



**CENTRAL OHIO TECHNICAL COLLEGE**

**DEPARTMENT OF HEALTH SCIENCES**

**DIAGNOSTIC MEDICAL  
SONOGRAPHY  
PROGRAM**

**POLICIES & PROCEDURES**

**STUDENT HANDBOOK**

The Program Faculty and College reserve the right to make changes to assure the quality, quantity, and effectiveness of education

Revised 4/30/2024

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# SECTION I

## Overview of DMS Profession

### Description of the Sonography Profession

Diagnostic medical sonography is a multi--specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, musculoskeletal sonography, obstetrics & gynecology sonography, vascular sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

### Scope of Practice of the Profession

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer functions as a delegated agent of the physician and does not practice independently. Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence. Diagnostic medical sonographers use independent, professional and ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

### Credentialing Agencies

#### Overview of the ARDMS

The American Registry of Diagnostic Medical Sonographers (ARDMS) is an independent, nonprofit organization in operation to administer examinations and award credentials in a variety of areas including diagnostic medical sonography, diagnostic cardiac sonography, and vascular technology. Upon program completion, COTC graduates are eligible to earn the following ARDMS credentials:

Abd-E/OBGYN Major:	RDMS	Registered Diagnostic Medical Sonographer
Cardiovascular Major:	RDCS	Registered Diagnostic Cardiac Sonographer
	RVT	Registered Vascular Technologist
	RVS	Registered Vascular Specialist
	RCS	Registered Cardiac Sonographer

Credentials awarded by the ARDMS are widely accepted, nationally and in several countries outside of the U.S. The only means of obtaining an ARDMS credential is by examination. Eligible individuals are accepted as candidates and are then required to pass two comprehensive examinations: (1) a Sonographic principles and instrumentation examination and (2) at least one

corresponding specialty examination - to earn a sonography credential. This structure allows for assessment of these two equally important components of the credential. A candidate is not entitled to use a credential offered by the ARDMS until officially notified that the credential has been earned. The DMS program at COTC is CAAHEP accredited. CAAHEP accreditation allows graduates to sit the ARDMS examinations. Application to the ARDMS is independent of graduation requirements and students are responsible for submission of ARDMS required documentation.

### ARDMS Credentials

<b>Required Examinations for the RDMS, RDCS, and RVT Credentials</b>		
<b>Physical Principles/ Instrumentation Exam</b>	<b>Specialty Examination(s) Options</b>	<b>Credential</b>
Sonographic Physics & Instrumentation (SPI)	Abdomen (AB) Obstetrics/Gynecology (OB/GYN) Fetal Echocardiography (FE) Breast (BR) Musculoskeletal (MSK)	Registered Diagnostic Medical Sonographer (RDMS)
	Adult Echocardiography (AE) Pediatric Echocardiography (PE) Fetal Echocardiography (FE)	Registered Diagnostic Cardiac Sonographer (RDCS)
	Vascular Technology (VT)	Registered Vascular Technologist (RVT)

Candidates must complete both the SPI and the specialty area examination components within five years (regardless of the sequence in which the examinations are taken). Candidates who do not complete their credential within the five-year time frame must retake the examination they had previously passed. This policy does not apply to registrants seeking additional specialties within the same credential area.

### ARDMS Examinations

The Sonographic Physics & Instrumentation examination and the specialty examinations for the RDMS, RDCS and RVT contains multiple-choice and interactive questions. Candidates who are unsuccessful in passing an examination, may reapply, completing a new application, to take the examination again. When reapplying, candidates may begin a new eligibility period 60 days from the previous examination date. Current policies do not limit the number of attempts to pass examinations.

## CCI Examinations

Cardiovascular Credentialing International is an alternative credentialing agency for cardiovascular sonographers. CCI is an independent not-for-profit corporation established for the purpose of administering credentialing examinations as an independent credentialing agency. Upon program completion, COTC graduates are eligible to earn the following CCI credentials:

- RCS: Registered Cardiac Sonographer
- RVS: Registered Vascular Specialist

## Professional Organizations

Several professional organizations for Diagnostic Medical Sonographers exist. All actively work for the advancement of the profession and for continued recognition of quality patient care. Students are encouraged to become active members in professional societies. Popular organizations include:

### National Organizations:

<b>The Society of Diagnostic Medical Sonography (SDMS)</b>	<b><a href="http://www.sdms.org">www.sdms.org</a></b>
<b>The American Institute of Ultrasound in Medicine (AIUM)</b>	<b><a href="http://www.aium.org">www.aium.org</a></b>
<b>The Society of Vascular Ultrasound (SVU)</b>	<b><a href="http://www.svunet.org">www.svunet.org</a></b>
<b>The American Society of Echocardiographers (ASE)</b>	<b><a href="http://www.asecho.org">www.asecho.org</a></b>

## Technical Standards

Technical standards are defined as the student's ability to accomplish the essential requirements of employment in the Sonography profession or participation in a DMS program. Technical standards for the DMS program include all nonacademic criteria and must be based on tasks performed by a sonographer. They also provide students with an understanding of physical demands required by the program and the profession. This is a requirement of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). All students in the DMS program must possess the following abilities to successfully attain the skills needed to practice in the sonography profession.

Students may be removed from the program if it is determined through objective skill assessment that the student is unable to meet these essential abilities (even with reasonable accommodations).

### Communication Ability

1. Sufficient hearing to assess patient needs and identify equipment signals.
2. Sufficient vocalization skills to instruct a patient relative to sonographic maneuvers and obtain a health history.
3. Communicate effectively, verbally and nonverbally, with patients and other healthcare

professionals to explain procedures, give instructions, and give and obtain information.

4. Understand verbal instructions and patient needs.
5. Hear, understand, and react quickly to verbal instructions and patient needs, including but not exclusive to hearing codes, alarms and patient calls

### **Visual Acuity**

1. Identify 16 shades of gray from the gray scale provided.
2. Distinguish between the colors of green, blue, black, red and yellow on the color bar provided.
3. Sufficient vision to observe patients, manipulate sonographic equipment, and evaluate image quality.
4. View and evaluate recorded images for the purpose of identifying proper protocol, procedural sequencing, technical qualities and identification of pathophysiology.

### **Physical Ability**

1. Sufficient gross motor coordination to exert up to 20 pounds of force occasionally, 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects.
2. Sufficient fine motor coordination to hold simultaneously a transducer and input data on a sonographic control panel.
3. Work standing on his/her feet 80% of the time.
4. Use both hands, wrists, and shoulders to maintain prolonged arm positions necessary for scanning and perform fine motor skills.
5. Lift more than 50 pounds routinely.
6. Transport, move, and/or lift patients from a wheelchair or stretcher to the examination table or patient bed, and physically assist patients into proper positions for examination.
7. Push, pull, bend and stoop routinely to move and adjust sonographic equipment and perform studies.
8. Use senses (vision, hearing, and touch) to adequately view sonograms, including color distinctions; distinguish audible sounds; perform eye/hand coordination skills required in sonographic examinations; and recognize changes in patient's condition and needs.
9. Work in a semi-darkened room for prolonged periods of time.
10. Be physically capable of carrying out all assigned duties of a sonographer and deliver patient care.

### **Environmental Requirements**

The work involves risks or discomforts that require special safety precautions, working with sharps (needles, razor blades, scalpels, etc.), chemicals and infectious disease. Employees may be required to use protective clothing or gear such as masks, goggles, and gloves.

### **Intellectual Requirements**

1. Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence according to established standards.
2. Follow directions effectively and work closely with members of the healthcare community.



3. Apply problem-solving skills to help optimize patient care and produce the best diagnostic information possible.
4. Essential judgment skills to include: the ability to identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem solving and coming to appropriate conclusions and/or courses of action.
5. Essential neurological functions to include: the ability to use the senses of seeing, hearing, touch, and smell to make correct judgments regarding patient conditions for the purpose of demonstrating competence in the practice of Sonography and patient care. Behaviors that demonstrate essential neurological functions include, but are not limited to, observation, listening, understanding relationships, writing, and psychomotor abilities.
6. Essential intellectual/conceptual skills to include: the ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the safe practice of Sonography.

### **Emotional Requirements**

1. Provide physical and emotional support to the patient during sonographic procedures.
2. Interact compassionately and effectively with the sick and/or the injured.
3. Handle stressful situations related to technical and procedural standards and patient care situations.
4. Adapt to changing environments and be able to prioritize tasks.
5. Project an image of professionalism.
6. Demonstrate a high level of compassion for others, a motivation to serve, integrity, and a consciousness of social values.
7. Interact positively with people from all levels of society and all ethnic and religious backgrounds.
8. Essential emotional coping skills to include: the ability to demonstrate the mental health necessary to safely engage in the practice of Sonography as determined by professional standards of practice.

