- Oxygen
- Pulse Oximetry
- Stretcher to table
- Table to Wheelchair
- Vital Signs

Mandatory Vascular Competencies

- Lower Extremity Venous (Bilateral)
- Lower Extremity Arterial (Bilateral) with ABI
- Carotid
- Upper Extremity Venous (Unilateral)

Mandatory OB/GYN Competencies

- Transabdominal Pelvis
- Transvaginal Pelvis
- First Trimester Pregnancy Transvaginal
- 2nd or 3rd Trimester Complete
- Biophysical Profile

Competency Evaluation System

The goal of the program's clinical evaluation system is two-fold. One is to measure the student's capabilities in the clinical environment to adequately produce diagnostic images of various anatomical parts. The second is to measure behavioral characteristics (punctuality, professionalism, attitude, cooperation, quality of work, initiative, etc.).

As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered sonographer. The sonographer will observe and assist you and step in whenever the need arises. The sonographer should also be able to critique your examination and make suggestions for improvement.

When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or in-serviced Staff Sonographer to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved, it will be counted toward the requirement for that semester. If competency is not achieved, the procedure must be repeated until competency is achieved. All competencies may be re-evaluated by the Clinical Coordinator or DCH faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator, regardless of prior approval by the Clinical Instructor or the in-Serviced staff sonographers.

Once you pass the Competency Evaluation for a particular examination, you need additional practice to maintain and perfect your skills. You may now perform this examination with indirect supervision. A registered sonographer must be in an adjacent room or area, but not necessarily in the exam room. However, if a repeat examination should become necessary, for any reason, a registered sonographer or Clinical Instructor must be present to provide direct supervision for the repeat exam.

The student will demonstrate the BEGINNING ability to produce a **proficient** sonogram. Competency Scoring is based on the following Rubric:

- 1. **Emerging**. The student is in the initial stages of learning and understanding the fundamental concepts and skills required for the task. They require significant guidance and support to perform the task.
- 2. **Developing**. The student is beginning to develop the necessary skills and understanding. They can perform parts of the task independently but still need guidance and correction.
- 3. **Proficient**. The student is able to perform the task independently and meets the expected level of competency based on the current level of training. They demonstrate a solid understanding and application of the required skills.
- 4. **Exceeds Proficiency**. The student performs the task above the expected level, showing advanced skills and higher-level cognitive thinking. They demonstrate exceptional understanding of the concepts.

Competency Policy

All students must complete a minimum number of competency evaluations each semester to remain in the program as stated in the clinical syllabi.

All clinical competency evaluations must be completed by an approved educator. All clinical competency evaluations must be completed at an approved clinical education site during a scheduled clinical education assignment.

At no time may a student perform a competency evaluation while performing duties in employment status. Violation of this policy will lead to immediate dismissal from the program.

Students may not swap clinical education rotation assignments with another student unless approved by the clinical coordinator and/or the PD in advance.

Competency Progression Sequence

The responsibilities of a sonographer have grown in complexity with the development of more sophisticated procedures and equipment in the medical imaging sciences. It is essential that both the DCH School of Sonography and the student work together to provide the best educational experience possible. During the clinical experience, students must have the opportunity to perform all routine types of sonographic procedures. Only in this manner will the student be prepared for entry into the profession. Students' cognitive skills are evaluated directly in the classroom and indirectly throughout his/her educational experience. The affective learning domain is challenged during all phases of the education program. The students' psychomotor skills are evaluated in the laboratory and during their clinical assignments. In addition, the student's critical thinking and problem solving skills are developed throughout the program utilizing a variety of didactic, laboratory and clinical exercises. Only with a competency based evaluation system can we determine the proficiency level a student has achieved.

Clinical Competencies are not to be completed until appropriate education and training has been achieved. The sequence of events to accomplish competency requirements is as follows:

1. Academic Preparation

The didactic portion of the Program gives students the content knowledge to develop skills necessary to understand and perform in the clinical area.

2. Laboratory Preparation

This area allows students to practice what they have learned in the didactic area in an effort to further develop skills that will be utilized in the clinical area.

3. Academic Testing

After didactic and laboratory instruction, the student will be tested in the classroom to ensure comprehension of instruction.

4. Laboratory Testing

After didactic evaluation, the student will simulate a sonographic procedure of certain exam(s) in the presence of program faculty to ensure application and comprehension.

5. Competency Attainment

Students will gain skills through observing and participating in exams with sonographers in the clinical area. The student will ask the CI or sonographers to perform a competency, which upon completion will be documented on the clinical competency form. If the competency is achieved, it will be counted toward clinical requirements. If it is not achieved, the student will perform another exam until the competency is achieved.

6. Competency Image Analysis

Competencies may be re-evaluated by the student's faculty advisor. If it is the faculty advisor's opinion the competency should be re-attempted, the student will not be given credit for the comp, but it will be kept in their file for later review.

7. Competency Continuance

Once a student passes the competency, the student will continue practicing and performing examinations in the clinical area.

If a student scores below proficient (3) for any one of the categories during clinic, they will be required to perform remedial testing of the failed examination by the next class day. If the student scores proficient (3) in all categories during the remedial testing, the student will be eligible to reattempt competency.

Didactic and Clinical Curriculum Correlation

Typical program schedule and prerequisites in clinical education assignments and correlation of clinical and didactic components.

Clinical Phase I	Prerequisites	Category	Academic Semester
Clinical Education PRCT 1	Admission to program	Abdomen	Spring 1 st semester
Clinical Education PRCT II	Successful completion of DMS 229	Abdomen, Superficial, Procedures	Summer 2 nd semester
Clinical Education PRCT III	Successful completion of DMS 230	Vascular	Fall 3 rd semester
Clinical Education PRCT IV	Successful completion of DMS 231	Contrast studies of the CNS & other modality rotations	Spring 4 th semester

Education Assignments

The clinical coordinator will oversee the following activities:

- 1. Daily assignment schedule, attendance, time off and clinical evaluation for each student.
- 2. Assignment of the student to a room / sonographer in the clinical education setting.
- 3. Changes in the clinical schedule, room or sonographer assignment may be done for the benefit of the student's clinical education. The clinical coordinator must approve this.
- 4. Room and area assignments may include the following:
 - a. Sonography Patient Transportation
 - b. Routine Sonography
 - c. DCH Outpatient Imaging
 - d. DCH Sonography (RMC)
 - e. DCH Northport Sonography (NMC)
 - f. The Radiology Clinic

Education Eligibility

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must meet the following criteria by the end of the first semester of the program.

1. Complete the competency orientation program for new students.

- 2. Successfully complete the classes on body mechanics and basic patient care.
- 3. Be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.

Education Performance Objectives

In order for the student to perform clinically at an acceptable degree of proficiency, s/he must be able to perform each of the following items.

I. Patient Management

A. Physical Facilities Readiness:

The student will:

- 1. Know the location of linen, bedpans, emesis basins, and emergency drugs (crash carts) in order to secure them when needed.
- 2. Maintain a clean and organized ultrasound room by:
 - A. folding and replacing linen supplies
 - B. cleaning the stretchers as needed
 - C. dusting room and equipment at appropriate intervals
 - D. checking daily:
 - positioning aids (sponges, restraints, etc.)
 - Presence of proper size and type of needles and syringes
- 3. Prepare the ultrasound room for the procedure before the patient enters the room.
- 4. Assemble the necessary equipment required to perform the sonographic exam.
- 5. Check Trophon.

B. Evaluation of the Requisition:

The student will:

- 1. Correctly identify the patient using two patient identifiers.
- 2. Determine the patient's mode of transportation.

- 3. Follow instructions as outlined by the ultrasound requisition.
- 4. Based on the requisition, the patient's chart or verbal communication, determine the:
 - A. patient's name (observe all HIPPA policies)
 - B. appropriate ultrasound procedure
 - C. special considerations if indicated
 - D. possible contraindications
 - E. information affecting how the patient is to be handled or technical factors to be used
 - F. equipment to be used
 - G. completeness of information
 - H. prior preparation of patient as needed
 - I. pregnancy status of patient if appropriate
- 5. Discuss with a supervisor; incomplete, confusing or unclear requisitions or patient information.
- 6. Consider the need for alternate positioning to accomplish the examination and offer the least discomfort to the patient.
- 7. Determine the patient positions and scans of the area of interest in relation to the patient's condition.
- 8. Correctly identify the part or side of the patient.
- 9. Record the ultrasound exam including any pertinent comments about the exam or the patient's condition.
- 10. Record any equipment problems in the proper logbook.

C. Patient Care:

The student will:

- 1. Respect each patient's privacy and concerns.
- 2. Treat each patient with dignity and respect.

- 3. Correctly identify the patient using two patient identifiers for whom the radiographic procedure is requested.
- 4. Transport the patient to and from Sonography without injury to the patient or yourself.
- 5. Explain the exam to the patient or a family member.
- 6. Inform the patient of what will happen during the procedure.
- 7. Reassure the patient and answer any questions.
- 8. Draw implications from the patient information to allow the exam to be conducted as efficiently as possible.
- 9. Alert the radiologist to possible contraindications to the requested exam such as:
 - o recent duplication of the exam
 - effectiveness of patient preparation for the examination
 - signs of distress, adverse or emergency reactions
- 10. Transport the patient on a stretcher or wheelchair into the sonography room; position the vehicle next to the examination table.
- 11. Assist the patient safely from the transportation vehicle to the table.
- 12. Use care in moving patients to avoid harming, causing pain or needless discomfort.
- 13. Allow the patient to be as comfortable as possible.
- 14. Manipulate oxygen supply, catheters or chest tubes with care to avoid disruption of proper function.
- 15. Apply immobilization devices to prevent patient movement but not interfere with respiration and circulation.
- 16. Give appropriate instructions to the patient per part/scan performed.
- 17. Observe the patient throughout the procedure and be alert to any signs of pain, emergency, adverse reactions to the procedure or contrast materials. **Never leave babies or small infants alone AT ANY TIME.**
- 19. Observe if the patient is having an adverse reaction and if so, react appropriately.
- 21. Assist the patient safely from the exam stretcher to the transportation vehicle.

- 22. Assist as much as possible with patients who must wait for long periods of time (talk with them, check their needs, etc.).
- 23. Practice AIDET (Acknowledge, Inform, Duration, Explain, and Thank You) skills.

II. <u>Equipment Manipulation and Technical Adjustments</u>

The student will:

- 1. Prepare the exam room before the patient enters, this should include knowledge of the appropriate images that will be taken per facility protocol.
- 2. Make sure any repeats required are for medical diagnosis and completed by a registered sonographer.
- 3. If the procedure is a portable examination:
 - A. safely transport the portable unit from the Sonography department to the patient's bedside or operating room
 - B. position the portable unit accurately for the requested procedure
 - C. record the examination in the appropriate log

III. <u>Image Evaluation:</u>

A. General

The student will:

- 1. Perform a review of images for technical and diagnostic quality.
- 2. Properly use all equipment required to accomplish the review.
- 3. Demonstrate the proper steps in reviewing the images produced:
 - A. relate the orders for the procedures to scans of the area of interest and the patient's condition
 - B. consider the need for change from the standard positions to accomplish

- the examination and offer the least amount of discomfort to the patient
- C. provide a technical quality review of the images produced
- 4. Assess for each image / procedure whether:
 - A. correct patient view and full area of interest is demonstrated
 - B. artifacts, blurring, or distortion of the image is present
 - C. adequate detail and definition are present in the image
 - D. adequate image quality
 - E. the anatomy and area of interest are demonstrated satisfactorily for diagnostic purposes, based on the requested exam and review of the radiographs
 - F. problems were caused by the sonographer's performance or if malfunctioning equipment is responsible
 - G. anatomical structures needed are shown in the image and their relationships are demonstrated appropriately
 - H. standards for diagnostic quality have been met
 - I. any views have been omitted
- 5. When reviewing the images for technical quality:
 - A. consider what the sonographer should do to improve the quality of the ultrasound
 - B. decide if repeats or additional views would be helpful based on the patient's condition and/or history
 - C. what alternative patient or positioning may be used to obtain views for which routine positioning is not possible

IV. Professionalism:

The student should exhibit the following traits and characteristics. Those that are most often expected from the sonographers include:

Compassion	Cooperation	Interest
Motivation	Dependability	Poise
Self-discipline	Loyalty	Promptness

These traits and characteristics have certain responses that can indicate their presence in the student sonographer. The identification and development of these traits is/are part of the clinical education component.

COMPASSION

To demonstrate this trait, the student will:

- 1. Assist patients, allowing them as much comfort as possible.
- 2. Take care not to move the patient in any way that might be harmful, painful or needlessly uncomfortable.
- 3. Not leave those patients who might fall, alone on the stretcher.
- 4. Assist patients who wait for long periods of time in the Sonography department (talking with them, checking on their needs, etc.).

INTEREST and PREPARATION

To demonstrate this trait, the student will:

- 1. Be able to perform the procedures ordered.
- 2. Possess and use items required to perform the procedures, pen/pencil, request, etc.
- 3. Have the motivation to learn and alternative methods to perform the procedures.

COOPERATION

To demonstrate this trait, the student will:

- 1. Respect patients and personnel's privacy and dignity.
- 2. Establish good rapport with other members of the health care team.
- 3. Accept guidance, suggestions, and constructive criticism without overt resentment.
- 4. Exhibit pleasant and helpful behavior with patients and personnel.
- 5. Follow the rules and regulations of the Sonography department and the medical facility.

MOTIVATION

To demonstrate this trait, the student will:

- 1. Perform requested procedures without being asked or told to do so.
- 2. Practice skills previously learned to become proficient in them.
- 3. Ask for assistance in attempting new or complex procedures.
- 4. Perform any tasks that are necessary for the efficient function of the Sonography department.

