

**Diagnostic Medical  
Sonography  
Technology Program  
Student and Clinical  
Handbook  
October 2019**

**Diagnostic Medical Sonography Department**

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## Faculty

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Dr. Osmany DeAngelo M. D	Medical Advisor

## **Affiliations**

**Hialeah Hospital**  
**Larkin Palm Spring Campus**  
**Larking Community Hospital**  
**Baptist Health West Kendall**  
**Coral Gables Hospital**  
**Florida Diagnostic Center**  
**Doral Diagnostic Center**  
**Pinnacle Imaging Group**  
**B&G Diagnostic**  
**Pancitas**  
**Community Health South**  
**Gastro Health**

## **PROGRAM INFORMATION**

### **Introduction**

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

### **Statement of Non-Discrimination**

The DMST program follows the non-discrimination statement of Florida National University which can be found in the Florida National University Student Handbook.

### **Diagnostic Medical Sonography Technology: Associate in Science Degree**

The DMST curriculum is designed to prepare students for employment as an entry-level sonographer in hospitals, clinics, private offices and other facilities where diagnostic imaging is available. The program is based on approximately twenty-six months of full-time study. The Diagnostic Medical Sonography Program is a general concentration (Abdominal and Obstetrics/Gynecology) program that includes several introductory courses to other concentrations as are vascular Sonography and echocardiography. The curriculum is standardized in compliance with National Curriculum outline and accreditation agencies to provide the competency-based, outcome-oriented, didactic, laboratory, and clinical experience. Students are scheduled to attend 28 clinical hours per week, within five days out of the week (during clinical externship) and as for the didactic and laboratory session these are schedule as offered each term Students will be provided course syllabi that contain course-specific objectives.

The structure of the curriculum is designed to include didactic and supervised clinical education to assure adequate opportunity for the student to achieve all didactic and clinical requirements. Students are expected to be able to rotate through all clinical education centers. Clinical rotation schedules are specifically designed to offer all student equitable clinical education and provide them with the opportunity to complete clinical objectives and competencies in order to meet program requirements for graduation. The purpose of the clinical practicum in the program is:

- a. The student will learn to perform all procedures and attain patient interaction skills.
- b. The clinical practicum will provide an opportunity for the student to develop the critical thinking skills and professionalism necessary to manage the responsibilities he/she will encounter as a registered diagnostic medical sonographer.

The student is expected to treat the clinical practicum as if it were a job. The student's technical skills and professionalism will be evaluated by clinical site instructors, program educational assistants, and program faculty through observation of performance in clinical areas as well as in the program facilities. The behaviors the student develops during the time spent in the program are behaviors that will follow the student in the future as an employed sonographer.

This curriculum allows candidates enrolled in the program not only to have diversified marketable skills, but also to seek further education within the health-care field.

Upon completion of the program requirements graduates will receive an Associate of Science in Diagnostic Medical Sonography Technology degree and will be able to:

- c. Are prepared to apply for candidacy to a National Qualifying Examination for certification in Sonography with the American Registry of Radiologic Technologists (ARRT) and/or the American Registry of Diagnostic Medical Sonographer (ARDMS).
- d. Seek entry-level employment as a diagnostic medical sonographer, upon successful completion of all program requirements.

### **Mission Statement**

Mission of the Diagnostic Medical Sonography program at Florida National University is to provide students with high quality of instruction by qualified professionals in the field of Diagnostic Medical Sonography in preparing the graduate with the entry level skills required for employment as a sonographer. The mission of the program is supported by educational staff, affiliates, medical advisor and community representatives as part of the advisory board who are active in the review of the program and its content. The curriculum that is followed in this program is in compliance with the National Educational Curriculum for Sonography (NEC) outline and accreditation agencies to provide the competency-based, outcome-oriented, didactic, laboratory, and clinical experience as it relates to the general concentration which includes abdomen, obstetrics and gynecology (OB/GYN).

### **Program Objectives**

The main objective of the degree is to provide an excellent educational background so its graduates are able to successfully and proficiently:

1. Demonstrate competency in group dynamic, through the abilities necessary to work on team projects assigned
2. Demonstrate and have proficiency to input and examine patient data and information into computer systems using facility software
3. Use suitable modes of inquiry and judgment to propose solutions to complex problems by listening and thinking critically
4. Have the ability to modify scanning protocols and adapt them to emergency patients
5. Have the ability to evaluate images for diagnostic quality
6. Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician at an entry-level position
7. Perform necessary entry level protocols required within the field

8. Provide the proper anatomy, physiology and pathology referenced, required for an entry level position
9. Obtain pertinent patient history and supporting clinical data for presentation to the diagnosing physician
10. Knowledge of how to record proper patient history and supporting clinical data as required for an entry level position
11. Have the ability to report require clinical data to diagnosis physician
12. Develop an understanding of exercising discretion and judgment in the performance of sonographic and/or other non-invasive diagnostic services
13. Understand and demonstrate HIPPA compliance as it relates to patient privacy  
Promote professional and ethical conduct and support the learning of appropriate communication.

**Program Goals:**

- 70% of students will pass their registry/certification
- 70% of graduates will be placed in the field of study
- Less than or equal 20% attrition will be maintained by the program

**PERSONNEL RESPONSIBILITIES**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

**1. Program Director**  
**a. Responsibilities**

The program director must be responsible for the structure as well as the daily operation of the program, including organization, administration, periodic review and evaluation, continued development, and general effectiveness of program curricula. The program director must ensure that the effectiveness of all clinical affiliates/clinical education centers is maintained. The responsibilities of the program director must not be adversely affected by educationally unrelated functions.

**Note:** All candidates will present an interview process with the program director prior to entering the ASDMS program.

**b. Qualifications**

The program director must;

- 1) Be an appointed faculty member or institutional equivalent
- 2) Possess a minimum of a Bachelor’s Degree Diagnostic Medical Sonography
- 3) Have course work in instructional methodologies, evaluation and assessment
- 4) Possess the appropriate credential(s) specific to one or more of the concentration(s) offered.
- 5) have proficiency in curriculum development;
- 6) Possess a minimum of two years of full-time experience as a registered sonographer in the professional sonography field. Full-time is defined as 35 hours per week.

*As of January 1, 2012, program directors at CAAHEP-accredited Diagnostic Medical Sonography programs will be grandfathered for the Bachelor’s degree requirement in their current positions at their current institutions. Upon leaving the grandfathered position the*

*individual will be required to meet all of the qualification standards in order to qualify as a Program Director at another institution.*

## **2. Concentration Coordinator(s)**

### **a. Responsibilities**

Concentration coordinator(s) report(s) to the Program Director, and must be designated and responsible for the coordination of concentration(s) for which the Program Director does not possess the appropriate credential.

### **b. Qualifications**

Concentration coordinator(s) must:

- 1) Be an appointed faculty member or institutional equivalent;
- 2) possess an academic degree at least equivalent to the degree that is offered in the concentration(s) that s/he is designated to coordinate;
- 3) Possess the appropriate credential(s) specific to the concentration(s) that s/he is designated to coordinate;
- 4) have proficiency in curriculum development;
- 5) Possess a minimum of two years of full time experience as a registered sonographer in the professional sonography field. Full-time is defined as 35 hours per week.

## **3. Clinical Coordinator(s)**

Programs with eight or more clinical affiliates / clinical education centers must have an additional faculty member designated as the clinical coordinator. For programs with fewer than eight clinical affiliates/clinical education centers that do not have an additional faculty member designated as the clinical coordinator, the Program Director must have the qualifications and fulfill the responsibilities of the Clinical Coordinator.

### **a. Responsibilities**

The clinical coordinator(s) must be responsible for coordinating clinical education with didactic education as assigned by the program director. The clinical coordinator must evaluate and ensure the effectiveness of the clinical affiliate/clinical education centers. The clinical coordinator's responsibilities must include coordination, instruction, and evaluation. The responsibilities of the clinical coordinator must not be adversely affected by educationally unrelated functions.

### **b. Qualifications**

The clinical coordinator(s) must possess, at a minimum, the following:

- 1) Proficiency in teaching methodology, supervision, instruction, evaluation, and guidance;
- 2) Appropriate credential(s) specific to the concentrations offered;
- 3) The equivalent of two years full-time professional experience as a general sonographer, cardiac sonographer, pediatric cardiac sonographer and/or vascular technologist. Full-time is defined as 35 hours per week; and
- 4) An academic degree no lower than an associate's degree and at least equal to that for which the graduates are being prepared.

*The clinical coordinator should document experience as a clinical or didactic instructor in a general sonography, cardiac sonography, pediatric sonography and/or vascular technology program. The instructor experience may have been attained concurrently with the professional experience requirement.*

## *Admission and Academic Requirements:*

### **PROGRAM REQUIREMENTS**

**This program is not designed for transfer to a senior institution.**

#### **Institution's Pre-Requisites**

#### **Entrance Requirements**

The Diagnostic Medical Sonography Department will admit students through a selective admissions process. The candidates must be able to meet academic and clinical requirements. The program is designed to be completed by a full time student in 26 months. These are the steps to admission and pre-selection to the program. All requirements must be completed for application consideration.

- Complete Florida National University Admission Application and return to Admissions Representative.
- All applicants must request official academic transcripts from high school and/or university and forward transcript(s) to the Campus Registrar.
- Direct admission offered only to academically qualified incoming freshmen. This means High School Diploma, SAT scores of 850 and above, ACT scores of 16 and above or TABE scores above 10<sup>th</sup> level in all components. Students must pass the TEAS exam to qualify. Complete the pre-required courses the first 4 semesters.

Candidates to DMST programs must:

- ✓ TEAS test for assessment of components.
- ✓ Complete a program application that includes an essay, two reference letters (One academic and one professional), and have a satisfactory interview with the DMS Program Director and staff.
- ✓ Additionally, applicants must present immunization records, a clear Level II FDLE/FBI and AHCA background check and a negative drug test.
- ✓ Students must meet a letter grade of "C" (2.0) on a 4.0 scale on each of General Education courses in order to proceed to the DMS core courses.
- ✓ All students must attend a programmatic orientation with the DMST Program Director and the Clinical Coordinator.

There is specific health, physical and technical requirements for advancement into all portions of the DMS program, more specifically into the clinical practicum.

If student fails to earn a "C" in a SON core course, the student will be dropped from the program with the option of returning to retake that course when offered again. However, the student will have to audit the core courses offered to the next cohort prior to reinsertion in that cohort, at no extra cost.

Students will be allowed to repeat only one core course. After repeating one core course, a letter grade below a "C" in any of the subsequent courses will result in complete withdrawal from the program, with no option to return at a later time.

Due to the rigorous nature and the time demands of the program, it is strongly recommended that applicants plan ahead financially for their 18 months in the program.

The student is responsible for all transportation necessary for travel to and from the hospitals/clinics/facilities for clinical experiences. As well as, of all other expenses, that will be generated to be in compliance with the program requirements.

Participation at all scheduled classes, laboratories and clinical practicums is mandatory; each one of those meetings is an essential component to the student's successful progress in the program.

Each student must:

1. Adhere to Florida National University's policies.
2. Adhere to the student role as outlined by each affiliate contract.
3. Adhere to the CAAHEP Code of Ethics.
4. Dress appropriately in accordance with the Diagnostic Medical Sonography Uniform Code.
5. Maintain patient confidentiality at all times in accordance with the Health Insurance Portability and Accountability Act of 1996 (**HIPAA** PL 104-191)
6. Demonstrate compliance for patient privacy and individual rights as outlined in the Patient's Bill of Rights.
7. Deliver optimum care in a non-discriminatory manner.
8. Document all services provided using proper English (verbal and written).
9. Report immediately any errors of omission/commission to the proper authorities.
10. Be punctual in reporting to the institution and assigned clinical affiliate as well as in submitting assignments.
11. Adhere to **OSHA** regulation while in attendance at the clinical affiliate.
12. Demonstrate physical, cognitive, and psychomotor competence.
13. Demonstrate a caring, empathic and non-selfish attitude.
14. Show respect for clinical affiliate staff and avoid the use of words or body language that could be misconstrued as derogatory.
15. Be physically able to perform studies that require portable equipment to be transported to rooms or floors other than the ones occupied by Ultrasound Department.
16. Have the required textbook for each course.
17. Complete 720 if enrolled after January 2020 and 800 hours in Clinical Externships if enrolled prior to January 2020.
18. Submit complete health and vaccination records during the first term of the programmatic component
19. Pass a level II background check and a drug screening during the first term of the programmatic component

## **THE STUDENT RESPONSABILITIES**

1. Make an effort to place the Diagnostic Medical Sonography Program first among all my commitments
2. Take advantage of Open Laboratory times and any tutoring and critiques offered by the Sonography instructors

3. Maintain a flexible calendar in order to meet any changes in lecture, lab or clinical course schedules/assignments required by the Program
4. Make an effort to manage his/her personal life, time and plans so as not to interfere with the ASDMS Program requirements and to ensure compliance with all the of the program objectives
5. Accept responsibility for meeting all school financial obligations
6. Meet the technical requirements established by the profession and the program
7. Seek assistance for study and test-taking skills from professors and the Program Director whenever needed
8. Make an effort to communicate effectively with the patient and all members of the health care team, especially the Clinical Instructor, Physicians, and other staff sonographers
9. Exhibit professional demeanor and qualities at all times during clinical hours
10. Demonstrate eagerness to participate in the performance of the sonographic exams
11. Respect the patient's privacy at all times; including refraining from entering the exam room once an exam is in progress without prior consent from the Clinical Instructor
12. Maintain my clinical documents daily and bring my documents to both didactic and clinical courses
13. Accept responsibility for meeting completion dates for all course assignments including Proficiencies including requesting the Clinical Instructor(s) to complete evaluations as scheduled
14. Make an effort to initiate activities that promote an in-depth study of sonography practices and principles including: assertive participation in challenging exams, review of interesting cases, discussions with physician interpreter, research of unusual or complicated cases
15. Understand that sonography requires the development of specialized skills such as hand-eye coordination and mental visualization of anatomy in the process of learning to perform studies. Therefore, given appropriate instruction in scanning techniques, the ability to perform sonograms rests solely in the students' abilities and talent
16. Make an effort to maintain realistic expectations of myself while progressing through the ASDMS program, relying on continuous feedback and evaluation from program faculty and clinical instructor(s)
17. Understand that the staff and faculty of Florida National University and the ASDMST program cannot make significant and/or frequent accommodations in the event of a personal crisis
18. Be aware that assistance is available to me via Student Services, but the student may need to seek additional sources of help outside of Florida National University if the matter at hand is associated with physical or psychological disability
19. Notify the ASDMST Program Director immediately if unable to meet my obligations as an ASDMST Program student at Florida National University.
20. Understand that inability to comply with course objectives, Florida National University and/or Program Policies, and Procedures may lead to the student's inability to complete the requirements of the program and possible withdrawal from the ASDMST Program.