### **PHYSICAL REQUISITES FOR SUCCESSFUL CLINICAL PERFORMANCE**

The performance of the tasks related to the Diagnostic Medical Sonography profession includes potentially strenuous practical skills, including heavy lifting and carrying techniques. If any medical condition exists which may limit activities in the clinical setting (casts, crutches, wheelchairs, surgical drainage tubes, oxygen tanks, surgical incisions) or other short-term condition that temporarily limits mobility, dexterity and/or acuity, the student may be asked to withdraw from the program until such condition is corrected. Clinical affiliates require that all health care workers be physically and emotionally stable to provide care to clients. Administrators of these affiliate facilities have the authority to refuse students when the safety of their patients may be compromised.

Any medical condition which may limit activities in the clinical environment must be documented by a licensed physician and notice submitted to the Program Director. A letter from the student's health care provider stating the student is cleared to perform the clinical task associated with the sonography program must be submitted to the Program Director before the student will be allowed to attend the clinical setting. This information will be retained in the student's file.

## SECTION II

### Overview DMS Program

#### Central Ohio Technical College Mission Statement

**The mission of Central Ohio Technical College is to meet the technical education and training needs of students and employers in the area.**

Students enrolled in the Central Ohio Technical College Diagnostic Medical Sonography Program will be responsible for observing College rules and regulations as stated in the COTC student handbook available on the COTC web site. All Sonography students are urged to become familiar with the Sonography Program, the policies, procedures, and academic requirements. Failure to do so will not exempt or excuse the student from full compliance.

#### DMS Program Mission Statement

To provide quality education in the field of diagnostic medical sonography, prepare students as entry-level sonographers with a high degree of skill, and to develop student professionalism through training and mentorship.

#### DMS Program Accreditation

The Diagnostic Medical Sonography Program at Central Ohio Technical College is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of The Joint Review Committee on Education in Diagnostic Medical Sonography.

The program is rigorously evaluated by external agencies utilizing specific professional criteria in order to maintain accreditation status. Moreover, faculty and administration constantly assess and identify trends and plan potential advances for the programs and their enhancement. A dedicated DMS Advisory Committee of community health care and education leaders offer input on the quality, effectiveness, and development of the programs. Student data from courses is a vital component in the assessment process. Student representatives are welcome participants at standing program committees.

#### DMS Program Chain of Command

A chain of command has been instituted to provide students with a supervisor to whom they may ask questions or report problems. Program concerns are to be directed to DMS faculty members, the Clinical Coordinator, and ultimately, to the Program Director. If indicated, only after following the chain of command, concerns should be directed to the Dean of Technical Studies.

#### Program Goals

To prepare competent entry-level abdominal-ext / OBGYN and/or cardiac / vascular sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

## **Program Learning Objectives**

Upon successful completion of the Diagnostic Medical Sonography Program, the student should be able to:

1. Demonstrate knowledge and application of ergonomic techniques.
2. Demonstrate knowledge and application of types and methods of infection control.
3. Demonstrate knowledge and application of patient care.
4. Demonstrate knowledge of the roles and responsibilities of healthcare professions to effectively communicate and collaborate in the healthcare environment.
5. Demonstrate knowledge of medical ethics and law.
6. Demonstrate knowledge of medical and sonographic terminology.
7. Obtain, evaluate, document, and communicate relevant information related to sonographic examinations.
8. Identify and evaluate anatomic structures.
9. Demonstrate knowledge of disease processes with application to sonographic and Doppler patterns.
10. Demonstrate knowledge and application of image production and optimization.
11. Demonstrate knowledge and application of biological effects.
12. Demonstrate knowledge of a quality control and improvement program.
13. Demonstrate awareness of resources for professional development.
14. Demonstrate achievement of clinical competency through the performance of the requirements to provide quality patient care and optimal examination outcome

## **DMS Program Philosophy**

Policies of the Programs are guidelines to promote students' successful completion, to meet requirements of external review agencies and affiliate institutions and to ensure equitable treatment of students.

Sonography involves providing diagnostic services with consideration for human dignity and the uniqueness of man. The faculty believes that sonography education is concerned with the total system in which it operates. The program of learning should take place in institutions of higher education and that the curriculum should reflect a balance between sonography and general education.

Sonography education focuses on the scientific process of problem solving based on the knowledge and understanding of human behavior, communications, basic science, and sonography in a health care setting. Learning is the intellectual process by which changes are brought about in an individual's response to his environment. Learning occurs in a climate which encourages a spirit of inquiry, offers a cooperative feeling and integrity to the learner, and provides for on-going evaluation. Learning is facilitated when personal goals are sought, material is relevant to the learner, and presented in a manner which is comprehensible. When these principles of learning are utilized, the faculty believes that education is a dynamic process in which faculty act as facilitators and resource persons thereby assisting students to assume responsibility for self-direction.

As a member of the health team, the graduate functions as a sonographer performing sonographic procedures with a high degree of skill. The graduate has a responsibility to belong to professional

organizations and participate in educational activities. Benefits derived from these activities should be shared with colleagues to enhance the effectiveness of health care.

The DMS faculty views each student as a unique person with special talents, abilities, needs, and goals. To facilitate teaching and learning, the faculty functions as sonography experts and as nurturers of students. The faculty continuously endeavors to provide an environment that assists students to realize their full potential. Using a student-centered approach, the program will prepare graduates with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems in which they work.

### **Rigor of the DMS Program**

The DMS program is one of the most rigorous programs in the College, demanding determination, stamina, personal planning, and time devoted to study. Preparation for both theory and clinical activities requires fulltime effort. Therefore, students are encouraged to reduce employment to a minimum in order to maintain the education focus. Clinical days and hours will vary each semester. Flexibility of time as well as reliable personal transportation is required.

Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience, which may occur on day, evening, night, weekday, and weekend hours. Therefore, flexible work scheduling and childcare arrangements are essential. Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours.

### **Program Acceptance**

Acceptance guidelines have been established by the Diagnostic Medical Sonography (DMS) Program. All enrolling students should become familiar with the admission regulations and requirements.

Admission is limited based on clinical site capacity. Acceptance into the DMS Program is valid only for the semester and year specified on the DMS application. Acceptance is based on quantitative metrics. Quantitative metrics include GPA and score on Entrance Examinations.

The selection process is completely "anonymous", meaning the applicant's name, gender, age, or other personal information is not provided to the selection committee. Applicants are assigned an applicant number and are ranked by highest GPA and entrance exam scores. Selected students are required to complete observation hours in the DMS lab, drug screening, and background checks.

Applicants that have a positive drug screening will be denied and will be dismissed from the program.

Applicants that have a record on their background check will be required to meet with the Dean to determine candidacy and eligibility to continue in the program.

## **Students with Prior Enrollment in a DMS Program or with DMS Transfer Credits**

Students accepted into the DMS program with Diagnostic Medical Sonography Program transfer credits from another educational institution:

- Even if selected into the program, the student **MUST** provide a recommendation letter from the Program Director of the previous DMS program, mailed directly from the college/university to the attention of the COTC Diagnostic Medical Sonography Program Director. The letter must also include dates of enrollment, a list of DMS courses completed, and a statement of clinical performance.
- Students unable to provide this required documentation prior to the beginning of the program, will forfeit their seat in the DMS program.
- Transfer credits for DMS courses completed at other institutions will not be accepted. All DMS courses must be repeated at COTC.

### **Accepted Students 1st day**

Students accepted into the DMS Program that do not attend/show up for the 1<sup>st</sup> day of program classes (Autumn Semester) automatically forfeit their seat in the DMS program and will be unenrolled from DMS program courses unless prior notification/arrangements have been made with the Program Director.

### **Requirements for advancement**

- All course prerequisites must be met before admission to a course.
- A grade of "C" (defined as 75%) or better is required for all DMS courses.
- A student may repeat each DMS course only once, and only with permission by the Program Director
- A student must adhere to all policies and procedures of the program and the College in order to be eligible for graduation.

### **Readmission**

Re-admission to the Diagnostic Medical Sonography Program is determined by the DMS Re-admission Committee. Re-admission is not automatic or guaranteed. Students seeking re-admission must apply in writing and complete all necessary forms. Students must also adhere to the following:

- The student must submit a letter to the Program Director addressing the reason for the previous failure or withdraw. It is the student's responsibility to demonstrate that the reason(s) for the previous failure/withdraw has been altered and that the student has a strong probability of successfully completing the program at this time.
- The student must have a minimum cumulative GPA at COTC of 2.00 to request re-admission.
- ***Due to the fact that all clinical competencies and clinical training verification expires within***

*one year, some or all clinical courses must be repeated. All clinical competencies previously earned must be repeated.*

- The committee may request a personal interview with the readmission candidate for clarification.
- If re-admitted, the student may have to repeat a drug screening and all immunizations, CPR, & TB must be up to date with documentation provided to the clinical coordinator.
- Students may apply only once for re-admission into the DMS Program, regardless of the major (general or cardiovascular).
- Students may only apply to be re-seated within one calendar year of leaving the program. Applicants requesting re-admission beyond one calendar year will have to apply as a new student through the standard selective admission application process.
- Students dismissed due to didactic course failure or withdrawal may apply for re-admission depending on circumstance.
- Students dismissed from the program due to behavioral or unprofessional conduct are **not** eligible for re-admission.
- Students will be considered for re-admission based on available space, available clinical facility space and previous didactic and clinical performance.
- Re-Admission into the DMS program is **not guaranteed**. Readmission is dependent on available “seats” in the DMS program. Clinical placements are limited with priority given to enrolled DMS students.
- The decision of the committee will be final.

