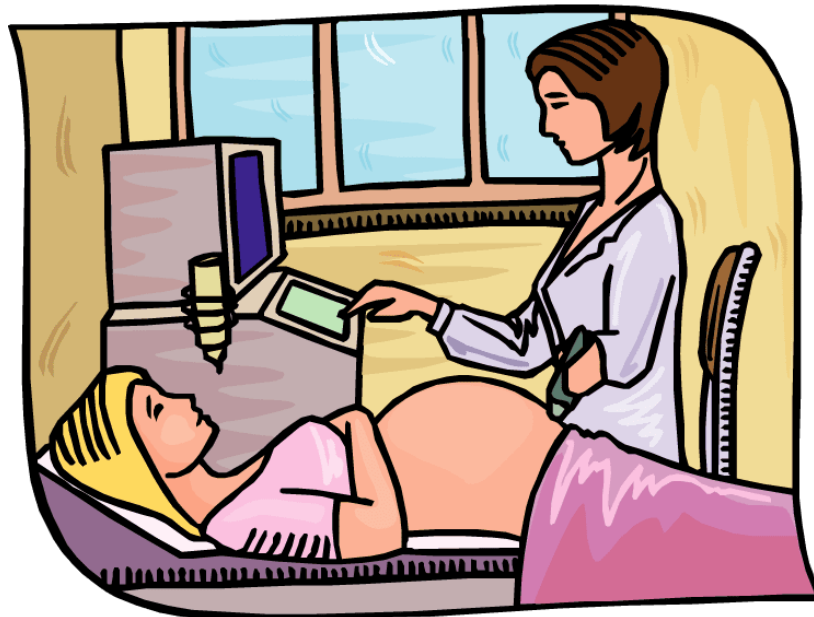




School of Medical Imaging  
*Diagnostic Medical Sonography*

*Clinical Handbook*  
*2020-2022*



Program Director  
Chemene Wilson, RDMS, RVT, RT(R)

Clinical Instructor  
Mary-Katherine Doolin-Junco, RDMS, RVT

# Student Clinical Handbook and Policy Manual

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Ascension St. Vincent's  
School of Medical Imaging  
Diagnostic Medical Sonography Program

**Contact Personnel for DMS Program**

Program Director

**Chemene Wilson**

Diagnostic Medical Sonography Program  
Office 308- 8272

Clinical Instructor

**Mary-Katherine Doolin-Junco**

Office 308-8553

Administrator Secretary

**Candace Logan (Candy)**

Office 308-8073

**Contact Personnel for Clinical Affiliates (Main Sites)**

Ascension St. Vincent's Medical Center- Riverside

**Rebekah (Becki) Sparks– Lead Sonographer**

Hospital Department 308- 8841  
Imaging Center 308- 5722

Ascension St. Vincent's Medical Center – Clay

**John Cone – Lead Sonographer**

Sonography Department 602-1434

Ascension St. Vincent's Medical Center - Southside

**Kim Hammond–Medical Imaging Lead**

Sonography Department 296-5861

Baptist Medical Center – South Campus

**Erika Hill – Lead Sonographer**

Sonography Department 271-6177

UF Health-

**Shevaun Wallace- Clinical Supervisor**

Sonography Department 244-5402

## **Contact Personnel for Clinical Affiliates, continued (Specialty Sites)**

Ascension St. Vincent's Medical Center-Breast Center

**Davenna Hawkins – Lead Sonographer**

Sonography Department 308-5483

Ascension St. Vincent's Medical Center – Family Practice OB

**Pam Mason – Sonographer**

Department phone 308-7372

Cell phone 321-537-8913

Ascension St. Vincent's Southside OB Office

**Barbara Townsend- Sonographer**

Office: 296-5688

Dr. Harding's Office (Cardiothoracic & Vascular Surgical Associates)

St. Vincent's Office (**Julie or Dana**) 384-3343, ext. 1017

Memorial Hospital Office 398-8147

Hill Women's Center- Breast Imaging

**Christina Nichols- Lead Sonographer**

Sonography Department 202-3107

McIver Urology Office

**Brenda DeVries- Sonographer**

Office: 355-2613

Cell: 904-338-1025

Regional Obstetric Consultants

**Kathy Raymer and/or Tammy Metcalfe, Clinical Supervisor(s)**

Office 398- 7684      Backline 398-2145

Wolfson's

**Fran Williams – Lead Sonographer**

Sonography Department 202 – 8141

## **Student Professional Qualities**

Students are expected adhere to all professional qualities when they are in the clinical areas, to include, but not limited to:

1. **COMPLIANCE**- Complies with the policies, procedures, and appropriate supervision while performing as a health care provider.
2. **ENVIRONMENT**- Maintains physical facility.
3. **PATIENT/ SONOGRAPHER INTERACTION**- Provides pertinent communication to the patient, significant others, and health care providers.
4. **PATIENT MANAGEMENT**- Demonstrates concern for patient's care, needs, safety, and right to privacy.
5. **EQUIPMENT ANALYSIS**- Demonstrates and evaluates patient needs and acoustic characteristics; selects, maintains, and adjusts equipment to provide optimal sonographic evaluation.
6. **IMAGE ACQUISITION AND ANALYSIS**- Identifies, evaluates, and provides quality examinations to all patients applying professional judgment and discretion.
7. **PROFESSIONAL GROWTH AND DEVELOPMENT**- Participates in activities that lead to the acquisition of new knowledge.
8. **PROFESSIONAL INTERACTIONS**- Promotes a positive and collaborative atmosphere with other health care providers.
9. **SONOGRAPHER SAFETY**- Identifies, evaluates, and implements safe procedures for self, coworkers, and patients.
10. **TIME MANAGEMENT**- Effectively uses time for clinical education.
11. **ADDITIONAL EMPLOYEE FUNCTIONS**- Functions as an efficient and effective employee in a health care environment.

## **Clinical Expectations**

Students are expected to be a professional at all times. While in the clinical area students are expected to always be assisting and/or performing an exam. Be involved in as many cases as you can from the start of your clinical rotation. Remember, what you learn is a direct result of the effort you put forth.

Students should be productive in clinical rotation sites. During down time students are expected to do the following when they are in the clinical areas:

1. Stay out of the computer scheduling area unless you are looking up histories on the computer (ASV-Riverside hospital). Work areas are very busy and we need to keep the traffic down.
2. Keep book-bags and personal belongings out of doorways and off the floors.
3. Keep all drinks out of the clinical rooms. Ask the sites where you may keep your beverage.
4. Do not do homework in the clinical areas. Be sure to use your clinical time wisely. Remember you can take your books home with you, but you cannot take the sonography machine home.
5. Review cases on the machine in times when you may not have a patient.
6. Review machine control buttons while waiting for patients.
7. Help transport patients.
8. Get interesting cases from the teaching file and review in the clinic while waiting for patients.
9. Have your fellow students quiz you on cases that are on the machine.
10. Practice scanning different fellow students or sonographers during downtime.
11. Do not sit and chat with the fellow sonographers. Find something to do! There is always something that can be done: Stock linen, fill gel bottles, clean machines and transducers, etc. **Stay busy!!**

## **Clinical Requirements: SCN Book , Pocket Guide, Student Identification Badge**

Students will always be in uniform and must have their clinical SCN book, pocket guide, and identification badge with them at **ALL** times. Any student who reports to class or clinical site without their SCN book, pocket guide, and/or identification badge will be sent home immediately to retrieve the missing items. Time missed will be made up the day in which the infraction occurred. The SCN book and Pocket Guide are expected to be kept up to date at all times.