## **ACADEMIC REGULATIONS INFORMATION**

### **A. STUDY TIME RECOMMENDATIONS**

1. \* *Courses are structured to require a minimum of three (3) hours of preparation for each class hour and laboratory hour. For example, a six (6) hour credit course will require a minimum of eighteen (18) hours of study/preparation time per week.*
2. \*In order to meet the demands of the course work, it is recommended that students do not exceed twenty (20) hours employment each week.

### **DESCRIPTION OF PROFESSION**

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

The general sonographer, adult cardiac sonographer, pediatric cardiac sonographer, and vascular technologist are able to perform the following:

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

The four learning concentrations are:

1. General (Defined as abdomen, obstetric, gynecologic, superficial parts, and other appropriate areas)
2. Adult Echocardiography (including adult congenital)
3. Pediatric Echocardiography (including adult congenital and fetal)
4. Vascular

## TECHNICAL STANDARDS AND ESSENCIAL FUNCTIONS

The goal of Associate of Science in Diagnostic Medical Sonography Technology Program is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The following technical standards and essential functions outline reasonable expectations of a student in the Associate of Science in Diagnostic Medical Sonography Technology Program for the performance of common sonographic imaging functions. The Diagnostic Medical Sonography student must be able to apply the knowledge and skills necessary to function in a variety of classroom, lab and/or clinical situations while providing the essential competencies of sonographic imaging. These requirements apply for the purpose of admission and continuation in the program.

<b>Essential Functions</b>	<b>Definition</b>	<b>Example of Sonography Technical Standard</b>
Observation	Ability to participate in all demonstrations, laboratory exercises, and clinical experiences in the professional program component and to appraise and know the condition of all patients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	<p>Adequately view sonograms, including color distinctions</p> <p>Recognize and interpret facial expressions and body language</p> <p>Distinguish audible sounds from both the patient and the ultrasound equipment (Doppler)</p> <p>Recognize and respond to soft voices or voices under protective attire</p>
Communication	Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, clients, families and all members of the healthcare team.	<p>Able to obtain information and assess non-verbal information</p> <p>Transmit information to patients, staff, fellow students, and other members of the health care team.</p> <p>Receive, write, and understand verbal and written communication in both the academic and clinical settings</p>

<p>Motor</p>	<p>Sufficient motor ability to execute the movement and skills required for safe and effective care and emergency treatment.</p>	<p>Lift more than 50 pounds routinely</p> <p>Push and pull, bend and stoop routinely</p> <p>Move, adjust, and position patients and equipment</p> <p>Have full use of both hands, wrists and shoulders</p> <p>Dexterity to manipulate transducer and control panel simultaneously</p> <p>Work standing on their feet 80% of the time.</p>
<p>Intellectual</p>	<p>Ability to collect, interpret and integrate information and make decisions.</p>	<p>Read and comprehend relevant information in textbooks, medical records, and professional literature</p> <p>Retain information</p> <p>Measure, calculate, reason, analyze, and synthesize</p> <p>Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence and within required time frame.</p> <p>Apply knowledge and learning to new situations and problem solving scenarios</p>
<p>Behavioral and Social Attributes</p>	<p>Possess the emotional health and stability required for full utilization of the student's intellectual abilities, the exercise of good judgment, the prompt completion of all academic and patient care responsibilities and the</p>	<p>Manage heavy academic schedules and deadlines</p> <p>Perform in fast-paced clinical situations</p> <p>Display flexibility</p> <p>Demonstrate integrity,</p>

	<p>development of mature, sensitive, and effective relationships with clients and other members of the health care team.</p> <p>Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients.</p> <p>Possess compassion, integrity, concern for others, and motivation.</p> <p>Possess the ability to demonstrate professional behaviors and a strong work ethic</p>	<p>concern for others, appropriate interpersonal skills, interest and motivation</p> <p>Interact compassionately and effectively with the sick or injured</p> <p>Comply with the Sonographer Code of Ethics, Clinical Practice Standards, and Scope of Practice (Society of Diagnostic Medical Sonography: <a href="http://www.sdms.org">www.sdms.org</a>)</p>
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### ***Program Learning Outcomes***

Upon completion of the program graduates will be able to:

1. Obtain entry level position as an ultrasound technologist.
2. Obtain registry in the field of study.

### **PROGRAM CONTACT INFORMATION**

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## **PROGRAM STANDARDS**

### **Student Code of Conduct**

DMST students are entering a profession that requires academic honesty and integrity. The discipline of sonography requires assumption of personal responsibility and ethical behavior in all settings, in keeping with the Code of Ethics for the profession of Diagnostic Medical Sonography approved by SDMS. (Refer to SDMS Code of Conduct section of this handbook and/or SDMS.org)

DMST program students are guests of the clinical affiliates. As guests, students are required to adhere to the clinical affiliates' standards as if they were employees of the clinical affiliates. Students must be sure to demonstrate appropriate behavior that:

1. Does not interfere with the operations of the college, program, or clinical affiliate.
2. Does not violate established standards and/or procedures.
3. Does not discredit the program.
4. Is not offensive to patients, visitors, program staff, clinical staff, or fellow students.

Inappropriate behavior is not tolerated and will be dealt with in accordance with the program disciplinary procedures.

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

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

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

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

### **ACADEMIC DISHONESTY:**

**Please refer to University Catalog and University Student Handbook.**

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

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

1. Cheating: Attempting to use an electronic device, study aid, assignment, or notes without the instructor's permission.
2. Plagiarizing: The act of using someone else's work without proper citation and submitting as your own work in an academic assignment. This includes internet images, bibliographies, and articles.
3. Falsifying: Using fake sources or information or citation in an academic requirement.

At Florida National University we expect the highest standards of academic honesty. Academic dishonesty is prohibited. This policy prohibits cheating on examinations, unauthorized collaboration on assignments, unauthorized access to examinations or course material, plagiarism, zero tolerance of threatening, intimidating, and violent behavior, and other proscribed activities. Plagiarism is defined as the use of another's idea(s) or phrases(s) and representing that/those ideas(s) as your own, either intentionally or unintentionally."

In addition, at Florida National University, the unauthorized use of any electronic device to convey information during an examination or any other form of assessment is considered academic dishonesty. Violations of academic integrity will be dealt with in accordance with program disciplinary procedures.

If you need assistance with citations and referencing, please visit the Florida National University library and or English Department.

In summary, students are expected to abide by the standards of professional behavior at all times. Any violation of HIPAA, ethics, professionalism, academic conduct, or social conduct will be dealt with in accordance with the disciplinary standards outlined in this handbook, the Florida National University, Student Handbook. Please note that this list of potential violations is not all inclusive and additional violations not listed will be dealt with in accordance with the program disciplinary standards. The University Student Handbook is

located on the University website ([www.fnu.edu](http://www.fnu.edu)). Please note that selected portions of the DMS curriculum are taught, reinforced, or reviewed through the use of educational software and instructional media such as videotapes, computer software programs, DVDs, or other online learning activities.

### **Program Disciplinary Standards**

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

### **Disciplinary Sanctions**

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

1. Documented verbal warning
2. Disciplinary written warning
3. Clinical/Academic disciplinary probation
4. Programmatic dismissal Disciplinary sanctions are generally progressive in nature and proportionate to the specific violation(s).

Depending on the severity of the violation, though, the first disciplinary sanction imposed may be immediate dismissal. In addition to the sanctions listed above, students with violations may also lose clinical time off (CTO) hours or may be temporarily removed from clinical. Furthermore, specific course violations may affect the student's grade in that course. The prior conduct record of a student shall be considered in determining the appropriate sanction for a student who has been found to have violated any program standards. In such cases where the continued presence of a student in the clinical setting constitutes a danger to the health and safety of patients or staff, the clinical affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. Any student who is dismissed from the clinical site for any reason must meet with the Program Director before returning to the clinical site. Due to the requirement that students in the DMST program must be eligible to rotate through all clinical sites, a student who is permanently removed from a clinical affiliate will be immediately dismissed from the program and will be ineligible for readmission to the DMS program at any time in the future. The dismissal of a student from any classroom or lab beyond one day (interim suspension), must be made in collaboration with the designated DMS Program Director and the Florida National University Dean overseeing Student Services. The faculty and staff involved will follow the process of Florida National University. The Program Director may also recommend to the Florida National University Dean overseeing Students that the reported behavior of the student be

addressed under the Student Conduct section of the Florida National University Student Handbook, which may lead to the student's suspension or expulsion from FNU.

### **Disciplinary Procedures**

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

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

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

### **Standards of Program Progression**

- The DMST program of study is sequential in nature. Students must meet all course requirements in order to progress to the next course. All DMST and co-requisite courses must be taken in the prescribed order according to the program of study. Students must meet a letter grade of "C" (2.0) on a 4.0 scale on each of General Education courses in order to proceed to the DMS core courses.

- All students must attend a programmatic orientation with the DMST Program Director and the Clinical Coordinator.
- If student fails to earn a “C” in a SON core course, the student will be dropped from the program with the option of returning to retake that course when offered again. However, the student will have to audit the core courses offered to the next cohort prior to reinsertion in that cohort, at no extra cost.
- Students will be allowed to repeat only one core course. After repeating one core course, a letter grade below a “C” in any of the subsequent courses will result in complete withdrawal from the program.
- Due to the rigorous nature and the time demands of the program, it is strongly recommended that applicants plan ahead financially for their 18 months in the program.
- The student is responsible for all transportation necessary for travel to and from the hospitals/clinics/facilities for clinical experiences. As well as, of all other expenses, that will be generated to be in compliance with the program requirements.
- Participation at all scheduled classes, laboratories and clinical practicums is mandatory; each one of those meetings is an essential component to the student’s successful progress in the program.

**Note:** A student whose grades fall below the minimum requirement will be dismissed from the program. Students who have been dismissed who wish to seek readmission must comply with the readmission procedure. Please note, if a student is granted readmission he/she will be required to repeat any course(s) in which the minimum required grade was not achieved.

### **Grading System for the Associate of Sciences Diagnostic Medical Sonography Technology Program**

The cumulative grade point average (GPA) is calculated by multiplying the number of credits by points per hour, then dividing the total points by the total credit hours. .

<b>Grade</b>	<b>Percentage</b>	<b>Evaluation</b>	<b>Points Per Credit</b>
<b>A</b>	<b>90-100%</b>	<b>Excellent</b>	<b>4.0</b>
<b>B</b>	<b>80-89%</b>	<b>Above average</b>	<b>3.0</b>
<b>C</b>	<b>70-79%</b>	<b>Acceptable</b>	<b>2.0</b>
<b>F</b>	<b>69% or below</b>	<b>Fail</b>	<b>1.0</b>

### **Review of Academic Standing (Appeal of Grade)**

The DMST program follows the University Review of Academic Standing (Appeal of Grade) procedure of Florida National University which can be found in the FNU Student Handbook.

## **Completion of the Program - Graduation**

In addition to the University's general requirements for graduation, students of the DMST program must have completed the following:

1. Program specific didactic courses with a minimum grade of "C".
2. Program specific laboratory courses with a minimum grade of "C".
3. Completed program specific clinical courses with a minimum grade of "C".
4. In addition, students must successfully complete all the required clinical initial attempts and competencies and the students must not owe any clinical time (800 hours) students enrolled in the 87 credit program and 720 for the program listed below that will begin on January 2020 with 84 credits. If the student owes clinical time, he/she must make sure they have completed the clinical time prior to the published graduation date in order to complete the program.
5. Students must demonstrate competency in the clinical activities listed below:
  - Five mandatory patient care procedures and be CPR certified
  - Five mandatory scanning techniques
  - Two mandatory equipment care activities
  - 16 mandatory imaging procedures
  - 11 elective imaging procedures selected from a list of 24
6. Complete exit examination with a numeric grade of 85% and or letter grade of "B".

All clinical documentation and ID badges must be returned to the clinical affiliate or Clinical Coordinator. Students who have not met all program requirements for graduation may not be considered for program awards and may not be allowed to participate Commencement Ceremony.

## **Re-admission Policy into the Diagnostic Medical Sonography Technology (DMST) Associate of Science Program.**

### **Policy:**

- If a student earns a grade less than a "C" in a DMS core course, the student will not be allowed to continue with her/his current cohort and be temporarily withdrawn from the program.
- The student will have the option of re-entering the program the next time a cohort reaches the DMS course that the student needs to re-take (usually within the period of one academic year).
- However, the student will first have to meet with the DCE (Director of Clinical Education) and the PD (Program Director) for them to re-assess acceptance criteria.
- If the student earns a grade less than a C in the same course or in any other DMS core course after the re-entry, the student will be terminated from the program, with no option to return or re-apply.
- Student opting for re-entry into the program must retake all core courses taken by the cohort where student is re-inserting in the Audit modality, but with the same

attendance and academic requirements as all students in the re-inserting cohort. Audit courses are mandatory for re-entry students but free of charge.

- Students that want to re-enter the program after a period of a year has lapsed since the student was temporarily withdrawn will have to go through the entire program's admission procedure and will have to audit, at no extra charge all of the DMST core courses taken (in sequence as per program policy) up to the re-insertion course.
- Student disqualified for legal, ethical, and or safety issues, will not be considered for re-entry.

**Procedure:**

- 1- Students who do not earn a C grade in an DMST core course will be notified in a joint session by the professor in charge of the class and either the DCE or the PD.
  - a. The notification will be done in writing.
  - b. The student will be invited to read the form and sign it.
  - c. If the student refuses to sign the form, it will be noted on the form and co-signed by the faculty in attendance.
  - d. A note will be written in the student's electronic record as well, and an email will be sent to the student with information about the options: re-enter the program when a new cohort starts, or drop from the program.
  - e. The student will have 8 weeks to make a decision about either re-entering at a later date or dropping from the program, and will write a letter to the DCE and PD notifying them of their final decision.
- 2- Should the student decide to re-enter the program with the next cohort, it is the responsibility of the student to keep up to date as to the start date of the cohort she/he is entering into.
  - a. On the term previous to the start of the next cohort, the student wanting to re-enter the program must meet with the DCE and PD to discuss re-admission criteria.
  - b. The student will receive notification of the DCE and PD decision via email within a week of the meeting.
  - c. If re-accepted to the program, the student must come to Registration to discuss procedures to be followed for re-admission to the institution.
  - d. A note will be then entered into the student's electronic record attesting to the procedure.
- 3- Re-admitted students will need to complete a new drug, level 2 background, and AHCA screening prior to re-admission.