### **CPR (Cardiopulmonary Resuscitation)**

Students will be learning in the clinical environment and performing sonographic procedures on patients who are in critical condition or have sustained life-threatening injuries. Knowledge of resuscitation techniques is imperative. Therefore, Central Ohio Technical College requires that all sonography students be certified in CPR. Proof of such certification is required prior to the first clinical experience through the remainder of the DMS program. Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student will receive a 5% overall clinical grade reduction for each unexcused absence.

It is the student's responsibility to keep certification current for the duration of their education. In the event that CPR certification expires during the program, the student will be unable to return to their assigned clinical facility until CPR certification has been renewed. Any absences occurring due to CPR recertification will be subject to grade penalty as outlined in the course syllabus. CPR certification must be approved by the American Heart Association. Upon completion of the CPR course, present your card to the Clinical Coordinator so it may be entered in your record.

The following guidelines have been adopted by Central Ohio Technical College relative to instituting CPR:

1. Whenever possible, the affiliate staff should make the decision to begin CPR on a patient.
2. In the event of a cardiac and/or respiratory arrest, the student will be responsible for:

- a. calling for help
- b. placing the patient in a supine position (lowering side rails if in bed)
- c. opening the airway
3. If help does not arrive within one minute, the student will call again for assistance.
4. CPR may be initiated based upon the student's current knowledge of this patient.

### **Health Assessment**

Students are required to submit a personal health assessment form to the Program Director upon enrollment in the DMS program. These forms will be kept confidential. The student must inform the DMS Program Director of any disability, change in health status and/or therapy which may affect ability to safely perform the role of student sonographer. The student may be required to provide a written release from their physician, verifying that they may perform without limitations. All enrolled DMS students must be able to demonstrate the Technical Standards.

### **Drug Screening & Alcohol/Drug Policy**

Students will be required to complete a drug screening prior to beginning the DMS program and during the program. Students will be notified of required testing due dates randomly. After the drug screening completion dates are announced, the student has 7 days to complete the testing. Failing to complete the assigned testing during the announced time period is insubordination and therefore subject to dismissal from the program. A positive drug screening will result in immediate dismissal from the DMS program without the option for re-admission. COTC reserves the right to repeat drug screening at any time while students are enrolled in the DMS Program. Drug screenings may be requested randomly or by clinical affiliate request. The student may be required to complete the screening in <72 hours after being notified. This is subject to change without other notification to applicants. All drug screening are at the student's expense.

- Even though recreational marijuana use is legal in Ohio, it is still illegal from a federal perspective.
- The use of marijuana and/or illicit drugs is not permitted in all healthcare facilities
- All clinical affiliates/partners require a NEGATIVE drug screening

You must have a NEGATIVE drug screening throughout the duration of your enrollment in the DMS Program

The Central Ohio Technical College Diagnostic Medical Sonography Program policy prohibits all students from unlawful manufacture, distribution, dispensing, possession, or use of alcohol or controlled substance while on the grounds of the clinical affiliates or the college campus.

Reporting for class or clinicals while under the influence of alcohol, prescription or illegal drugs, or narcotics, or other chemical, or in a physical condition making it unsafe to practice clinically or participate as a student is unacceptable. This policy is in conjunction with an effort of the affiliates and the college to provide a safe and healthy classroom and clinical environment. The abuse of drugs or alcohol is unsafe for faculty, students, and patients.

If any student demonstrates an impaired ability to perform his/her job duties, is suspected of

alcohol or drug abuse, or is suspected of violating this policy, he/she will be immediately removed from the classroom or clinical area. The student will be required to immediately submit to a drug and/or alcohol screening to be completed. If any detectable level of drugs is discovered, the student will be dismissed from the DMS program. The drug screening examination may be requested by either program faculty, program administration, or the affiliate clinical instructor.

### **Immunizations**

Students admitted into the DMS program must comply with immunization and other health requirements before the first day of assigned clinical rotations. Students are expected to remain in compliance as long as they are actively enrolled.

COTC is **contractually obligated** to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes.

#### **TB Testing**

- TB testing is required by the State of Ohio
- A 2-step Mantoux test is required.
- The student must comply with annual TB testing during the time they are enrolled in the DMS program. DMS students are expected to complete an annual 1-Step TB test prior to their TB due date (within 30 days of the anniversary date of 2-Step test). Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student will receive a 5% overall clinical grade reduction for each unexcused absence.
- Written evidence must be provided.
- If there is a history of a positive TB skin test, a chest x-ray report showing no evidence of active disease is required. This student will also complete a TB screening questionnaire upon admission, and annually during the time they are enrolled in the DMS program. The student is to report promptly any symptoms suggesting tuberculosis.
- Students who have received a TB vaccination, must show documentation of TB vaccination and may be required to undergo a chest x-ray showing no evidence of active disease.

#### **Tetanus**

- A tetanus/diphtheria (Tdap) booster is required if 10 years have elapsed since the last booster.
- The *CDC Advisory Committee on Immunization Practices* recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Tdap dose.

#### **Measles, Mumps and Rubella**

- Student must provide written evidence of the required **two** vaccines; OR Provide written documentation of titer results.



### **Varicella**

- Student must provide self-report of history of varicella disease (chickenpox); OR
- If unknown or no history of disease, student must provide results of varicella titer; OR Provide written documentation of two (2) varicella vaccines given no less than one month apart.

### **Hepatitis B**

- Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series; OR
- Provide evidence the student has started the series and has had at least the first injection in the 3 series by the first day of clinicals; OR Provide written documentation of titer results.

### **Flu Vaccination**

- Student must provide written evidence of having received the seasonal flu vaccine within the past 12 months, AND
- Student will maintain compliance with annual seasonal flu vaccine requirement (Prior to October 1<sup>st</sup>) during the time they are enrolled in the DMS program.
- Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student will receive a 5% overall clinical grade reduction for each unexcused absence.

### **Pertussis (Whooping Cough)**

- Students must provide written evidence of having received the pertussis vaccination.

### **Immunizations Records**

**The immunization forms must be completed by a physician or nurse. All documentation must be complete and all required immunizations should be current. Students must keep a set of all personal health information. The DMS Department retains student health files for one semester after graduation.**

**Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete.** Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student will receive a 5% overall clinical grade reduction for each unexcused absence.

### **Latex Allergies**

Students who are identified as having possible latex allergy must be medically evaluated about potential risk, and are strongly urged to consider another field since latex is prevalent in the

healthcare environment. Students with confirmed latex allergy continue in the program at their own risk. The College assumes no responsibility for exposures and possible resulting student health problems.

### **Immunization Waivers**

#### **Medical Waivers:**

A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all of the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician's statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program.

#### **Religious Waivers:**

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations.

#### **Acceptance of Risk:**

Students who are unwilling or unable to comply with the immunization policy of the DMS program must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. The program will not make special accommodations for unvaccinated students. Therefore, failure to complete the health requirements puts the student at risk of program dismissal.

### **Physical Examinations**

A physical examination, performed at the student's expense, may be required.

### **Chronic Hepatitis B Infection**

Applicants with chronic hepatitis B infection are eligible for admission to Allied Health Programs, and shall not be denied admission based solely on their hepatitis B status. This is in compliance with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and Title VI of the Civil Rights Act of 1964 (Title VI).

Federal civil rights laws broadly prohibit discrimination on the basis of disability. However, those laws do not require schools of higher education to permit an individual with a disability to participate in particular activities if doing so would pose a direct threat to the health or safety of others. All students with chronic hepatitis B infection who are applying to a Nursing or Allied Health program will be evaluated on an individual basis to determine if there is a direct threat to

the health or safety of others.

The Centers for Disease Control (CDC) provides the following recommendations for the management of students who have hepatitis B – recommendations with which COTC will comply:

Chronic hepatitis B infection, in itself, should not preclude the study or practice of Nursing or Allied Health professions. Pre-notification to patients of the hepatitis B status of the clinician should be discouraged. Nursing and Allied Health students who do not perform exposure-prone invasive procedures should not be subject to any restrictions of their activities or studies.

Standard precautions should be rigorously adhered to in all health-care settings.

All student health records shall remain confidential. Questions or concerns about any student's health status shall be referred to the Dean for Health Sciences for review.

### **Criminal Records & Background Checks**

Students must notify their program manager of any arrests, regardless of adjudication, that occur after acceptance and enrollment in a program. This notice must be given within five (5) working days. Failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from a health science program.