Cell phones are NOT allowed in the clinic setting. Special accommodations may be made via the Clinical Instructor or Program Director for extenuating circumstances. If a student violates this policy, the student will receive a written warning.

## **Rotation Schedule**

Ascension St. Vincent's DMS program is an eighteen- month program. All semesters are 14 weeks in length. Students change clinical site locations with the start of a new semester and mid semester.

## **Definition of a Rotation**

A rotation is defined as a specific time block in which a student is expected to learn and demonstrate new clinical competencies.

## **Program Clinical Schedule**

The clinical schedule is created by the Clinical Instructor and distributed to the students no less than one week prior to the scheduled rotation. Changes may occur to clinical rotations if additional sites are added, we will update you regarding any changes. The student is required to keep each clinical schedule and any revisions to such schedule in the SCN (Tab 6) at all times. The SCN will be evaluated each time the Clinical Instructor visits the student in clinic and periodically for organization. Points will be deducted for missing or out of date schedules.

Students will rotate every seven weeks to a new clinical site. All clinical sites will be visited at least once throughout the course of the program. The clinical rotations are developed to facilitate your didactic and clinical learning experience by exposing the student to as many sonography procedures and equipment as possible. The main clinical sites are: SVMC Riverside (1student at the hospital, 1student at the Imaging Center, and 1 student in Vascular/Biopsy); SVMC Southside, SVMC Clay, Shands, Baptist South. Every department will have their own way of doing things. Try not to let this overwhelm you. Remember you are there to learn about the sonography procedure. Make the most of your time while you are in various sonography rotations. Again, remember you learn more, the more you scan!

## **Specialty Rotation Schedule**

A specialty rotation schedule will be created by the clinical Instructor and dispersed to the students no less than one week prior to each semester. The student is required to keep each specialty clinical schedule and any revisions to schedule in the SCN (Tab 6) at all times. The specialty sites that will be rotated through include: Hill Breast Center, SVMC-Riverside Breast Center, Cardiothoracic Vascular Surgical Associates Offices, Regional Obstetric Consultants, Wolfsons, OB Office at SVMC-Southside, OB Office at SVMC-Family Practice, and McIver Urology Clinic. Specialty rotations begin during 2<sup>nd</sup> semester and will be either half day or full day on Tuesdays and/or Thursdays. These sites are for the student's educational advantage as they are supplemental sites for specialized exams. The clinical instructor will provide equal opportunities for all students to rotate through these various sites. However, the specialty sites reserve the right to request only certain students or take breaks from having students if circumstances arise in which they feel the need to do so.

## **Time and Attendance Form**

The clinical time form is used to document a student's attendance while in clinic. Students are required to have a **sonographer** enter the time in/out and initial. This should be done as the student enters and leaves the clinic site. Students should be in clinic and ready to begin work at the designated times. If a student is going to be tardy to a clinic site they must call the appropriate clinical affiliate, Clinical Instructor, **and** Program Director. Once the student arrives in clinic, he/she must call the Program Director and Clinical Coordinator to report time of arrival. All tardy time must be made up at the end of their shift that same day. (See tardy policy in academic handbook)

If a clinical site dismisses a student early from clinic, the Sonographers must make note on the time and attendance form explaining the reason for early dismissal from clinic. Students dismissed from clinic prior to 4:00pm must contact the Clinical Instructor or Program Director for instructions. Students who do not contact the Clinical Instructor or Program Director will be given a written warning.

## **Clinical Overtime Hours Form**

Occasional opportunities will arise in clinic that allow students to participate in rare or difficult exams after his or her regularly scheduled shift. The Educational Coordinator/Clinical Instructor may approve clinical overtime hours on these occasions. Clinical overtime must be **pre-approved** by program faculty and must be for a valid educationally related reason. If clinical overtime hours are approved for a student, his or her following clinical shifts may be adjusted. The student, with the approval of a program faculty member, can deduct the overtime hours from a regularly scheduled shift.

If overtime does occur due to unforeseen circumstances, the Clinical Instructor or the Program Director must be informed by phone or in person **within 24 hours** from the time the overtime occurred. Students who do not contact the Clinical Instructor or Program Director will be given a written warning. The technologist who signs the student out on the time sheet must also complete the Overtime Log. The Clinical Instructor or staff member will sign the overtime sheet when the student uses the overtime. Overtime hours must be used by the end of the following clinical week.

## **Daily Clinical Examination Log**

Students are required to maintain daily clinical examination logs. The forms are to be completed after scanning each patient and must be kept up to date at all times. When completing the clinical logbook, students will: date, list the patient's last 4 MMI numbers in the reference column, and use a check mark (☑) to indicate exams assisted or performed ((☑) indicates the student scanned that piece of the exam; (X) indicates the tech scanned that piece of exam). Students may want to include in the reference column the type of pathology if found. Students are encouraged to make a special note next to interesting cases and write findings on the back of the form for later use as a case presentation or research project assignment. It is the student's responsibility to complete the log sheet for **every** exam he/she is involved in, even if only observing. The Clinical Instructor will periodically and randomly check the daily clinical examination log sheet to see if it is being kept up to date. Points will be deducted from the clinical grade if the daily clinical examination log sheet is not up to date.

## **Clinical Examination Semester Totals**

At mid and end of each semester, students are responsible for tallying the total number of exams in each category of the daily clinical examination log sheet. Once the numbers have been calculated, they are then transferred to the Clinical Exam Semester Totals sheet. The exam semester totals are turned into the clinical instructor at the end of the semester. The clinical instructor will keep a running total of all examinations in which the student has participated while part of the sonography program.

## **Weekly Clinical Evaluations**

Weekly clinical evaluations are utilized as a tool for assessing clinical performance of each student. Students are responsible for distributing their clinical evaluation to the sonographer with whom he/she has worked with the most during the week no later than **Friday** of the same week. The student will then return the completed evaluation to the Clinical Instructor on **Monday** by 8:15am of the following week. Students who are assigned to clinical sites other than Ascension St. Vincent's Riverside are permitted to fax a copy of the weekly evaluation to (904)308-5109 or scan and send an electronic copy; the original must be turned in to the Clinical Instructor no later than **Wednesday**. If the evaluation is received one day late (Tuesday) it will result in a reduction of 10% from that weekly evaluation score. An additional 20% will be deducted if the evaluation is turned in two days late (Wednesday). Any evaluation received after 4:30PM on Wednesday and/or the student fails to turn in the evaluation he/she will receive a score of zero (0) for that week's evaluation. If a student is absent on Monday, the evaluation is due on his/her first date of return. If the Clinical Instructor is absent on Monday the evaluation needs to be turned in to the Program Director.

It is the student's responsibility to make sure the weekly evaluation is filled out completely and correctly. Once the evaluation is turned in to the Clinical Instructor, 5 points will be deducted from the total evaluation score for each portion of the evaluation that is not completed properly (such as a missing signature or date). All weekly clinical evaluations are averaged to determine a mid semester grade and an end of semester grade.

Technologists are encouraged to offer any type of feedback, positive or negative, in the comments section of the evaluation. In the event the student's performance is unsatisfactory, the section requesting a conference with a clinical instructor and/or student should be selected so the issues can be addressed and resolved in a timely manner. When evaluating the student's performance the technologist will be required to protect and maintain the confidentiality of the student's performance. In the event, the student does not agree or understand the evaluation, he/she is able to request a conference with the clinical instructor and/or sonographer by indicating on the request a conference section of the evaluation.