DEPENDABILITY

To demonstrate this trait, the student will:

- 1. Be prompt in:
 - A. arriving at the clinical site early enough to prepare your assigned area.
 - B. approaching sonography assignments with energy and enthusiasm.

- returning from breaks and meals at the designated times.
- D. proceeding with assignments given and completing them within a reasonable amount of time.
- 2. Perform your tasks as assigned by the clinical site or at the direction of the clinical instructor and/or clinical staff.
- 3. Recognize and acknowledge limitations of knowledge and experience.
- 4. Be honest and truthful.
- 5. Show flexibility in schedules and breaks.

POISE and SELF-DISCIPLINE

To demonstrate this trait, the student will:

- 1. Be pleasant to others even in adverse conditions.
- Maintain composure in all situations. Never confront clinical staff, especially in public. This may be grounds for dismissal from the program. Disagreement and misunderstandings should be brought to the clinical coordinator or PD.
- 3. Exhibit adaptability in new or unusual situations.
- 4. Follow the rules of the clinical site and medical facility.
- 5. Exercise self-discipline in performing all aspects of your duties.
- 6. Keep your mind on your responsibilities and follow them through until the job is completed.
- 7. Accept criticism positively and benefit as a result.

MATURITY and JUDGMENT

To demonstrate this trait, the student will:

- 1. Treat patients and others with respect and kindness.
- 2. Be discreet when discussing patients. Do it where family and friends will not overhear.
- 3. Show the ability to be a responsible sonographer that others can depend on.

APPEARANCE

To demonstrate this trait, the student will:

- 1. Present a professional appearance at all times.
- 2. Follow the guidelines of the program and department dress code.
- 3. Practice good personal hygiene.
- 4. Refrain from eating in patient care areas. **Do this in designated areas only!!**

Education Plan

- 1. Clinical assignments will be conducted at DCH Health System and other clinical affiliates of the program.
- 2. Clinical education will be concurrent with academic classes.
- 3. Clinical assignments will vary from semester to semester. A schedule listing assigned hours and areas will be posted before the end of the previous semester. Clinical assignments may be scheduled on all shifts. The Clinical Coordinator will schedule shift assignments.
- 4. Total clinical and classroom hours will not exceed forty hours per week. Assignments on any given day or shift will not exceed eight hours.
- 5. A change in the daily or shift assignment schedule must be approved by the Clinical Coordinator.
- 6. Students will have all DCH holidays off and other such time off as determined by the program.

7. Students will be assigned various clinical hours in order to supply students with clinical experiences to prepare them to competently perform duties of the entry-level sonographer.

Education Policy

- 1. The academic day consists of eight hours each assigned day with classroom, lab and clinical hours included.
- Students <u>will be assigned</u> a lunch period, which they are <u>required to take</u>. The length of the lunch break will follow the policies of the Sonography department or assigned clinical education site (usually 30 minutes).
- 3. Each student will arrive for clinic/school at their assigned time each day. Students will use Trajecsys as explained by their instructor. Time and attendance records are maintained in the program office. **Absences will not be tolerated** and excessive tardiness will result in disciplinary action as outlined in the Attendance Policy. **Three tardies constitutes one (1) absence.** A student is considered tardy upon arriving after the beginning of an assignment. Students who arrive early but are found not reporting to their assigned areas on time will receive a tardy.
- 4. When it is impossible for the student to fulfill assignment obligations, it is the student's responsibility to notify the PD or other school official prior to the beginning of the assignment. If the student is unavoidably late, the PD or clinical instructor should be notified as soon as possible. In the event the PD or CC is unavailable, leave a voice message on their office line.
- 5. Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program. If a clinic asks that a student not be reassigned to that clinic, the student will be counseled and put on probation.
- 6. Students who violate clinical policies will receive an unsatisfactorily clinical performance evaluation. An unsatisfactorily clinical performance equals one (1) unexcused absence. Examples: failure to call the clinical site or instructor when a tardy or absence is eminent; tardiness; leaving an assigned area without permission; or violation of dress code. Excessive clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.

7. Students who report to school/clinic without their ID badge will receive a written warning for the first occurrence. Subsequent occurrences will count as an absence and the student will be subject to disciplinary action according to the policies outlined in this handbook.

Education Rules and Regulations

- 1. Students are subject to the rules and regulations of the DCH School of Sonography, Imaging departments, clinical affiliates, and the sponsor. All students are required to read the policy manual of the DCH School of Sonography and the policy and procedure manual of the clinical site and become familiar with those rules and regulations.
- 2. If a student is determined to be in violation of the rules and/or regulations, the PD and/or clinical coordinator will council the student about the violation.
- 3. If the student continues to violate the rules and regulations, disciplinary action will be taken as outlined in the policy manual.
- 4. All students must notify the clinical instructor/supervisor before leaving at the end of each clinical assignment.
- 5. ALL students are required to clock in and out in Trajecsys for every clinical rotation assignment and classroom attendance.
- Students are not allowed to leave scheduled clinical assignments early except under extenuating circumstances. All students must notify the clinical instructor/supervisor before leaving.
- 7. Students who engage in any type of employment related to the career field must notify the PD.
- 8. Employment <u>will not</u> be substituted for clinical education. Students may not perform clinical competency evaluations while in employment status at any facility at any time.
- 9. At no time will students be substituted for paid staff during any assigned clinical rotation.
- 10. Clinical competencies may not be done on individuals other than patients. A patient is defined as an individual who requires a radiographic procedure that has been ordered by a physician.

Example of Grading an Examination

When grading with the clinical competency evaluation form, the evaluator observes the student's performance in the ultrasound room, reviews each scan.

The student will demonstrate the BEGINNING ability to produce a proficient sonogram. Competency Scoring is based on the following Rubric:

- 1. **Emerging.** The student is in the initial stages of learning and understanding the fundamental concepts and skills required for the task. They require significant guidance and support to perform the task.
- 2. **Developing.** The student is beginning to develop the necessary skills and understanding. They can perform parts of the task independently but still need guidance and correction.
- 3. **Proficient**. The student is able to perform the task independently and meets the expected level of competency based on the current level of training. They demonstrate a solid understanding and application of the required skills.
- 4. **Exceeds Proficiency.** The student performs the task above the expected level, showing advanced skills and higher-level cognitive thinking. They demonstrate exceptional understanding of the concepts.

Should the student fail the entire competency evaluation, s/he must re-test on that procedure. Failed competency exams must be re-tested and passed before being eligible for graduation. Each student is expected to complete a minimum number of competency examinations per semester. Failure to do so will result in a deduction of 5 points per competencies from the semester average. The **MINIMUM number of competencies** to be performed during each semester is listed under each clinical syllabus. All competency exams must be completed before graduation.

Once the minimum number of competencies required for each semester has been completed, the student may choose to perform further competency examinations on procedures the student has successfully completed in the laboratory. Students are expected to continue to perform procedures on previously completed competencies throughout his/her tenure in the program.

Extension Policy

In the event a student does not achieve the required competencies for the semester, the student will receive a non-progressive grade and will be dismissed from the Program. In the event it appears the student will not achieve the minimum required competencies the student may ask for a clinical extension in an effort to achieve the necessary competencies to progress.

The extension *request* must be initiated by the student with the Clinical Coordinator seven (7) days before the end of the semester, and is only applicable for one clinical course for the length of the Program, and is not applicable to any other sonography course.

Approval of the Clinical Extension is based on:

- 1. If previous clinical education course competencies were successfully completed.
- 2. Proficiency level and initiative as documented on the Clinical Performance Rotations Evaluation for the semester.
- 3. Consultation with Clinical Faculty.
- 4. Student engagement throughout semester with Clinical Coordinator to assess competency progression.

The request for an extension will be reviewed by the faculty of the program and the clinical faculty. The decision will be given to the student on the last day of the semester if not before. All requests for extension will be considered on an individual basis. The maximum extension allowed is restricted to the time allotted for semester break. All competencies required to progress must be achieved before returning to clinic for the upcoming semester. Extension time will not be "banked" or allowed to be taken off at another time.

Students will receive a grade of "Incomplete" until course competency requirements are met. If requirements are not met during the clinical extension a failing, non-progressive grade will be assigned.

General Patient Care Requirements

The clinical competency requirements include the seven general patient care activities listed below. The student must satisfactorily demonstrate competence in all seven patient care activities.

- 1. CPR
- 2. Vital signs Blood pressure, temperature, pulse, respiration, pulse oximetry
- 3. O² administration
- 4. Sterile / Medical Aseptic Technique
- 5. Transfer of patient
- 6. Care of patient medical equipment (e.g. oxygen tank, IV tubing, etc.)

General Plan for Competency Based Clinical Education

The clinical coordinator has primary responsibility for clinical education assignments, supervision and evaluation. Each clinical education center has a designated clinical instructor responsible for the supervision, instruction, counseling and evaluation of assigned students. The clinical instructor or a qualified staff sonographer, RDMS, will supervise the students in the clinical education centers at all times. Supervision of students may be direct or indirect. The type of supervision is determined by the progress if the assigned student. Direct and indirect supervision are defined as follows:

<u>Direct Supervision</u> – the supervising sonographer is present in the exam room when the student is performing an examination. The supervising sonographer is responsible for assisting the student and assuring proper procedures are followed.

<u>Indirect Supervision</u> — the student performs examinations without the presence of a sonographer in the exam room. This type of supervision requires that a qualified sonographer be **immediately available** to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision.

<u>Portable sonography</u> will be performed under <u>direct supervision</u> at all times. Students are not allowed to perform portables without a qualified sonographer to supervise.

All "repeat" exams will be performed in the presence of a qualified RDMS regardless of the student's level of competency. Failure to do so could result in immediate dismissal from the program.

- In the event of any policy infractions; sonographers and students have the opportunity to call, send a personal or Outlook email to inform faculty or to document noncompliance.
- In the event a student believes they need more supervision than is being offered, or a sonographer is in non-compliance, the student may call, send a personal or Outlook email to inform faculty or document non-compliance.
- In the event of any type of immediate infraction, a student may immediately report to the Imaging Director's office and/or notify faculty who will immediately be present to ensure proper supervision and instruction.

The program's school agent, who is located in the Imaging Director's office, also has access to faculty via phone, cell, and e-mail and is aware of faculty schedules.

General Rules and Guidelines

- 1. Students are subject to all rules and regulations of the Medical Center, both institutional and departmental.
- 2. Students will not inject contrast media or medication until trained and never without the supervision of an RDMS, RN or a Physician.
- 3. Each student must practice good personal hygiene.

- 4. It is the patient's right to be treated with dignity and care by a clean individual.
- 5. Students should devote their attention to the patient and refrain from discussing personal matters while in the presence of the patient; whether that be before, during or after an exam or while transporting a patient.
- 6. Students should keep rooms clean and fully supplied with clean linen, emesis basins, needles, syringes, etc.
- 7. Students should clean tables after each patient and disinfect contaminated equipment.
- 8. Students are expected to show courtesy and respect to everyone, i.e. patients, visitors, co-workers, your classmates, physicians, etc.
- 9. Physicians are to be shown respect by referring to them as "Doctor" while in the hospital.
- 10. A student may be asked to transport patients, or perform other tasks that are pertinent to examinations of patients and patient care.
- 11. A student who disobeys direct and specific orders related to sonography services to a patient may be dismissed from the program.
- 12. The time allotted for meals during clinical or academic assignments is thirty (30) minutes. Eating and drinking are only allowed in designated areas. All DCH campuses are tobacco free and this includes smokeless tobacco (dips), e-cigs, vapes, JUUL, etc.
- 13. Students should discourage visitors to the Sonography Department during clinical education assignments. A student should not visit the department while off duty.
- 14. Reading newspapers, books, magazines, playing on phone, iPad, computer, etc. is not permitted in the clinical area while a patient is in the department awaiting an examination.
- 15. The student may study in the department provided there are no patients who require their services. Studying is not permissible at times when a student should be administering patient care. Studying may be defined as reading textbooks or practicing procedures with each other.
- 16. Horseplay is not permitted!! Horseplay is a serious matter that may result in injury to yourself or others or lead to destruction of equipment or supplies.

- 17. Loud noises in patient care areas should be avoided. These include laughing, singing, whistling, loud talking, arguing, foul language, etc.
- 18. Clinical swapping for weekend assignments has to be approved by the PD or Clinical Coordinator. This should be done within the students' own class.
- 19. A student cannot achieve competencies while working for pay.
- 20. Any doctor, dental or personal appointment should be made on scheduled days off, before or after the assigned shift.
- 21. Departmental telephones are business telephones and personal phone calls are discouraged. Cell phone use should be limited to break times and should not be used while walking the hallways or while transporting patients.
- 22. Students are required to supply the PD with a telephone number where they can be reached.

Graduation Requirements

To be eligible for graduation from this program, the student must meet the following criteria:

- All financial obligations must be met.
- All hospital education obligations (CBTs) must be met.
- Successful completion of all didactic courses 82 credit hours (program hours only).
- Successful completion of all clinical assignments 1,152 hours.
- Successful completion of all required clinical competency procedures.
- Successful completion of all course exit/Capstone examinations.
- Participation in annual SDMS student activities.
- Attendance at the graduation ceremonies.
- Through didactic education and clinical practice, the student will demonstrate the competencies and characteristics listed below.

Didactic Course Completion Requirements

Students must earn a grade of **75% or higher** in all didactic courses to successfully complete the program. Each course syllabi contains competencies and objectives as outlined by the Society of Diagnostic Medical Sonography (SDMS), and American Registry for Diagnostic Medical Sonography (ARDMS). Syllabi are located in each course in Canvas and are available to students at all times.