### **Incidental Findings during Student or Volunteer Sonograms**

Program and non-program models and volunteers are the cornerstone of ultrasound training as it provides the essential skills needed for the student to become a competent, entry-level sonographer. In addition to practicing on each other, volunteers and models may improve student skills, offering different body habitus that mimics real-life clinical scenarios. Volunteers and models must sign consent prior to being scanned. In the event of discovering incidental pathologic findings, the finding will be documented and the DMS faculty member will inform the volunteer as well as the Program Director. The examinations completed in the educational setting are not “diagnostic”, therefore, the medical director for the program will be notified of incidental findings and the physician will provide guidance for follow up and diagnostic testing.

### **Disinfection Policy for DMS LAB**

Adequate transducer preparation is mandatory to protect from potential infection. The level of preparation depends on the type of examination performed. Preparation of external transducers between patients requires a low-level disinfection (LLD) process. Preparation of internal transducers between patients requires routine mandatory high-level disinfection (HLD) and the use of a high-quality single-use transducer cover during each examination. Users should consult a transducer's manufacturer instructions for disinfecting devices.

Gloves:

- All students must wear gloves when scanning

Gel Bottles:

- Avoid direct contact between the gel container dispensing tip and any persons or instrumentation, including the ultrasound transducer.

### **Low-Level Disinfection for Transducers**

Transducer Care:

- Excess gel should be wiped off the transducers with a towel
- Use appropriate disinfectant wipe on transducer (Gray-Top Wipes)
- Allow disinfectant solution to completely dry before using the transducer

### **High-Level Disinfection for Transducers**

High-Level Disinfection (HLD) destroys or removes all microorganisms from medical equipment, with the exception of some bacterial spores. According to Centers for Disease Control and Prevention (CDC) guidelines, endocavity probes are categorized as semi-critical items. As tools in frequent contact with mucous membranes or non-intact skin, semi-critical items require high-level disinfection using approved chemical disinfectants.

**Before** performing HLD, check the probe's manufacturer recommendations for the types of cleaning products you should use. At COTC, MetriCide 14-day (a Glutaraldehyde 2.6% product) is used.

### **COTC DMS LAB Endocavity Transducer Cleaning & Disinfection Procedure**

- 1) **Wear gloves**
- 2) **Remove** probe cover and dispose of it appropriately.
- 3) **Clean** the probe. Cleaning is the removal of bulk gel or debris from the probe manually using an approved transducer disinfectant wipe. Using a new disinfectant wipe, clean the probe handle and cord. Cleaning is essential before HLD because inorganic and organic material that remains on the surfaces of instruments interfere with the effectiveness of disinfection.
- 4) **Check** the date of 1<sup>st</sup> use on the MetriCide solution before use.
- 5) **Soak** the transducer. **MetriCide 14 Day Sterilizing and Disinfecting Solution** is a 2.6% buffered glutaraldehyde that can be used and reused as a sterilant and high-level disinfectant for up to 14 days. The transducer must be soaked for **45 minutes**.
- 6) **Rinse** the transducer for a minimum of 1 minute in cold water.
- 7) **Dry** the transducer with a towel and allow it to completely dry before storage
- 8) **Storage**—Suitable options for transducer storage include storage covers, boxes, or cabinets. Proper storage reduces the risk of re-contamination of the transducer from environmental contaminants or accidental contamination during storage.
- 9) **Remove gloves, dispose, and wash hands**
- 10) **Document** all reprocessing details to ensure traceability including, but not limited to:
  - Transducer model

- Reprocessing personnel identification
- Chemical indicator/test strip results
- Soaking time
- Date/time
- Patient identification

### **Special Enrollment for Non-Program Students, Cross-Training & Course Audits**

COTC offers an option for registered sonographers to enroll in some DMS courses without being enrolled in the selective DMS program. Sonographers interested in taking a DMS course(s) either as a “refresher” or who would like to cross-train into a different sonography specialty, must hold an active RDMS, RVT or RDCS credential with the American Registry of Diagnostic Medical Sonographers (ARDMS) or CCI, must be employed as a sonographer at the time of enrollment and/or have the permission of the Program Director. Non-COTC alumni may be required to meet with the Program Director prior to enrollment. Non-Program students have the choice to either “AUDIT” courses or receive “CREDIT” for the course(s). Non-program students may not register for clinical courses. Only students enrolled in the selective DMS-BAS CV/GEN program may register for clinical courses due to compliance with clinical affiliation agreements and CAAHEP/JRC-DMS accreditation standards.

### **A.C.H.I.E.V.E. Responsibilities**

#### **A Attendance**

You are expected to attend all classes, to be on time, to have all required materials, to complete all homework, and to be prepared to participate in classroom discussions. Proper preparation requires you to read and study assignments prior to coming to class even if specific homework is not to be collected. It is your responsibility to find out what you missed if you are absent. Being absent does not excuse you from your responsibilities regarding quizzes, exams, homework, experiments, or projects.

#### **C Critical Thinking**

Today's workplace requires employees who can apply knowledge to specific circumstances in a well thought out and systemic manner. It is not enough to *memorize* facts or figures, you must be able to use information to further *investigate* events at the workplace.

#### **H Honesty**

There is no substitute for honesty. You must be knowledgeable of the Student Policies and Procedures and must adhere to these standards at all times.

## **I** Intensity

Attitude is everything! Education is important for personal success today more than ever before. Make education a priority. Your success demands the commitment of time, talent, and focus.

## **E** Expectation

Expect to be *taught* well, but also accept your personal responsibility to *learn*. Faculty can expose you to an abundance of information; you must learn how to apply that information to specific situations that confront you in your everyday life.

## **V** Value

Value your education. Make it your personal goal to graduate with the knowledge and skills necessary to be one of the best at what you do.

## **E** Enlightenment

Ask yourself why you are seeking a higher education. Challenge yourself to **achieve success** at the highest level possible.

# SECTION III

## Clinical Education

### Clinical Goals

Sonography students at Central Ohio Technical College will complete 5 clinical rotations in order to:

- 1.0 Acquire proficiency in a wide variety of diagnostic sonography procedures by applying classroom theory to the actual practice of technical skills on specified levels of competency.
- 2.0 Develop and practice professional work habits and appropriate interpersonal relationships with patients and other members of the health care team.

### **Pre-Practicum / Pre-Clinical Performance Evaluation**

Prior to initial clinical placement, all students must undergo a pre-practicum/pre-clinical performance evaluation with the clinical coordinator and the program director. This serves as a counseling and coaching opportunity to facilitate clinical success.

## Clinical Instructor Supervision of Students

The clinical instructor must use his/her discretion regarding the degree of supervision required by each student and clinical situation.

The Student:

- Will work closely with a REGISTERED sonographer in the department.
- Is responsible for consulting with that sonographer in planning and completing each procedure/examination.
- May scan selected patients with the approval of the sonographer/clinical instructor.
- Is responsible for consulting with that sonographer when technically difficult patients or pathology is encountered.
- Has the responsibility to ask for guidance when needed.

The Sonographer:

- Is ultimately responsible for the procedure and all phases of the student's involvement with that procedure.
- May delegate a list of patients to the student.
- Must be present in the sonographic area and readily available to assist the student when needed.
- Will assess the patient and direct the student in the management of the procedure.
- Will review and approve sonograms and technical impressions with the student.

## Clinical Objectives

Students must complete a minimum of **954** hours of clinical education during the program.

### Summer Session Clinical Rotation

- Summer Clinical: Principles of Clinical = One clinical rotation
- 12 weeks (may be less with holiday/campus closures)
- 2 days per week (10 hours) = 20 hours per week = 240 Total Clinical Hours

This clinical rotation is an introductory experience to the clinical setting in which students have an opportunity to observe and practice techniques related to sonographic imaging and patient care. Students will function under the close supervision of qualified sonographers in hospitals and other health related facilities.

### Fall Semester Clinical Rotation

- Fall Clinical= Two clinical rotations
- 7 weeks/7 weeks
- 3 days per week (8.5 hours) = 25.5 hours per week = 357 Total Clinical Hours

During these clinical rotations, the student is expected to continue to build upon foundational

scanning skills acquired in previous lab and clinical rotations. By completion of this clinical experience, the student should have earned the majority of all 50% practice examinations and some 75% practice examinations and competencies.

### Spring Semester Clinical Rotation

- Spring Clinical = Two clinical rotations
- 7 weeks/7 weeks
- 3 days per week (8.5 hours) = 25.5 hours per week = 357 Total Clinical Hours

During these final semester clinical rotations, the student is expected to refine scanning skills acquired in previous lab and clinical rotations. By the completion of this clinical experience, the student must have completed all clinical objectives and obtained all required competencies.