Technologists who are new hires to any clinical site and who are in their 90 day probationary period are not allowed to work with students nor complete a weekly evaluation on students. These technologists need to focus on completing their job requirements during their probationary period. Once the technologist has completed their initial 90 days, the clinical coordinator will meet with the technologist to explain the program expectations and discuss weekly clinical evaluation forms. Once the aforementioned discussion has occurred, the clinical coordinator will inform the student and they will then be permitted to work with the technologist.

If a student:

1. Fails to demonstrate progression of performance from the first seven weeks to the end of the semester
2. Demonstrates a decrease in performance for more than three weeks
3. Is unable to consistently maintain satisfactory performance

The student will be given a **clinical probation warning** and counseling regarding performance. If the student is unable to demonstrate improvement of performance during the next seven-week evaluation period he/she will be placed on **clinical probation**. If a student continues to demonstrate inconsistent clinical performance he/she will be terminated from the program due to inability to maintain clinical aptitude.



## **Specialty Clinical Evaluations**

Similar to the weekly evaluation, the specialty evaluation forms are utilized as a tool for assessing clinical performance of each student while they are at the specialty clinical sites. Specialty sites include: Hill Breast Center, Ascension St. Vincent's Breast Center, Cardiothoracic Vascular Surgical Associates Offices, Regional Obstetric Consultants, Wolfsons, OB Office at ASV-Southside, OB Office at ASV-Family Practice, and McIver Urology Office. Specialty rotations at the aforementioned sites begin during Semester 2 and occur on Tuesdays and Thursdays. Certain sites will be half day, and others will be full day. Specialty sites reserve the right to request breaks in rotations based on their specific needs. The Specialty Rotation clinical schedules will be developed and distributed by the Clinical Instructor. It is the student's responsibility to give a Specialty Evaluation form to the technologist that they worked with at the conclusion of that day. The specialty evaluations are due by **Monday** at 8:15am of the following week along with the weekly evaluation (see Weekly Clinical Evaluation section for rules on late evaluations). It is the student's responsibility to make sure the specialty evaluation is filled out completely and correctly. Once the evaluation is turned in to the Clinical Instructor, 5 points will be deducted from the total evaluation score for each portion of the evaluation that is not completed properly (such as a missing signature or date).

## **Faculty Evaluations**

Faculty Evaluation forms are utilized as a tool for assessing clinical performance and will be completed by the Program Director/Clinical Instructor each time they are with a student in clinic. Faculty Evaluations will provide students with an opportunity to receive feedback regarding recognition of sonographic anatomy, recognition/documentation of pathology, image optimization, protocol compliance, professional qualities, equipment analysis, ergonomics, room preparations and patient assessment skills. At the end of the student/faculty time in clinic the student will be graded by the Program Director/Clinical Instructor and the student's performance in clinic will be reviewed. Students are also expected to have their pocket guides and SCN book and all competency forms therein. Points will be deducted from the faculty evaluation grade if the student is missing any items at time of evaluation.

If a student

1. Fails to demonstrate progression of performance from the first seven weeks to the end of the semester
2. Demonstrates a decrease in performance for more than three weeks
3. Is unable to consistently maintain satisfactory performance

He/she will be given a written warning, be placed on warning for clinical probation, and receive an action plan. If the student is unable to sustain improvement of performance during the next seven-week evaluation period they will be placed on clinical probation. If a student continues to demonstrate inconsistent clinical performance they will be terminated from the program due to inability to maintain clinical aptitude.

## **Continuing Education/Conference Attendance**

Continuing education is a requirement for every sonographer. A registered sonographer has to maintain 30 hours of continuing education every three years. Students will be given opportunities to attend educational conferences, lectures, and seminars where continuing medical education (CME) credits might be issued. Students must document their attendance of continuing education events on the conference attendance log (kept in tab 4 of SCN book). The purpose of the conference attendance log is to allow the development of a professional routine for tracking continuing education. It is important that the student also realizes the importance of continuing education through the use of professional journals, in-house educational offerings, and utilizing research statistics and design.

After attending a continuing education event, the conference attendance log must be signed by the Clinical Instructor or the Program Director. If program faculty is unable to attend the educational activity, the guest speaker must sign the log. Any CME certificates received from the activity must be kept with the conference attendance log in the SCN book.

### **Scan Evaluations**

During semester one, students will receive scan evaluations for the technologists to complete. These are the same forms and same guidelines as scan lab during orientation. Students will work under the **direct** supervision of a clinical preceptor for the entire semester. Students will be required to scan individual organs and complete scan evaluations for each. The student must be able to correctly find and identify the organ as well as point to relational anatomy independently. Technologists are there to help guide students in optimizing the images. The first seven weeks, the students will receive 10 scan evaluations to complete, one for each organ. At the beginning of week 8, the students will receive 11 scan evaluations. If the student does not complete the 10 evaluations in the first seven weeks, they will receive a warning for clinical probation. If the student does not complete the 11 evaluations by the end of the semester, the student will be placed on clinical probation (even if the student did not receive a warning at mid semester).

### **Clinical Competencies**

In accordance with the standards and guidelines set forth by the Joint Review Committee of Diagnostic Medical Sonography Programs (JRC-DMS), the Sonography program is a competency based program. In order to meet graduation requirements, each student will be required to demonstrate clinical competence of certain mandatory Sonography procedures as well as maintain academic aptitude. Clinical competencies begin during semester 2 and are designed to document progressive clinical proficiency, as well as demonstrate cognitive, psychomotor, and affective behaviors expected of entry level Diagnostic Medical Sonographers. The Diagnostic Medical Sonography at Ascension St. Vincent's developed competencies based on the specific program curriculum. These competencies are contained in the Student Clinical Notebook (SCN).

Each student will be assigned a SCN book to be used throughout the program. The SCN book is designed to be self-containing and will be the **student's responsibility**. The SCN will account for a portion of the student's clinical grade each semester. Points will be deducted from the student's clinical grades if the SCN book is not in order and complete at all times. Students are not permitted to leave Competency forms at Clinical sites or with a technologist. Lost competencies will result in an incomplete for the student in that subject. The student will be solely responsible for replacing any lost paperwork. Any lost competency forms will require the student to repeat ALL missing competencies. The SCN book should ALWAYS be WITH the student in the clinic and classroom at all times for access by the student, Clinical Preceptor, Clinical Instructor and/or Program Director.

### **Rules for Completion of Clinical Competencies**

The DMS program has developed some basic rules students are required to follow during each semester.

- 1. Do not wait until the last minute to complete competencies!!!**
2. Share rare competencies with fellow classmates. This will only apply if more than one student is at the same clinical site.
3. Keep the sonographers informed of the competencies you need to complete. But remember, it is your responsibility to fit the competency into the flow of the department's schedule. The department is **not** expected to make special arrangements in order for you to complete competencies.

4. If there is an examination you want to perform for a competency, be sure to evaluate the clinical situation at the time and then put your name on it with a post-it note and where you are going to be. Be sure to remember to check on the examination from time to time. The sonographers are not required to come and find you if you are not easily accessible! This results in missed opportunities for you.
5. It is the student's responsibility to keep track of competencies you need for the semester.
6. Students must give the competency paperwork to the sonographer **BEFORE** beginning the exam. **NO** exceptions will be made on this rule.
7. Students are not permitted to ask to repeat a competency.
8. Students are not permitted to leave competency forms at clinical sites to be filled out. The competency forms should be filled out during the exam and should remain at all times in the SCN.