**Ineligibility for Readmission**

The following students are ineligible for readmission:

- A student who has already been readmitted once

- A student who has been absent from the sonography program for more than 12 months (due to withdrawal or dismissal).

### **Didactic Attendance**

By enrolling in the university, the students accept responsibility to take full advantage of their educational opportunity by regularly attending all classroom and laboratory sessions. In the case of absence, program students are expected to notify the faculty 30 minutes prior to the start of the class. Excessive tardiness is a disruption to the class and will be dealt with as outlined in the syllabus. Individual instructors establish their own class attendance policies. Each instructor's policy is included in the course syllabus and distributed at the beginning of each semester.

- Any anticipated prolonged absences should be reported to instructors as soon as possible
- If you stop attending class(es) for any reason, you must consult with your instructor(s) and registrar about possible withdrawal from the class(es).

Students are responsible for the timely submissions of work, regardless of absences.

Please note: attendance policies for programmatic practicum components may differ. Students should be aware of their respective program requirements when attending any practicum components.

Please refer to university catalog page 63, 64, Leave of Absence and Standard Period of Non-Enrollment.

Should a student miss any classes one (1) week after being placed on academic warning, the Program Director will notify the student of their withdrawal from the institution. Upon notification of withdrawal, a student will have seven (7) days to appeal this decision. Please see the institutions grievance procedure and policy within the Florida National University Catalog or handbook regarding how to begin the appeal process.

### **School Closing/Inclement Weather**

The student should refer to area radio and television stations or the university website for class delays, late openings, cancellations, or school closing. In the event that university classes are cancelled, clinical experiences for that date are also cancelled. The clinical affiliate staff members do not have the authority to allow students to be excused from attending clinical due to inclement weather. Students can use their available CTO (Clinical Time Off, four or eight hours) during inclement weather if they are concerned about driving conditions.

### **Clinical Attendance**

It is the responsibility of the student to attend clinical and arrive on-time at their assigned clinical affiliate. It is required that all students attend all scheduled clinical hours. Please note that FNU liability insurance covers students for scheduled hours only. Excessive tardiness or absence will detract from a student's clinical education and may possibly affect the student's clinical grade and progression in the program. Students are scheduled for four hours of clinical on their designated clinical days. Assigned hours for daytime clinical rotations are 7:00 am to 7:00 pm and assigned hours for evening clinical rotations are 3:00 p.m. – 11:00

p.m. The student will take half hour lunch/dinner break during their scheduled clinical shift. Students should report to the clinical location a few minutes prior to their assigned time so that they are ready to begin clinical at their start time. Please note that these hours cannot be changed by the student. It is the student's responsibility to clock-in and clock-out daily using the program's clinical hour logs. Accurate and timely clock-ins and clock-outs will be part of the student's clinical grade. Accurate attendance records are extremely important and any inaccuracies or falsifications will be dealt with in accordance with program disciplinary procedures. Students are required to fulfill all of their clinical obligations. Therefore, no one is permitted to leave the clinical site before their shift ends unless the Clinical Coordinator has been informed and has granted prior approval. Tardiness is defined as clocking-in to your assigned clinical site after your scheduled start time or returning late from your scheduled break. Missing or forgotten clock-ins and clock-outs are treated in the same manner as tardiness and leaving early, respectively. If there is a site specific reason for the late or missing clock-in/clock-out, it is the student's responsibility to have the site notify the FNU Clinical Coordinator within one week (either verbally or in writing). Tardiness and missed clock-ins/clock-outs will not be tolerated and three incidents of either of these will result in a loss of eight hours of CTO. Chronic absenteeism, tardiness, missed clock-ins/clock-outs, and leaving early without informing the Clinical Coordinator will be dealt with in accordance with program disciplinary procedures. Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Students must complete their scheduled hours at their assigned clinical sites. Please note that scheduled clinical sites cannot be changed by the student. Violations such student-initiated changes with the clinical site or student-initiated clinical changes with other students will be dealt with in accordance with program disciplinary procedures. The Clinical Coordinator/Program Director reserves the right to change clinical assignments at any time and with little to no notice due to educational and/or staffing needs. Student requests for changes in clinical rotation assignments will not be considered. Students are required to be eligible to rotate through all clinical sites. Students who are unable to report for clinical at the start of their scheduled shift must notify their Clinical Coordinator AND the Clinical Instructor assigned to the clinical area at least 30 minutes prior to the scheduled shift. Clinical Time Off (CTO) Students may only take CTO time in four or eight hour blocks. Students are allotted two CTO days per practicum. All CTO must be recorded on a CTO form and submitted to the Clinical Coordinator as follows:

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

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

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

### **Veteran's Attendance Policy**

Early departures, class cuts, tardiness, etc., for any portion of a class period will counted as 1 absence.

Students exceeding 20% total absences in a calendar month will be terminated from their VA benefits for unsatisfactory attendance.

In order to show that the cause of unsatisfactory attendance has been removed, students must show good attendance (as defined) for one calendar month after being terminated for unsatisfactory attendance. After such time, the student may be recertified for VA education benefits.

The student's attendance record will be retained in the veteran's file for USDVA and SAA audit purposes.

### **Bereavement Time**

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

### **Leave of Absence**

A leave of absence may only be taken after satisfactorily completing the first semester of the DMST program. If a student decides to withdraw from the DMST program before the successful completion of the first semester, he/she must reapply to the program as a new student. In the case of extenuating circumstances such as extensive illness, hardship, or emergency, a student who has successfully completed the first semester of the program may request a leave of absence of up to two semesters from the program. This request must be made in writing to the Program Director. Students who are granted a leave of absence and who wish to re-enroll must comply with the steps outlined in the readmission process.

## **Pregnancy Policy**

### **Pregnancy Declaration - Student Choice**

Students who are pregnant are not allowed or encouraged to perform ultrasound scans on themselves or to allow other students or sonographers to perform ultrasound examinations which have not been ordered by a physician.

Students who are pregnant are expected to maintain their academic standing for each class including clinical rotations. Time missed is to be made up according to existing policies. Students who find a hardship with their clinical rotation due to pregnancy may petition a change in clinical rotation. Changes may be made if it does not get in the way with the clinical education of another student, place the requesting student at significant advantage, and does not significantly affect the schedules of staff.

The DMST program, clinical affiliates, and GCC will not assume liability for exposure in any case of pregnancy.

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

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

Additionally, the pregnant student has the option to request a film badge for radiation monitoring (at a fee) and has the option to take a leave of absence. If the student decides to take a leave of absence, the student must comply with the readmission requirements of the program. Please see leave of absence, standards of program progression, and readmission requirements in this handbook. Please note that the student may withdraw a declaration of pregnancy at any time in writing. Students who are absent from clinical beyond their allotted CTO will need to take a leave of absence. Students cannot begin the next semester's academic classes if all clinical requirements have not been completed. Please see leave of absence, standards of program progression, and readmission requirements in this handbook.

### **Change of Address**

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

### **Withdrawal from the Program**

If a student wishes to withdraw from the DMST program, the student must meet with the Program Director and the Allied Health Division Head. If the decision to withdraw is final,

the student must provide a written notice of withdrawal with a general explanation for the withdrawal.

## HEALTH AND SAFETY

### Allied Health Immunization Policy

Following recommendations for the Immunization for Health-Care Workers issued by the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) of the Centers for Disease Control and Prevention, and to comply with clinical facilities' requirements, all Florida National University students who are pursuing a program that requires a clinical rotation or externship (Medical Assistant, Respiratory Therapy, Radiologic Technology, Diagnostic Medical Ultrasound, Physician Assistant, Physical Therapist Assistant, and certain Nursing programs) must have the following vaccines, which must be up-to-date and administered according to the schedules noted below, before beginning their rotation or externship in a clinical facility:

Vaccines/Tests	Requirement
<b>Hepatitis B</b>	<p>If you do not have documented evidence of a complete HepB vaccine series, or if you do not have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination), then you must:</p> <ul style="list-style-type: none"> <li>Get a 3-dose series of the vaccine available: dose #1 now, #2 in 1 month, #3 approximately 5 months after #2.</li> </ul>
<b>Flu (Influenza)</b>	Get 1 dose of influenza vaccine annually during Flu outbreak: October 1 <sup>st</sup> to March 30 <sup>th</sup> of each year.
<b>MMR (Measles, Mumps, &amp; Rubella)</b>	<p>If you were born before 1957 and there is no immunity for Measles, Mumps and Rubella (i.e., no serologic evidence of immunity), the student must get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you do not have an up-to-date blood test that shows, you are immune to rubella, only 1 dose of MMR is recommended.</p>
<b>Varicella (Chickenpox)</b>	If you have not had chickenpox (varicella), if you have not had varicella vaccine, or if you do not have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of varicella vaccine, 4 weeks apart.
<b>Tdap (Tetanus, Diphtheria, Pertussis)</b>	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get Td boosters every 10 years thereafter.</p>
<b>Tuberculosis (TB)</b>	Get PPD skin tests as described below.

Vaccines/Tests	Requirement
	<p>The PPD skin test is a method used to determine if someone has developed an immune response to the bacterium that causes tuberculosis (<b>TB</b>). PPD stands for <b>purified protein derivative</b>.</p> <p><i>The PPD test must be repeated every 6 months.</i></p> <p>QuantiFERON tuberculosis <b>test</b> is an alternative to the <b>PPD</b>. QuantiFERON is simply a <b>blood test</b> approved to diagnose latent or active tuberculosis in a patient.</p> <p>Certain people should be tested for TB infection because they are at higher risk for being infected with TB bacteria, including:</p> <ul style="list-style-type: none"> <li>• People who have spent time with someone who has TB disease</li> <li>• People from a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)</li> <li>• People who live or work in high-risk settings (for example: correctional facilities, long-term care facilities or nursing homes, and homeless shelters)</li> <li>• Health-care workers who care for patients at increased risk for TB disease</li> <li>• Infants, children and adolescents exposed to adults who are at increased risk for latent tuberculosis infection or TB disease</li> </ul>

### Immunization Timing and Submission Requirements

Compliance with the immunization policy described above must be demonstrated at the time of completing the clinical documentation package to be submitted to the clinical facility. Students must also demonstrate that the Flu vaccine was received during each annual Flu season as noted above. Additional information, including due dates, will be provided by the Director of Clinical Education or appropriate Program Director.

All immunization records must be submitted to the Director of Clinical Education or appropriate Program Director as advised and by the specified due date.

Failure to comply with these immunization requirements will prevent students from being accepted or continuing in a clinical rotation or externship and graduating from their program.

### Additional Clinical Facility Immunization Requirements

Immunization requirements are established in part by the University's affiliated clinical facilities. The immunization requirements listed above may be modified or expanded if required by the clinical facility at which a student will complete their rotation or externship. If so, additional information will be provided by the Director of Clinical Education or the appropriate Program Director.

## Health Requirements, Toxicology Screening, and Background Check

- All students are required to submit a current health assessment completed by a primary care provider within the last twelve months. This assessment must be submitted to Castle Branch (Certified Background) by the due date stated on the candidate reply form. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. Some clinical affiliates may require the student to directly submit health assessment forms and/or immunizations to the clinical site prior to the beginning of the clinical rotation. Students will receive advance notification of this request prior to their clinical rotation and non-compliance will be dealt with in accordance with program disciplinary procedures.
- Each student must provide documentation of current American Heart Association Basic Life Support (BLS) for Healthcare Providers certification. Online CPR classes will not be accepted. American Heart Association Basic Life Support (BLS) for Healthcare Providers certification must remain current for the duration of the program.
- Certain items may require additional follow-up during the program (i.e. Hepatitis B immunization, Influenza vaccine, and Tuberculin testing). The student is required to follow all instructions for documentation of immunization status (with the required laboratory reports) and to obtain the signature of the health care provider as indicated. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the Hepatitis B immunization series must submit the Hepatitis B waiver form.
- Each student must provide Castle Branch (Certified Background), and in some cases the clinical affiliates, with documentation of the results of an annual or semi-annual PPD (Tuberculin) test. Each student must have documentation of PPD results that were obtained within the last year on file at the college and some clinical sites are now requiring semiannual documentation of PPD results. Students who have a history of a positive PPD must submit one of the following: chest x-ray report within the past two years or Quantiferon Gold lab test. In addition, clinical affiliates require that all students have yearly influenza vaccinations.
- All costs incurred for the health assessment, vaccinations, toxicology screen, background check, PPD, and BLS/CPR/AED certification are the student's responsibility.
- Non-compliance or incomplete paperwork regarding the health requirements, toxicology screen, background check, or BLS/CPR/AED will be dealt with in accordance with program disciplinary procedures.

### **Criminal Background Checks & Toxicology Screening**

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screening may be required for all students prior to participation in clinical experiences. Due to this requirement, student refusal of either the background check or drug screening will result in dismissal from the program due to the inability to complete clinical learning requirements. Students must follow college and program instructions for obtaining criminal background checks and toxicology screenings. Students who are found guilty of having committed a felony, misdemeanor, and/or are found to have a positive toxicology screen may be prevented from participating in clinical experiences. Results of student background checks and toxicology screening do not become a part of the student's educational record, as defined by the Family Educational Rights and Privacy Act ("FERPA").

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

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

1. Fees for all screenings must be paid by the student
2. The need for additional screening/assessment beyond the initial screening/assessment is related to clinical affiliate requirements and/or results of the initial screening/assessment
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that insures the integrity, accuracy, and confidentiality of the information
4. Students are not allowed to hand-deliver results of either toxicology screening or criminal background checks
5. Students are required to sign a release for results of toxicology screenings and criminal background checks to be sent to their program
6. Results of toxicology screenings and criminal background checks are NOT a part of the student's "educational record" as defined by the Family Educational Rights and Privacy Act ("FERPA").

### **Toxicology Screening Standards and Guidelines**

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

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

### **Toxicology screening that requires retesting:**

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

### **Response to a confirmed positive toxicology screen**

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

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

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

### **Reasonable Suspicion Screening**

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

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

1. Physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of drug/alcohol use
2. Presence of an odor of alcohol or illegal substance
3. Abnormal conduct or erratic behavior during clinical or on-campus learning activities, chronic absenteeism, tardiness, or deterioration of performance regardless of any threat to patient safety
4. Suspected theft of medications, including controlled substances, while at the clinical facility
5. Evidence of involvement in the use, possession, sale, solicitation, or transfer of illegal or illicit drugs while enrolled in the DMST program.