Capstone Graduation Requirement

- Students are required to participate in the capstone examinations and course review in order to fulfill the requirements for DMS 240 and DMS 241.
- 2. In order to successfully complete these courses and meet the graduation requirement, each student **must score an 80 or higher** on a faculty assigned capstone final exam.
- 3. The capstone course and evaluation are aligned with the ARDMS content specifications.

Sonography Principles & Instrumentation

Section 1: Perform Ultrasound examinations
Section 2: Manage Ultrasound Transducers
Section 3: Optimize Sonographic Images

Section 4: Apply Doppler Concepts

Section 5: Provide Clinical Safety & Quality Assurance

Abdomen Sonography Examination

Section 1: Anatomy, Perfusion and Function

Section 2: Pathology, Vascular Abnormalities, Trauma, &

Postoperative Anatomy

Section 3: Abdominal Physics

Section 4: Clinical Care, Practice, and Quality Assurance

Students who fail to successfully pass (80 or higher) on final capstone exam during DMS 240 and DMS 241 will be considered as not having met all the program graduation requirements. Students have until the day prior to the scheduled day of graduation to meet this requirement in order to graduate with their class. Students who do not meet the requirement prior to the day of graduation, will have until the end of the final semester of the program to successfully meet the requirement but will be ineligible to graduate with their class. In any event, those students who do not meet the requirement by the end of the final semester of the program will have their graduation date adjusted to reflect the date the requirement is satisfied.

Competencies Necessary for Graduation

Each academic course and clinical assignment of this program is designed to provide the student with the necessary skills to meet the requirements of working in diagnostic Sonography at the entry level. Each course syllabi contains competencies and objectives

as outlined by the Society of Diagnostic Medical Sonography (SDMS), and American Registry for Diagnostic Medical Sonography (ARDMS). Syllabi are located in each course in Canvas and are available to students at all times.

Learning Outcomes for the Student Sonographer

As a student sonographer, in an effort to become an entry-level sonographer and health care professional, it is your responsibility to:

- 1. Maintain and protect confidentiality of patient information (HIPAA) at all times and honor confidentiality of others when appropriate. Respect patient, department, and facility confidentiality in all areas.
- 2. Display interpersonal behavior and appearance, to demonstrate respect for self, the Program, and the profession.
- 3. Treat all patients and staff the same regardless of race, religion and ethnic background or socioeconomic level. Recognize and respect others value differences.
- 4. Acquire competency and proficiency in ultrasound procedures. Take initiative and be proactive in seeking out exams and experiences for your level of competence with the support of your supervising sonographer(s).
- 5. Be knowledgeable, responsible, accountable and involved (promote and demonstrate teamwork). Demonstrate initiative and a willingness to work as part of the Medical Imaging team.
- 6. Anticipate the needs of others and respond promptly and appropriately. Display positive, caring behavior toward everyone.
- 7. Seek help from your sonographer(s) to assist you in achieving your learning outcomes and satisfactorily complete your clinical assignments. Be open to suggestions & constructive criticism.
- 8. Reflect on your progress to increase self-awareness, confidence and competence.
- 9. Complete objectives for each clinical education course, which can be found in the course syllabi distributed at the beginning of each semester.

- 10. Develop and practice safe habits associated with equipment and accessories in accordance with accepted equipment use.
- 11. Acquire professional values and develop appreciation for life-long learning so that you may function in the future as a knowledgeable sonographer.

Malpractice Insurance

Each student is covered with personal liability insurance at all clinical education facilities while enrolled in the program. Liability insurance is provided by DCH at no cost to the student.

Objectives for Non-traditional Hours

Students may be scheduled to perform clinical rotations on all shifts. The intent is to provide additional clinical education opportunities in performing trauma ultrasound during real-world work situations. It is not an attempt to supplement staffing needs or shortages. Students must use Trajecsys to sign in and out during these rotations. Failure to sign in or out will result in not receiving credit for the rotation. These are mandatory clinical education rotations and must be completed prior to being eligible for graduation. Only a physician's excuse will be accepted for an absence or call-in. All absences must be made up within one week of the scheduled assignment.

Students are expected to report to the assigned clinical education site at the assigned time and remain until the assigned release time. Assigned times for the above shifts may not be changed by anyone other than the program director or the clinical coordinator. Violations of this policy will result in disciplinary action as outlined in this handbook. Changes to this policy must be approved by the Program Director.

Objectives

Upon completion of clinical assignments, the student will be able to:

- 1. Experience a higher volume and frequency of critical, emergent-needs patients requiring technical problem solving and critical thinking skills.
- 2. Demonstrate routine and non-routine ultrasound procedure.
- 3. Use problem solving and critical thinking skills in the performance of routine and non-routine procedures related to sonography.
- 4. Complete mandatory and elective clinical education competencies related to routine and non-routine ultrasound procedures for sonography.
- 5. Demonstrate the ability to work and communicate with other health care professionals in the treatment of patients.

- 6. Demonstrate the ability to perform under abnormal stress and high intensity situations.
- 7. Under the supervision of a qualified sonographer RDMS, demonstrate independent decision-making related to the performance of sonography procedures.

Weekend 3 - 11 shift is usually when the best clinical experiences are available for the student. The goals for this rotation are:

- 1. To practice good patient care.
- 2. To become aware of the emotions involved in severe cases.
- 3. To gain an understanding of the death and dying situation.
- 4. To become acquainted with a different type of ultrasound practice, a different type of work atmosphere from the 'normal' shift.
- 5. To learn how to prioritize the work schedule.
- 6. To be able to see a sonographer's role change from 7 3 shift.
- 7. To practice modification of exams.

The 11 - 7 shift will give the student experience in a rotation very different than any other. On this shift the staff consists one Sonographer. They work out of the Radiology Department and must cover both Regional and Northport for any exams that are needed on this shift. Students may use this shift for make-up time. This experience gives the student enough exposure for them to determine if this is the shift they would like to work after graduation. The goals for this rotation are:

- 1. To determine the role a sonographer has on this shift.
- 2. To learn the importance of speed.
- 3. To learn the importance of teamwork.

Portable Sonography

Students will be assigned to perform mobile sonography procedures (portables). Portable procedures **WILL ALWAYS** be performed under the <u>direct supervision of a qualified sonographer.</u> When performing these procedures, the student must:

- 1. Utilize rules of body mechanics.
- 2. Choose factors appropriate for the examination and patient measurement.
- 3. Follow proper safety rules to prevent electrical hazards.
- 4. Follow established procedures to prevent the spread of infection and disease.
- 5. Operate all equipment efficiently and safely.
- 6. Return all mobile equipment to its proper storage site and ensure proper recharging.

Simulations of Competencies

In the event certain exams or competencies are not comped or completed, you may be allowed to simulate. Students will be allowed to simulate once the CC has set a range of dates for simulations to begin. It is the student's responsibility to arrange a simulation appointment with the CC. Students are allowed to simulate exams, as deemed necessary by the CC.

When performing the positioning portion of the procedure, the student is responsible for following the same procedure for the simulation as is required on an actual patient or during a lab practical. This means another student will be positioned as would the actual patient. Simulations *may* be performed on the phantom. Simulations can only be performed under the direct supervision of a faculty member. Simulations are evaluated using the same criteria for regular competencies. The simulation may be repeated until the grading instructor deems the student competent. This may necessitate rescheduling of the simulation. The instructor may choose to reschedule to allow the student more study/practice before the next attempt. Simulations will be timed and must be completed in the allotted time. Failure to appear and perform the simulation will result in a deduction of 10 points from the overall clinical grade for the particular semester.

Standard Terminology

Sonography Position

Refers to a specific body position, such as supine, prone, recumbent, erect or Trendelenburg. Restricted to the discussion of the *patient's physical position*.

- Positioning Terminology
 - A. Lying Down
 - a. Supine lying on the back
 - b. Prone lying face downward
 - c. Decubitus lying down
 - d. Recumbent lying down in any position
 - B. Erect or Upright
 - a. Anterior position facing the image receptor
 - b. Posterior position facing the radiographic tube

Trauma

Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patients' condition.

Trajecsys

Trajecsys Report System[™] is a record tracking system. This system permits the Program to monitor, collect and store data regarding student performance in the academic and clinical setting.

There are a few basic activities that students will perform in Trajecsys using the following menu items:

- Clock in/Out Students will clock in each day at their clinical site and clock out at the
 end of their shift. NOTE: This also may be done on the student's smartphone ONLY
 WITH INSTRUCTOR APPROVAL. Use of smartphone without approval to clock in/out
 will result in documentation of a tardy. Use phone browser to go to Trajecsys.com, log
 in, then select Clock in/Out menu item. Phone screen will ask to share location with
 Trajecsys; click OK. Scroll down and select clinical site from dropdown; then click the
 clock in button toward the bottom of the screen.
- 2. **Time Exception** Students will file a time exception if they did not clock in or out for some reason; typically, students use the clock in/out menu item. However, if they forget, they must file a time exception for each missing clock record. If a student forgot to clock in AND out on the same day, the student must file two time exceptions one for each missing clock record. If filing a time exception on a day that the student was absent, only one-time exception is needed if "Absent" is selected as the reason.
- 3. **Daily Log sheets** Students will complete the items on the daily log sheets page; select the date, clinical site, supervising employee (if not in list, click New and add full first and last names, then click Add). Click Add Log sheet to select major study, procedure and other requested items. If Key Field is listed, ask program leader what to use for the key field.
 - STUDENT PARTICIPATION LEVELS
 - o **Observed**. The student had no hands-on scanning time with this patient. Assisting with patient care does not count toward student scan time.
 - Limited Scanning Practice. There was limited time for the student to scan, either prior to, or just after the sonographer performed the exam.
 - o **Scanned with Moderate Assistance**. The student was able to perform the exam but needed moderate hands-on assistance from the sonographer.
 - Scanned with Minimal Assistance. The student was able to perform the exam with very little hands-on assistance from the sonographer.
 - Scanned Independently. The student was able to perform the exam independently with the sonographer only providing suggestions during the procedure.
- 4. **Reports** Students may access their time summary; skill summary (compilation of all log sheet entries and linked comp exam results; click comp date hyperlink to view item-by-

item results); and evaluation results other than comps (use either the Evaluation Summaries or Completed Evaluations/Forms for evaluation results – same info in different formats). When a school uses comp types, students may review specific comp exam results in their Skill Summary by scrolling over the green Comp Types button in the light gray bar at the top. They will uncheck the comp results they don't wish to view, then click the Apply button at the right in the top gray bar. The results for the comp type they selected will be shown in the Comps column. If you don't see a comp type button, your program is not using comp types.

5. **Evaluations** – This menu item is used for evaluations that students will complete. (Note: not all programs will have this menu item.)

There is a User Guide linked on the left menu for more information. Also, if you have trouble logging into Trajecsys or are required to change your password each time, that usually means you are trying to log in with an incorrect user name. Please click "forgot" on the log-in page and enter your e-mail address and an email will be sent to you with your user name and password.

Use of the Clinical Competency Evaluation Form

Each semester, the student will be graded on a minimum number of designated examinations completed unassisted. For all examinations required for clinical competency, the student will have been tested and practiced the examination in the laboratory during a previous semester or during the concurrent semester.

In the clinical setting, a student who wishes to perform a competency exam **must** have passed the laboratory session (proficiency) on the procedure.

If the student meets the criteria above, then s/he will initiate a competency evaluation. The student shall perform the procedure, process the images and have each scan evaluated using the clinical competency evaluation form. The evaluator must review the images with the student present and appropriately complete the clinical competency evaluation form.

An example of the clinical competency evaluation form can be found in the Clinical Management System (CMS). During a competency procedure, the student will be evaluated on categories as related to the organ of interest or competency being evaluated. Each category contains several tasks with an *Exceeds Proficiency, Proficient, Developing, Emerging or N/A or Not Attempted* box preceding it.

Note: Incorrectly identifying the side or part being scanned or the lack of proper patient identification when performing a competency examination will result in a failed exam. This can easily be avoided by paying close attention to your work and performing a two patient identifier check. An ultrasound that is not properly marked or does not correctly identify the patient is not a legal ultrasound and can lead to legal problems for both the student and the medical facility.

The clinical competency evaluation form is very important and when used properly can give a measure of a student's ability to adequately produce diagnostic ultrasounds of a specific anatomical part. Utilizing the form, one can quickly identify a student's problem area(s). At the end of any given period, the program will have documented the student's ability to obtain various diagnostic ultrasounds.

Use of the DMS Abdominal Clinical Experience Evaluation

This evaluation form is intended to be used by the clinical instructors. This form will be completed as a midterm and for the final of the semester. It is the responsibility of the student to alert the CI before the last day of their assignment. The completed forms will be reviewed by the CC and documented for the grade.

Use of Site Evaluation Survey

This form is intended to be used by the students to evaluate the quality and effectiveness of clinical education sites. This survey helps ensure that each site provides a comprehensive and enriching clinical experience aligned with program standards.

Use of the Student Performance Evaluation

The rotation evaluation form is intended to be used by the clinical instructor. This evaluation form will be completed by the CI at the end of each clinical rotation. It is the responsibility of the student to supply the form to the CI before the last day of their assignment. The completed forms will be used by the CC.

Since performance and personal characteristics are important for success, the rotation evaluation form along with the clinical competency evaluation form is a means of early recognition and correction of possible problems. The student must possess the skills required to work with other members of the health care team as well as patients while maintaining a positive attitude toward his/her education and job performance. This form is designed to help the student recognize whether s/he is developing or has developed these skills. This evaluation is not scored in the class average.

Accreditation, Ethics, Licensure & Certifications



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The American Registry for Diagnostic Medical Sonography [®] (ARDMS) administers examinations and awards credentials in areas of Ultrasound. Through its mission, ARDMS empowers sonographers to provide exceptional patient care through rigorous assessments and continual learning.