### **Who is allowed to Complete Clinical Competencies?**

Students can scan with any technologist but competencies must be completed by registered technologists. If a technologist is not registered in one of the below concentrations, then he or she is not permitted to **complete competencies** on students. Any newly hired technologist to a clinical site cannot complete competencies on a student until their 90 day probationary period has ended, they obtain the appropriate credential, and the clinical coordinator has conducted a clinical preceptor orientation with the new technologist. The clinical coordinator will inform the clinical site, technologist, and students when the new technologist can complete competencies on a student.

As outlined by the JRC-DMS Policies and Procedures (2010), students can only obtain competencies from technologists who have credentials in the corresponding category.

Concentration	Acceptable Credentials
Abdomen	RDMS (AB), RT (S)
OB/Gyn	RDMS (OB), RT (S)
Breast	RDMS (AB), RDMS (BR), RT (S)
Pediatric	RDMS (AB), RT(S), RDMS (PS)
Vascular	RVT, RVS, CCI

### **How to Complete a Clinical Competency Form**

The student is expected to let the Clinical Preceptor, Clinical Instructor, and/or Program Director know they wish to attempt a competency prior to the patient arriving in the department. It is the student's responsibility to provide the Clinical Preceptor, Clinical Instructor, and/or Program Director with all necessary competency paperwork prior to beginning the procedure. Failure to do so will result in an immediate failure of the competency and the student will be required to repeat the competency.

The competencies are divided into groups per semester numbered 1 – 5, with certain exceptions (the student will be informed of any exempt exam at the beginning of semester 2). Clinical Competency evaluations must be completed in order: 1-5.

Prior to beginning the procedure, students will give the Clinical Preceptor the appropriate competency form. ***The Clinical Preceptor will complete the form while they observe the student performing the procedure.*** After the procedure has been completed, the clinical preceptor will document/discuss any areas of concern with the student and provide constructive suggestions for improvement.

If a student did not perform a competency to the best of their ability, he/she must apply appropriate suggestions for improvement for the next competency. Students are not allowed to ask to repeat a competency.

### **Clinical Competency Expectations per Semester**

In order to prepare students for independent completion of a final competency they are required to abide by the following schedule:

#### **Second Semester:**

Students will work under the **direct** supervision of a clinical preceptor. Students are required to complete five (5) practice competency examinations (1-5), **with** assistance from a clinical preceptor, of all mandatory competencies. These competencies will be graded using a Likert scale. In this semester students are expected to receive a minimum score of two (2) or higher for all objectives.

#### **Third Semester:**

Students will work under **direct** supervision of a clinical preceptor. Students are required to complete five (5) practice competencies (1-5 on a new comp sheet) **without** manual but with minimal verbal assistance, with observance by a clinical preceptor. These competencies will be graded using a Likert scale. In this semester students are expected to receive a minimum score of three (3) or higher for all objectives. Students should complete rare competencies during this semester when the opportunity presents itself.

#### **Fourth Semester:**

Students will work under **direct** supervision of a clinical preceptor and are expected to complete two or three final competencies, depending on the competency, **without** manual or verbal assistance this semester. The competencies are to be completed with three **different** Clinical Preceptors.

On the right side of the form are three columns labeled as follows:

“A” = average

“TD” = Technically Difficult

“P” = Pathology

Students must be able to document completion of all three categories by the end of the fourth semester. These competencies will be graded using a Likert scale. In this semester students are expected to receive a majority score of four (4) for objectives. Students are required to complete all final competencies this semester in order to graduate. Failure to complete all mandatory competencies this semester will result in the student not meeting graduation requirements or reaching eligibility to sit for any ARDMS registry until complete.

#### **Fifth Semester:**

This semester students will be doing rotations through sonography departments and specialty rotations to the Breast center, echocardiography, special procedures, X-ray, CT, MRI, nuclear medicine, labor and delivery and the operating room. Clinical time will **not** be given to complete unfinished competencies. Failure to complete all mandatory competencies will result in the student not meeting graduation requirements or reaching eligibility to sit for any ARDMS registry until complete.

During this semester, the Clinical Instructor will be conducting master competency evaluations on students. After the Clinical Instructor determines the sonography student meets entry level sonographer status, the master proficiency form will be signed by the Clinical Instructor indicating the student can perform sonographic examinations with indirect supervision. .

## **Competency Grading Scale**

Competencies are indicated by a competency number. The student will request that a Clinical Preceptor, Clinical Instructor, and/or Program Director evaluate him/her under direct supervision using the following grading scale:

- 4 - Excellent.** Student is able to complete performance objective at entry-level without scan assistance from the preceptor. Entry level sonographer!
  - 3 - Above Average.** Student is able with only minimal **verbal** assistance from sonographer to complete the performance objective at entry-level. *For example:* verbal assistance including but not limited to: prompting to check gain settings, measurement location, focal zone placement, more pressure, etc.
  - 2 - Average.** Student is able to with minimal **manual** or excessive **verbal** assistance from sonographer to complete the performance objective at entry-level. *For example:* verbal assistance including but not limited to: prompting the student to more thoroughly scan through the organ/area because pathology was not noticed, requiring the student to take time to evaluate all technical parameters, incorrect imaging of organ/scan plane (lat vs. med, sup vs. inf), etc.
  - 1 - Below Average.** Student attempted the performance objective but, was unable to complete even with verbal and manual assistance from sonographer.
  - 0 - Unsatisfactory.** Student failed to attempt this performance objective
- N/A- not applicable**

**Any score of 0-1 requires specific documentation in the comments section of why the low score was given and how it can be corrected for the next procedure.**

## **Failure to Demonstrate Progression of Competency Requirements**

Students must demonstrate progression of scanning abilities from one competency attempt to the next. If a student fails to demonstrate consistent progression from the first attempt to the last competency for that semester, they will be put on clinical probation for failure to maintain clinical aptitude. Extensive coaching and counseling will be given to the student and an action plan will be developed by the Program Director and Clinical Instructor. If the student fails to develop or demonstrate progression of scanning abilities by the end of the indicated timeframe, the option of repeating the semester will be offered. If the option is agreed upon, the student's graduation date will be pushed back 14 week. If the student fails to develop after repeating the semester, termination from the program will occur.

## **Failed or Challenged Competency (to include master competencies)**

If a student fails a competency attempt or has a competency challenged, they will not be allowed to repeat the competency until they have successfully completed FIVE additional practice competencies with the Clinical Instructor or Program Director. If a student fails more than three competencies he/she will meet with the Program Director to discuss termination from the program due to inability to achieve and maintain clinical standards.

### **Instructions for Completing the *Master Competency List*:**

1. During the 5<sup>th</sup> semester, the clinical instructor will conduct final competency evaluations. If the student receives a majority rating of “4” on all performance objectives within the competency, the clinical instructor will document the date, clinical facility, and initial under the “Approved” column. After the student has had the master competency list signed for a particular organ, the student will be able to conduct sonographic procedures in the department with **indirect supervision**. However staff sonographers are required to remain in the department, check the student’s images, and re-scan the patient prior to the patient leaving.
2. If a clinical preceptor, clinical instructor, and/or program director wishes to challenge any competency, that challenge should be documented by entering the date, clinical facility, and initials under the “Challenged” column. An additional FIVE practice competencies need to be done and then the student will need to re-attempt the Master Competency.
3. When the student who has been previously challenged on a specific competency, demonstrates entry-level competency with a rating of a majority of “4” ratings on all performance objectives within that competency, the clinical instructor and/or program director will reapprove the competency by entering the date, clinical facility, and initials under the “Reapproved” column.