### **Clinical Assignments**

Students enrolled in the Central Ohio Technical College Diagnostic Medical Sonography Program are scheduled and rotated through the various clinical affiliations by the program faculty in consultation and agreement with the clinical affiliates. Assignments are made based on student clinical needs and site availability. While student drive to the clinical site is a concern, the student's drive time is not a factor in the decision. Distance to clinical facilities is based on the distance to the facility from **COTC Newark Campus**, travel to some clinical facilities may be up to **1½ hours one way**. Special requests **will not** be accepted. Students may not solicit or attempt to arrange clinical rotations without the permission of the clinical coordinator. Clinical placements are non-negotiable. Students are assigned during 1<sup>st</sup> shift hours primarily; however, 2<sup>nd</sup> shift clinical rotations may be available or assigned.

### **Travel Expenses**

Travel to the clinical education center is the responsibility of each student. A student may not have the opportunity to rotate through the closest facility. Students must realize the potential exists for extended travel to/from clinical sites (up to 1 ½ hours one way) simply due to the number of students selected by the program. Parking fees and/or facility fees may be associated with clinical assignments. Parking fees and facility fees are the responsibility of each student.

### **Clinical Orientations**

Many facilities require students to complete a mandatory orientation prior to the clinical rotation. Students are required to comply with orientation processes for each facility as directed by the Clinical Coordinator. While some facilities require only paperwork orientation, other facilities required computer-based orientation or face-to-face orientation sessions. Be advised that students may be asked to complete their orientation prior to their first day of the clinical rotation, which may be during an academic break. Arrangements will be made for students who are unable to complete their orientations during academic breaks.



### **Lunches/Breaks**

Students may purchase meals in the facility cafeteria at employee rates. To receive this benefit, uniforms with appropriate name tags must be worn. Lunch schedules will be assigned at the discretion of the clinical supervisor. Students will be given a **one-half** hour lunch break.

### **Health Insurance**

Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. Neither Central Ohio Technical College nor the clinical affiliates assume responsibility for medical expenses that may be charged to you for incidents occurring during your clinical experience. Therefore, you are urged to purchase personal health insurance. If you already have a policy, check the details of the coverage. If an injury occurs while the student is participating in clinical education, the emergency room facilities will be made available to him/her. However, the student will be billed for services rendered.

### **Malpractice Insurance**

Due to direct patient contact, it is mandatory that students have professional liability insurance. This coverage is arranged by the college, currently at no cost to the student.

### **Communicable Diseases**

Sonography is a health care field and occasional contact with patients having communicable disease is likely. Students are expected to become knowledgeable of infection control procedures and take appropriate precautions and follow recommended steps. Students may at any time and for any procedure or duty, elect to wear disposable gloves. This is especially recommended if the student has exudative lesions or weeping dermatitis. Gloves must be changed between each patient and hands washed.

### **Standard Precautions**

All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

- Contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Contaminated sharps must be placed in appropriate container as soon as possible.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.

When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:

- Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, when performing vascular access procedures, and when touching contaminated items or surfaces.
- Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
- Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
- Wash hands immediately after removal of gloves or other personal protective equipment.

### **Exposure Guidelines**

If exposed to blood from a needle stick or blood or body fluid comes in contact with mucous membranes or an open wound during an externship the student should:

- Cleanse the area with soap and water and flush mucous membranes with water **immediately**.
- Report the incident **immediately** to the site or clinical instructor.
- The student should call his or her primary care practitioner or other health provider **within 15 minutes of exposure** to seek triage and treatment from that primary care provider.
- The site or clinical instructor and student must notify the department supervisor at the clinical agency.
- The student must complete an incident report for the clinical agency.
- The Program Director will assist the student to complete a college student accident report.
- The Clinical Site supervisor must inform the source patient of the incident and encourage the patient to have testing after consent is obtained. The exposed individual should be tested for HIV antibodies within 10 days.
- The Center for Disease Control recommends if the source patient is negative there is no need for follow up.
- If the source patient is UNKNOWN or positive then repeat tests should be conducted in 6 weeks, 3 months, 6 months, and 12 months following exposure or follow the protocol recommended by the clinical facility. Neither the college nor the clinical affiliate assumes responsibility for the cost of the testing procedures.
- The Clinical Instructor and/or Program Director are to document the exposure accident and provide copies for the student file.

### **Occurrence Reporting**

An occurrence is a variance in events not consistent with desired operation or care of a patient. All occurrences/incidents which occur during clinical assignment resulting in patient, hospital personnel or personal injury and/or damage to equipment must be reported immediately to the clinical instructor and/or Program Director. In addition, a hospital **occurrence/incident report must be filed with program and hospital officials**. Students are responsible for complying

with all safety procedures. Incidents will be reviewed and appropriate action will be determined by program faculty.

### **Patient Identification**

Always check identification bands on all in-house and emergency patients to assure proper identification. This should be done at the following times: when transporting a patient from his/her room to the department; when bringing a patient into the sonography room; and before the examination begins.

When summoning an outpatient from a waiting or dressing area, ask them to state their name. Do not ask "are you Mrs. Smith?" Too often patients will answer yes, thinking they will get finished faster. Always correlate both first and last names of individuals with the examination order.

### **Patient Confidentiality**

Students must remain in compliance with all HIPAA guidelines. All hospital and patient records are confidential in nature. Do not discuss a patient, his illness or his private affairs with anyone, publicly or privately. Students are expected to maintain confidentiality in a professional manner. Breach of this confidentiality will subject the student to dismissal from the program.

**Electronic devices are not allowed in patient care areas while on Clinical Assignment. It is a HIPAA violation to carry personal electronic devices in patient care areas.**

### **Duty to disclose relationships**

Students should not have any relationship with the client/patient other than that of a health practitioner. If there is a relationship, that relationship must be disclosed immediately. A student must guard against all conflict of interest and shall not accept gratuities for preferential consideration of the patient.

### **Patient Modesty**

The modesty of the patient must be respected at all times. Dignity should be upheld. Patients should receive ample gowns, robes, blankets to cover their body and protect their privacy.

### **Patient Bill of Rights**

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms that patient can be reasonably expected to understand. When it is not medically advisable to give such information to

the patient, the information should be made available to an appropriate person in his behalf. He has the right to know, by name, the physician responsible for his care.

3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for treatment.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is

informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

### **Exam Log Sheets**

Each student is required to complete exam log sheets recording the clinical examinations observed or performed. It is the student's responsibility to maintain an accurate and current record. Log sheets will be distributed to students at the beginning of each semester. Additional log forms are available from the Clinical Coordinator. All completed forms will be submitted to the Clinical Coordinator at the end of each clinical rotation.

### **Clinical Evaluation**

Each student will be evaluated at least twice per semester by the clinical instructor at the clinical education site. Clinical evaluations will account for a significant portion of your clinical grade. A student must receive a grade of 75% or higher on the clinical evaluation(s) each semester to continue in the DMS Program. It is the student's responsibility to familiarize themselves with the criteria in each evaluation. The evaluation is submitted to the Clinical Coordinator. It is the student's responsibility to be sure this has been completed and submitted on time.

### **Clinical Grading**

Clinical evaluation grades must be 75% or greater in order to achieve a passing grade for the clinical course. Students receiving less than 75% on a clinical evaluation will be permitted to continue in the clinical environment and will be dismissed from the DMS Program.

### **Basic Clinical Guidelines**

- Students may bring textbooks and study material to the assigned clinical facility, however, study material must be stored such that the normal operation of the department is not interrupted. Students may not study when examinations are scheduled or available to observe in your assigned areas.
- Central Ohio Technical College contracts with area sonography departments to provide clinical education opportunities for students. Students enrolled in the program shall comply with all policies and procedures of each affiliate.
- Students are expected to demonstrate interest in keeping the department clean and efficient by reporting any deterioration, breakages, malfunction of equipment or depletion of supplies that

come to your attention. This will facilitate prompt repair and re-stocking.

- Whenever situations arise in which students are unable to handle or have questions/concerns, seek advice before proceeding further.

## SECTION IV

### Clinical Competency

#### Three-Tiered Competency System

As a requirement through the JRC-DMS in accrediting Sonography programs, a competency-based clinical system must be maintained in order for students to become proficient in performing sonographic procedures.

The DMS Program's three-level or tiered competency system was introduced to aid in tracking student progress and attempt to standardize competency achievement. Students will be attaining competency at advancing levels throughout the clinical experience. This type of a tiered competency system allows students to develop confidence and skill advancement.

Once achieving a basic knowledge of an examination protocol and basic scanning skills, the student may attempt a **Level I Practice Examination**. Successful completion of a Level I Practice Exam requires the student to perform 50% of the examination. It also requires the student to produce diagnostic quality imaging for that portion of the exam.

The student may attempt a **Level II Practice Exam** when successfully completing 75% of the examination. Again, the imaging will need to meet the diagnostic quality criteria for successful completion. A specific number of Level I and Level II Practice exams are required for each type of sonographic procedure. *A student may not advance to Level II until all Level I practice exams are completed for that procedure.*

Once all practice exams have been achieved, the student may attempt to earn clinical competency. The Clinical Competency requires the student to perform the entire procedure from beginning to end with little to no assistance.