Certification and Registration

Certification and registration is the recognition of an individual who satisfies certain standards within a profession. Employers, state licensing agencies, and federal regulators look at the ARDMS credentials as an indication that a person has met a recognized national standard for Sonography.

Physics Exam

Sonography Principles and Instrumentation (SPI)

Specialty Exam- RDMS

- Abdomen (AB)
- o Breast (BR)
- Obstetrics & Gynecology (OB/GYN)
- Pediatric Sonography (PS)

Specialty Exam -RVT

Vascular Technology (VT)

Specialty Exam – RDCS

- Adult Echocardiography (AE)
- Fetal Echocardiography (FE)
- Pediatric Echocardiography (PE)

Specialty Exam – RMSKS

Musculoskeletal Sonographer (MSKS)

Compliance Process

The Compliance Policies are mandatory standards for all Individuals, Applicants, Candidates and Registrants/Certificants seeking to obtain and/or maintain ARDMS certification. Individuals, Applicants, Candidates and Registrants/Certificants engaging in any of the following conduct or activities have violated the Compliance Policies and are subject to sanctions as described hereunder in accordance with policies and procedures established by the Inteleos Board of Directors. Complete details can be found at https://www.ardms.org/wp-content/uploads/pdf/ARDMS-Compliance-Policies.pdf.

All compliance investigations, actions, and sanctions (if applicable) will be noted in the Applicant/Candidate/Individual/Registrant/Certificant's record.

- 1. Compliance Violations. The following may be considered violations of the Compliance Policies:
 - 1.1 Misrepresenting ones' certification/certificate status, including altering or falsifying in any way any document or material issued by ARDMS.
 - 1.2 Misrepresenting ones' certification/licensure status with a state licensing board, state or federal agency, national professional association or accrediting body.
 - 1.3 Attempting to engage or engaging in fraud, misrepresentation, deception or concealment of a material fact in connection with obtaining or renewing certification or recertification from ARDMS on one's behalf or on behalf of another. Altering or falsifying in any way any eligibility documentation relating to an ARDMS examination.
 - 1.4 Subverting or attempting to subvert the examination process, including, but not limited to:
 - a) Engaging in conduct that violates the confidentiality or security of examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of information concerning a current, future or previously administered examination.
 - b) Disclosing information concerning any portion of a current, future or previously administered examination; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or examination development participants.
 - c) Conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during an examination, copying another Candidate's answers, permitting another Candidate to copy one's answers, possessing unauthorized materials, receiving information concerning any portion of a current, future or previously administered examinations.
 - d) Impersonating a Candidate or permitting or otherwise assisting an impersonator to take the examination on another's behalf or on behalf of another.
 - 1.5 Criminal conduct, as described below:

- a) Having been charged in a criminal proceeding where: 1) a finding or verdict of guilt is made or returned but where the adjudication of guilt is withheld, deferred or not entered or the sentence is suspended or stayed, or 2) where the individual enters into a pretrial diversion activity; or
- b) Having been convicted of a crime, including a felony, gross misdemeanor or misdemeanor, other than a speeding or parking violation. Being convicted of a crime includes, but is not limited to, being found guilty, pleading guilty, or pleading nolo contendere (no contest).
- 1.6 Having been subject to a Special or General Military court-martial.
- 1.7 Having been the subject of disciplinary action by a state licensing board, state or federal agency, national professional association, or accrediting body.
- 1.8 Performing clinical duties while impaired due to chemical (legal and/or illegal), drug or alcohol abuse.
- 1.9 Engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient.
- 1.10 Having been adjudicated as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.
- 1.11 Failure to report to ARDMS within fourteen (14) days involvement in any of the situations described in Sections 1.1 through 1.10. Such failure includes, but is not limited to, a failure by an Applicant, Candidate, Individual or Registrant/Certificant who has previously undergone the compliance review process to immediately report to ARDMS any additional situations described in 1.1 through 1.10 except as provided by Section 2 (Reporting of Compliance Violations).
- 1.12 Failure to cooperate with ARDMS in investigations of alleged compliance violations as described in this section, including but not limited to the following:
 - Making a false statement, knowingly providing false information, and/or failing to disclose material information in connection with a compliance action situation; or
 - b) Failing to provide information as requested, including but not limited to information regarding:
 - Test security violations and/or disclosure of confidential examination material content;

- Misrepresentations by an Individual,
 Applicant, Candidate or
 Registrant/Certificant regarding his/her credential(s)/certificate status;
- iii. The unauthorized use of intellectual property, certification marks, and other copyrighted materials;
- iv. Compliance action situations.
- c) An individual who takes longer than thirty (30) days to respond to a request will be deemed to have not acted in a timely manner.
- 1.13 Civil or Criminal Penalties. Conduct that violates the Compliance Policies may also violate applicable state or federal law. In addition to potential sanctions under these Compliance Policies, Inteleos may pursue civil and/or criminal penalties against the Individual, Applicant, Candidate, Registrant/Certificant.

Education Requirements

As part of their education, candidates must demonstrate competency in didactic coursework and an ARDMS-specified list of clinical procedures by completing competency requirements established for the discipline in which they are seeking certification and registration.

Candidates must have successfully completed a sonography educational program that is accredited by a mechanism acceptable to the ARDMS Compliance Process.

Exam Requirements

Upon successful completion of the accredited DCH School of Sonography, the student is eligible to take the national certification examination given by The American Registry for Diagnostic Medical Sonography [®] (ARDMS). A scaled score of 555 is required to pass all ARDMS examinations.

<u>Sonography Examination Content Specifications 2024.pdf</u> provides an outline of the topics covered in the exam. Since ARDMS uses many references to build its exams, it does not provide specific lists of study materials or textbooks, nor does it recommend or endorse any review programs, mock registries, or study guides.

If you don't pass the exam on the first try, it's okay: you can take the test again and again. You just have to wait for at least 60 days before you can sit for SPI exam again. But, you can reapply in a little as 3 days after received a failing score.

Find out more about ARDMS Rules and Regulations, Compliance Process, Continuing Education Requirements, exams, exam format, exam length, test centers, testing accommodations at www.ardms.org.

Five-Year Rule

Candidates must pass the Sonography Principles & Instrumentation (SPI) examination and the corresponding specialty examination within five years, regardless of sequence. Candidates who do not complete both examinations within five years must retake the examination previously passed.

Note: The five-year rule does not apply to Registrants seeking additional specialties under a credential already earned. For example, if you have the RDMS credential with AB, the five-year rule is not applicable if you want to add another RDMS specialty (OB/GYN, BR, FE, PS). There is no time limit to add additional specialties to a credential already earned, provided you maintain Active status.

However, if you earned the RDMS with the old UPI physics examination and AB (or any other RDMS specialty), and then passed the SPI examination, you would need to pass one of the RDCS or RVT specialties to meet the five-year rule requirement for the SPI examination. In this situation, adding an additional RDMS specialty after passing the SPI examination (or vice versa) would not meet the five-year rule requirement since you would be adding a specialty to a credential already earned.

The five-year rule is based on the calendar year (January 1 through December 31). The five-year period begins the day the first examination is passed, and it includes any time that remains in that year plus the next five years. For example, a candidate who passed the first ARDMS examination on June 6, 2011, is required to pass the second examination by December 31, 2016.



Sonography is a rewarding career path with a range of areas in which to specialize. Sonographers work in hospitals, doctors' offices, and diagnostic clinics.

As a sonographer, you'll operate specialized equipment, using nonionizing, high-frequency sound waves to create images of a patient's internal organs and tissues. You'll perform the procedures for a variety of purposes – including creating images of an unborn child.

With ARRT credentials in Sonography, you'll have the knowledge and confidence to provide the highest levels of patient care. You'll also have the skills to capture the best possible ultrasound images.

Certification and Registration

The purpose of ARRT certification and registration in Sonography is to recognize individuals who are qualified to perform the role of a sonographer.

Compliance Process

The ARRT Stands of Ethics is one of our governing documents. It articulates the types of behavior we expect of R.T.s and describes the types of behavior we won't tolerate. The document includes our Code of Ethics and Rules of Ethics, along with information regarding our ethics review process. <u>ARRT Standards of Ethics.pdf</u>

Education Requirements

Using the primary pathway, you must earn an associate (or more advanced) degree to be eligible to apply for ARRT certification and registration. Your degree must come from an institution accredited by an agency that ARRT recognizes.

The degree doesn't have to be in the radiologic sciences, and you can earn it before or after graduating from your radiological sciences educational program. You must receive the degree, however, before you take your ARRT examination.

You must also complete an educational program in the same discipline as the credential you are pursuing. As part of the program, you must demonstrate competencies in didactic coursework and clinical procedures.

Exam Requirements

After you take an exam, you'll receive a preliminary scaled score at the test center. This isn't your final score.

Within four weeks of your exam, we'll mail you an Examination results packet, which contains your official score report and your certification and registration results.

Our exam scoring scale ranges from 1 to 99, and you'll need a total of 75 to pass the exam. This isn't a percentage; the number of correct answers necessary to obtain a scaled score of 75 may vary. For example, on some exam versions, you might need to correctly answer 131 of 200 questions to receive a scaled score of 75. On a more "difficult" exam version, you might need only to answer 130 or 200 questions correctly to receive a 75 scaled score. Scaled scoring is a standard practice in the assessment industry, and is commonplace in both public education and certification examinations.

Three Year Rule

At the end of your program, your Program Director will let us know whether you've met the requirements. You'll have three years after completing your program to establish eligibility and apply for ARRT certification and registration (known as the three-year rule.)

Codes, Policies & Forms



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DCH Health System Emergency Codes

In the event of a disaster, or the possibility of one, an announcement on the hospital PA system will alert personnel. This alert will be relayed throughout the hospital.

CODE RED Fire

CODE STRONG Show of force

CODE BLUE Medical Emergency

CODE PURPLE Child Medical Emergency
Infant / Child Abduction

CODE GREY Severe Weather

CODE YELLOW (Alert) Emergency Plan is to be implemented

CODE YELLOW (Active) Emergency Plan is implemented

Active Shooter Active Shooter in Facility

CODE WHITE Facility Lock Down
CODE WALKER Missing patient
CODE (name of code) All clear, three times

Bomb Threat

Keep person on line and get as much information as possible. Listen for background noise and remain calm. After hanging up, call hospital operator or security by dialing "22". Ensure that building is evacuated immediately. Do not re-enter building until proper authorities give an all clear.

Code Blue / Cardiac Arrest

Dial "22" or 911 on nearest phone.

Fire

Assess the situation. Remove anyone from immediate danger; close all doors and windows. Announce FIRE so all occupants can hear you. Dial "22" from the nearest phone. Give the operator the exact location and area of the fire. Extinguish and contain the fire, <u>if possible</u>. Use nearest exit from the building. Wait for all clear from fire department before re-entering the building.

Hazardous Chemical Exposure

If you believe you have been exposed:

- 1. Notify your supervisor/instructor immediately.
- 2. Report to the Emergency Room with Variance Report (including name of product).
- 3. Get treatment as necessary.

4. Contact Environmental Services if there is a Hazardous chemical/waste or mercury spill.

Right to Know

Employees and students have a right to know about any hazardous materials in their workplace or environment. **S**afety **D**ata **S**heets (SDS) contains information related to safe practices when working with hazardous materials. If hazardous materials are kept in your workplace or environment, SDS is available for your review at any time.

SDS Book

The SDS book contains the Safety Data Sheets on all chemicals that can be found at DCH. It is located on the intranet page.

- 1. Hazards of chemicals used in the workplace.
- 2. Prevention and Protection methods.
- 3. Emergency and First Aid procedures.
- 4. PPE and Disposal methods.
- 5. Physical properties of the product, and
- 6. Product name and manufacturer.

Tornado Warning

If a tornado is sighted in the area, move to the center of a room with no windows or assemble in the hallway. Stay away from doors and windows. Cover yourself with any material that will help protect you. Get under desk or table to protect from possible falling debris. Do not exit the building until all danger has ended.

Utilities outage at the hospital

Electrical

Emergency generators power red receptacles. Emergency lights are located over stairwell.

Telephone

Use only Power Fail Numbers.

Medical Gases

Utilize portable tanks available from Respiratory Therapy.

Disaster Plan

I. PURPOSE

To ensure that our students are prepared in case of an emergency or disaster either outside of the hospital or internally.

II. POLICY

A. Contacts:

Courtney Channell	Ext. 6039	Cell: 256-627-0413
Kim Crowley	Ext. 5026	Cell: 205-292-8421
Jackie Jones	Ext. 5434	Cell: 334-663-9690

B. External Disaster

In the event of an external disaster, the Director or the alternate manager will report to the Administrative Command Center (ACC) located in the Risk Management Conference Room, where the ACC coordinator will apprise them of the status and extent of the disaster. The Sonography Coordinator will report to the ACC coordinator, the status of Sonography resources. The Sonography coordinator will take the following steps based on the severity of the disaster:

- 1. Notify the radiologist on duty that a disaster code has been called.
- 2. Calling in additional personnel as needed.
- 3. Checking supplies and obtain additional items as needed.
- 4. Assign a supervisor to the ED x-ray hallway to triage the patients, determine whether a patient should be left to be done in the ED or be transported to second floor, depending on the patient's condition and time needed to perform the procedures, with patients in critical condition having priority on ED x-ray units.
- 5. Assign transporters or students to the ED x-ray area to transport patients to the department, if the ED does not have adequate coverage.
- 6. Assign technical personnel to the most advantageous areas for their training and for the

- needs of the type patients we are to receive, i.e. extra portables teams, surgery, etc.
- 7. Assign a floor supervisor to route patients to receiving area, route patients to Sonography rooms and out of the department.
- 8. If the power to the hospital is interrupted, reassign personnel to areas which have emergency power.
- PACS is on emergency power. The PACS supervisor on call should be notified if there are any power problems.
- 10. Transcription supervisor will be notified to assist with patient reports and distribution.