## **Clinical Expectations for Each Semester**

### **Orientation**

Every Wednesday during the Orientation period, students will be assigned a specific clinical location. The rotations will include but are not limited to:

#### **Transportation**

Students will transport patients to and from locations throughout the hospital during this assignment

#### **Desk/ Phone**

Students are expected to learn how to organize and fill out paperwork, answer phones, learn phone lists, department schedules, staff assignments, prioritizing examinations, etc. This rotation will be completed at SVMC-Riverside hospital front desk, the SVMC-Riverside Imaging Center front desk, and with the IC technical assistant.

#### **CT/XRAY/MRI/US- (hospital and IC)**

Students will spend one day in each area to obtain an increased understanding of the modalities that incorporate Medical Imaging.

#### **Staff Preceptor**

Students will be assigned one staff member who will work closely with them explaining the proper way to communicate with patients and how to obtain a thorough patient history.

## **Clinical Expectations for First Semester**

Students will work under the **direct** supervision of a Clinical Preceptor for the entire semester. Students should begin scanning individual organs in clinic. Students need to scan the following organs with assistance during this semester and complete individual organ scan evaluations. Of the exams listed below, there will be specified exams that will be evaluated using a scan lab form that will be filled out by a technologist, Clinical Instructor, or the Program Director.

### **General**

1. Gallbladder and Bile Duct
2. Great vessels (Aorta)
3. Liver
4. Pancreas
5. Renals/ bladder
6. Spleen
7. Thyroid

### **Ob- Gyn**

1. Pelvis – TA
2. Pelvis – TV
3. OB- first trimester

### **Vascular**

1. Carotid
2. Venous Lower Extremity

## **Clinical Expectations for Second Semester**

Students will work under the **direct** supervision of a clinical preceptor and are expected to complete five (5) clinical competencies *with assistance*.

### **General**

1. Breast
2. GB and Bile Duct
3. Great vessels (Aorta)
4. Guidance
5. Liver
6. Pancreas
7. Urinary system
8. Transabdominal Prostate
9. Retroperitoneum
10. Pleural Space
11. Scrotum
12. Soft Tissue
13. Spleen
14. Sterile Tray
15. Thyroid

### **Ob- Gyn**

1. Pelvis – TA
2. Pelvis – TV
3. OB- first trimester
4. OB – 2/3 trimesters – fetal environment
5. OB – 2/3 trimesters – biophysical profile
6. OB – 2/3 trimesters – head
7. OB – 2/3 trimesters – thorax
8. OB – 2/3 trimesters – abdomen
9. OB – 2/3 trimesters – extremity/spine

### **Vascular**

1. Arterial Lower Extremity (Direct & Indirect)
2. Arterial Upper Extremity (Direct & Indirect)
3. Carotid
4. Venous Lower Extremity
5. Venous Upper Extremity
6. TCD
7. Renal Doppler
8. Hepatic Doppler



## **Clinical Expectations for Third Semester**

Students will work under **direct** supervision of a clinical preceptor and are expected to complete five (5) clinical competencies *with minimal verbal assistance but without manual assistance*.

### **General**

1. Breast
2. GB and Bile Duct
3. Great vessels (Aorta)
4. Guidance
5. Liver
6. Pancreas
7. Urinary System
8. Transabdominal Prostate
9. Retroperitoneum
10. Pleural Space
11. Scrotum
12. Soft Tissue
13. Spleen
14. Sterile Tray
15. Thyroid

### **Ob- Gyn**

1. Pelvis – TA
2. Pelvis – TV
3. OB- first trimester
4. OB – 2/3 trimesters – fetal environment
5. OB – 2/3 trimesters – BPP
6. OB – 2/3 trimesters – head
7. OB – 2/3 trimesters – thorax
8. OB – 2/3 trimesters – abdomen
9. OB – 2/3 trimesters – extremity/spine

### **Vascular**

1. Arterial Lower Extremity (Direct & Indirect)
2. Arterial Upper Extremity (Direct & Indirect)
3. Carotid
4. Venous Lower Extremity
5. Venous Upper Extremity
6. TCD
7. Renal Doppler
8. Hepatic Doppler

## **Clinical Expectations for Fourth Semester**

Students will work under **direct** supervision of a clinical preceptor and are expected to complete two or three final competencies, depending on the competency. The competencies are to be completed without manual or verbal assistance this semester and with three *different* Clinical Preceptors. Students are required to complete all final competencies this semester in order to graduate. Failure to complete all mandatory competencies will result in the student not meeting graduation requirements or reaching eligibility to sit for any ARDMS registry and therefore will be terminated.

### **General**

1. Breast
2. GB
3. Great vessels (Aorta)
4. Guidance
5. Liver
6. Pancreas
7. Urinary System
8. Transabdominal Prostate
9. Retroperitoneum
10. Pleural Space
11. Scrotum
12. Soft Tissue
13. Spleen
14. Sterile Tray
15. Thyroid

### **Ob- Gyn**

1. Pelvis – TA
2. Pelvis – TV
3. OB - first trimester
4. OB – 2/3 trimesters – fetal environment
5. OB – 2/3 trimesters – biophysical profile
6. OB – 2/3 trimesters – head
7. OB – 2/3 trimesters – thorax
8. OB – 2/3 trimesters – abdomen
9. OB – 2/3 trimesters – extremity/spine

### **Vascular**

1. Arterial Lower Extremity (Direct & Indirect)
2. Arterial Upper Extremity (Direct & Indirect)
3. Carotid
4. Venous Lower Extremity
5. Venous Upper Extremity
6. TCD
7. Renal Doppler
8. Hepatic Doppler

## **Clinical Expectations for Fifth Semester**

At this point all mandatory competencies should be complete. During this semester, the Clinical Instructor will be conducting master competency evaluations on students. After the Clinical Instructor determines the sonography student meets entry level sonographer status, the master competency form will be signed by the Clinical Instructor indicating the student can perform sonographic examinations with indirect supervision.

In addition, students will be doing specialty rotations to echocardiography, special procedures, x-ray, CT, MRI, Nuclear medicine, OR, and various sonography departments.

## **Registry Review**

During the last few weeks of the program, the students will no longer have any clinical assignments. Students will be in class Monday thru Friday 8:00 – 4:30 until completion of the program doing registry review in preparation to take any registries needed.

## **Clinical Grades**

### **Clinical Grading Policy**

Clinical progress will be reviewed with the student every seven weeks. Students are expected to maintain a clinical average of at least 85% at all times throughout the program. The grading scale for the clinical portion of the program is as follows:

93 – 100%	A	4.00
89 - 92.9%	A-	3.75
86 – 88.9%	B+	3.25
83 – 85.9%	B	3.00
80 – 82.9%	B-	2.75
75 – 79.9%	C	2.00
70 – 74.9%	D	1.00

**\*\*\*Averages below 85% are considered failing \*\*\***

## **Clinical Warning/Probation Policy/Repeat Semester**

If a student falls below an 85% clinical average at the time grades are reviewed, he/she will receive a written warning and be placed on warning for clinical probation. The student will have a seven-week period to raise their clinical score to an 85%. If the student is unable to achieve the desired grade point average (85% or higher), he/she will then be placed on clinical probation. If a student is placed on clinical probation he/she will not be permitted to work extra hours at the hospital until his/her grade point average is sustained and he/she is removed from probationary status. The student on clinical probation will have seven weeks to raise their average to the appropriate grade. Any student who does not meet the minimum criteria upon completion of the next seven-week period will have the option of repeating the semester. If the option is agreed upon, the student's graduation date will be pushed back 14 week. If the student fails to develop after repeating the semester, dismissal from the program for clinical incompetence will occur.