#### Removal of Competency

In the event that a student is observed to not be competent in a procedure that he/she had previously performed satisfactorily as a competency, the competency in question must be repeated after proper documentation is provided to the program faculty. A grade for the repeated competency shall be recorded, but shall not count toward the student's minimum number of competencies for the semester.

The following procedure is to be followed when a clinical instructor or program faculty deems a student to be performing in an incompetent manner on a procedure in which the student has

previously received a satisfactory clinical competency rating.

1. The observer must document in writing those tasks in the sonographic examination which were deemed performed incompetently by the student in question.
2. The observer must present the documentation to the student in a counseling session and allow the student to read and sign the document. Such a signature only indicates that the student is aware of the reasons for the proposed change in competency status of the procedure.
3. The observer shall forward the document to the Clinical Coordinator for consideration.
4. The Clinical Coordinator shall discuss the issue with the observer and the student.
5. After consultation with the Program Director and other program faculty, the Clinical Coordinator shall make a decision and write the recommendation to the student in question and the observer.
6. Should the student be deemed acting in an incompetent manner, the student shall have to repeat the procedure in accordance with the established guidelines in the Clinical Handbook.
7. The DMS faculty's decision shall be final, and all must abide by the decision as all parties had an opportunity to have address the question.

### **Competency and Practice Exam Log**

The Competency and Practice Exam Log Form outlines the number of Level I and Level II practice exams needed for each procedure prior to obtaining the clinical competency. The log form is kept by the student and exams recorded by the student. All completed practice exams and competency forms are to be submitted to the Clinical Coordinator where a master log form is also kept for each student. Documentation must be submitted for each practice exam and clinical competency to the Clinical Coordinator in order for the requirement to be recognized. *If a form is lost or misplaced and does not exist in the student's clinical file for any reason, the exam must be repeated in order for the requirement to be met.*

### **Program Completion & Credentialing Examination Eligibility**

#### **General (Abdominal Ext OB/GYN) Major DMS Students:**

- All required competencies must be satisfactorily completed prior to graduation.
- General students who obtain the required competencies will receive the clinical verification to take the RDMS (AB) and (OB) ARDMS specialty examinations.

#### **Cardiovascular Major DMS Students:**

- All competencies must be satisfactorily completed prior to graduation.

- Cardiovascular students who obtain the required competencies will receive the clinical verification to take the RDCS & RVT ARDMS specialty examinations and the RCS & RVS CCI specialty examinations.

### **Specialty Clinical Rotation Selection Process**

Throughout the program, students may apply to be chosen for a dedicated obstetrical, pediatric, or breast clinical internship with additional, specialized training in maternal-fetal medicine & 2<sup>nd</sup> & 3<sup>rd</sup> trimester obstetrical, breast, vascular, urology, pediatric sonography or pediatric echocardiography. In order to be eligible to apply for a breast rotation, the student must have completed the Breast Techniques Scan Lab course with a grade of “C” or better. The criteria for selection is as follows:

#### **Specialty Clinical Rotation:**

- The selection criteria and process will be based on overall clinical performance during the previous clinical rotations and the total number of clinical competencies & practice examinations.
- The number of students selected is based solely on clinical site availability, so the number of students selected will vary and is not guaranteed.
- If the number of eligible students applying exceeds the number of available clinical sites, selection will be based on PROGRAM GPA, with students with the highest GPA seated first.

### **Religious Accommodations for Students**

COTC is committed to students’ freedom to practice their sincerely held religious beliefs. The College has adopted the College Policy 4.5.10 Religious Accommodations for Students, which complies with the Testing Your Faith Act, Ohio Revised Code 3345.026. Students are given up to three days of absences per term for activities or holidays conducted under the auspices of a religious denomination, church, or other religious or spiritual organization. The religious belief or practice must severely affect your ability to take an exam or complete an academic requirement on the due date. To receive reasonable alternative accommodations, students must submit their written request, including requested dates for alternative accommodations, within 14 calendar days of the first day of class. An instructor shall schedule a time and date for an alternative accommodation (i.e., examination, etc.), which may be before or after the time and date the examination or other academic requirement was originally scheduled without penalty or academic harm to the student. Alternative accommodations are not retroactive. No academic penalty will be imposed for an absence under this policy. These requests for alternative accommodations will be kept confidential. For further questions or information about this Policy, please refer to College Policy 4.5.10 Religious Accommodations for Students or contact the Provost, Dr. Gregory Ferenchak, Ferenchak.7@mail.cotc.edu, 740.755.7827, Hopewell Hall, room 56.



# SECTION V

## Program & Clinical Policies

### Clinical & Course Success

To remain in the DMS program, students must meet academic requirements, must maintain patient safety, and must behave in a professional manner in the classroom, laboratory, and clinical environment.

Isolated performance deficiencies or patterns of deficiency include the performance of undesirable academic, clinical, or professional behavior(s) as identified by faculty or clinical instructor. Examples include, but are not limited to, tardiness, disruptive behavior, safety issues, skill deficiency, or poor academic performance on a quiz/exam. The student will be given written documentation of the identified deficiency and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in disciplinary action.

In the clinical or laboratory setting, a student who demonstrates unsafe behavior(s) which may endanger self or others may be dismissed and failed in the clinical and/or laboratory course regardless of the course theory grade. This student will not be permitted to return to the clinical setting for the remainder of the semester and would receive a failing grade for the course regardless of the theory grade.

\*Note- Failing to immediately report an equipment malfunction, a dropped probe, or potentially damaged probe to the DMS instructor or Program Director is considered unsafe and unethical behavior.

### Essential Behaviors and Attributes

Throughout classroom, lab, and clinical training, the student will act in such a way as to demonstrate the following attributes:

#### 1. Initiative

- By becoming involved in cases in order to learn from the experiences.
- By utilizing newly learned or routine skills without waiting for directions.

#### 2. Dependability

- By completing assigned tasks in a timely manner.
- By reporting for shifts and after breaks on time.
- By following the routine procedures and protocols of the clinical facility.

#### 3. Empathy

By demonstrating awareness of any physical distress the patient may have.  
By anticipating the patient's concerns regarding their condition or the examination.

#### **4. Interest**

By asking relevant questions which are appropriate for the level of training.  
By focusing attention on the procedures.

#### **5. Integrity**

By being honest and accountable in all interactions with clinical staff.  
By maintaining the confidentiality of patient information.  
By acting in a professional manner at all times.

#### **6. Effective Communication**

By maintaining a professional level of conversation with patients during procedures.  
By presenting themselves to patients and staff in a poised and confident manner.  
By asking questions at the appropriate time and place.  
By ensuring that essential messages, STAT REPORTS, etc. are delivered on time.

#### **7. Acceptance of Authority**

By recognizing the hierarchy of the department and their position in it.  
By following the rules and procedures as published in this Handbook.

#### **8. Acceptance of Criticism**

By recognizing that timely feedback is the first step towards mastery.  
By using the criticism to modify techniques or behaviors as necessary.  
By avoiding defensive responses at all times.

#### **9. Good Judgment – reaching a balance**

By gradually taking on more responsibility and striving for self-reliance,  
BUT always recognizing when assistance is necessary **to ensure optimal patient care.**

### **Performance Improvement Plans**

When a performance deficiency is identified, a conference with the student and the program faculty/administrator will be arranged to develop a corrective action plan. Written documentation, in the form of a Performance Improvement Plan, will be provided to the student and a copy will be maintained in the student file.

### **Grievance Procedure**

In the event of a course failure, the student has the right to use the College Grade Appeal Process. Students may also utilize College Grievance Procedures.

## Attendance

All scheduled learning activities, classes, labs and clinicals, are essential. It is unacceptable to be absent from DMS classes and/or clinicals. Attendance at all class/course sessions is expected in order to promote success. Students who miss class for any reason are responsible to get materials, information and/or alternative assignments. Therefore, Central Ohio Technical College supports the following attendance policy.

- Students will attend all clinical assignments as scheduled by the Clinical Coordinator in cooperation with the affiliate clinical instructor.
- Students may not ask the clinical facility to leave early or be dismissed early. Early dismissals must be initiated by the clinical instructor.
- Each student will have a time sheet provided for documentation of clinical attendance. The student is responsible for maintaining an accurate record. Falsification of time sheets is an integrity violation and will result in immediate course failure. The appropriate hours spent at the clinical site must be entered on the time sheet by the student. The clinical instructor at the site should sign the time sheet at the end of each week to verify the student's attendance. The attendance sheet must be turned in to the Clinical Coordinator at the end of each semester to receive a passing grade.
- A clinical day is defined as an **8 ½ hour day** which includes a ½ hour lunch break.
- If unavoidable circumstances result in tardiness or absence, students are required to notify the clinical facility via phone at the affiliate and the program faculty as soon as possible. Notifying the DMS faculty of an absence via text messaging is not acceptable. All tardiness and absenteeism must be made up prior to the end of the semester for the student to be considered for a passing grade. Failure to notify faculty of an absence will result in a 5% reduction in the overall grade.
- An absentee form must be completed and submitted to the clinical coordinator the day you return to campus.
- Due to the limited availability of clinical sites for make-up rotations, a limited number of absences per semester are permitted. During Clinical Semesters, only (2) two absences are permitted. All absences must be made up by the end of the semester. COTC holidays are not permitted to be used as make up days or clinical hours. For each additional day absent after 2 days, a 5% reduction in overall grade will be applied.