C. Internal Disaster

When a disaster situation occurs where the hospital building itself is involved, check the status of the equipment to see what, if any, damage has occurred. Assess equipment usage and implement the disaster plan to the extent possible for available equipment and supplies.

- 1. Notify the radiologist on duty of the internal disaster.
- 2. DCH has seven (7) radiographic rooms; ED I, ED II & ED III, Dept I & Dept 2 and Angio, and two (2) ED trauma bays on emergency power. The inpatient CT II and ED CT are also on emergency power, but not the air conditioner, so their service time will be limited.
- 3. DCH has two (2) Sonography receiving areas; ED & 2 South, with emergency power receptacles.
- 4. Portable diagnostic machines are battery operated and may be used any place needed as long as their charge holds.

III. DATES

Original: 2025

Policies and Procedures that Pertain to the Program

DCH Regional Medical Center School of Sonography Access to Information

Purpose of Policy:

The purpose of this policy is to set forth the guidelines pursuant to which users may access patient information in whatever medium it may exist.

Principle of Policy:

DCH Health System develops stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Such information must only be accessed by those with a need to know the information and only to the extent that is minimally necessary.

Applicability of Policy:

This policy applies to any user who must access patient information that is developed, stored, maintained, or released by DCH Health System in order to do his/her job or to discharge his/her obligations to DCH and/or his/her patients.

Responsibility for Compliance with Policy:

The Privacy Officer, Data Security Officer, and the Vice President for Medical Affairs are responsible for compliance with this policy.

Policy:

- 1. Only users who have executed a DCH Health System Confidentiality Acknowledgement & Agreement Form (" Acknowledgement") shall be granted access to any patient information. An Acknowledgement must be signed at the beginning of user's association with the Health System and acknowledged at least annually thereafter.
- Access to patient information shall only be granted to those users who have a need to access
 patient information in order to do their job or discharge their obligations to the Health System
 or their patients. Further users shall be granted access to the information that is minimally
 necessary.
- 3. Each user's access to patient information shall be subject to the following:
 - a. Users may only access information for which they have a legitimate/job related need to know for treatment, payment/billing, or healthcare operations. Further, accesses must be the minimum necessary access for this purpose(s).
 - b. Users may not access the PHI on any person for which this information is not needed for treatment, payment/billing, or healthcare operations and that is not necessary for job duties. Specifically, users will not access information on themselves, family, relatives, or friends unless they meet the above criteria.

- c. Users are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of DCH Health System.
- d. Users may print information from any hospital information system only when necessary for a legitimate purpose and are accountable for this information until it is destroyed. Patient medical information may only be stored in authorized locations.
- e. All patient identifiable information must either be shredded or disposed of in a safe and confidential manner. Each user is responsible for printed data that he/she generates.
- f. Patient information available from any hospital information system or source may be preliminary and, therefore, may not have been reviewed for accuracy. If a user chooses to use or disseminate this information, consistent with relevant policies and procedures, he/she does so being informed of the possible preliminary nature of the information.
- g. DCH provides/releases to user's patient information for the treatment of patients. Users are responsible to use this information consistent with all applicable rules, laws, regulations, and standards.
- h. Users may not seek personal benefit or permit others to benefit personally by any confidential information that the user may have access to.
- Failure to comply with confidentiality obligation may result in disciplinary action or termination of employment/educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.
- j. It is each user's responsibility to maintain his/her assigned unique user code/password in a confidential manner.
- k. Users may not utilize another user's unique user code/password in order to access any system and will not reveal their user code/password to anyone else. An authorized user is personally and professionally responsible for all activities occurring under their password.
- A user's confidentiality obligation shall continue indefinitely, including at all times after his/her association with DCH Health System and its affiliates, such as termination of employment or affiliation with DCH Health System

have read, understand, and	agree to abide by this policy.	
Printed Name	Student Signature	Date

DCH Regional Medical Center School of Sonography Cellular Telephones and Any Other Electronic Device

This policy outlines the use of personal cell phones and other portable electronic devices in the classroom and clinical education setting, including special issues related to camera phones, the personal use of business cell phone, smart watches and the safe use of cell phones by employees while driving.

Personal Cell Phones

- 1. While in school, students are expected to exercise the same discretion in using personal cell phones as is expected for the use of DCH phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others.
- 2. Personal cell phones or other portable electronic devices to include Apple watches or other smart watches should be **turned off or silenced and not seen**, including Bluetooth devices on the ear, during class, online class (when applicable), lab or clinic hours.
- 3. Students should limit their personal telephone usage, text messaging, e-mails, Facebook, Instagram, X, Snapchat, TikTok, etc. during working hours to emergency situations only.
- 4. Cellular phones and other portable electronic devices may only be used during breaks or lunch periods and should not be used while walking the hallways.
- 5. Students are to ensure that friends and family members are aware of DCH's policy. Flexibility will be provided in circumstances demanding immediate attention. DCH will not be liable for the loss of personal cellular phones or other portable electronic devices brought into the workplace.

Camera Phones and Other Portable Electronic Devices

- Certain aspects of DCH's business operations require that employees have access or exposure to highly confidential information including, but not limited to, confidential patient records and information; confidential personnel records and information; confidential business information and other proprietary business information; and the privacy of other employees.
- To prevent the unauthorized dissemination of such information, employees are prohibited from using cameras in the workplace. This prohibition extends to cameras built into portable electronic devices such as cell phones, smart watches, pagers, and other portable electronic devices capable of storing and transmitting images.
- 3. Cameras, video cameras and other portable electronic devices may only be used by medical or clinical professionals for valid medical reasons such as pictures for surgical purposes, patient identifiers, etc.
- 4. Under no circumstances shall a camera, video camera or other portable electronic device be used to harass or intrude upon the privacy of a patient or employee.

Due to possible interference with electronic medical equipment, DCH Health System has a policy forbidding the use of cellular telephones in any of its medical facilities. Any student found using a cell phone or other electronic device during a lecture class or clinical assignment will receive a written notice upon the first offense. Any subsequent offenses will result in immediate suspension

for three days without the possibility of making up missed assignments and/or tests. Incoming
calls, pages and texting are also forbidden. If a cellular telephone or pager is carried in a purse of
on the body, it must be turned off during lecture classes and clinical assignments.

Disciplinary action will be taken if a student uses a cell phone for calling, texting, or photo taking during clinical rotations.

rinted Name	Student Signature	Date

DCH Regional Medical Center School of Sonography Classroom and Clinical Behavior Understanding

In order to acquire the knowledge and skills necessary to become proficient in the profession of Sonography, the student must pay strict attention to the instructor during all lecture and lab sessions. This requires good listening skills and participation by asking questions and offering appropriate comments related to the subject matter. Failure to follow these guidelines may result in disciplinary action to include dismissal from the program.

Not paying attention, disruptive behavior and sleeping in class, online class (when applicable), lab or clinic is rude and disrespectful to the instructor, staff personnel and/or PD and **will not** be tolerated. The following policy related to classroom/clinic behavior is immediately adopted:

Any student found sleeping in class/clinic or performing some other task unrelated to the lesson, skill or lab being taught will be subject to the following disciplinary actions:

- 1. Upon the first offense, the student will receive a verbal warning by the instructor of the course and/or clinical rotation.
- 2. Upon the second offense, the student will receive a written warning by the PD.
- 3. Upon the third offense, the student will be sent home and charged with an unexcused absence. An unexcused absence may lead to suspension and/or dismissal from the program.
- 4. A suspension includes a grade of zero (0) for all assignments and tests missed during the suspension and a reduction in the final semester clinical and academic course grade.
- 5. If offense occurs following suspension, then the student can be dismissed from the program.

Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program.

Should a clinical education center ask that a student not be reassigned to that clinic, the student will be counseled and put on probation.

Printed Name	Student Signature	Date	

DCH Regional Medical Center School of Sonography Dress Code Policy

	he DCH School of Sonography.
	ing class and clinical times, unless
so part of the dress c	ode.
ne dress code. By my	signature, I agree to abide by the
gnature	Date
ŀ	so part of the dress che dress code. By my

DCH Regional Medical Center School of Sonography Drug & Alcohol Policy

I have read and understand the policy regarding drug & alcohol. By my signature, I agree to abide by the Drug and Alcohol policy as written.		

DCH Regional Medical Center School of Sonography Employer Survey Consent Form

Purpose:	graduates. An employer ques questionnaire, please indicat	quires us to conduct employer follow-up studies on our stionnaire is attached for your review. After reviewing the se your approval by signing the statement below. The ionnaire will be sent to your employer approximately six n.
l,	, give	e permission to my present employer to complete the
employer qu	restionnaire and return it to the p	e permission to my present employer to complete the program from which I graduated.
		ATTN:
Employer Na	ame	
Employer Ac	ldress	<u></u>
City, State, Z	ip	
Signature of	Graduate	
Print your na	ame	
Tille your rie	anic	
Date		

DCH Regional Medical Center School of Sonography Enrollment Agreement Contract

1.	I hereby acknowledge receiving the DCH School of Sonography's handbook dated 2024 - 2025, which contains information about attendance, academia, finances, policies for program as well as DCH, etc. The school handbook is included as part of this enrollment agreement and I acknowledge that I have received a copy of this handbook.		
2.	I have carefully read and rec	eived an exact copy of this enrollment	agreement.
3.	I have carefully read and received an exact copy of this enrollment agreement. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school handbook. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school handbook and that my financial obligation to the school must be paid in full before a degree may be awarded.		
4.	I understand that the school program completion or upor	does not guarantee job placement to graduation.	graduates upon
5.	I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the necessary accrediting or credentialing body. All student complaints must be submitted in writing.		
signature below my legal respon			
Student Signat	ure	Date	
School Official		Date	

DCH Regional Medical Center School of Sonography Handbook & Policy Manual – Student & Clinical

The DCH School of Sonography Handbook provides information regarding the policies and procedures of the program. Students must indicate agreement with each of the following statements by initialing on the

lines below. I have received a copy of the DCH School of Sonography handbook. I am aware that it is my responsibility to ask questions about the contents of the sonography program handbook and have those questions answered to my satisfaction. I understand that failure to follow any of the policies in the DCH School of Sonography student handbook may result in my dismissal from the DCH School of Sonography. I understand all information regarding a patient or former patient is confidential per HIPPA guidelines. I agree to fully participate in the lab portion of the DCH School of Sonography. I understand that this requires hands-on participation and I will be the *simulation* patient for my fellow students. I have received and thoroughly read the sonography pregnancy policy. I have received and comprehend the DCH drug and alcohol policy and agree to comply with all aspects of this policy. I will use the appropriate personal protective equipment (PPE) required when there is an inherent potential for mucous membrane, or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. I comprehend the program disciplinary system for the DCH School of Sonography and am aware of the consequences for program violations. I understand the program disciplinary system for the DCH School of Sonography and am aware of the due process policies. I comprehend that I must complete each sonography course with a final grade of 75 or higher to pass. I comprehend that the use of cell phones, smart watches, texting and lap top computers are prohibited in the classroom and clinical sites. I comprehend and will abide by the programs' attendance, absence and tardiness policies.

	I comprehend and will abide	by the DCH School of Sonograph	y dress code.	
	I understand clocking in for another student or employee will result in my immediate dismissal.			
	I understand that clocking in dismissal.	I understand that clocking in on clinical time and DCH time <u>at the same time</u> will result in my dismissal.		
	come in contact with. I agre	e I must regard my classroom, la	e success of DCH and the patient I abs and clinical experiences as one nitiative and learning from failure.	
			of my supervisor. I will attempt to also strive to develop professional	
	I understand I am resporteresponsibility to give opporte		(learning). It is the instructors'	
	itialed and signed document with the policy violations.	will be placed in your program fi	le for reference in the event of any	
Printed	d Name	Student Signature	 Date	
Printed	d Name	Student Signature	Date	
Printed	d Name	Student Signature	Date	
Printed	d Name	Student Signature	Date	
Printed	d Name	Student Signature	Date	
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Printed	d Name	Student Signature	Date	
Printed	d Name	Student Signature	Date	

DCH Regional Medical Center School of Sonography Incident Reporting Form

Date incident received by Sonography School Faculty:			
Student Name:			
Date Reported:	Date of Event:		
Mechanism by which report of event was received:	□ Student	□ CI	☐ Manager/Supervisor
Brief Description of Incident:			
Program Official's Comments and/or Suggested Areas of	f Improvement:		
Actions taken: □ Incident has been reviewed and addressed with appr □ Additional education has been provided to all involve Resolution of Incident: □ Resolved, no further follow-up required	d		ollow-up required
□ Resolved after further follow-up Student Acknowledgement By signing below, I acknowledge that I have been inform improvement, and any resulting Disciplinary Action (for incident stated above.			
Student Name (print):			
Student Signature:	_ Date:		
Program Official (print):			
Program Official Signature:	Date:		

DCH Regional Medical Center School of Sonography MRI Scanner Information

Magnetic Resonance Imaging or MRI utilizes strong magnetic fields and radio frequency waves to produce high-resolution, diagnostic images of the body. MRI is especially useful in the evaluation of soft tissues and blood vessels.

Regional Medical Center has one 1.5 Tesla (T) short-bore scanner which significantly reduces the anxiety associated with older conventional machines. At the Outpatient Center we have a 1.5T and the 3.0T scanner. At Ruby Tyler we have a 1.5 T scanner. Northport Medical Center has one 1.5T short bore scanner.