The student will be assigned a minimum number of competency completions per week. The student will be evaluated and receive a grade on their ability to attain the required competencies for the week. Points will be deducted for each competency not completed within the allotted time frame. Students using personal time off are still expected to complete the required number of competencies. Students with an unforeseen incident such as an illness will have the number of required competencies adjusted.

In the event that the student fails to complete the mandatory competencies for that semester, he/she will receive a written warning and be placed on clinical probation. The student will not begin the next semester competencies until **ALL** of the previous semester requirements have been fulfilled. Once on clinical probation for failure to complete clinical competency requirements, the student will have 7 weeks to complete the mandatory competencies, failure to complete said competencies will result in termination from the DMS Program.

## **Clinical Grade Rubrics**

### **Ascension St. Vincent's DMS Program**

#### ***Clinical Grade Rubric 1<sup>st</sup> Semester***

Clinical Requirements	Possible Points
Weekly Clinical Evaluations completed by Clinical Preceptor and turned in on time	10
Faculty Clinical Evaluations completed by Clinical Instructor and/or Program Director Completed each time faculty member is with a student in clinic	20
SCN book documents are completed and turned in on time	10
Clinical Pocket Guide maintained	10
Daily Exam Logs/Exam Totals	15
Organ Scan Evaluations	10
Professionalism	25
Subtotal	100

***Clinical Grade Rubric***  
***2<sup>nd</sup> Semester***

Clinical Requirements	Possible Points
Weekly Clinical Evaluations completed by Clinical Preceptor and turned in on time	10
Specialty Evaluations completed by Clinical Preceptor and turned in on time	5
Faculty Clinical Evaluations completed by Clinical Instructor and/or Program Director Completed each time faculty member is with a student in clinic	20
SCN book documents are completed and turned in on time	5
Clinical Pocket Guide maintained	5
Daily Exam Logs/Exam Totals	5
Professionalism	25
Completion of Competencies with assistance demonstrate continued minimum score of 2's	25
Subtotal	100

***Clinical Grade Rubric***  
***3<sup>rd</sup> Semester***

Clinical Requirements	Possible Points
Weekly Clinical Evaluations completed by Clinical Preceptor and turned in on time	10
Specialty Evaluations completed by Clinical Preceptor and turned in on time	5
Faculty Clinical Evaluations completed by Clinical Instructor and/or Program Director Completed each time faculty member is with a student in clinic	20
SCN book documents are completed and turned in on time	5
Clinical Pocket Guide maintained	5
Daily Exam Logs/Exam Totals	5
Professionalism	25
Completion of Competencies with assistance demonstrate continued minimum score of 3's	25
Subtotal	100

***Clinical Grade Rubric  
4<sup>th</sup> Semester***

Clinical Requirements	Possible Points
Weekly Clinical Evaluations completed by Clinical Preceptor and turned in on time	10
Specialty Evaluations completed by Clinical Preceptor and turned in on time	5
Faculty Clinical Evaluations completed by Clinical Instructor and/or Program Director Completed each time faculty member is with a student in clinic	20
SCN book documents are completed and turned in on time	5
Clinical Pocket Guide maintained	5
Daily Exam Logs/Exam Totals	5
Professionalism	25
Completion of Competencies with assistance demonstrate continued majority score of 4's	25
Subtotal	100

***Clinical Grade Rubric  
5<sup>th</sup> Semester***

Clinical Requirements	Possible Points
Weekly Clinical Evaluations completed by Clinical Preceptor and turned in on time	15
Specialty Evaluations completed by Clinical Preceptor and turned in on time	5
Faculty Clinical Evaluations completed by Clinical Instructor and/or Program Director Completed each time faculty member is with a student in clinic	30
SCN book documents are completed and turned in on time	5
Clinical Pocket Guide maintained	5
Daily Exam Logs/Exam Totals	5
Professionalism	35
Subtotal	100

## **Professionalism Grade**

Professionalism is imperative to the success of the Sonography students, and thus is emphasized and evaluated periodically throughout the program. Sonography students are expected to promote professionalism in many different capacities and are graded on their adherence to the standards of these professional qualities. Student's professionalism will be evaluated and a professionalism grade will be given at mid semester and end of semester. The comments made on faculty evaluations and the weekly evaluations will be used to help determine the Professionalism grade. Any rule and regulation infractions will be noted on the Professionalism log in the student's clinical file and points will be deducted from the Professionalism grade for the infractions.

The Professionalism grade is comprised of five areas including:

- 1) Ethical principles
- 2) Critical Thinking/Scan Ability
- 3) Communication/ Teamwork skills
- 4) Patient Assessment Skills
- 5) Recognizing Limitations.

**Ethical principles** encompass adhering to rules and regulations as set forth by the DMS program and clinical sites –at all times. Ex: maintaining patient confidentiality, accountability, honesty, responsible and dependable, punctual, being prepared for clinic and class, maintaining a professional appearance, following infection control policies, maintaining physical environments, and providing excellent patient care including patient safety and privacy.

**Critical Thinking/Scan Ability** encompasses recognizing the need to adjust machine parameters for better quality images, recognize and document normal anatomy, pathology and be able to give appropriate differentials; use critical thinking to obtain appropriate images; knowledge of/ following protocols; annotates protocols correctly.

**Communication/Teamwork Skills** encompasses effectively communicating with patients, visitors, physicians, peers, discussing clinical needs with staff, and utilizing and applying instructor and clinical staff feedback

**Patient Assessment Skills** encompasses appropriately interviewing patients for a thorough clinical and medical history, thoroughly explaining the procedure to the patient using patient directed terminology, documenting medical history using medical terminology, and using appropriate sonographic terminology.

**Recognizing Limitations** encompasses the ability of the student to recognize when they need assistance and seeking that assistance. The student also recognizes when they need to refer to their pocket guides.

## **Clinical Pocket Guide**

During Orientation, students are required to begin developing a valuable reference tool called the clinical Pocket Guide. The Pocket Guide should be a notebook that is small enough to fit in the student's pocket. It must be with the student at all times while in clinic. The goal of the clinical pocket guide is to give each student one location in which to place all important clinical information. Throughout the program, students are responsible to continually update the Pocket Guide with new academic and clinical data. The Pocket Guide will be periodically evaluated to be sure it is being kept current. The clinical pocket guide will be worth 5-10 percent of the clinical grade and any faculty member or staff member can ask to see it at any given time. If the student does not have it with them when asked to present it, the student will be required to leave and retrieve it. The clinical pocket guide score will be lowered by one point and the student will be required to make up time missed while retrieving the pocket guide.

The Pocket Guide is used to keep track of all contact information, protocols, pertinent history questions, lab values, anatomy and pathology for each organ system. In addition, students will be rotating to various clinical sites and each site will have their own new requirements. Students are to put any special clinical requirements in their Pocket Guide as well. For more details on how to create a Pocket Guide and the required information that needs to be in the Pocket Guide, please refer to the Pocket Guide Requirement Guidelines Sheet that will be given by the Clinical Instructor during Orientation.