### **Criminal Background Checks Standards and Guidelines**

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

### **Incident/Accident Reports**

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

### **Standard Precautions and HIPAA**

Students enrolled in the DMS program must adhere to all policies and procedures concerning standard precautions and infectious diseases and the Health Insurance Portability and Accountability Act of 1996 (cell) as practiced at the assigned clinical affiliate. Students must never disclose confidential information including patient identifying information, medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on “Protected Health Information” which includes any “individually identifiable health information.” This includes individual identifying information; potentially identifying information; past, present, or future physical/mental health; the delivery of health care; or the past, present, or future payment for the delivery of health care. Individually identifiable health information includes many

common identifiers such as name, medical record number, date of birth, address, and Social Security number that may be located on electronic or printed images or documents from the clinical site. All individual identifiable health information must be completely removed from all electronic or printed images or documents from the clinical site. Please visit [www.hhs.gov/hipaa/for-professionals/index.html](http://www.hhs.gov/hipaa/for-professionals/index.html) for more information. Failure to adhere to this code is professionally unacceptable and potentially compromising from a medical/legal standpoint. Furthermore, it constitutes a violation of the “Right to Privacy Act” and HIPAA. Violations will be dealt with in accordance with program disciplinary procedures.

### **Communicable Disease Policy**

In order to protect the safety and health of Florida National University students, the following Communicable Disease policy has been designed and adopted by the University. This plan will be utilized by students, staff and faculty to assist in the management (and prevention) of communicable diseases by the Centers for Disease Control. A Communicable Disease is a disease that can be transmitted from one person to another person (direct contact); from an inanimate object (indirect); from conjunctival, nasal, oral mucosa, etc. (droplet or airborne) or through contact with food, water, animals, etc. (common vehicle).

Some examples of Communicable Diseases and protocol for management according to the CDC.

<b>Disease</b>	<b>Information</b>	<b>Transmission</b>	<b>Incubation Period</b>	<b>Action/Restrictions</b>
Rubella (active)	Most contagious when rash appears	Transmitted by nasopharyngeal droplets	12-23 days	Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.
Scabies and Pediculosis	Lice - transmitted by infestation of mites	Direct contact by person or inanimate objects	Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection	No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.
Streptococcus	Can be a natural carrier. Various diseases	Direct contact	Varies 2-10 days	No contact for at least 24 hours after appropriate prescription medications have started
Tuberculosis	Please see BBP/OSHA training	Please see BBP/OSHA training	Please see BBP/OSHA training	Students will need TB skin tests before a clinical rotation at a hospital or

				clinic. No contact until proven noninfectious
Vaccinia (smallpox)	WHO declared world free of smallpox in 1980		Theoretical risk with contact with dressings or recombinant vaccination	Vaccination recommended for select individuals
Varicella	Chickenpox or shingles Vaccination available	Direct contact (airborne has also occurred)	10-21 days	No contact until lesions are dry and crusted. Can develop immunity after being infected by Varicella
Viral respiratory infections (flu, RSV, rhinovirus, etc.)	Some vaccinations available for certain strains	Direct contact, droplet or airborne	1-5, day 3 most contagious	No contact until directed by health professional.
COVID-19	No vaccination is available	Direct contact, droplet or airborne	5-12 day	Must stay home quarantine for 12-day period. Recommended to stay home minimal contact with group of individuals. Please refer to <a href="https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.htm">CDC.gov/coronavirus/2019-ncov/about/prevention.htm</a>  (Please follow guidelines)

Disease	Information	Transmission	Incubation Period	Action/Restrictions
Blood borne Pathogens (Hepatitis B, C and HIV)	Please see BBP/OSHA training	Please see BBP/OSHA training	Varies	Vaccination available for Hepatitis B. Please see BBP /OSHA training for more information
Conjunctivitis	Bacterial or viral	Transmitted by direct contact with individuals or equipment	5-12 days	Referral for MD evaluation and medication. No contact until discharge from eye(s) ceases

Diphtheria	Rare in US	Transmitted by droplets or direct contact	2-5 days	No contact. Need to have anti-microbial therapy & 2 negative cultures more than 24 hours apart
Acute Gastrointestinal infections	Variety of causes – bacteria, virus and protozoa	Transmitted by direct contact, contaminated food, water, etc. airborne	Varies	Need to practice good hygiene to prevent infections. Restricted contact until asymptomatic
Hepatitis A	Viral infection	Oral/Fecal	15-50 days	Vaccination available, practice good hygiene and restricted contact until 7 days after onset of jaundice.

If uncertainty occurs, proper referral to a medical professional for diagnosis and treatment is a must.

**Florida National University Guidelines Regarding Communicable Diseases**

1. Student must have BBP/OSHA training on file.
2. Students must utilize Universal Precautions and good hygiene according to BBP/OSHA training at all times.
3. If there has been a potential exposure to a BBP or communicable disease, the student must communicate that information with the program director and fill out the appropriate incidence report form (BBP).
4. If a student becomes ill, students are encouraged to self-isolate and to seek medical treatment. Under certain situations of a communicable disease, proof of MD work/school release may be required.
5. The student must communicate medical absences to the Program Director and the appropriate Florida National University faculty as soon as possible.

**Infection Control Policy:**

The purpose of the Infection Control Policy is to ensure the safety of patients, families, healthcare workers, and students from infectious diseases. Infection control is the use of techniques and precautionary methods in order to prevent the transmission of contagion, nosocomial infections and AIDS. The following are general infection control (Universal Precautions Guidelines)

1. Remove jewelry, such as rings with stones and nail polish. They harbor microorganisms that are difficult to remove.
2. Always wear freshly laundered clothing
3. Practice good hand washing techniques
4. Use the following precautions when so prescribed:
  - a. Wear gloves

- b. Wear protective eye wear (goggles)
  - c. Wear appropriate gowns
  - d. Dispose of all contaminated wastes into its proper disposal site(s) or container (s).  
Check your particular experiential training site procedures
  - e. Clean all surfaces with an approved disinfectant or germicide
  - f. Wash hands before and after contact with patients
5. Familiarize yourself with the infection Control Policy at your particular practical training site.

### **Latex Allergies**

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

### **Liability Insurance**

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

### **Smoking Guidelines**

Florida National University has designated areas for smoking and encourages campus employees and students to be smoke-free. In the clinical environment students are required to follow affiliate's policy regarding smoking. Please be advised that the program requires that all students arrive to clinical free from any tobacco product odors. If a student smells of tobacco products, they will be asked to leave clinical immediately and they will lose CTO time. Repeated violations will be dealt with in accordance with program disciplinary procedures.

### **Transportation and Parking**

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

## **CLINICAL GUIDELINES**

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

## **SUPERVISION IN THE CLINICAL EDUCATION FACILITY**

Each clinical education facility assigned has a Registered Sonographer who has accepted the assignment and duties of Clinical Instructor.

The Clinical Instructor and ultrasound Department Supervisor may permit a student who continuously demonstrates excellent patient care skills and has completed the procedure competency to work under indirect supervision once the student has demonstrated competency in a given exam.

The ASDMS Program at Florida National University mandates that the following areas must remain **under direct supervision AT ALL TIMES for the length of the ASDMS Program.**

- Operating Room (OR)
- All Repeat studies
- Special Procedures

**DIRECT SUPERVISION:** Requires a Registered Sonographer to remain in the radiography room with all students.

1. Review the requisition.
2. Review the patient condition.
3. Review the images with the student.
4. Assist the student with all images that require repeating.
5. Remain with the student during all special procedures, OR, and repeat examinations.

**INDIRECT SUPERVISION:** Requires a Registered sonographer to be in the immediate area and be readily available if the student should need assistance with an examination/patient.

*Note:* If the student has reached competency level in a procedure but a study must be repeated, the staff technologist responsible for that area must directly supervise the repeat examination.

## **Imaging Sign Off and Repeat Procedures**

No student, regardless of competency level, can perform any imaging procedure without first reviewing the request with a supervising sonographer and then obtaining permission from the sonographer to perform the procedure. All images must be reviewed and approved by a supervising sonographer before the patient leaves the room and before the images are sent to the radiologist for interpretation. Students are prohibited from dismissing a patient without the

permission of a supervising sonographer. No student can repeat a scan without direct consultation with a supervising sonographer. In the case that a repeat scan is needed, a clear explanation of the reason for the repeat scan must be documented. There are no exceptions and violations will be dealt with in accordance with program disciplinary procedures.

### **DRESS CODE FOR CLINICAL AND LAB**

**Description:** Florida National University is an educational organization whose primary purpose is to teach in a comfortable environment yet one in which the highest in professionalism is reflected. It is vital that all students dress and groom themselves in a manner, which reflects professionalism at all times when on the Florida National University campus and when representing FNU at clinical locations. Florida National University students will follow to the dress code of their particular department and the dress code defined below while on campus and while representing FNU at the clinical location.

All students will follow to their class guidelines.

All students whose department requires a specific uniform to be worn during work time are expected to comply with those departmental requirements.

Students who are required to change into uniforms supplied at the work station will be allowed sufficient time to change clothes. Time allocations for uniform change shall be made at the discretion of the department director, but shall not exceed fifteen (15) minutes per shift.

### **NAMETAGS**

1. A photo nametag (student ID) is a required part of each student's uniform and/or apparel for every clinical.
2. Nametags should be worn in the lapel area with picture facing outward with nothing obscuring the picture.
3. Nametags (student IDs) are issued at the time of enrollment.
4. If the nametag has been lost a new one must be obtained through the student service or admission office.
5. Nametags (student IDs) must have commencement and ending dates for the clinical rotation.

### **PROFESSIONAL IMAGE AND APPAREL**

All students are required to present a professional image and wear professional apparel that is neat and in good condition.

Uniforms will be worn for all labs, clinical rotations and official functions.

The FNU Diagnostic Medical Sonography Program uniform consists of:

- a. Aqua scrubs (top and bottom) - These may be purchased in the FNU Bookstore
- b. A solid white undershirt.
- c. Shoes must be predominantly black or white with matching shoelaces, and worn exclusively with the uniform. Leather athletic shoes with minimal color accents may be permissible. White or black socks must be worn with the shoes.
- d. The shoes must be clean and polished. Canvas shoes, sandals, open-heeled clogs, or boots are not acceptable. Patient care areas need protective toe covering. **NO bright neon or rainbows**
- e. The official FNU patch is to be displayed above the left pocket of the scrub top.

f. The Florida National University photo name tag should be easily visible on the left side of the uniform top. The student must be easily recognized and identified as an FNU Student Sonographer.

The following clothing is **NOT** to be worn:

- a. Denim slacks or jeans
- b. Military fatigues, overalls, nylon or knit sweat suits
- c. Shorts of any type or cut-off pants
- d. Tight or revealing clothing of any type (tube and halter tops, sundresses, slip dresses, mini-skirts, leggings, t-shirts, crop tops)
- e. Shirts that have informal lettering on them
- f. Low cut shirts revealing female anatomy or male chest hair
- g. Excessive makeup
- h. Unnatural hair color (**NO** bright reds, blues, greens, pinks, oranges, extreme black, rainbows, unnatural grays, extreme whites, yellows, purple)
- i. Gang symbols
- j. No: hats
- k. please communicate with department head regarding religious clothing

### ***GROOMING***

1. Students shall be well-groomed, neat and clean at all times. General cleanliness is essential.
2. **Hair** shall be neat, clean and arranged in a manner that maintains medical asepsis.
3. **Facial hair** must be neat and well groomed – if you wear a beard or mustache, it must be neatly trimmed and **not longer than 2 inches – it cannot interfere with personal protective equipment**
4. **Make-up** should be conservative and/or without excess – **no** body glitter, sparkle makeup, abnormal lip colors such as black, very dark red, blue, green, yellow, silver, purple, gold, etc. No white or black face paint or powders (that cover the entire face), no face jewels or tattoos.
5. **Nail** length ( $\frac{1}{4}$  inch or less in length beyond the fingertip) and nail polish should be a neutral or clear shade.
6. Should avoid all products that will result in unpleasant or strong **odor**. The use of deodorant or antiperspirant is encouraged. The use of cologne, aftershave and perfume is permitted, but should **not be excessive or offensive**. If an odor is sufficiently strong to cause concern, nausea, headaches, or allergic reactions from other students and/or patients, the student will be asked to wash it off and change their clothing. If clothing is not on premises, the student will be sent home to wash and change with the understanding that they are to immediately return to class/clinical.
7. **Tattoos** must be covered. **No visible tattoos.**
8. **Jewelry** should be kept to a minimum and appropriate in size. No other facial jewelry is allowed. Examples of **non-acceptable** jewelry include: Gaudy or dangling jewelry, Ear stretcher/tunnels, gages, nose, lip, tongue and eyebrow studs or rings, face chains, long dangling necklaces, dangling bracelets, large hoop earrings, hair jewelry, body jewelry.
9. No use of tobacco or vapor products is allowed and policies at each clinical site related to tobacco use/smoking/vapes must be followed.

## **ARTIFICIAL NAILS, NATURAL NAILS AND NAIL POLISH**

Artificial nails are substances or devices applied to natural nails to augment or cosmetically enhance nails. They include but are not limited to bonding, fiberglass, wrappings, tapes, acrylics, gels, tips, glue on, sculptured, silks, ornate designs, and inlays.

Due to increased incident of healthcare-acquired infections, **students doing clinical in the following areas are not allowed to wear artificial nails:**

- All surgical
- All direct patient care (sonography students included)
- All cleaning processes
- All product preparation for patients

Nails should be kept clean. Patient care providers and others listed above must keep their nails short. It is recommended that natural nails be left unpolished. Clear polish is preferable over colored. If polish is worn, it cannot be chipped, cracked or peeling.

## **HOLIDAY DRESS:**

Usual clinical uniform attire will be worn at all times, including the holiday season.

Any exceptions to this must be approved by the person responsible for your class/clinical (i.e., costumes, inappropriate accessories, etc.). The person(s) that would need to approve this holiday change in attire is the Clinical Coordinator (or Program Director) and/or Clinical Preceptor.

## **VIOLATION**

If students are found to be in violation of the Dress Code policy, they will be asked to leave and not return until and unless that student is in compliance with the dress code.

Florida National University Department of Diagnostic Medical Sonography.

Students may be disciplined according to the course syllabus, the Student Handbook, and/or the Student Rights and Responsibilities Handbook on complying with policy on clinical attire.

## **ADDITIONAL CLINICAL RULES**

- 1. Telephone Calls:** Cellular phones must be on “vibrate” at all times. Phone calls will be returned during break time. Students may not make personal calls during clinic hours unless there is an emergency. (Please refer to Electronic Device Policy in this Handbook)
- 2. Smoking/Alcohol/Eating/Drinking/Chewing Gum:** Food and drink are prohibited in the ultrasound rooms and must be consumed at designated break areas. Smoking is prohibited in any area within the clinical setting. No alcoholic beverages are permitted at any time in any setting.
- 3. Personal Property:** The clinical affiliate is not liable for the loss, theft, damage, destruction, or other casualty of the student’s personal property.
- 4. Parking:** Students are responsible for their own parking.
- 5. Reading of Materials:** Reading of materials in the clinical area, other than those directed by site or school officials, are completely prohibited.