Students are not to enter the MRI Suite until they have been screened and documentation placed in their permanent folder, and submitted to the MRI Supervisor. Students will be required to take the MRI Zone test.

MRI Scanner General Information

Students ARE NOT permitted to enter the scan room without prior screening from the MRI staff.

I. PURPOSE

To educate all employees and students on creating a safe environment in and around the MRI scanners.

II. POLICY

MRI scanners use very strong magnetic fields to generate images. Ferrous metals must not enter the exam room. Ferrous metals entering the scan room are subject to being pulled into the magnet. In order to maintain a safe environment, the following procedures will be strictly followed.

III. TASK CLASSIFICATION/PRECAUTIONS

IV. EQUIPMENT

V. PROCEDURE

- Non-MRI personnel are not permitted to enter the scan room without prior screening from the MRI staff.
- 2. The MRI scan room will remain locked when not in use. The scan room will remain locked during off duty hours.
- 3. Only MRI compatible oxygen tanks will be allowed in the scan room. The MRI techs will verify that the oxygen tank is non-ferrous.

- 4. Patients will be carefully screened for possible objects that may be pulled into the magnet. Patients moved from a hospital stretcher to the MRI scan table will be carefully checked to ensure that no metallic or ferrous metals are in the sheets or blankets.
- 5. Stretchers and wheelchairs will not be allowed to enter the MRI scan room.
- 6. The MRI staff will perform all light housekeeping duties. Other housekeeping duties will be performed under the direction of the MRI staff.

VI. AGE SPECIFIC CONSIDERATIONS

VII. REFERENCES

VIII. CONTACT PERSON

MRI Department Manager MRI & CT Supervisor

IX. DATES

Reviewed: July 2004 Reviewed: March 2009 Revised: July 2012 Reviewed: August 2014 Revised: August 2015 Revised: August 2016 Reviewed: May 2020

Reviewed: September 2022 Reviewed: September 2025

DCH Regional Medical Center School of Sonography MRI Zone Information & Safety

The MRI suite is divided into four zones to provide restrictions to ensure the safety of patients and other non-MRI personnel.

Zone I includes all areas that are freely accessible to the general public. This area is outside the MR environment and is the area through which the patients, healthcare personnel and other employees of the MRI suite use to access the MRI environment.

Zone II is the area between the publicly accessed area (Zone I) and the controlled areas (Zones III & IV). Patients are under the supervision of MRI personnel in this area. It is in this area that all MRI screening questions are answered and addressed.

Zone III access is controlled by the supervision of MRI personnel. All access to Zone III is strictly restricted. All non-MRI personnel and patients must first undergo a successfully passed MRI screening to enter Zone III. This is to ensure the safety of patients, other non-MRI personnel and the equipment itself.

Zone IV is the area synonymous with the MRI scanner magnet room. It is always clearly marked as being potentially hazardous due to the presence of a very strong magnetic field. This area is always located within Zone III. No access to Zone IV is allowed without first being screened for Zone III.

The MRI zones at RMC, NMC and RT are clearly marked with zone signs in each area. There are also restrictive tension barriers, caution/warning signs and locked doors to ensure limited access. If you are unsure if you may proceed into any area in the MRI suite, contact an MRI employee.

It is required that all personnel who enter the MRI suite undergo the screening process. At the end of this in-service, you <u>MUST</u> complete a test for competency. We also request that if you have not already, complete the screening questions to ensure everyone has been approved for access into the MRI suite.



DCH Regional Medical Center School of Sonography MRI Zone Restrictions Test

Student	t Name:		Emp ID #:	
1.	The MR	RI suite is divided	to ensure safety.	
	a. b. c.	down the middle by a single door into four zones		
2.	Zone I d	can be found:		
	a. b. c.	outside the MR environment, freely accessible where only MRI personnel are allowed in the magnet room where the scan is perform		
3.	The MR	RI screening questionnaire is answered and add	Iressed in which zone?	
	a. b. c.	Zone II Zone III Zone I		
4.	Zone re	estrictions are in place to:		
	a. b. c.	make all patients feel welcome ensure the safety of patients and other non-N complicate the process	1RI personnel	
5.	Zone III	access is controlled by:		
	a. b. c.	a dragon MRI personnel a coded door		

- 6. All non-MRI personnel and patients must first undergo a successful ______ to enter Zone III.
 - a. TB skin test
 - b. MRI screening
 - c. chest x-ray
- 7. Zone IV is potentially hazardous due to the presence of:
 - a. radioactive materials
 - b. loud noises
 - c. very strong magnetic field
- 8. The MRI scanner is located in:
 - a. Zone IV
 - b. Zone II
 - c. a public area
- 9. If you are unsure if you may enter a specific zone you should:
 - a. leave
 - b. ask the MRI personnel
 - c. walk in anyway
- 10. In what zone would you find this picture?



- a. Zone I
- b. Zone IV
- c. Zone III

DCH Regional Medical Center School of Sonography Notice of Intent to Formally Appeal a Grade

Student Information:		
Student Name:		Student ID or SS#:
Address:		
City, State, and Zip:		
Telephone:		
Course Information:		
Course Name:		Name of Instructor:
Semester Taken:	Grade Received:	RAD #:
Was an informal remedy	γ sought with the instructor t	through conversation or other means?
This appeal is based on t	he claim of (check all that ap	oply - refer to definitions in the policy)
Arbitrariness	Prejudice	Error
additional pages if need	ed.	claim that your grade was improperly assigned. Us
Add any relevant inform etc.) Attach separately.	ation and/or documentatior	n that support your appeal (course papers, syllabus
Please provide any other	r additional items that you d	eem relevant to this appeal.
Please provide a stateme	ent of the solution that you a	are requesting as a result of this grade appeal:
Printed Name	Student Signa	ature Date

DCH Regional Medical Center School of Sonography Orientation

Student Name:		D	ate:
Reviewer will sign and date (m/d/y) as o			lt. Advisor
The student will sign at com	pietion and r	eturn to Facu	ity Advisor.
Completed in the following way:			
A. Lecture B. Written Test C. Verbalized D. De	monstrated	E. Other (sp	ecify)
General Responsibilities	How Met	Date (m/d/y)	Reviewer's Name
Program History / Sponsor			
Organizational Chart			
DCH Health System Mission Statement			
Departmental Mission Statement			
Program Mission Statement			
Philosophy & Goals			
Group Advising/ Individual Advisor Assignment			
Trajecsys			
Assessment of Learning style			
JRC-DMS Standards			
Synapse / PACS			
Transport Assessment			
Orientation to Sonography Equipment			
Emergency Code's			
MRI Screening & Safety			
MRI Safety Clearance			
Professional Development			
Able to locate			
Crash cart			
Fire Alarm pull and extinguisher			
Emergency Exits			
Oxygen			
Safety data sheet SDS book (Online)			
Department Policy & Procedure Manual (Online)			
Equipment check off			
CPR			
CBT's completion			
Handbook/Catalog Forms			

Signature of Faculty/Date

Signature of Student/Date

DCH Regional Medical Center School of Sonography Process for Reporting Allegations

Important notes for Reporting Allegations against a Program:

- 1. The JRC-DMS cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program's compliance with accreditation standards and will not affect the status of any individual student.
- 2. The investigation process may take several months.
- 3. The JRC-DMS will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard One, Objective 1.6)

If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRC-DMS:

Joint Review Committee on Education in Diagnostic Medical Sonography 6021 University Boulevard; Suite 500 Elliott City, MD 21043

> Phone: 443-973-3251 Fax: 866-738-3444 Website: <u>ircdms.org</u>

The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible. Forms submitted without a signature or the required supporting material will not be considered. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Higher Education Opportunities Act of 2008, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRC-DMS, recognized by the United States Department of Education for the accreditation of sonography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) Allegations Reporting Form

https://www.ardms.org/discover-ardms/compliance/submit-a-complaint/

DCH Regional Medical Center School of Sonography Professional Standards

As you enter the profession of Sonography, you must understand that you are entering a field of medicine that requires certain professional standards that other career choices may not require. Professional dress, appearance, attitude, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of the sonographer present themselves in all ages, cultures and of various ethnic origins; therefore, trendy modes of dress and appearance and unprofessional demeanor and attitude will not be tolerated.

The program has an established dress code and a code of ethics, which are contained in this handbook. You must review the entire contents of this handbook once you are accepted into this program.

Your signing of this Professional Standards Form indicates that you have read and understand the requirements of the program and that you agree to abide by these standards.

Printed Name	Student Signature		Date	
Program Director's Signature		 Date		

DCH Regional Medical Center School of Sonography Release and Promise Not to Sue

I, the undersigned, request permission System.	to participate in the DCH School of So	nography at DCH Health
I understand that there is no guarantee damage or loss and that the nature and waves, is currently unknown. I agree to Program reserves the right to exclude a good reason.	extent of any damages, present or fu abide by any applicable Program rule	ture, by sonographic s and understand that the
In exchange for being permitted to part sponsor, agents or employees, from an loss to my property, which may occur a cause. I understand that the only excep to <u>intentional misconduct</u> by employee	d for any injury (including sickness or or saresult of my participation in this protion to the preceding sentence is if in	death) to me, or damage or ogram, no matter the jury, loss or damage is due
I understand that no one, except the Pr of the foregoing terms, or to make any may be stated in official Program public	representation of any nature to me as	
I represent that I am over the age of eighas signed below. I understand that, be including parent, spouse, or attorney.		
Student name (print)	Student Signature	Date
Witness name (print)	 Witness signature	

DCH Regional Medical Center School of Sonography Social Media Guidelines

In order to promote professionalism of students enrolled in our program, no student shall post, forward or supply photos, comments, etc. of any faculty, fellow students, DCH employee, or patients to any social media site without the before mentioned person's or institution's permission. Any student found to have posted, forwarded or supplied photos, comments, etc. without permission may be dismissed from the Rad Tech Program. If not dismissed, other disciplinary actions will be taken.

DCH students are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when participating in social media activities. Please note that future employers or your sponsoring institution may view potential and current student's websites and/or social media sites. The following DCH guidelines are provided to assist DCH students in complying with existing policies when participating in social media activities.

Nothing in this policy is intended to prohibit, nor should it be interpreted as prohibiting, students from engaging in protected concerted activities or making protected statements and reports to the proper internal and external authorities. It is important to keep in mind that as students, we are DCH ambassadors to the community and should represent DCH in a positive manner to our community. When using online media, be sure to think about how you want others to perceive you and our organization.

Failure to comply with DCH policies may subject the student to the provisions of the positive discipline process up to and including termination.

Social Media includes text, images, audio and video communicated via such tools as:

- Blogs and micro-blogs such as X
- Social messaging networks, such as Facebook, Instagram, Pinterest, Snapchat, Group Me, Telegram
- Professional networks, such as LinkedIn
- Video sharing such as YouTube, vlogs (video weblogs), TikTok
- Audio sharing, such as podcasts
- Photo sharing such as Tumblr, Flickr, Instagram, Photobucket, TikTok, Group Me
- Social bookmarking such as Digg and Redditt
- Public comment sections on webpages (such as those for online news sites)
- User created web pages such as Wikis and Wikipedia
- Any other internet-based application making use of the creation and exchange of user-generated content

1. Know and follow all DCH policies related to using the Internet, privacy and sharing information.

These policies include, but are not limited to: DCH's Behavioral Standards, Positive Disciplinary Policy, E- mail Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, Internet/Intranet Use Policy and Patient Information Release Policy. Be sure to follow HIPAA regulations and all applicable state and federal regulations and copyright laws. Do not engage in any form of harassment, including derogatory or inflammatory remarks about an individual's race, age, disability, relation, national origin, physical attributes, sexual preference, health condition or any other characteristic protected by law.

2. Respect and follow all laws and regulations governing our patient's privacy.

You may not include any Protected Health Information (PHI) as defined under applicable law, about anyone other than yourself, including family members, in any comment or post. If you choose to include your own PHI online, know that others may comment on your PHI in their own comment or post. Disclosing confidential patient PHI in an inappropriate manner is a federal offense. Federal penalties include significant fines and/or arrest. Even acknowledging the care of a patient is an unacceptable disclosure of PHI.

You should not write about a patient, post or otherwise share photos of patients unless you have written approval from DCH's Risk Management Legal Counsel and the patient. As a reminder, you cannot take a picture of or video a patient without his permission for any reason other than care or, in some cases, education. Never take a photo from your cell phone and remember that you can't take pictures just because the case is interesting, even if you are working on a project for school. You must have a clear, predefined reason for taking the photo or video.

Remember, sharing PHI outside of DCH is not allowed and doing so without patient permission may cause you to be liable under state and federal statutes and laws. Under revised HIPAA guidelines, you may be sued in civil court for unauthorized disclosures.

3. Use good judgment when using online social networks and other online resources.

You are responsible for the content that you publish on blogs, social media sites and any other form of media. The Internet is public and content that you publish may be available to a wide audience, including your coworkers, manager and members of leadership. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. A good guideline is to not publish anything that you would not want on the front page of the newspaper or would not say in person. In addition, be sure to get your coworkers' permission if you want to post pictures of them online.

4. Protect confidential and proprietary information.

Don't disclose confidential or sensitive information externally unless you have permission to do so. Remember that online tools hosted outside the DCH intranet should not be used for internal communications between you and your coworkers.

5. If you are not authorized to speak on behalf of DCH, make it clear that you are speaking for yourself and not on DCH's behalf.

If you see DCH misrepresented by the media or others, it's ok to comment on that. Just be sure to identify yourself as a DCH student, be respectful, share accurate information and avoid conflict. If you come across positive or negative remarks about DCH that you believe are important, consider sharing them by forwarding them to the Marketing/Communication Department.