## Graduation Requirements

Students are required to complete all mandatory Sonography procedures listed in the general, obstetrics / gynecology and vascular lists in order to meet graduation requirements. All examinations are to be completed using real-time equipment with transabdominal and endocavity transducers, pulse Doppler, color Doppler and M-Mode display modes. Students **MUST** be able to recognize and identify the sonographic appearance of normal and abnormal anatomic structures in all mandatory examination areas. Students will gain the experience necessary to complete the mandatory clinical competencies through classroom demonstration, scanning laboratory sessions, self –taught tutorials, and clinical education experience. Students are expected to modify their scanning protocol to accommodate any abnormal findings or suspected findings. Students must be familiar with various differential diagnosis related to the patient’s history. The student will notify the Clinical Instructor/ Clinical Preceptor when ready to perform a competency. The examination will be monitored by the evaluator. The tasks listed below are critical for the successful completion of each competency. If a student fails to perform a task, the evaluation process is automatically terminated and the student receives an unsuccessful competency examination evaluation.

**During the completion of all Sonography procedures students are also required to demonstrate the following:**

- Identify the procedure to be performed/ check requisition
- Evaluation of medical record/chart/verify orders
- Review prior exams
- Identify patient location/ mode of transportation determined
- Set up room prior to bringing patient in room
- Proper identification of patient-by name and date of birth
- Introduce themselves to the patient
- Patient assessment
- Acquire a thorough History
- Explain procedure to patient
- Uses proper patient positioning
- Maintained patient dignity and modesty through maintaining proper covering for the patient
- Talked to patient in a concerned an professional manner, check on patient from time to time
- Protocol selection
- Selected appropriate transducer for examination
- Uses appropriate image labeling
- Uses Universal precautions
- Evaluation of image quality, adjusts focal zones, TGC’s and depth
- Uses color and spectral Doppler when appropriate
- Evaluation of image quality
- Optimal demonstration of region of interest and/or pathology
- Identify presence of pathology and possible differential diagnosis
- Uses Sonographic terminology
- Identification of all relational anatomy
- Observes and applies the ALARA principle

## **Graduation Requirements - General Examinations**

### **Mandatory**

Aorta  
Breast  
Guidance  
Liver  
Pancreas  
Gallbladder and Bile Duct  
Urinary Tract  
Transabdominal Prostate  
Retroperitoneum / Peritoneum (fluid check)  
Spleen  
Thyroid  
Soft Tissue  
Sterile tray  
Scrotum

## **Graduation Requirements - Obstetrics and Gynecology Examinations**

### **Mandatory**

Pelvis – Transabdominal  
Pelvis – Transvaginal  
OB – First trimester  
OB – 2/3 trimesters – fetal environment  
OB – 2/3 trimesters – biophysical profile  
OB – 2/3 trimesters – head  
OB – 2/3 trimesters – thorax  
OB – 2/3 trimesters – abdomen  
OB – 2/3 trimesters – extremity and spine

## **Graduation Requirements - Vascular Examination**

### **Mandatory**

Arterial Lower Extremity  
(Direct and indirect)  
Arterial Upper Extremity  
(Direct and indirect)  
Carotid  
Venous Lower Extremity  
Transcranial Doppler (TCD)  
Renal Doppler  
Hepatic Doppler  
Venous Upper Extremity

<b>Master Clinical Assignments</b> <b>Ascension St. Vincent's DMS Program</b>
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***Master Clinical Assignment***  
**Orientation**  
 July 27 - September 11, 2020

<b>Rotation</b>	<b>Week(s)</b>	<b>Assignment</b>
Orientation	1-7	<p><b>Orientation:</b> Students will be required to complete their clinical pocket guides during orientation.</p> <p><b>Transportation assignment</b> Students will transport patients to and from locations throughout the hospital during this assignment</p> <p><b>Desk/ Phone Assignment</b> Students are expected to learn how to organize and fill out paperwork, answer phones, learn phone lists, department schedules, staff assignments, prioritizing examinations, etc.</p> <p><b>CT/XRAY/MRI/US Assignment</b> Students will spend one day in each area to obtain an increased understanding of the modalities that incorporate Medical Imaging.</p> <p><b>Staff Preceptor Assignment</b> Students will be assigned one staff member who will work closely with them explaining the proper way to communicate with their patients and how to obtain a thorough patient history.</p>

***Master Clinical Assignment***

**First Semester**

September 14 – December 18, 2020

<b>Week(s)</b>	<b>Assignment</b>
1-14	<p><b>Scanning Assignments</b></p> <p>Students will work under direct supervision of a Clinical Preceptor for the entire week. Students should begin scanning individual organs in clinic. Students need to attempt to scan <i>with assistance</i> during this semester and complete individual organ scan evaluations on the following:</p> <p><b><u>General</u></b></p> <ol style="list-style-type: none"><li>1. GB and Bile Duct</li><li>2. Great vessels (Aorta)</li><li>3. Liver</li><li>4. Pancreas</li><li>5. Renals/ bladder</li><li>6. Spleen</li><li>7. Thyroid</li></ol> <p><b><u>Ob- Gyn</u></b></p> <ol style="list-style-type: none"><li>1. Pelvis – TA</li><li>2. Pelvis – TV</li><li>3. OB - first trimester</li></ol> <p><b><u>Vascular</u></b></p> <ol style="list-style-type: none"><li>1. Carotid</li><li>2. Venous Lower Extremity</li></ol>

**Master Clinical Assignment**  
**Second Semester**  
 January 4 – April 9, 2021

Week(s)	Competency Assignment
1-14	<p>Students will work under direct supervision of a Clinical Preceptor for the entire week.</p> <p>Students are required to ask <b>a clinical preceptor to evaluate</b> the performance objectives for the competencies listed below.</p> <p>Students are required to complete five (5) practice competencies (1-5) <b><i>with minimal manual or excessive verbal assistance.</i></b></p> <p><b><u>General</u></b></p> <ol style="list-style-type: none"> <li>1. Breast</li> <li>2. GB and Bile Duct</li> <li>3. Great vessels (Aorta)</li> <li>4. Guidance</li> <li>5. Liver</li> <li>6. Pancreas</li> <li>7. Renals/ bladder</li> <li>8. Retroperitoneum</li> <li>9. Pleural Space</li> <li>10. Scrotum</li> <li>11. Soft Tissue</li> <li>12. Spleen</li> <li>13. Sterile tray</li> <li>14. Thyroid</li> </ol> <p><b><u>Ob- Gyn</u></b></p> <ol style="list-style-type: none"> <li>1. Pelvis – TA</li> <li>2. Pelvis – TV</li> <li>3. OB - first trimester</li> <li>4. OB – 2/3 trimesters – fetal environment</li> <li>5. OB – 2/3 trimesters – biophysical profile</li> <li>6. OB – 2/3 trimesters – head</li> <li>7. OB – 2/3 trimesters – thorax</li> <li>8. OB – 2/3 trimesters – abdomen</li> <li>9. OB – 2/3 trimesters – extremity and spine</li> </ol> <p><b><u>Vascular</u></b></p> <ol style="list-style-type: none"> <li>1. Arterial Lower Extremity</li> <li>2. Venous Upper Extremity</li> <li>3. Carotid</li> <li>4. Venous Lower Extremity</li> <li>5. Venous Upper Extremity</li> <li>6. TCD</li> <li>7. Renal Doppler</li> <li>8. Hepatic Doppler</li> </ol>