6. **Professional Conduct/Behavior:** Students are expected to maintain a professional attitude at all times during clinic hours. Adherence to the policies of the clinical affiliate is required in regard to the student's behavior and personal conduct. The student is expected to treat the equipment in the clinical affiliate with proper care and concern. Any student who defaces or damages property belonging to the clinical affiliate with purposeful intent, or extreme carelessness because of unruliness, horseplay or misuse of property, will be subject to disciplinary action and may be held financially liable for damages.
7. **Unauthorized scanning:** Unauthorized scanning are prohibited. A student unauthorized scanning should be immediately reported to the Clinical Coordinator or Program Director.
8. **Unassigned/Restricted Areas:** Students are responsible to adhere to and comply with all regulations of unassigned or restricted areas at the clinical affiliate. No student is allowed to operate ultrasound equipment without permission or the presence of a radiographer.
9. **OSHA:** All students will adhere to the OSHA regulations

## **CLINICAL EDUCATION STANDARDS & PROCEDURES**

### **Clinical Standards**

The ultimate level of honesty and integrity is expected from all DMST students. Students should respect lines of authority in the clinical setting and follow the instructions of their immediate supervisors. The lead sonographer and the clinical instructor are the immediate authority in the clinical setting. Be motivated to learn from others and request to be present during exams. Ask to start exams and/or scan after the sonographer. Unless the sonographer dismisses you, be present from the beginning of a test until the end. Demonstrate initiative and a willingness to participate; however, only attempt procedures for which you have received permission. Be attentive to those who are giving instructions and explaining procedures and ask questions pertinent to the situation. Do not hesitate to request clarification of any written or verbal order prior to the patient procedure; however, do not bring up concerns while in the presence of a patient. Diagnostic interpretation of imaging and/or treatment decisions are always made by the physician. Students should not communicate personal interpretive diagnostic judgments to patients, family members, etc. as this is a serious breach of medical ethics that will result in disciplinary action. Do not allow the patient to coerce you into giving information that is not within your scope of practice and authority to relate. You may assist the patient by giving them information as to who they can contact for their results and when their results will be available. Proper medical record keeping is a fundamental responsibility and obligation of the health care professional. Records should be complete, legible, and accurate. When writing technologist notes or worksheets, stick to the facts and use medical terminology to describe the findings or limitations of the study. Personal and/or negative comments are not acceptable in the clinical setting (verbally or in writing).

### **Confidentiality**

Students must never disclose confidential information (anything patient identifying information or anything pertaining to the patient's medical history, diagnosis, treatment, and prognosis) to anyone not directly involved in the care of the patient. Failure to respect this code constitutes a violation of the "Right to Privacy Act," is professionally unacceptable, and

is potentially compromising from a medical legal aspect. Questions from the patient and family should be addressed to the supervising sonographer. Any images that students are allowed to acquire and use for objectives or case evaluation, studies, or presentations must have all patient identifying information removed. No images may be removed from a clinical site without the permission of the supervising sonographer. Students are prohibited from asking patients themselves for images or for acquiring images on their own. Violations of HIPAA, removing images from a clinical site without permission, or asking patients for images will be dealt with in accordance with program disciplinary procedures.

### **Professionalism**

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

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

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

### **Urgent/Stat Findings**

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

### **Accepting Critique**

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

### **Ergonomics**

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

## **USE OF ELECTRONIC DEVICES AND SOCIAL NETWORKING**

### **Policy:**

With the advent of electronic devices, a large amount of healthcare, medical, and productivity software has been developed. Studies have shown that students who use electronic devices in the clinical setting are more successful and are not as anxious about the experiences. The use of electronic devices in the clinical setting provides the student with up-to-date information, which is readily available.

Therefore, the student may use an electronic device as a resource during clinical experiences as per facility policy. Compliance must be protected with the Health Insurance Portability and Accountability act (HIPPA).

Social networking has allowed people across the world to have unprecedented access to immediate updates on another person's location, situation, and commentary. However, this open access can also put the individual at a personal risk. People can be followed; employers can search potential candidates, and people may unintentionally violate privacy rules. With this in mind, discussing any clinical situation on any social networking site is strictly prohibited. Violation of this policy would be considered a privacy violation and subject to dismissal or other disciplinary action /dismissal.

**Procedure:**

RESPONSIBLE PERSON	ACTION
1. Diagnostic Medical Sonography Faculty	1. To orient the clinical students to the electronic device/social networking policy at the beginning of clinical in order for students to be aware of HIPPA compliance
2. Student	1. At a minimum, enable password protection on electronic device: a. Minimum of 4-6-character length password b. Device should lock out after third unsuccessful password attempt. c. Passwords should change every 90 days (or sooner if the student believes their password has been compromised) d. Infrared ports or wireless access should be disabled (or enabled only while the device is unlocked) 2. De-identify client information. Remove/do not record the following data a. Client age b. Names c. Room numbers d. Geographical subdivisions e. All elements of dates f. Telephone numbers g. Fax numbers h. E-mail addresses i. Social Security Number j. Medical record number k. Health plan beneficiary number l. Account number m. Certificate/license number

**Clinical Labs & Scanning Practice**

Clinical lab is designed to expose students to scanning techniques, planes of the body, and normal structures within the body. In order to accomplish this, students are encouraged to participate as both the scanner and the scanned (a student ‘patient’). Fellow students and instructors will be positioning the student ‘patient’ and scanning them with an external transducer in areas such as the abdomen, neck, arm, etc. Students cannot perform internal or private area sonograms on other students during in-school clinical labs or at the clinical site. Students are required to participate in clinical lab as a scanner; however, participation as a student ‘patient’ is not mandatory. Nonparticipation as a student ‘patient’ will not affect a

student's grade. A student who does not wish to be scanned needs to inform the faculty in advance so that alternate arrangements can be made ahead of time. All in-school clinical lab scan time must be documented on the log-in sheets in the lab. Documentation must include the student who is scanning, the student being scanned, and the start and end times. A student who is pregnant cannot be scanned in the pelvic area. Student scanners may not report findings to student 'patient' volunteers. Internal and/or private area sonograms such as transvaginal, breast, and scrotal sonograms are not to be performed on students during in-school clinical labs or at the clinical site. A phantom and simulation equipment are available in the clinical lab for students to practice breast and transvaginal scanning. Incidental pathology may be revealed during scanning practice. The DMST program and GCC are not responsible for finding or documenting pathology, providing medical diagnosis, and/or providing treatment options. These exams are NOT diagnostic exams and do NOT take the place of appropriate medical diagnosis and treatment with the student's healthcare provider. It is the student's responsibility to follow up with their healthcare provider regarding any incidental findings.

#### **Student Work Policy:**

Paid employment of a student in a clinical department will not be used in lieu of the time assigned to the structured clinical experience.

Employment, volunteer services or any other activities cannot interfere with clinical rotation or used in lieu of clinical rotations. Students will not be allowed to use employment, volunteer services or any other activities as clinical experience. Any issues or concerns not covered in this manual may be discussed with the Program Director or Clinical Coordinator.

#### **CLINICAL EDUCATION POLICIES AND PROCEDURES**

Students enrolled in the Florida National University Associate of Science in Diagnostic Medical Sonography Technician Program (ASDMST) will be responsible for observing the Institution's and ASDMST program Academic/Policies and Procedures. ***In addition, students will be required to adhere to their clinical education center's (affiliation site) Policies and Procedures, notably the policy addressing workplace hazards.***

The policy and procedures stated in the University catalog and programmatic student handbook represent a contractual agreement between Florida National University and the Sonography student for the duration of their enrolment. Failure to comply with the policies and procedures may affect student evaluations and may result in probation/dismissal.

The Clinical Coordinator will provide students with all necessary documents prior to and during externship. Students must provide all the required documents on a timely manner.

#### **CLINICAL COURSE OBJECTIVES**

Throughout the curriculum of the ASDMST Program, the student will attend the clinical education centers. Course syllabi will be given to each student and clinical instructor for each course. During the time students are rotated through different diagnostic areas, they will be transferring knowledge from theory to application of skills in performing diagnostic sonography procedures. During preliminary rotation through a given activity, students will be primarily

engaged in observation, orientation, equipment manipulation, and patient care. As time progresses and experience is gained, so will the level of the students' competencies.

### **CLINICAL COURSES**

Each clinical course is related to a didactic portion of the ASDMT Program. The clinical goals and objectives are clearly outlined in this handbook and explained to the student. For each clinical course, the student will receive a course syllabus, with expected competencies and learning objectives. The rotation schedule is designed to develop skills in each area of the sonographer's scope of practice and to follow sequentially with the didactic portion of the sonography course. Students will follow the rotation schedule as posted and do the required competencies that apply to that area. Each rotation period identified on the rotation schedule requires a Clinical Site Rotation Evaluation of the student. These evaluations will comprise part of the student's clinical grade.

During the clinical externship courses, students will rotate through different areas of the assigned clinical education facility. Students will demonstrate knowledge in equipment manipulation, patient care techniques, ultrasound anatomy, image and diagnostic quality. Image critique will be part of the clinical portion of the sonography program.

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

### **Clinical Evaluation**

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

**PROGRAMMATIC OUTLINE**  
**GRADUATION REQUIREMENTS (A MINIMUM OF 84 CREDITS)**  
**REQUIRED COURSES** **Credits Hours**

**General Education Requirements (42 credits)**

**COMMUNICATIONS (6 CREDITS)**

ENC 1101	English Composition I **	3
SPC 1017	Fundamentals of Oral Communication	3

**HUMANITIES (3 CREDITS)**

PHI 1635	Biomedical Ethics (recommended)	3
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**MATHEMATICS (3 CREDITS)**

MAC 1105	University Algebra I **	3
PHY 1100	Physics	3

**COMPUTERS (4 CREDITS)**

CGS 1030	Introduction to Information Technology	4
SLS 1501	University Study Skills	0
HSC 1531C	Medical Terminology	3
BSC 1085C	Anatomy & Physiology I	4
BSC 1086C	Anatomy & Physiology II	4
SON 2000	Introduction to Sonography and Patient Care	1
SON 2000L	Introduction to Sonography and Patient Care Lab	1
SON 2113	Cross Sectional Anatomy	3
SON 2614	Ultrasound Physics and Instrumentation I	1
SON 2614L	Ultrasound Physics and Instrumentation I Lab	1
SON 2618	Ultrasound Physics and Instrumentation II	1
SON 2618L	Ultrasound Physics and Instrumentation II Lab	1
PSY2012	General Psychology	3
	<b>Total</b>	<b>12</b>

**Core Requirements (42 Credits)**

**Semester 1**

SON 2116	Abdominal Sonography I	3
SON 2116L	Abdominal Sonography I Lab	1
SON 2128	Obstetrics and Gynecology I	3
SON 2128L	Obstetrics and Gynecology I Lab	1
SON 2144	Small Parts	1
SON 2144L	Small Parts Laboratory	1
SON 2962L	Ultrasound Physics Capstone	1
	<b>Total</b>	<b>11</b>

**Semester 2**

SON 2118	Abdominal Sonography II	3
SON 2118L	Abdominal Sonography II Lab	1
SON 2182	Obstetrics and Gynecology II	3
SON 2182L	Obstetrics and Gynecology II Laboratory	1
SON 2400	Introduction to Echocardiography	1
SON 2400L	Introduction to Echocardiography Laboratory	1
SON 2145	Neonatal And Pediatric Sonographic Applications	1
SON 2961L	Abdominal Ultrasound Capstone Review	1
	<b>Total</b>	<b>12</b>
<b>Semester 3</b>		
SON 2807	Clinical Practicum in Ultrasound I	8
SON 2171	Introduction to Vascular Sonography	1
SON 2171L	Introduction to Vascular Sonography Laboratory	1
	<b>Total</b>	<b>10</b>
<b>Semester 4</b>		
SON 2817	Clinical Practicum in Ultrasound II	8
SON 2930	Special Topics in Sonography	0
SON 2960L	Obstetrics and Gynecology Capstone	1
	<b>Total</b>	<b>9</b>

In the event of a pandemic or other situation affecting the nation and there is a need for us to go to on-line classes the following examination policy must be followed during this time.

#### **Online Examination Policy (effective March 1, 2020)**

Online examinations allow students the flexibility to sit the examination in an environment of their choice. To ensure the integrity of the examination and that no student may have an unfair advantage over other students, the online examinations are monitored by professor. Each student must undergo an initial identification check and subsequently conduct an initial environmental scan as well as scan intermittently during the examination. Professor will proctor examination via video feeds from student computers and prompt students to perform their appropriate environmental scans. The number of scans are done randomly throughout the test or examination process but may be increased if a student is not adhering to examination instructions. It is each student's responsibility to follow this policy, as well as additional examination instructions from the course professor or proctor and maintain an appropriate examination environment. Failure to do so may result in an examination grade penalty (up to and including a grade of zero).

An appropriate examination environment includes:

- An external camera must be used for all exams
- A workspace that is a hard surface, free of any clutter, reference materials, and other electronic devices (including cell phones, tablets, smart watches, monitors, keyboards,

gaming consoles, etc.) during the examination\*. e.g., a bed is not an appropriate examination environment \*Media device are not allowed while the student has access to his/her examination. The only exception to the previous statement is that students are expected to access a phone or email to contact professor if they encounter technical issues during the examination and are unable to resolve the issue

- A well-lit environment in which the student's full face, including eyes, are in view of the webcam at all times (avoid backlight from a window or light source located directly opposite the placement of the camera) • If calculator use is permitted by the course professor for the examination, students may only use a manual calculator and must show to professor and/or proctor.
- Unless stated otherwise by the course director, one blank sheet of 8.5 by 11" paper that has both sides visible and presented to the camera during room scans. The scratch paper may be used for notes, calculations, etc. Scratch paper must be properly destroyed (tearing the scratch paper in small 1" pieces) in front of the webcam after examination
- Headsets, earbuds, earphones are not allowed during examination
- No other background computer programs are to be running at the same time the examination is being taken
- The environment is free of any other individuals Appropriately taking an examination includes:

Initial identification check Students must present either their university issued badge during the ID verification process. Initial environmental scan Before gaining access to examination questions, all students are expected to conduct an appropriate environmental scan (by scanning the area around her/his computer to verify that it is free of materials or people that may provide an unfair advantage to the student). Students must understand the initial environmental scan must include all of the following:

- The desk/work-space
- A complete view of the computer including USB ports and power cord connections
- A 360-degree view of the complete room
- Slow, deliberate, and systematic scans to allow professors and/or proctors a clear view of the entire exam environment. Students who do not adequately complete an environmental scan may be prompted by a live professor and or proctor to repeat their scans until the entire environment is viewed, e.g., re-scan work-space or floor. The group of participants may be prohibited from proceeding into the examination until the professor or the proctor is satisfied that the environment is free of inappropriate materials.