### Campus closures:

- If Newark COTC/OSU campus is closed due to severe weather, such as snow or ice, students are excused from clinical hours.  
If COTC/OSU campus is open, but you live in a county that is under a LEVEL 3 snow

emergency-OR- have to drive through an area under a LEVEL 3 emergency, you do not have to go to clinicals and your hours will be excused.

If COTC/OSU campus is closed, but you have already arrived at your clinical facility-OR- have already partially driven to your facility, you need to decide if it is safer for you to go to your clinical facility rather than turn around and return home. The clinical hours completed while COTC/OSU is closed can be "banked" if needed during the semester.

If Newark COTC/OSU campus is closed due to a power outage, sewer/water problem, gas leak, etc. students are not excused from clinical hours.

- Habitual tardiness and/or absenteeism may result in dismissal from the Diagnostic Medical Sonography Program.
- Health / Medical Absences: Absences of three or more consecutive days for medical reasons will require a physician's statement regarding student capability to resume clinical assignment. If a student has experienced a health alteration which has the potential to negatively impact the student's clinical performance, a medical release will be required from the student's physician verifying they may perform without limitation
- Clinical / Class hours may not exceed 40 hours per week.

### **Pregnancy Policy**

1. The college supports the academic interests of students who are or may become pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program. When necessary, reasonable adjustments (such as a larger desk, frequent restroom breaks) will be provided.
2. This decision to continue should be made in consultation with her physician. The student is required to provide a letter from her physician stating the expected due date and giving permission/release to attend clinicals without restrictions. This statement must indicate that the student is able to satisfactorily and safely perform in the clinical or classroom area without undue detriment to herself and/or the unborn fetus or baby. In doing so, she will not hold the program or COTC liable for any complications of her or the fetus during pregnancy, delivery, or thereafter.
3. If the student is enrolled in a clinical course, the student is advised to notify the clinical facility of the pregnancy in the event that an incident or health issue arises in the clinical environment
4. Without such medical assurances, the student may find it necessary to discontinue her program until said medical assurances have been received and accepted. The above policies do not mitigate the student's responsibility for maintaining her own wellbeing as well as that of responsible behavior with respect to the fetus or unborn child. If at any

time the student believes she is medically unable to continue with class/clinical responsibilities, the student should notify the Program Director immediately. The student may always access her academic advisor or the college's Title IX Coordinator for questions or concerns about this policy.

5. If the student delivers while enrolled, prior to returning to the clinical environment, she must provide a letter from her physician stating that she is released without restrictions.

### **Professional Boundaries**

Students enrolled in the DMS program must learn the importance of establishing and maintaining professional boundaries. In a student role, professional boundaries exist between the student and the instructor and between the student and the patient. Students unclear of proper behavior or of an appropriate response to a patient should consult the instructor for guidance.

#### **Student and Faculty**

Faculty and students will maintain a professional relationship:

- a) Students should not expect an instructor to act as personal counselor or therapist. Students should seek assistance from academic advisors and counselors at the college.
- b) Students should not ask or expect the instructor to join an individual, group, or class in any social situations while enrolled in the program.
- c) Students should not contact or expect relationships/communications/connections on social media sites while enrolled in the program.

#### **Student and Patients**

Students will maintain a professional provider-patient relationship:

- a) **Professional Boundaries:** Students providing care strive to inspire the confidence of patients. Students must treat all patients, as well as other health care providers, professionally. Patients can expect those providing care to act in their best interests and respect their dignity. The student should abstain from obtaining personal gain at the patient's expense and refrain from inappropriate involvement in the patient's personal relationships.
- b) **Boundary violations** can result when there is confusion between the needs of the student and those of the patient. Such violations are characterized by excessive personal disclosure by the student, secrecy or even a reversal of roles. Boundary violations can cause delayed distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

*Source: A nurse's guide to the importance of appropriate professional boundaries Copyright 1996. National Council of State Boards of Nursing, Inc., 676 N. St. Clair St., Suite 550, Chicago, IL 60611; [www.ncsbn.org](http://www.ncsbn.org)*

### **Conduct: Use of Social Networking Sites**

Students and faculty alike should keep in mind that even with privacy settings in place,

information is still public and subject to disclosure after deletion. DMS students are held to the same professional, legal, and ethical standards as licensed professionals and must follow all policies and restrictions. Posting certain information is illegal, and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability. **The following actions are strictly forbidden:**

- You may not post or communicate any patient-related information or information which may potentially identify a particular patient or clinical facility. Removal of the patient's name does not solve this problem—inclusion of gender, age, race, diagnosis etc. may still allow the reader to recognize a specific individual. Violation of this requirement may result in disciplinary action up to and including dismissal from the program, as well as other liability for violation of HIPAA.
- You may not take photographs or videos in patient care areas or in the clinical environment.
- You may not post or communicate private academic information about another students, grades, evaluations, or adverse academic actions.

In addition to the prohibitions listed above, the actions listed below are **strongly discouraged:**

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Posting of potentially inflammatory or unflattering material regarding a fellow student, faculty member, or administration.
- It is a professional boundary violation to contact patients or former patients through social media.

Any student or faculty member who is aware of any of the prohibited uses is required to report the misuse. Failure to report is a violation of this policy as well as the college's Code of Student Conduct, item O and may result in disciplinary action up to and including course failure and dismissal from the program.

DMS faculty are discouraged from "friending" students while the student is actively enrolled in the program. Faculty should maintain professional boundaries at all times.

When using social networking sites, students and faculty are strongly encouraged to use a personal email address as their primary means of communication, rather than their COTC email address. Students and faculty are expected to maintain professional standards of behavior at all times.

Students who wish to record lecture must obtain the instructor's permission and must turn recorders off when requested and during breaks.

### **Student Employment Policy**

All students have the privilege to obtain any type of employment while enrolled in the Diagnostic Medical Sonography Program. It is recommended that students accepting employment allocate adequate time for academic responsibilities.

1. Students who accept employment at an affiliated clinical site cannot be scheduled as an employee during the same time as normally scheduled clinical assignments.
2. It is the responsibility of the student to avoid conflicts in scheduling. A student may not be paid or viewed as an employee while scheduled in the clinical area as a student. The student is responsible for assuring that this does not happen. A student who is working as an employee is not eligible for competency evaluations.
3. Also, currently employed sonographers who are completing their degree in diagnostic medical sonography at COTC may not be allowed to fulfill their clinical requirements at the department in which they are employed.
4. Violation of this policy constitutes non-compliance with program policies and will result in immediate dismissal from the program.

### **Scan Lab and Equipment Usage Policies**

To receive a passing grade in a DMS Scan Lab course, the student must earn a passing grade of at least 75% AND must receive a passing grade of at least 75% on ALL lab scan competency examinations. A minimal level of competency/proficiency is required for the student to continue in the program and to the next level/subsequent semesters of scan lab courses as scan lab curriculum builds upon previously learned techniques and is cumulative.

If a student fails a lab scanning competency examination, the original grade for the assessment will be recorded in the course grade book, however the student will be provided ONE second attempt to pass the competency examination. If the student fails to demonstrate the minimum proficiency/competency (grade of at least 75%) on the second attempt, the student will not be allowed to advance and will receive a failing grade in the scan lab course.

1. The ultrasound machines may only be used when instructed and under direct supervision of DMS faculty. Unauthorized usage or misuse will result in dismissal from the DMS program.
2. Beds and equipment must be wiped down after each lab session.
3. Gel bottles must be refilled after each lab session.
4. Dirty laundry, gloves, papers must be picked up after each lab session.
5. No food or beverages are allowed near the lab equipment.
6. No profanity or unprofessional conduct will be tolerated.
7. Equipment malfunctions, probe drops and potential probe damage must be reported immediately and an incident report completed so the probe/equipment can be inspected to evaluate safety and function.