**Master Clinical Assignment**

**Third Semester**

April 12 – July 16, 2021

Week(s)	Competency Assignment
1-14	<p>Students will work under direct supervision of a Clinical Preceptor for the entire week.</p> <p>Students are required to ask a <b>clinical preceptor to evaluate</b> the performance objectives for the competencies listed below.</p> <p>Students are required to complete five (5) practice competencies (6-10) <b><i>without manual</i></b> but with <b><i>minimal verbal assistance</i></b>.</p> <p><b><u>General</u></b></p> <ol style="list-style-type: none"><li>1. Breast</li><li>2. GB and Bile Duct</li><li>3. Great vessels (Aorta)</li><li>4. Guidance</li><li>5. Liver</li><li>6. Pancreas</li><li>7. Renals/ bladder</li><li>8. Retroperitoneum</li><li>9. Pleural Space</li><li>10. Scrotum</li><li>11. Soft Tissue</li><li>12. Spleen</li><li>13. Sterile Tray</li><li>14. Thyroid</li></ol> <p><b><u>Ob- Gyn</u></b></p> <ol style="list-style-type: none"><li>1. Pelvis – TA</li><li>2. Pelvis – TV</li><li>3. OB - first trimester</li><li>4. OB – 2/3 trimesters – fetal environment</li><li>5. OB – 2/3 trimesters – biophysical profile</li><li>6. OB – 2/3 trimesters – head</li><li>7. OB – 2/3 trimesters – thorax</li><li>8. OB – 2/3 trimesters – abdomen</li><li>9. OB – 2/3 trimesters – extremity and spine</li></ol> <p><b><u>Vascular</u></b></p> <ol style="list-style-type: none"><li>1. Arterial Lower Extremity</li><li>2. Arterial Upper Extremity</li><li>3. Carotid</li><li>4. Venous Lower Extremity</li><li>5. Venous Upper Extremity</li><li>6. TCD</li><li>7. Renal Doppler</li><li>8. Hepatic Doppler</li></ol>

**Master Clinical Assignment**  
**Fourth Semester**  
 July 26 – October 29, 2021

Week(s)	Competency Assignment
1-14	<p>Students will be working with a Clinical Preceptor for the entire week.</p> <p>Students are required to complete three final competencies under supervision of three different clinical preceptors. Competencies are to be completed under direct supervision without manual or verbal assistance.</p> <p><b><u>General</u></b></p> <ol style="list-style-type: none"> <li>1. Breast</li> <li>2. GB and Bile Duct</li> <li>3. Great vessels (Aorta)</li> <li>4. Guidance</li> <li>5. Liver</li> <li>6. Pancreas</li> <li>7. Renals/ bladder</li> <li>8. Retroperitoneum</li> <li>9. Scrotum</li> <li>10. Soft Tissue</li> <li>11. Spleen</li> <li>12. Sterile Tray</li> <li>13. Thyroid</li> </ol> <p><b><u>Ob- Gyn</u></b></p> <ol style="list-style-type: none"> <li>1. Pelvis – TA</li> <li>2. Pelvis – TV</li> <li>3. OB - first trimester</li> <li>4. OB – 2/3 trimesters – fetal environment</li> <li>5. OB – 2/3 trimesters – biophysical profile</li> <li>6. OB – 2/3 trimesters – head</li> <li>7. OB – 2/3 trimesters – thorax</li> <li>8. OB – 2/3 trimesters – abdomen</li> <li>9. OB – 2/3 trimesters – extremity and spine</li> </ol> <p><b><u>Vascular</u></b></p> <ol style="list-style-type: none"> <li>1. Arterial Lower Extremity</li> <li>2. Arterial Upper Extremity</li> <li>3. Carotid</li> <li>4. Venous Lower Extremity</li> <li>5. Venous Upper Extremity</li> <li>6. TCD</li> <li>7. Renal Doppler</li> <li>8. Hepatic Doppler</li> </ol>

***Master Clinical Assignment***  
**Fifth Semester**  
November 1 – January 20, 2022

<b>Week(s)</b>	<b>Assignment</b>
1-7	At this point all mandatory competencies should be complete. During this semester, the Clinical Instructor will be conducting master competency evaluations on students. After the Clinical Instructor determines the sonography student meets entry level sonographer status, the master competency form will be signed by the Clinical Instructor This semester students will be doing specialty rotations to echocardiography, special procedures, x-ray, CT, MRI, Nuclear medicine, OR, and various sonography departments.
8-11	<b>Registry Review</b>

## **Graduation**

January 20, 2022!!!

Location and time to be announced



## **Helpful Hints for Clinical Success**

- Greet the patient with a smile ☺! Make the patient feel as though you are glad to see them.
- Introduce yourself to the patient. Explain that you are a student in the sonography program. Also introduce the sonographer that will be assisting you. If the patient is aware that you are learning and not just incompetent, the exam will go much smoother.
- Take a few seconds to explain to the patient what the examination encompasses and the part they are expected to take. Give clear, intelligent, concise instructions.
- Be confident! Perform your part of the examination to the best of your ability. The patient will quickly sense that you either do not know what to do or you don't know how to perform the examination efficiently.
- Time is valuable to everyone, including the patient, so allow him/her to wait no longer than necessary to be cared for and discharged.
- Send each patient away with the thought that should he/she ever need the services of a competent sonographer, he/she will want to be referred to our department again.
- Whatever you find out about the patient's condition or anything else relating to their visit in our department, **forget it!!** Maintain patient confidentiality.
- Be on time. 8:00 is late! You must be ready to scan and help in the department at 8 a.m. sharp. Have the sonographer sign your attendance sheet at 8 a.m. precisely. If you arrive early make use of your time, find a table or break room to sit and study before time for clinic. Overtime is NOT acceptable; you cannot come early and accumulate overtime.
- Stay busy. Do not sit. Sitting is for scanning and learning purposes only. If you have down time use it wisely, you have a very short amount of time to learn all of the machine functions and you cannot take the machine home with you. Points will be deducted from your professionalism grade if the Clinical Instructor, Educational Coordinator or any staff member finds you sitting unnecessarily in clinic.
- Appearance: Your appearance says a lot about you! Keep neatly groomed at all times. Hair MUST be worn off of the shoulders. Scrub tops should fit appropriately and cover the hips. Undershirts must be tucked into scrub bottoms. Uniforms must display student identification patch as must lab coats. NO "hoodies" or sweat shirts are allowed in clinic. Identification badge must be located at collar level and seen at all times. Be clean, and please do not wear perfume. Refer to your dress code policy located in the Academic Handbook for specifics regarding dress code and appearance.
- Get organized and stay that way. Keep SCN organized and up to date at all times. This is evaluated each time the Clinical Instructor visits you. All documents must be in the correct location, all time sheets must be accurate, and all daily exam logs must be current.
- Parking: park in designated areas only. Make it your mission to find out the appropriate place to park at each facility.

- Remain professional at all times. Don't argue back to the sonographer. He or she will ask you to hand over the transducer and leave the room. Be mindful of what you say and do while in the clinical setting and remember you are on an extended interview for the next 18 months.
- Duties: each department has their own set of duties. You are responsible for learning and maintaining the duties. Check with your senior student and department Team Leader to find out what is expected of you. Do not leave your area without finishing the duties.
- SCANNING, SCANNING, SCANNING.....every opportunity you get, the sonographers are not going to ask or push you to scan. It is your responsibility to step up and ask to scan.