Maintaining a secure examination environment during the examination, students are required to maintain a secure examination environment by conducting the following actions:

- Keeping full face, hands, workspace including desk, keyboard, monitor, and scratch paper, in full view of the webcam
- Not leaving the examination environment, unless a 3-minute bathroom break is permitted by the course proctor. In this circumstance, the examination must be left open and running and any scratch paper must be left at the computer
- Otherwise remaining in the originally scanned examination environment for the entirety of the examination

**Note: Any participant that does not adhere to the above rules will receive a grade of zero. If student is not in agreement with action taken, then he or she must follow university grievance policy. (Found in University Student Handbook)**

**During inclement times clinical and laboratory, courses are suspended and are to renew once the University physically opens its doors once again to the public and students.**

# **Appendix A**

# **Other Program**

# **Policies and**

# **Information**

### **Student Privacy:**

Florida national university fully complies with all requirements of the Family Educational Right to Privacy (FERPA). FERPA generally provides for the right of student to have access to their student files for purposes of review and prohibits the school from releasing identifiable information about the student to third parties without the student's permission. Students participating in clinical programs will be required to sign a release permitting the school to release relevant medical and other information required by clinical sites.

**TARDINESS:** If a student is more than 15 minutes late, he or she must obtain the instructor's permission to attend the class. Four late arrivals will result in the equivalent "consequence" as one unexcused absence. This applies to all students enrolled in the Diagnostic Medical Sonography Technology Program, including those who receive Veterans Assistance.

### **EXTERNSHIP EXPERIENCE REQUIREMENT**

Students must make arrangements to be available for clinical externship between the hours of 7:00 a.m. and 7:00 p.m., Monday – Friday. A schedule will be provided prior to the start of each externship course to assist students with scheduling other commitments.

Clinical externships will follow once students have completed all programmatic courses with a letter grade of "B".

### **NO CALL/NO SHOW POLICY**

A "no call/no show" is defined as a failure to call in before the student's class starts or the clinical shift starts. Disciplinary action for "no call/no shows" will be as follows:

1st offense = verbal warning followed up with written documentation

2nd offense = written warning

3rd offense = immediate suspension and time will be made up

No Call/No Show warnings and suspensions stay on the student's record for the length of the program and are monitored progressively throughout the program.

### **(PATIENT PROTECTION)**

Students are responsible for the following:

1. Students *must* have all sonography procedures reviewed and initialed by Clinical Instructor assigned to student.

2. Students *must* not release a patient from the Imaging Department without direction of the Sonographer.

3. Students must work under *direct supervision* of an Ultrasound Technologist until competency has been completed successfully.

4. Successful competency completion permits students to work under indirect supervision. As the student progresses through the program the number of sonography procedures they may do under indirect supervision increases.

**Note:** Non-compliance with any of the above will result in disciplinary action up to and including dismissal from the program.

### **CLINICAL SCHEDULES**

At the time of clinical scheduling, the student will be asked to complete a form with *their name, address, and zip code*. Students are assigned to the clinical education facility by the clinical

coordinator based schedules availability by site. Each clinical education facility has an approved number of students. It is the student's responsibility to update their information as needed.

Clinical externship rotations are scheduled in accordance with JRCDS requirements. Student clinical rotation schedules are made and given to the student prior to orientation. The Clinical Coordinator develops the initial rotation schedule and may rearrange rotations to reflect students per area, work load, competency availability, and staff supervisors. Students will rotate through all areas of sonography by the end of their clinical education.

Students who wish to change the rotation schedule must request the change at least two weeks prior to the desired rotation change in writing and fill the proper forms. Students cannot switch their clinical rotations without documented consent from the Clinical Coordinator. Students are required to complete their externship according to the schedule assigned by the Clinical Coordinator. Start and end times must be strictly followed. The University is only responsible for assignment of externship sites located anywhere in Dade and Broward Counties. Students are responsible for transportation to and from their assigned sites. Students are not allowed to ride with site personnel to their assigned site.

Note: All student must complete 28 clinical hours per week no more or less. All must have equitable clinical hours.

### **CLINICAL ATTENDANCE**

Absences or early dismissals are not permitted unless previous arrangements are made with the Clinical Coordinator and the Site Coordinator. Habitual tardiness will result in dismissal from the externship site. Students are required to do a minimum of 28 hours of clinical practice a week. In the case, where a student is short hours one week, they are to make up the hours the following week.

#### **Tardiness:**

Students must adhere to clinical facility requirements regarding punctuality and attendance as well as Florida National University's policies.

Failure to Sign in and/or out

Students must have a time in and a time out for every day of attendance on the timesheet.

Failure to do so will result in the following:

- a. Failure to sign-in will be interpreted as non-attendance.
- b. Failure to sign-out will be interpreted as leaving early without explaining to clinical supervisor.
- c. Signing in and out at the same time will be interpreted as falsifying records.

### **ORIENTATION FOR CLINICAL EXTERNSHIP CLASS:**

All students must attend the orientation class for clinical externship at the beginning of their first semester of clinical externship. All policies, procedures and requirements will be reviewed with students and they will be asked to sign a Statement of Agreement and Understanding at the end of class.

## **ASDMST EXTERNSHIP PACKET:**

Students will receive the forms necessary to complete their clinical externship rotation(s) at the orientation class. These forms along with assignments must be delivered in person or via e-mail to the Clinical Coordinator no later than close of business day every Monday. Incomplete forms or assignments will be returned to the student and will be considered a late submission affecting student grade.

## **EVALUATION**

### **1. Preceptor & Site Evaluation:**

Students must submit a Preceptor & Site Evaluation form at the end of each clinical rotation. This form will be provided to the student either in person or via e-mail prior to the end of the semester. The student will return the completed form to the clinical coordinator.

### **2. Clinical Instructor Evaluation:**

The clinical evaluation process includes, but is not limited to, the following instruments:

- 1. Clinical Instructor Evaluation of the ASDMST Student: (Course End)**
- 2. Clinical Coordinator Evaluation of the ASDMST student: (Course End)**
- 3. Student Evaluation of the Clinical Site and Clinical Instructor: (Course End)**

The student is responsible for the following:

1. Submitting Clinical Site Instructor Evaluations in a timely manner as required by the Clinical Coordinator.
2. Completing the front top portion in its entirety.
3. Reviewing the evaluation and, if needed, writing any comments in the space provided.
4. Submitting original evaluation forms, *not a copy*. This document must be brought in to the office. **IT CANNOT BE FAXED!**

### **4. Mid-Term Self Evaluation:**

Student is to complete the self-evaluation in narrative form. Students will comment on their assessment of their mid-semester clinical performance in the areas identified below.

- ✓ Technical skills
- ✓ Attitude and professional behavior
- ✓ Attendance
- ✓ Professional appearance
- ✓ Identify strengths observed
- ✓ Identify weaknesses observed
- ✓ improvements you would like to achieve during the remainder of the term

### **5. Manual Skills Evaluation:**

Students must complete a primary competency evaluation prior to entering their clinical externship rotation. If the clinical competency evaluation is not completed within the allotted time, students will not be able to enter the clinical externship rotation.

Diagnostic Medical Sonography  
Clinical Rotation List of Required Documents

Document	Cost	Date Received	Incomplete
CPR/OSHA/HIV Seminar paid at FNU/Bursar's Office	\$55.00		
Domestic Violence paid at FNU Bursar's office	\$25.00		
Liability Insurance Paid at FNU/Bursar's Office	\$25.50		
Pregnancy Form			
Good Moral Character (only good for 30 days)	\$5.00		
Physical Exam			
Imunizationb Record: <ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Tetanus</li> <li>• Rubella</li> <li>• MMR</li> <li>• Varicella</li> </ul>			
PPD (tuberculosis no more than six months) must be done in blood.			
HIPAA seminar & Assessment (good for one year)			
Finger Prints FDLE \$43.00 paid at FNU/Bursar's Office (good for 30 days)			
AHCA Background	\$90.00		
Hospital Schedule			
Student Affiliation and Exhibit A and B Forms			
Tenet Release Form			
Vaccine Acknowledgement Form			
Drug Test paid at FNU/Bursar's Office (good for 30 days)	\$50.00		
Copy FNU ID (must have beginning and ending dates )			

Hospital ID paid at FNU/Bursar's Office	\$5.00		
Tenet Test			
FDLE/VECHS Release			
AHCA Release			
FLU Vaccine			
Dosimeter paid at FNU/Bursar's Office	(\$95.00)		
FERPA Form			
Liability Insurance	\$25.50		
Rotation Manager must be paid on-line at rotation manager.com			

Finger prints are valid for 6 months therefore if student changes clinical site during this period would need to retake FDL/VECHS background.

All documents must be completed 15 days from the beginning of clinical orientation. Failure to provide these documents on a timely manner will not allow the student to enter the clinical rotation and must wait the duration of one term for new clinical assignment.

Also clinical Orientation is mandatory, not participating in the orientation will not allow students to enter the clinical rotation as schedule and must wait a term to re-enter and a new clinical assignment will be provided.

# **APPENDIX**

## **Clinical Forms and Documents**

**Associates of Science in Diagnostic Medical Sonography Technology Program  
Clinical Instructor's Evaluation of the Student**

Student's name:	Rotation Date:
Clinical Site	Clinical Instructor(s):

The student will not be expected to perform a complete sonographic examination until they have received appropriate instruction for that examination. N/A is Not Applicable or Not Observed and is not used in grade calculations.

Evaluate each area of performance (Poor = 0, Below average = 1, Fair = 2, Good = 3, Excellent = 4) For scores of 1 or 0 instructor should identify the item by number and give a brief explanation to help the student improve on that item. Student and Clinical Instructor are to sign form at the space provided.

	<b>Affective Domain</b>	0	1	2	3	4	N/A
1	Student is effective in communicating with the staff						
2	Student can relate sonograms to other modalities						
3	Student has an understanding of sonographic anatomy						
4	Student's actions in patient care were appropriate						
5	Student had a professional appearance						
6	Student was prompt						
7	Student was attentive when patient exams were in progress						
8	Student was cooperative with the clinical staff						
9	Student completed tasks in a timely fashion						
10	Student was professional in his/her clinical conduct						
	<b>Psychomotor Domain</b>	0	1	2	3	4	N/A
11	Student can turn on equipment and perform laboratory start up						
12	Student identified patients properly						
13	Student kept medical records according to the clinic's protocol						
14	Student can prepare the exam room						
15	Student understands imaging procedures for the clinic						

16	Student performs appropriately in the clinical setting						
17	Student can select appropriate transducers for a given examination						
18	Student uses appropriate medical vocabulary						
19	Student understands artifacts as they relate to sonographic imaging						
20	Student can turn off equipment and perform laboratory shut down						
	<b>Cognitive domain</b>	0	1	2	3	4	N/A
21	Student can locate assigned anatomy with a transducer						
22	Student can line up the plane of view on longitudinal structures						
23	Student can line up the plane of view transverse to structures						
24	Student uses transducer appropriately to display anatomy						
25	Student cleans transducer after use						
	Total points for Affective						
	Total points for Psychomotor						
	Total points from Cognitive						
	Total all points						
	Percentage Grade = (accumulated points/possible points) x100						

**Clinical Instructor's Evaluation of the Student**

To help the student improve on deficient skills the clinical instructor should identify any items having a score of 0, 1 or 2 and make a brief comment about the nature of the deficiency.

**Instructor Comments:**

**Student Comments:**

**Student Externship Clinical Site Progress Report  
ASDMST Program**

This evaluation is a requirement that must be completed periodically by the clinical coordinator in order for our institution to meet CAAHEP Standards. This evaluation must be obtained in an honest and objective manner.

Student: _____	Term: _____
----------------	-------------

Date: \_\_\_\_\_ Location of Evaluation: \_\_\_\_\_

<p>Evaluation:</p>          <p>Recommendations:</p>          <p>Follow up if needed:</p>          
--

\_\_\_\_\_  
Clinical Coordinator Name

\_\_\_\_\_  
Clinical Coordinator Signature

**Diagnostic Medical Sonography Technology Program  
Mandatory Patient Care Procedure, Scanning Techniques, Equipment Care and Exit  
Skills/Competencies**

**Completion Sign-Off Forms**

Students must demonstrate competency in the clinical activities listed below:

- Five mandatory patient care procedures and be CPR certified
- Five mandatory scanning techniques
- Two mandatory equipment care activities
- 16 mandatory imaging procedures
- 11 elective imaging procedures selected from a list of 24

**Mandatory Patient Care Procedures**

<b>Procedure</b>	<b>Mandatory</b>	<b>Date Completed</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>CPR Certification</b>	<b>1</b>		
<b>Vital Signs (Blood pressure, pulse, respiration)</b>	<b>5</b>		
<b>Monitoring level of consciousness and respiration</b>	<b>5</b>		
<b>Standard Precautions</b>	<b>5</b>		
<b>Sterile technique</b>	<b>5</b>		
<b>Verification of informed consent</b>	<b>5</b>		

### Mandatory Scanning Techniques

Techniques	Mandatory	Date Completed	Clinical Coordinators/ Instructor Signature
Gray Scale (2D)	75		
Color Doppler	75		
Power Doppler	75		
Spectral Doppler	75		
M-Mode	75		

### Mandatory Equipment Care

Exam	Mandatory	Date Completed	Clinical Coordinators/ Instructor Signature
Prepare transducer for intracavitary use	5		
Clean and disinfect transducer	5		

### Abdomen/Retroperitoneum

Exam	Mandatory	Elective	Date Completed	Attempt Number	Clinical Coordinators/ Instructor Signature
Liver	150				
GB/biliary tract/CBD	150				
Pancreas	150				
Spleen	50				
Gastrointestinal Tract (e.g. appendix)		5			
Kidneys	150				
Adrenals		5			
Bladder	35				
Lymph nodes		5			

<b>Prostate</b>		<b>5</b>			
<b>Aorta</b>	<b>100</b>				
<b>IVC</b>	<b>50</b>				
<b>Main Portal Vein</b>	<b>50</b>				
<b>Vasculature (e.g., hepatic, renal, aortic branches)</b>		<b>5</b>			
<b>Abdominal wall (e.g., hernia)</b>		<b>5</b>			

### Superficial Structures

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>Scrotum and testes</b>	<b>25</b>				
<b>Breast and axilla</b>	<b>25</b>				
<b>Superficial masses</b>		<b>5</b>			
<b>Thyroid</b>	<b>25</b>				
<b>Salivary glands/parotid glands</b>		<b>5</b>			
<b>Musculoskeletal</b>		<b>5</b>			
<b>Non-cardiac chest (e.g., pleural space, lung)</b>	<b>25</b>				

### Gynecology

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>Uterus</b>	<b>125</b>				
<b>Adnexa (including ovaries)</b>	<b>125</b>				

### Obstetrics

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>First Trimester</b>	<b>75</b>				
<b>Second Trimester</b>	<b>75</b>				
<b>Third Trimester</b>	<b>75</b>				
<b>Fetal biophysical profile</b>		<b>5</b>			

### Interventional Procedures

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>Biopsy</b>		<b>5</b>			
<b>Aspiration</b>		<b>5</b>			
<b>Drainage procedures</b>		<b>5</b>			

**Vascular Procedures**

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>Post catheterization complication</b>		<b>5</b>			
<b>Venous extremity Doppler (upper)</b>		<b>5</b>			
<b>Venous extremity Doppler (lower)</b>		<b>5</b>			
<b>Carotid Doppler</b>		<b>5</b>			

**Pediatric**

<b>Exam</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Date Completed</b>	<b>Attempt Number</b>	<b>Clinical Coordinators/ Instructor Signature</b>
<b>Head</b>		<b>5</b>			
<b>Spine</b>		<b>5</b>			
<b>Hips</b>		<b>5</b>			
<b>Pyloric stenosis</b>		<b>5</b>			
<b>Bowel (intussusception, appendix)</b>		<b>5</b>			

Clinical Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Associate of Science in Diagnostic Medical Sonography Technology**

**Externship Hour Log**

**Student Name:** \_\_\_\_\_ **Externship Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Course #** \_\_\_\_\_

<b>Week Day</b>	<b>Time-In</b>	<b>Time-Out</b>	<b>Total Hours</b>	<b>Comments</b>	<b>Supervisor's Initials</b>
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					

I certify that the above information is correct. This student has completed \_\_\_\_\_ hours under my supervision.