6. Make sure that your online activities do not interfere with your work or our commitment to our patients.

DCH computers and your work time are to be used for DCH business.

- 7. Recognize that DCH may address as a **disciplinary issue** any language that you post in a blog or a social media site that reflects negatively on your work ethic or your level of commitment to and compassion for our customers. Violations of this policy can result in discipline up to and including termination from employment.
- 8. Follow standard communication guidelines as you would for any business communication such as e-mail or phone.

Remember that you represent our organization and edit your work for grammar, clarity and content. DCH employs the best and brightest, and we should always try to present ourselves in the best possible way and with pride in our organization.

9. Friend wisely.

Users are encouraged to not "friend" individuals on Facebook if the only relationship with the individual is patient and caregiver. Managers are encouraged to not engage in social media interaction with their subordinates (such as becoming "friends" on Facebook), even if a subordinate initiates the contact.

Printed Name	Student Signature	Date

DCH Regional Medical Center School of Sonography Student Employment Policy

- 1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with sonography students during their employment at locations outside the DCH Health System.
- 2. Students who elect to work in any capacity must do so <u>after</u> the normal academic and/or clinical day. There should be no clocking in for pay while you are on academic and/or clinical time unless you are on a stipend.
- 3. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.
- 4. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.
- 5. Sonography examinations performed during employment hours may not be substituted for satisfying clinical education competencies.
- 6. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.
- 7. When a scheduled class is cancelled for any reason or is let out early, the student <u>cannot</u> work in a clerical or sonographer position at a DCH facility for the time frame of the class. There should be <u>no</u> clocking in on student time. After the time that the class should have been concluded, the student is then free to work <u>if</u> they are needed and only then with supervisor approval.
- 8. For those that work and are scheduled to be on the late shift as a student, you are allowed to work **only after** your student shift has ended.

Waiver

	to be employed inside the DCH Health Sys liability insurance coverage through DCH I	0 , 0 ,
that if I accept employmen	t outside the DCH Health System while att	ending this program, that I will not
Understanding that fact, I	nsurance coverage through DCH Health Syddo hereby release DCH Health System frongage in while attending this program.	
Printed Name	Student Signature	 Date

DCH Regional Medical Center School of Sonography Student Probation Agreement

It is the policy of the DCH Regional Medical Center's School of Sonography that all students are or probation for the first three (3) months of the program. At the end of this period, the student will be evaluated. If the student is meeting all program requirements, the probation is withdrawn. If the student is not maintaining all program requirements, the steps outlined in the Program Handbook under Academic Requirements will be followed to include disciplinary action and/or dismissal from the program.		
I have read and understand the	he above statement regarding the proba	itionary period.
Printed Name	Student Signature	Date

DCH Regional Medical Center School of Sonography Student Record Privacy Release

Student's Name:		SS#	
Family Educational Rights an DCH School of Sonography hot needed to release this conumber, date and place of keeports if applicable, weight adegrees, achievements, acade attended, social clubs, acade information not be released record data may be released	Id Privacy Act of 1974 (referred to as Finas identified the following items as clata: name, campus address, perman pirth, major field of study, participation and height of members of athletic temic awards, honors, most recent premic clubs and societies. Students mail to any one by notifying the Program	onfidential information according to the FERPA and/or the Buckley Amendment). directory information and permission is nent address, e-mail address, telephone on in officially recognized activities and eams if applicable, dates of attendance, revious educational agency or institution y at any time request that the directory in Director in writing. All other academic he student. Official transcripts must be cor's Office.	
To release information to or to discuss information contained within the academic record, such as grades, with anyone other than the student, students are required to provide written permission. Students should be aware that mid-term and final grades will not be mailed to the students. Students may access grades from the Program Director after grades are submitted by the faculty. To have final grades for the semester mailed to parents, guardians, scholarship grantees, or employers, students should complete the following information and sign the request. A transcript will only be sent upon a separate, written request by the student.			
	the semester will be mailed to the fo	Grantee or Employer if approved by the llowing, permission for faculty members	
Name: Address: City, State, Zip:			
notice is in effect during m	the semester mailed to the above ac ny current continuing enrollment or	understand that I am giving permission ddress at the end of the semester. This also understand that I am giving wide reference letters for me upon my	
Printed Name	Student Signature	 Date	

DCH Regional Medical Center School of Sonography Two Patient Identifiers

I. Purpose

- a. To improve the accuracy of patient identification in an effort to increase patient safety and decrease risk for patients.
- b. To accurately identify the individual as the person for whom the service or treatment is intended.
- c. To match the service or treatment to the correct individual.

II. Mandatory Practice

- a. Use two patient identifiers (neither to be the patients room number) when providing any treatments or procedures.
- b. The two patient identifiers will be specific to the area as follows:

Hospital Inpatients and Outpatients

- Two patient identifiers (patient name and birthday) should be verified every time before any care, treatment or service is provided.
- Patient name and birthdate should be verified by comparing the information on the patient's armband with one of the following sources of information:
 - o Patient or family member's stated information
 - Physician order
 - Computer intervention
 - Specimen label
 - Transport request
 - Treatment request
 - Medication profile in Expanse using bedside barcode scanning
 - Driver's license
- Identifiers should be stated out loud.
- If patient is unable to respond and no family is present, compare and match the patient's name, DOB, and account number (D#) on armband with info in the medical record.
- Never use room number or patient location as an identifier.
- Always label specimens with two patient identifiers at the bedside after collection.

- c. The patient's exam request should always be in hand and matched with two patient identifiers.
- d. When sending for patients in the transport tracker always enter the patient's D# instead of patient name.

III. National Patient Safety Goals – NPSG.01.01.01 – to improve the accuracy of patient identification

- a. Use at least two patient identifiers when providing care, treatment and services.
- b. Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold
 - i. First, to reliably identify the individual as the person for whom the service or treatment is intended; and
 - ii. Second, to match the service or treatment to that individual.
- c. Acceptable identifiers may be the individual's name, and assigned identification number, telephone number, or other person-specific identifier.
- d. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier.
- e. Label containers used for blood and other specimens in the presence of the patient.

DCH Regional Medical Center School of Sonography Two Patient Identifiers Test

Student Name:	Employee #

- 1. Why should we utilize two patient identifiers?
 - a) To improve the accuracy of patient identification and increase patient safety while decreasing risk for our patients.
 - b) To accurately identify the individual as the person for whom the service or treatment is intended for.
 - c) To match the service or treatment to the correct individual.
 - d) All the above
- 2. What should **not** be used as a patient identifier?
 - a) Patient's armband.
 - b) A family member.
 - c) Patient's room number.
 - d) None of the above.
- 3. What should always be carried with you when matching the correct exam information with the correct patient?
 - a) The patient's exam request.
 - b) The patient's driver's license.
 - c) The patient's chart.
 - d) A check stub from the patient.
- 4. When sending for a patient in our Sonography Tracker, what is the most accurate method to ensure that you will receive the correct patient?
 - a) The patient's name.
 - b) The patient's M#.
 - c) The patient's D#.
 - d) The patient's Date of Birth.
- 5. Hospital in-patients are to have identity verified by which of the following methods?
 - a) Check the patients room #
 - b) Check the patients specific account number
 - c) Ask the patient to state their name and DOB unless they are unresponsive.
 - d) Check the patients current W-2 tax form

- 6. When you receive an out-patient for an exam; you can just order and complete the exam without matching two patient identifiers.
 - a) True
 - b) False
- 7. Out-patients can give which of the following for patient identifiers?
 - a) Verbal verification of their name or (ask patient and/or family member to state patient's name).
 - b) Date of Birth.
 - c) Photo ID/Driver's License.
 - d) All of the above.
- 8. In the event that correct actions aren't taken to ensure proper identification, safety, and well-being for the patient that directly results in the wrong procedure or harm being done; it could be deemed as medical negligence by legal standards?
 - a) True
 - b) False
- 9. The goal of NPSG.01.01.01 is to improve the accuracy of patient identification.
 - a) True
 - b) False
- 10. Specimen bags or containers should be removed away from the patient before they are labeled.
 - a) True
 - b) False

DCH Regional Medical Center School of Sonography

Universal Source Control Measures for COVID-19 (SARS-CoV-2)

This interim guidance has been updated by the CDC based on currently available information about COVID-19 and the current situation in the United States.

Masks

- Patients should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the hospital. If they do not have a face covering, patients will be provided one upon entry or admission as supplies allow.
 - Patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room.
 - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **Healthcare providers** (HCPs) should wear a facemask at all times, including breakrooms or other spaces where they might encounter co-workers.
 - When available, facemasks are preferred over cloth face coverings for HCPs as facemasks
 offer both source control and protection for the wearer against exposure to splashes and
 sprays of infectious material from others.
 - Extended use of the mask throughout the shift reduces the number of times HCPs touch their face and potential risk for self-contamination.
 - Respirator masks with an exhalation valve are not recommended as they allow unfiltered exhaled breath to escape.
 - When leaving facility, remove respirator or facemask, perform hand hygiene, and put on cloth face covering.

NEW Guidance: Eye Protection

- Universal use of eye protection (in addition to a facemask) is recommended for HCPs during moderate to sustained SARS-CoV-2 community transmission to ensure eyes, nose, and mouth are all protected <u>during patient care encounters</u>.
- A variety of styles is available for order from Supply Chain by each department that has staff who
 enter patient rooms. They should be issued to employees for their individual use, cleaning, and
 reuse.

DCH Regional Medical Center School of Sonography Scan Lab Volunteer Policies

I. SCOPE

This policy applies to all DCH Health Care Authority ("DCH)" faculty, instructors, employees and students in the DCH School of Sonography program (the "Program") who are involved in clinical simulation laboratories using volunteers for training purposes.

II. PURPOSE

The purpose of this Policy is to specify the procedures to be followed when students enrolled in the DCH Program participate in laboratory educational experience activities involving demonstration and practice of sonography skills using volunteers. The use of Volunteers in Diagnostic Medical Sonography ("DMS") lab allows students to gain additional review with continued improvement of general tactile skills including instrumentation and positioning that will enhance hands-on and experimental learning while developing proficiency.

III. POLICY

It is the policy of the DCH Program to allow students enrolled in the Program to gain additional review and continued improvement of ultrasound skills, including instrumentation and optimization for images to prepare Students to develop proficiency, thus allowing the DCH Program graduates to have the skills needed to serve the community, and to ensure that Program faculty and students will follow specific guidelines and protocols, including obtaining consent, when DCH students enrolled in the Program utilize volunteers during DMS lab to practice performance of non-diagnostic ultrasounds for education and training purposes. Student Participation in scan labs as a volunteer is entirely optional and not a requirement for students. While volunteering provides valuable hands-on experience, students' academic grades will not be influenced by their decision to participate or not participate as a volunteer. All grading will be based solely on established academic and clinical performance criteria.

IV. DEFINITION

For purposed of this Policy, a "Volunteer" is an individual who voluntarily consents, without compensation, to participate in clinical lab training (DMS lab) conducted by DCH Program students enrolled in the Program. A Volunteer must be at least 18 years old and may be friends and family of DCH staff, faculty, and students. Volunteers are not eligible to participate in non-diagnostic imaging training if they have any clinical symptoms (any abnormal signs or symptoms).

V. PROCEDURES

1. Volunteers

- a. Volunteers may be used for scanning by students in the Diagnostic Medical Sonography ("DMS") lab.
- b. Before any non-diagnostic training ultrasound is performed by a student in DMS lab, the Volunteer must be informed of the anticipated lab practices and how this compares with normal diagnostic practice and will sign a consent form. (form attached to this policy)
- c. The DCH Program is under no obligation to provide information to a healthcare provider in the chance of incidental findings.
- d. The DCH Health Care Authority is/will not be responsible, financially or otherwise, for any follow-up medical appointments or procedures with any other medical providers.
- e. The Volunteer cannot ask any questions regarding any findings during or after the scan session.
- f. The Volunteer may bring one other adult to accompany him/her.
- g. No visitors under the age of 18 will be permitted in the DMS lab.
- 2. Ultrasound Equipment. The ultrasound units used in the sonography lab are standard sonography machines. All DCH Program students will practice the ALARA (as low as reasonably achievable) principle while performing exams. The Volunteer's total scan time will be approximately one hour.
- 3. Permissible ultrasound that may be performed by students on Volunteers in the DMS lab. The Ultrasound scanning procedures that may be performed on Volunteers are limited to the following:
 - Abdomen
 - Transabdominal pelvis
 - Thyroid
 - Carotid Doppler
 - Lower extremity Venous/Arterial Doppler
 - Upper extremity Venous/Arterial Doppler
 - Obstetrical imaging on volunteers who have had an anatomical ultrasound (greater than 18 weeks) during which no abnormalities were noted. This prior negative scan will need to be documented as to date, ordering physician, facility, and report. Obstetrical Volunteers may only participate in two separate scan sessions. No fetal gender will be discussed.
 - Excluded ultrasounds: Students will not perform the following: (1) Breast Imaging, (2) Scrotal Imaging, (3) Transrectal imaging; and/or (4) endovaginal imaging.
 - a. Ultrasound scanning is done for in class demonstration only under the supervision of a registered diagnostic medical sonographer and is not diagnostic. No diagnosis will be provided to the Volunteers at the time of completion of the non-diagnostic training ultrasound.
 - b. All Volunteers who will receive non-diagnostic abdominal ultrasound must be scanned

first by a program faculty member who is a registered sonographer in the specific concentration.

4. No images will be given to the volunteer.

ASSURANCE OF PATIENT CONFIDENTIALITY:

All students in the DCH School of Sonography program are bound by strict obligations to protect Volunteers' rights of privacy. Students will be required to have on file a copy of the signed "Lab Volunteer Confidentiality" form.