The Diagnostic Medical Sonography program is a "hands-on" technology program - students learn by doing the required skills in campus lab and clinical settings. The sonography curriculum includes hands-on scanning experience in a lab setting. In the scan lab courses, students practice performing sonographic examinations on mock patients, other students, and volunteers. Sonography students take turns being the scanner and being the "mock patient" and participation as a scanner is mandatory. In the Diagnostic Medical Sonography Program, you will be asked to have noninvasive ultrasound examinations performed on you in a lab setting, under direct supervision of DMS faculty. If you are unable or unwilling to be a "mock patient" for any reason, please meet with the Program Director and accommodations will be arranged. You may opt out of being a patient at any time. Please be advised that females will be asked to wear a tank-top and shorts and males will be asked to wear shorts but no shirt during the scan lab courses to allow for scanning access. If you are unable to meet the clothing requirements due to religious beliefs, please meet with the Program Director and accommodations will be arranged.

Diagnostic imaging often requires the sonographer/student sonographer to push and apply pressure with the ultrasound transducer. When excessive, repeated force or pressure is identified by faculty, or if there is a complaint from a "mock patient", the student will be corrected and counseled on appropriate scanning techniques. After verbal and/or written notification of the concern, if the student's scanning ability fails to improve or if the student continues to apply excessive, inappropriate pressure to the point that patient comfort and safety is compromised, or there is a potential for bodily harm, the student may be dismissed from the program

**\*\*\*NOTICE\*\*\***

No student or "mock patient" may be scanned for longer than the allotted time for each skills assessment. Disability accommodations, if any, and including increased testing time, do not apply to scanning assessments or in the clinical environment. Transducer pressure, patient positioning, breathing techniques, and repeated compression/vascular compression may result patient discomfort and there is a potential for bodily harm. In addition, repeated and excessive breath holding/deep inspiration ultimately degrades the quality of abdominal examinations.

- CAAHEP Standard C.3.f states that students must:  
Demonstrate knowledge and understanding of the interaction between ultrasound and tissue and the probability of biological effects in clinical examinations, including the generally accepted maximum safe exposure levels and the **ALARA** principle (As Low As Reasonably Achievable).

### **Uniforms and Appearance**

The personal appearance and demeanor of the sonography students at Central Ohio Technical College reflect both the college and professional standards and are indicative of the student's interest and pride in their profession.

While on clinical assignment your attire will be clean and neatly presented. Your uniform will consist of ceil blue or white scrubs, a lab coat and primarily white shoes. Any student reporting



to the clinical assignment in an improper uniform or attire, or in soiled or untidy attire will be sent home by the clinical instructor/supervisor and missed time must be made up. Remember, if you want to be treated as a professional, look professional. When in the clinical areas, all students shall observe the following guidelines:

1. All students will wear a name badge and COTC patch (to be purchased by the student).
2. Appropriate footwear, predominantly white, shall be worn, no bare legs.
3. Hair will be clean and neat at all times. Unnatural, bold hair colors are not permitted (pink, purple, blue etc.).
4. If you choose to wear makeup, it must be discreetly applied.
5. Students must maintain personal hygiene. Perfumes and aftershave lotions will be used in moderation. There should be no discernible smoke odor. Clinical facilities have the right to dismiss students presenting with an offensive odor.
6. Students are permitted to wear wedding, engagement or class rings, earrings and watches. No costume or oversized jewelry will be permitted. No visible body piercing other than earrings will be permitted.
7. No artificial nails or long natural nails will be permitted. It is recommended that natural nails be no longer than  $\frac{1}{4}$  inch past the fingertip.
8. Tattoos should be covered whenever possible. If tattoos cannot be covered, clinical facilities have the right to dismiss students presenting with visible tattoos.
9. **Religious attire:** The DMS Program will grant student's reasonable requests for religious accommodation where doing so does not conflict with reasonably necessary Program goals. Upon request, the DMS Program will make reasonable efforts to accommodate students' attire that is related to their sincerely held religious beliefs. The student is obligated to make DMS Administration aware of the need for religious accommodation in advance of the need for the accommodation. The DMS Program may limit religious practices that put public safety, health, or the human rights of others at risk.
  - a. Students should be aware that clinical agencies may have their own dress code requirements with which we are obligated to comply. Failure to comply with agency policies may result in the student being unable to complete course requirements.
  - b. Students who wear a head scarf (such as a hijab) are asked to limit the scarf to a single color of black, white, or blue in the Laboratory or clinical setting. Sequins or other items that are subject to detachment are prohibited.
  - c. Facial veils are prohibited in the Laboratory or clinical setting.

- 10) Prior to initial clinical placement, near the end of the second scan lab course, students will be required to report to class in uniforms where clinical appearance will be evaluated and critiqued. Students will not be assigned to a clinical rotation until they have met this requirement.

### **Unprofessional Conduct**

\*\*Unprofessional conduct impacts the academic performance of students and can have a direct impact on patient safety.

The Diagnostic Medical Sonography Program of Central Ohio Technical College considers the following to be examples of unprofessional conduct. This list is not all-inclusive. Students are expected to demonstrate professional behaviors at all times in the clinical, classroom, and lab setting.

Students exhibiting unprofessional conduct **will** be dismissed from the Diagnostic Medical Sonography program.

1. Possessing drugs or alcohol, engaging in their use, or attending under their influence at clinicals or on the COTC campus.
2. Sleeping on clinical assignment.
3. Engaging in theft of any article from the clinical affiliation or DMS lab.
4. Engaging in any immoral conduct or sexual misconduct while on clinical assignment or on COTC campus.
5. Habitual or excessive tardiness and/or absenteeism from clinical assignment.
6. Breaching of patient confidentiality.
7. Falsification of attendance records of any kind. Falsification of COTC admission documents or program application will result in dismissal from the program.
8. Refusing to accept assignments by the clinical instructor commensurate with student capabilities during clinical rotation.
9. Smoking in areas where it is prohibited while on clinical assignment.
10. Eating in areas not specifically designated for that purpose at the clinical facility.
11. Loitering in the sonography department at times not specified for clinical assignment.
12. Acceptance of any type of gratuity from a patient or a patient's family while on clinical assignment.
13. Receiving competency evaluation while working as an employee.
14. Scheduling employment concurrent with student clinical experience.
15. Using a cell phone (including texting) during patient exams, while performing patient exams or in an area at the clinical facility where cell phone use is prohibited. Cell phones may only be used during the designated lunch break and must be stored/concealed at all times during clinical hours.
16. Unprofessional communication or conduct with a patient or in the presence of patient, with a clinical educator, or clinical site staff member while on clinical assignment.
17. Unprofessional communication or conduct with a student, faculty member, instructor, or staff member in a COTC classroom or COTC lab.

18. Any communication on social networks or public divulging of patient information, detailed clinical interactions or public expressions of malcontent with a specified clinical facility.
  19. Any communication on social networks or public expression of malcontent with the DMS Program, Program faculty or DMS student.
  20. Insubordinate behavior or actions directed toward COTC faculty, clinical instructors or clinical facility staff members.
  21. Knowingly providing or receiving information during examinations such as course examinations; or the possession and/or use of unauthorized materials during or in preparation for those examinations. Academic misconduct may result in dismissal from the college, as well as the DMS program.
  22. Receiving two or more reports relating to the same type of sub-standard behavior, conduct, communication and/or personal appearance/hygiene issues for a given clinical rotation.
  23. Failure to notify clinical staff prior to leaving the assigned area/clinical facility or leaving the assigned clinical area/clinical facility without permission.
  24. Performing practices which are unsafe to patients, personnel, other students, or self. Students are expected to demonstrate professional, safe behaviors at all times in the clinical, classroom, and lab setting. A student who demonstrates unsafe behavior(s) which may endanger self or others
  25. Leaving patients undergoing diagnostic procedures unattended.
  26. Non-registered student sonographers may not overstep their role as a student by providing sonographic examination results or medical advice to a patient without direct clinical instructor permission or instruction.
  27. **Any** student behavioral/technical issues that results in the clinical site requesting student removal. If a clinical facility requests a student be removed, the student will be dismissed from the program.
- \*\* Reminder: Students dismissed from the DMS program due to unprofessional conduct are not eligible for re-admission/re-application into the DMS program.

Students exhibiting the following unacceptable conduct **will** receive a non-passing course grade for the Clinical or Didactic Course in which the conduct occurred regardless of the course theory grade.

- Failing to attend all the regularly scheduled clinical assignments and/or make up any missed clinical hours. Students must complete approximately 240 clinical hours during summer semester, 357 clinical hours during fall semester, and 357 clinical hours during spring semester for a minimal total of 950 clinical hours.
- Failing to complete the required clinical competencies and meet all clinical objectives prior to the end of the final clinical rotation.

### Final Note

Central Ohio Technical College reserves the right to make changes without notice in the sonography curriculum, scheduling, and policies in order to preserve the high standards for approval and accreditation of the Diagnostic Medical Sonography Program.

All students must sign/date the following statement in order to be enrolled in the DMS program.

I, \_\_\_\_\_ have read the  
(Print Name Above)

Diagnostic Medical Sonography Handbook, including the Unprofessional Conduct Guidelines, and I have been given the opportunity to ask any and all questions relating to conduct requirements.

I hereby agree to follow the policies as outlined in the DMS Handbook.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)