**Clinical Instructor's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***NOTE: DUE EVERY FRIDAY***

### ASDMST Student Clinical Data Sheet

Student: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

	Date	Procedure	Level of Participation	Sonographer & Total Time Per Exam	Pathology
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Levels of Participation:

- 1- Observed Exam
- 2- Scanned with major assistance
- 3- Scanned with moderate assistance
- 4- Scanned with minor assistance
- 5- Scanned with no assistance

### Student Site Evaluation Form

The goal of this form is to evaluate the site assigned to the student in order to enhance the quality of the externship component of the program.

Please check off the correct box according to the scale below:

**4= Excellent 3= Average 2= Below Average 1=Poor**

<b>Subjects of Evaluation</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a. Were you allowed to operate all pertinent equipment for your practice				
b. Ability to communicate with the supervisor or preceptor about job functions				
c. Was there enough opportunity to interact with patients				
d. Ability to get along with the site staff				
e. Supervisor and site attitude towards the student				
f. Rate the help and guidance received from the supervisor or preceptor				
g. Ability to apply theoretic knowledge during externship				
h. Overall evaluation of externship experience				

Comments:

---

---

---

Externship Site:

---

---

---

Date: \_\_\_\_\_

## Student Preceptor Evaluation Form

The goal of this form is to evaluate the preceptor(s) assigned to the student in order to enhance the quality of the externship component of the program.

Please check off the correct box according to the scale below:

**4= Excellent 3=Average 2=Below Average 1=Poor**

<b>Subjects of Evaluation</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a. Demonstrates teaching ability				
b. Provides Guidance				
c. Serves a good role model				
d. Patience				
e. Maintains impartial in his/her teachings				
f. Demonstrates consideration of the students' feelings				
g. Shows enthusiasm while teaching				
h. Maintains professional conduct				

Comments:

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Preceptor(s) Name:

---

Date: \_\_\_\_\_

**ASDMST Program  
Student Orientation to Clinical Facility**

Name \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date: \_\_\_\_\_

**Rationale:** Students must be familiar with the facility, policies and procedures implemented at the clinical site to which they are assigned. Each student must complete the following form with the assistance of the clinical coordinator or assigned individual.

**Directions:**

When you feel you have acquired satisfactory knowledge in the following topics, place a check mark in the space provided. This form must be completed and placed in your student clinical record within 30 days after beginning the new rotation.

1. Parking regulations:
  - a.  Includes both daytime and evening rules
  
2. Cafeteria Procedure:
  - a.  Times and duration of meals and coffee breaks
  - b.  Provisions for students carrying lunches
  
3. Washroom Facilities
  - a.  Both male and Female
  
4. Locker Facilities
  - a.  To include proper location for books, outer clothing, purses and valuables storage
  
5. Safety and Emergency Procedures
  - a.  Fire regulations
  - b.  Codes (i.e. code blue, etc...)
  - c.  Security guard services
  - d.  Reporting accidents and incidents
  - e.  Disaster plan
  
6. Absences or Tardiness in the Clinical Area:
  - a.  When to notify
  - b.  Where to notify
  - c.  How to notify

7. Location of Student Assignment:
  - a.  Where posted, specific objectives, etc.
  
8. Learning Resource Materials:
  - a.  Library: rules and privileges
  
9. Orientation to Department:
  - a.  Review of routine views for procedures
  - b.  Patient transportation procedures to and from department
  - c.  Location of equipment and supplies:
    1. Cassettes
    2. Film, disks and video tapes (if used)
    3. Immobilization aides, positioning blocks
    4. Emergency cart/supplies
    5. Linens.
    6. Other accessory items: needles, syringes, tourniquets, IV, tubing, emesis, basins, biopsy trays, etc...
  - d.  Operation of special equipment
    1. Monitors, IV's, Oxygen, etc...
  
10. Introduction to Key Personnel:
  - a.  Radiologist(s)
  - b.  Chief Administrative Technologist
  - c.  Staff Sonographers
  - d.  Key Ancillary Staff
  
11. Conference Facilities and Patient rooms:
  - a.  Location of rooms
  
12. Communications Policies During Clinical Assignment.
  - a.  Contact in case of emergency
  - b.  Making and accepting outside phone calls
  - c.  Visiting patients
  - d.  Communicating with other Students (asking for help)
  
13. Information about the clinical facility
  - a.  History
  - b.  Bed capacity
  - c.  Administrative personnel

14. Telephone Protocol:

- a.  How to answer phone (without disconnecting caller)

My signature below indicates that I have had an orientation and understand each statement above. Should I have questions regarding any of the above, I will ask the clinical coordinator, department head or other appropriate personnel for clarification prior to signing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Diagnostic Medical Sonography Technology Oral Case Presentation Guidelines**

This is a guide to help students prepare for oral case presentations; they are good starting point for presentations during weekly case conferences.

Principles:

- A. Purpose of the case presentation; is to summarize 4 parts of your patient's presentation
  1. History
  2. Physical Examination
  3. Laboratory results
  4. Your understanding of these findings (i.e. Clinical Reasoning)
- B. Basic Structure
  1. Identifying information/chief complaint
  2. History of present illness
  3. Other active medical problems, medications, habits, and allergies
  4. Physical examination (key findings only)
  5. Laboratory
  6. Assessment and plan
  7. Ultrasound findings
- C. Basic Guidelines
  1. The oral presentation is brief. Its length is always <5 minutes, and ideally <3 minutes
  2. The oral presentation is delivered from memory (it is OK to refer intermittently to note cards). Importantly, you should try to make eye contact with our listeners during the presentation
  3. The oral case presentation differs from the written presentation. The written presentation contains all the acts; the oral presentation contains only those few facts essential to understanding the current issue(s)
  4. The oral presentation emphasizes "history of present illness" and "assessment, plan and ultrasound findings", and the listener's attention is most acute during these sections. As a result, good presenters move as quickly as they can from the end of the "history of present illness" to the assessment, plan and ultrasound findings" section.

## Identifying Information/Chief Complaint

- A. Content – contain 4 elements, expressed in a single sentence:
  - 1. The patient’s age and sex
  - 2. The patient’s active ongoing medical problems, mentioned by name only, and including only the most important, i.e., no more than 3 or 4
  - 3. The patient’s reason for procedure
  - 4. The duration of symptoms
- B. Examples:

“Mr. Smith is a 42-year-old man with diabetes mellitus and hyperlipidemia who present with 3 days of intermittent abdominal pain”

“Mr. White is a 59-year old woman with prior diagnosis of breast cancer, rheumatoid arthritis, and hypertension who presents with bilateral leg weakness and swelling”

“Mr. Jones is a 48-year old man who is transferred from Pines Convalescent Home for further evaluation of a pulsatile abdominal mass.”

- C. A confirmation for a successful introductory sentence is being able to answer “no” to the following question:

“Do any surprises appear after this sentence?”

For example, if a presentation begins with “A 46-year old man presents with 2 weeks of dyspnea” but then reveals 2 minutes later that the patient is “HIV positive”, your listener (who has been trying to solve your case from the initial sentence) will all of a sudden realize that all of his reasoning has been unsound.

## History of Present Illness (HPI)

The HPI is the fundamental part of the oral presentation and the source of 90% of correct diagnoses.

- A. Content
  - 1. All “positive” elements (i.e., what occurred) precede all “negative” elements (what was absent)
  - 2. “Positive” statements:
    - a. Are presented in chronologic order
    - b. Are paid special attention to detail
      - i. Frequently used descriptors include patient’s own words, whether intermittent/constant, duration, frequency, whether changing over

time (progressive, stable, improving), aggravating/alleviating features, associated symptoms, prior episodes' attribution (i.e., the patient's own interpretation of his or her symptoms), and, if pain, quality, location, depth, radiation, severity (1-10 scale)

3. "Negative" statements – include 3 categories of findings that, although absent, are important to mention:
  - a. Constitutional complaints (fever, sweats, weight change)
  - b. Symptoms relevant to organ symptom (if the patient has chest pain, report here which chest symptoms were absent, i.e., cough, dyspnea, sputum, hemoptysis, dysphagia)
  - c. Important risk factors (ask yourself the question "what could y patient have been exposed to cause this problem?")
  - d. Prior studies and/or other correlative imaging or laboratory work of interest related to current symptoms.

B. Examples:

"Mr. Smith is a 42-year old man with diabetes mellitus and hyperlipidemia who present with 3 days of intermittent abdominal pain who is admitted to our hospital for further evaluation his abdominal pain. Several other correlative images have been done on this patient, for example: Nuclear Medicine Biliary Scan, CT of abdomen and pelvis with and without contrast and revealed no abnormalities. Ultrasound was performed and findings are unremarkable for the exception of a hypoechoic area of the pancreatic head.

Laboratory

A. Content

- Include all abnormal labs, with comparison to previous value when possible
- Among normal labs, includes only those relevant to the chief complaint
- Any labs presented should appear in traditional order (electrolytes/creatinine/glucose, complete blood count, other chemistries, urinalysis, CXR (Chest X-ray, gram stains and analysis of body fluids)

B. Example

On laboratory testing, his chem. 7 is normal except for glucose of 160 and creatinine of 1.4 (no previous values available at this time). CBC was normal. CPK and troponin at admission and 8 hours later are normal. CXR revealed wires from his CABG, normal heart size, and clear lungs; KUB reveals no fluid or air levels within peritoneal cavity. Amylase in the range of 1000 ml/dl Lipase also high 800 ml/dl

## Ultrasound Findings

- A. Ask yourself” at the moment I am presenting the case, what is the principal unresolved issue?
  - a. If the principal unresolved issue is the ultrasound findings leading to a diagnosis, then your assessment should focus on differential diagnosis
    - i. List the 3-5 most likely diagnoses associated with the ultrasound images
    - ii. State which diagnosis is most likely and why
    - iii. State why other diagnostic possibilities are less likely (draw your evidence from the H and P you just presented)

## Delivery Tips

- Be aware of your posture
- Maintain eye contact- glance at your notes only as necessary
- Present with a clear, energetic, and interested voice. You have become a “storyteller”, and are giving information of crucial importance in the life and care of another human being.
- Follow the outline of the OCP in a linear fashion – do not skip around
- Keep your language precise
- Use positive statements rather than negative statements: “Ultrasound shows normal liver size”. Is better than “Ultrasound shows hepatomegaly”.
- Do not rationalize *or* editorialize as you present, just tell the “facts” as they were obtained by you. Remember, you are telling the patient’s story, not your own.  
Example: at the end of the History of the Present Illness, you would not say: “I would have gathered more information, but the patient’s doctor came and interrupted as well as the transporter took the patient for another procedure”.



29																	
30																	
31																	

**Monthly Case Record Abbreviation**

ABD Abdominal

AMN Amniocentesis

BRE Breast

CAR Non Cardiac Chest/ Paracentesis

DOP Doppler

GBL Gallbladder/Liver

NEO Neonatal

OBS Obstetric

PAN Pancreas

PEL Pelvic

PRO Prostate

REN Renal Adrenal

SCR Scrotal

SPP Special Proc.

THY Thyroid

VAS Vascular

OT Other

## Written Competency Evaluation Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Competency Performed: \_\_\_\_\_ Site: \_\_\_\_\_

Written competencies will only be accepted on this form. Additional sheets may be attached to this form if more space is needed. Failure to utilize this form for the written competency will result in a grade of zero for that specific competency.

### Section I: Room and Patient Prep

Grade: \_\_\_\_\_

- List what you did before beginning exam (hygiene, patient identifier, allergies, education, patient set up, etc.)
  - Explain why you performed the specific room and patient prep as it relates to your exam. Include the reason why a particular patient set up was utilized.
  - List any additional prep you performed or should have performed.

**Section II: Patient Interview**

**Grade:** \_\_\_\_\_

- Questions asked to the patient, symptoms, sex, age, weight, race, labs, chart findings, previous test, admitting diagnosis, doctor's order, etc.
  - o Identify the significance of the information gathered as it relates to the exam you performed, including the clinical questions your exam will answer for the patient and how did the information prepare your thought process for the exam?