Volunteer Student Acknowledgement

of Sonography for the Diagnostic Medical Sonography p be conducted by DCH faculty and students for the purport evaluated by DCH faculty, staff, or students, or any other supervising DCH sonography faculty and students will not representations that the volunteer is receiving any medit volunteer seek, expect, or otherwise inquire about med as a volunteer. I acknowledge that DCH will use the scan disclose any personally identifiable information about medit further acknowledge that the images taken as a result of DCH.	ose of educating students and will not be rethird party, for medical purposes. As such, the ot evaluate the exam and make notical diagnosis or treatment, nor should the ical advice during the volunteer's participation of for educational purposes only and will not be or my medical information to any third party.
I understand that there is the possibility the American R (ARDMS) credentialed supervising sonography faculty as potential areas of diagnostic concern during this learnin DCH and its staff to forward such information to a health obligation to do so. I also understand that DCH will not be follow-up medical appointments or procedures with any	nd/or students may incidentally discover g opportunity; therefore, I give permission to hcare provider. However, DCH is under no be responsible, financially or otherwise, for any
I, in full recognition and appreciation of any and all risks activity, do hereby agree to assume all of the risks and r activity. I acknowledge that I have had the opportunity to activity and its associated risks prior to signing this Release officers, agents, servants, and employees, assumes and life or damage to personal property that may occur duri myself, my heirs, and my personal representatives herelatelease, and forever discharge DCH, and its trustees, off from and against any and all claims, demands, and action from my participation in this activity and that may result the fault or negligence of, DCH, or its trustees, officers, and	esponsibilities surrounding participation in such to ask questions to my satisfaction regarding this ase. I understand that DCH, and its trustees, accepts no liability for personal injury or loss of ng my participation in this activity. I do for by defend, hold harmless, and indemnify, icers, agents, servants, students, and employees, ns or causes of action on account of or resulting t from causes beyond the control of, and without
I understand that Student Participation in scan labs as a requirement for students. While volunteering provides vacademic grades will not be influenced by their decision All grading will be based solely on established academic	valuable hands-on experience, students' to participate or not participate as a volunteer.
Student Signature	Date
Witness Signature	Date

Volunteer Patient Acknowledgement

volunteer i atient	Acknowledgement	
of Sonography for the Diagnostic Medical Sonograph be conducted by DCH faculty and students for the prevaluated by DCH faculty, staff, or students, or any comparising DCH sonography faculty and students with representations that the volunteer is receiving any revolunteer seek, expect, or otherwise inquire about reas a volunteer. I acknowledge that DCH will use the disclose any personally identifiable information about further acknowledge that the images taken as a result.	urpose of educating studer other third party, for medicill not evaluate the exam armedical diagnosis or treatmedical advice during the vacan for educational purpout me or my medical inforn	an ultrasound scan will ats and will not be al purposes. As such, the and make no lent, nor should the olunteer's participation ses only and will not nation to any third party. I
I understand that there is the possibility the America (ARDMS) credentialed supervising sonography facult potential areas of diagnostic concern during this lead DCH and its staff to forward such information to a hobbigation to do so. I also understand that DCH will refollow-up medical appointments or procedures with	ty and/or students may inc rning opportunity; therefor ealthcare provider. Howeve not be responsible, financia	identally discover re, I give permission to er, DCH is under no illy or otherwise, for any
I, in full recognition and appreciation of any and all ractivity, do hereby agree to assume all of the risks at activity. I acknowledge that I have had the opportunactivity and its associated risks prior to signing this Rofficers, agents, servants, and employees, assumes a life or damage to personal property that may occur myself, my heirs, and my personal representatives herelease, and forever discharge DCH, and its trustees, from and against any and all claims, demands, and a from my participation in this activity and that may rethe fault or negligence of, DCH, or its trustees, office	nd responsibilities surround lity to ask questions to my selease. I understand that E and accepts no liability for a during my participation in the dereby defend, hold harmle dereby defend, servants, actions or causes of action of desult from causes beyond to	ding participation in such satisfaction regarding this DCH, and its trustees, personal injury or loss of this activity. I do for ss, and indemnify, students, and employees, on account of or resulting the control of, and without
Volunteer Signature	Date	
Witness Signature	Date	

Lab Volunteer Confidentiality

All students and faculty in the DCH School of Sonography Program are bound by strict obligations to protect Volunteers' rights of privacy. Key points of confidentiality are:

- All information about Volunteers must be treated with privacy and help in the strictest confidence.
- Practice examinations are considered confidential and should be conducted discretely. This
 prohibits discussion concerning Volunteers in public areas (i.e. elevators, cafeteria, public space,
 etc.)
- All experiences pertaining to a Volunteer's participation are to be treated as confidential.
- Students and faculty are expected to understand their duty to each Volunteer at all times and not to disclose Volunteer information to any third party or other DCH faculty or staff without a need to know.
- Failure to abide by this policy is grounds for dismal from the DCH School of Sonography.

I have read the above statement and will co matter stated.	nduct my	interactions with	lab scanning V	olunteers in	the
Student Name (Please Print)		_			
Student Signature	Date	_			
Program Faculty Signature	 Date				
Program Faculty Signature	Date				

DCH Regional Medical Center School of Sonography Hands-On Scanning Protocol Documentation of Possible Abnormality

Name of Volunteer (Please Print)		
Signature of Volunteer		
Date of Educational Scan		
Name of Family Physician		
DMS Program Faculty		
Student educational scanning of the _	(Scanning Procedure)	has shown
a question in the area of the(Organ)	

The scanning procedure which you have voluntarily undergone is not intended to diagnose medical conditions. Rather, the purpose is solely for students in the DCH School of Sonography program to gain experience. The scans are not read by any physician at DCH Health System. The fact that a possible abnormality has been seen is not intended to be a diagnosis, or to substitute in any way for medical treatment. If an abnormality has been detected during the scanning process, you should contact your personal physician to schedule formal diagnostic studies and/or further evaluation as he/she deems appropriate.

DCH Regional Medical Center School of Sonography Workplace Bullying

I. OVERVIEW

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives, that DCH will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including separation of employment.

II. POLICY

DCH defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. Such behavior violates DCH's Code of Ethics, which clearly states that all employees will be treated with dignity and respect.

Bullying may be intentional or unintentional. However, when an allegation of bullying is made, the intention of the alleged bully is irrelevant, and will not be given consideration when issuing accountability steps. In workplace harassment, it is the effect of the behavior on the individual that is important. DCH considers the following types of behavior examples of bullying:

- Verbal bullying: Slandering, shaming, ridiculing or maligning a person or his or her family; persistent name calling that is hurtful, insulting or humiliating; using a person to be the short end of the joke; abusive and offensive remarks.
- Physical bullying: Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to a person's work area or property
- <u>Gesture bullying</u>: Nonverbal threatening gestures; glances that can convey threatening messages.
- <u>Exclusion</u>: Socially or physically excluding or disregarding a person in work-related activities.
- Cyber Bullying: Taking the same actions noted above, but in electronic form over social media.

In addition, the following examples may constitute or contribute to evidence of bullying in the workplace:

- Persistent singling out of one person.
- Shouting or raising voice at an individual in public or in private.
- Using verbal or obscene gestures.
- Not allowing the person to speak or express himself of herself (i.e., ignoring or interrupting).
- Personal insults and use of offensive nicknames or epithets.
- Public humiliation in any form.

- Constant criticism on matters unrelated or minimally related to the person's job performance or description.
- Ignoring or interrupting an individual at meetings.
- Public reprimands.
- Repeatedly accusing someone of errors that cannot be documented.
- Deliberately interfering with processes, documentation, and other communications.
- Spreading rumors and gossip regarding individuals.
- Encouraging others to disregard a supervisor's instructions or impede operations.
- Manipulating the ability of someone to do his or her work (e.g., overloading, withholding information, assigning meaningless tasks, setting deadlines that cannot be met, giving deliberately ambiguous instructions).
- Inflicting menial tasks not in keeping with the normal responsibilities of the job.
- Taking credit for another person's ideas.
- Refusing reasonable requests for leave in the absence of work-related reasons not to grant leave.
- Deliberately excluding an individual or isolating him or her from work-related activities, such as meetings.
- Unwanted physical contact, physical abuse or threats of abuse to an individual or an individual's property (defacing or marking up property).
- Failing to follow proper procedures in an effort to set up or discourage the work of others.

Reporting Concerns

Everyone is encouraged to promptly report any concern with workplace violence to the attention of management. Any patient or visitor to DCH who believes that he has witnessed or been subjected to violence at DCH is encouraged to report the incident(s) to DCH management or Security. Any employee, volunteer, or physician who believes that he has witnessed or been subjected to workplace violence should report the incident(s) to DCH management, Security, or Human Resources.

DCH takes reports of workplace violence very seriously and will promptly investigate all reports of workplace violence. DCH will ensure that no retaliation is taken against anyone who reports a workplace violence concern. Any person suspected of engaging in workplace violence may be removed from DCH property pending the outcome of an investigation. Upon conclusion of the investigation, DCH will take appropriate actions, based on the findings of the investigation.

Nothing in this Policy is intended or to be construed in any way in interfering with another person's right to engage in protected or concerted activity as defined in Section 7 of the National Labor Relations Act.

Section VIII - Quick Reference

Sonography Administration and Faculty

Courtney Channell Program Director <u>Courtney.channell@dchsystem.com</u> 205.759.6039

Kim Crowley Clinical Kimberly.crowley@dchsystem.com 205.750-5036

Coordinator

.. . School

Kim Wiggins kimberly.wiggins@dchsystem.com 205.750.5169

Clinical Education Listings

<u>DCH Regional Medical Center – Inpatient</u>
<u>DCH Regional Medical Center – Outpatient</u>

809 University Blvd E. 809 University Blvd E. Tuscaloosa, AL 35401 Tuscaloosa, AL 35401

205.759.7338 205.750.5586

Andrea Malone, RDMS (AB) (OB/GYN), RVT (VT) Cortney Davis, RDMS A.S., (AB) (BR)(NE), RVT (VT)

DCH Northport Medical Center – NMC The Radiology Clinic

2700 Hospital Drive208 McFarland Circle NorthNorthport, AL 35476Tuscaloosa, AL 35406

205.333.4500 205-345-7000

Mallary Fuerch, B.S., RDMS (AB) (BR) (OB/GYN), RVT (VT) Kylie Townsend, RDMS (AB)(BR)(OB/GYN), RVT (VT)

<u>Clinical Times – subject to change with notification</u>

DCH Regional Medical Center – Inpatient 7:00 a.m. – 3:00 p.m. days

3:00 p.m. – 9:00 p.m. evenings

3:00 p.m. – 7:00 p.m. Fridays only

DCH Regional Medical Center – Outpatient7:00 a.m. – 3:00 p.m.DCH Northport Medical Center – NMC7:00 a.m. – 3:00 p.m.

The Radiology Clinic 7:00 a.m. – 7:00 p.m.

DCH School of Sonography Academic Calendar

2026

January 2026								
S	M	Т	W	Т	F	S		
				-1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
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February 2026							
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April 2026							
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May 2026						
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July 2026							
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September 2026									
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October 2026								
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	November 2026									
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27	28	29	30	31						

Important dates

March 16 - 20 May 4 - 8 June 29 - July 3 Aug 31 - Sept 7 Dec 21 - Jan 8, 2027 Holidays

Jan 1 - New Year's Day May 25 – Memorial Day June 19 - Juneteenth July 3 - Independence Day observed Sept 7 - Labor Day Nov 26 - Thanksgiving Dec 25 - Christmas Day

DCH School of Sonography Academic Calendar

2027

	January 2027								
S	M	Т	W	Т	F	S			
					1	2			
3	4	-5	-6	-7	8	9			
10	11	12	13	14	15	16			
17	18	19	20	21	22	23			
24	25	26	27	28	29	30			
31									

	February2027									
S	M	Т	W	Т	F	S				
	-1	2	3	4	5	6				
7	8	9	10	11	12	13				
14	15	16	17	18	19	20				
21	22	23	24	25	26	27				
28										

	March 2027								
S	M	Т	W	Т	F	S			
	-1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30	31						

	April 2027								
S	M	Т	W	Т	F	S			
				-1	2	3			
4	5	6	-7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30				

May 2027								
S	M	Т	W	Т	F	S		
						1		
2	3	4	-5	6	7	8		
9	10	11	12	13	14	15		
16	17	18	19	20	21	22		
23	24	25	26	27	28	29		
30	31							

June 2027								
S	M	Т	W	Т	F	S		
		1	2	3	4	5		
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		
27	28	29	30					

July 2027								
S M T W T F S								
				1	2	3		
4	-6	6	-7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29	30	31		

August 2027						
S	M	Т	W	Т	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	September 2027					
S	M	Т	W	Т	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2027						
S	M	Т	W	Т	F	S
					1	2
3	4	5	6	-7	8	9
10	-11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2027						
S	M	Т	W	Т	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2027						
S	M	Т	W	Т	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22		24	25
26	27	28	29	30	31	

Important dates

March 15 - 19 May 3 - 7 July 5 - 9 Aug 30 – Sept 6 Dec 20 – Jan 9, 2028

Jan 1 - New Year's Day May 31 – Memorial Day June 19 - Juneteenth July 5 - Independence Day observed

Holidays

Sept 6 - Labor Day

Nov 25 - Thanksgiving Dec 24 - Christmas Day observed Dec 31 - New Year's Daylobserved The above handbook has been reviewed and approved by the appropriate administrative/legal counsel as indicated:

Revision Date	Review Date	Reviewed by	Final approval by
8/25	8/26	Advisory Committee	Courtney Channell, RDMS