**Section III: Analyze Patient Information**

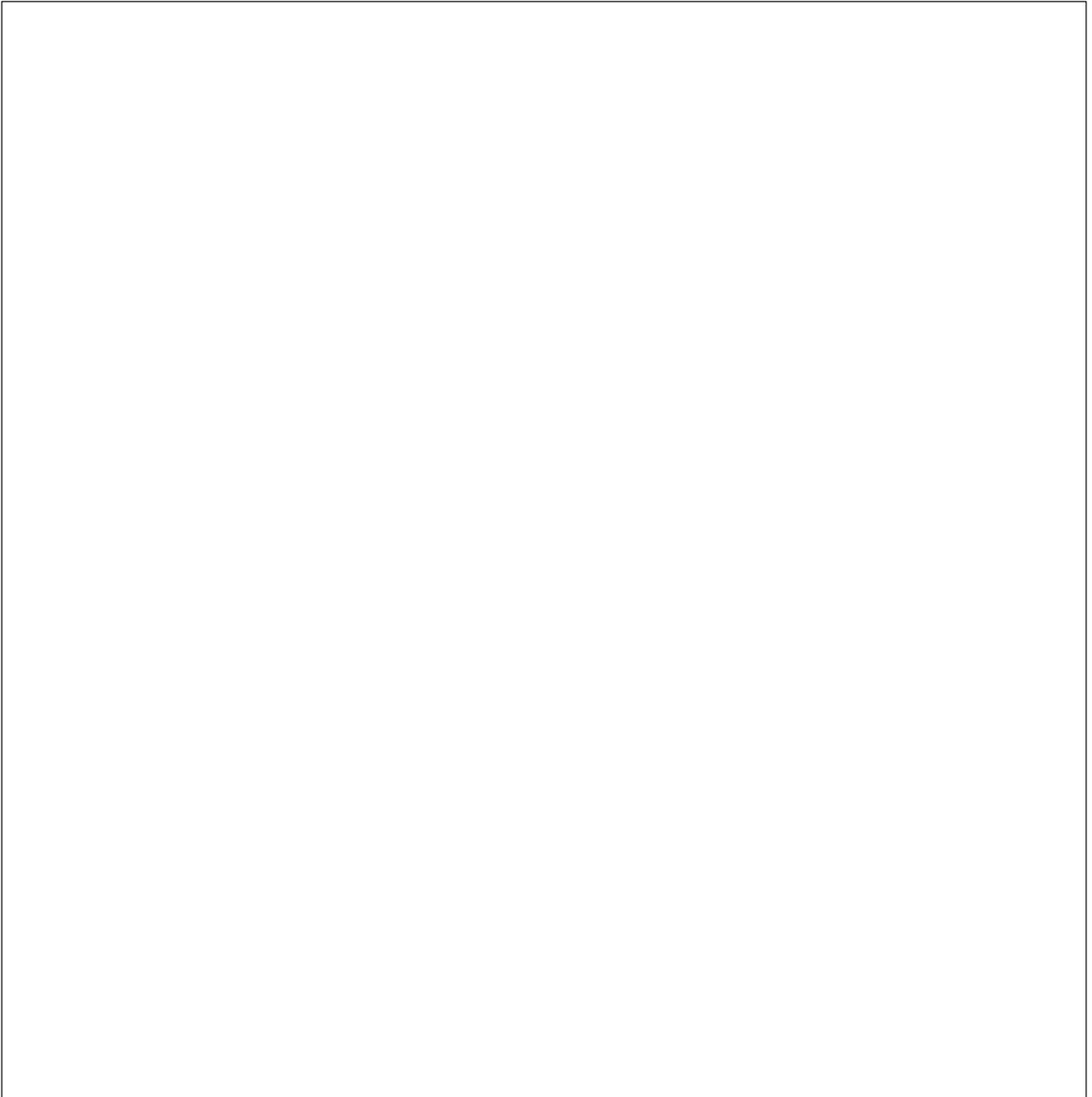
**Grade:** \_\_\_\_\_

- Identify 2 possible pathologies based on the patient information that you might find. The pathologies must fit the patient's history and symptoms. These pathologies may NOT be used in Section X.
  - o Describe the pathologies' sonographic features and pertinent information.

**Section IV: Diagnostic Image Quality – Acquired Images**

**Grade:** \_\_\_\_\_

- Identify all images acquired in sequence
- Identify structures not seen
  - Give sonographic features of images acquired and landmarks visualized for images acquired. If structures not seen, describe techniques used to attempt to see structures.



**Section V: Diagnostic Image Quality – Measurements/Calculations**    **Grade:** \_\_\_\_\_

- Identify all measurements, calculations, waveforms, M-mode tracings, beats/minute, pressures, and fluid volumes documented.
- Identify if measurement is normal versus abnormal (including waveforms, M-mode tracings, beats/minute, pressures and fluid volumes)
  - Describe how the measurements, calculations, etc. were documented.
  - Describe the indications of any abnormal measurements, calculations, etc.

**Section VI: Diagnostic Image Quality – Instrumentation**

**Grade:** \_\_\_\_\_

- Identify the probe, frequency, and preset utilized during the exam.
  - o Describe the techniques utilized to provide diagnostic images. (focal zones, harmonics, gain settings, depth, etc.) Be sure to include any specific guidelines given during class for the exam.

**Section VII: Diagnostic Image Quality – Pathology Documentation**    **Grade:** \_\_\_\_\_

- Describe the sonographic features of pathology seen and technique utilized to document pathology.
- If no pathology was seen, describe the technique utilized to rule out pathology. Be specific with use of the probe and landmarks used to identify through evaluation of the structure.
  - o Describe what should always occur when documenting pathology.

**Section VIII: Preliminary Findings to Physician**

**Grade:** \_\_\_\_\_

- Describe the method for communicating the preliminary findings to the physician.
  - o What would you have done differently and what did you learn?

**Section IX: Impression/Findings**

**Grade:** \_\_\_\_\_

- Report impression/findings by physician
  - o Provide critique of the findings (agree/disagree & why). Be sure to demonstrate your knowledge of the structure compared to the impression of the physician. Your critique needs to be accurate to the exam.

**Section X: Differential Diagnosis**

**Grade:** \_\_\_\_\_

- Identify 2 possible differential diagnoses based on the patient history, sonographic findings, or physician impression. These CANNOT be the same pathologies listed in Section III.
  - o Describe the differential sonographic features and techniques used to document them.

**TOTAL POINTS:** \_\_\_\_\_

**Grading Scale**

<b>Points:</b>	10	Superior Performance
	8 to 9	Good Performance
	7	Adequate Performance
	6	Needs improvement in less than the majority of components required
	4 to 5	Needs improvement in more than ½ of the majority components required
	1 to 3	Immediate Action required

## DMST PROGRAM REQUEST FOR CTO HOURS

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

CTO time may only be taken in four or eight hour segments.  
CTO cannot be used the week of mid-terms or the week before finals. Request for CTO forms must be submitted at least 48 hours in advance for planned CTO.

Number of CTO hours to be used: \_\_\_\_\_ four hours (please note morning or afternoon) or eight hours

Date CTO to be used: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

## DMST PROGRAM CLINICAL SITE VISIT EVALUATION

(This form is subject to change)

Responses to statements are either:

1. Not Progressing,
2. Progressing,
3. Meets Expectations,
4. Exceeds Expectations,
0. N/A

<b>1</b>	<b>Clinical/Technical/Professional Skills: Patient Assessment</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Assesses and verifies patient information, patient identification, & physician requisition					
	Correlates clinical history and physical presentation to requisition					
	Uses interviewing techniques to gather relevant clinical information					
	Recognizes significant clinical signs and symptoms					
	Reviews prior relevant exams					
	Evaluates patient for insufficient preparation, unwillingness or inability to tolerate the exam					
	Maintains patient confidentiality and complies with HIPAA regulations					
	<b>TOTAL</b>					
<b>2</b>	<b>Communication</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Establishes a positive relationship with the patient or patient's representative					
	Provides escort to patients arriving and leaving the department					
	Elicits patient cooperation					
	Provides explanation and instructions that are easily understood					
	Responds to questions appropriately					
	Refers specific questions about diagnosis, treatment or prognosis to the supervising sonographer/physician					
	Effectively communicates with patient and other health care workers					
	<b>TOTAL</b>					
<b>3</b>	<b>Examination Skills</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Performs the appropriate diagnostic ultrasound procedure					
	Uses proper transducer and preset selections					
	Recognizes anatomic structures					
	Recognizes normal sonographic appearance					
	Adheres to ALARA principles					
	Uses proper patient positioning					
	Uses accessory equipment appropriately (exam table, stretcher, step stool, head rest, bolsters, linens, wheelchair)					

	Adapts to difficult physical/ergonomic circumstances as required (OR, Portables, ER)					
	Thoroughly surveys/sweeps anatomy to be imaged					
	Selects optimal imaging windows					
	Maintains sequential scanning and imaging order					
	Uses proper imaging protocol					
	Modifies protocol as required due to disease process or patient condition					
	Acquires high quality diagnostic images using relational anatomy, Depth, Focus, Gains, TGC					
	Uses good judgment selecting images in a timely manner					
	Recognizes sonographic characteristics of normal and abnormal tissues					
	Uses advanced imaging features (Color, Power Doppler, Duplex) when appropriate					
	Adjusts scanning technique to optimize color image quality and spectral waveforms					
	<b>TOTAL</b>					
<b>4</b>	<b>Patient Care Skills</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Demonstrates appropriate care for patient in areas outside department (portables)					
	Maintains patient safety, dignity and comfort at all times					
	Monitors patient's physical and mental status during the examination					
	Performs basic patient care tasks, as needed					
	Utilizes standard precautions/ infection control measures					
	Provides appropriate age related care					
	<b>TOTAL</b>					
<b>5</b>	<b>Documentation Skills</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Provides clear and precise annotation/measures/calculations/mages of the examination for archival purpose					
	Documents diagnostic and patient data in the appropriate patient record (MR and Accession #'s)					
	<b>TOTAL</b>					
<b>6</b>	<b>Professional Skills</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	Understands the role of the student sonographer					
	Receptive to the learning experience					
	Demonstrates cooperative and proactive behavior					
	Uses good judgment/acts ethically					
	Employs analytical skills					
	Anticipates and responds to the needs of the department					
	Maintains a professional and engaged attitude toward patient, staff, physicians					
	Embraces all types of challenges					
	Conducts tasks with respect for the rights and wishes of others					

	Demonstrates reliability and timeliness					
	Fosters mature and professional relationships					
	Understands, respects and complies with department schedule and logistics					
	<b>TOTAL</b>					

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

## Student Consent

Students must sign and date a consent form prior to their first scheduled lab class. The consent form is kept on file, and is in effect for the duration of their educational program. Students have the right to refuse to be scanned in lab for any reason, instructors may also decide if it is not appropriate for a particular student to be scanned for specific labs, depending on the educational objectives.

Ultrasound program students who refuse or may not be scanned must make arrangements for a substitute live model or models to be scanned in their place. The substitute live model will be scanned for the refusing student's lab partner.

- Substitute lab models:
  - May not be DMST students
  - Are subject to approval by the lab instructor must sign a consent form prior to being scanned. This consent form is kept on file and must clearly state that the scan is being performed for educational purposes only and not for medical information or diagnosis.
  - Who are not Florida National University students may participate in a maximum of two lab classes
  - May be students enrolled in other programs at the school on a volunteer basis. These students may be scanned only once during their enrollment and their participation as a live student model volunteer must not interfere with their classes or other program responsibilities may be friends or family members
  - Must be 18 years or older. Children are never scanned in the lab

Students who refuse or may not be scanned are still responsible for participating in lab and meeting all requirements for successful completion of the course as described in the course syllabus.

### **Compliance with principles of ALARA (As Low as Reasonably Achievable) in the Lab**

The medical ultrasound community endorses compliance with principles of ALARA.

Principles of ALARA in the ultrasound lab include:

- Keeping scanning time to a minimum
- Keeping energy outputs as low as possible while scanning
- Keeping ultrasound exposure to the fetus to an absolute minimum

Principles of ALARA are incorporated into lab activities through the following required procedures:

- Pregnant ultrasound program students are not scanned in OB or GYN labs

- Students are responsible for setting and monitoring machine controls (i.e. power, intensity, mechanical index, thermal index) to make sure they are keeping energy outputs as low as possible while scanning
- Students may only use Doppler controls when instructed to do so by the lab instructor
- Under no circumstances is Doppler to be use on any pregnancy below 15 weeks of gestation.

This policy for ultrasound labs is effective immediately. Students are expected to comply with the policy and accompanying procedures in order to maintain a safe and effective lab learning environment

I have read and agree to comply with this policy for the ultrasound lab.

Student Name (print) \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Associate of Science in Diagnostic Medical Sonography Technology**  
**Pre-Clinical Requirement Acknowledgement**

I \_\_\_\_\_, have been informed that in order for me to enter the clinical rotation, must successfully pass the Sonographic Physics and Instrumentation examination (SPI).

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Associate of Science in Diagnostic Medical Sonography Technology**  
**Receipt of New Student Packet Acknowledgement Form**

I, \_\_\_\_\_ have received and understand the New  
(Student's Name)

Student Packet with associated forms.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnostic Medical Sonography Technology  
Student and Clinical Handbook Acknowledgement**

I \_\_\_\_\_ acknowledge that by signing this document, I have received the Diagnostic Medical Sonography Technology Program Student and Clinical Handbook. Upon receipt, the Program Director or Designee has reviewed the material contained in this book with me. I am acknowledging that I have received, reviewed, and understand each section of the Student Handbook. I also understand that the University Catalog as well as the University Student Handbook also contains policies and procedures that apply to my enrollment and time in the program. I understand that failure to comply with the established policies may result in suspension or termination from the program. I understand that policies and procedures may change while I am a student in the program, so if I have any questions about the Student Programmatic and Clinical Handbook or the University Catalog and/or Student Handbook I am to contact my program director or program faculty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Official Date

\_\_\_\_\_  
Date

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

DMS students should review and familiarize themselves with the following important documents: SDMS Scope of Practice and Clinical Standards for the

### **Diagnostic Medical Sonographer**

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

### **Code of Ethics**

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

## **ULTRASOUND RESOURCES**

### **Diagnostic Medical Ultrasound Societies/Agencies**

ARDMS – American Registry for Diagnostic Medical Sonography [www.ardms.org](http://www.ardms.org)

SDMS – Society of Diagnostic Medical Sonography [www.sdms.org](http://www.sdms.org)

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

AIUM – American Institute of Ultrasound in Medicine [www.aium.org](http://www.aium.org)

SVU – Society for Vascular Ultrasound [www.svunet.org](http://www.svunet.org)

ASE – American Society of Echocardiography [asecho.org](http://asecho.org)

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

### **Ultrasound Ergonomics**

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

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

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

### **Transducer Cleaning**

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

[http://www3.gehealthcare.com/en/Products/Categories/Ultrasound/Ultrasound\\_Probes](http://www3.gehealthcare.com/en/Products/Categories/Ultrasound/Ultrasound_Probes)

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

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

<https://www.nanosonics.us/trophon/safe-versatile-simple/>