

2022

IDAHO STATE UNIVERSITY

**Diagnostic Medical
Sonography
Program**

Student Handbook

IDAHO STATE UNIVERSITY

COLLEGE OF HEALTH

Diagnostic Medical Sonography

STUDENT HANDBOOK

Reviewed and Revised: May 2022

Note: Program requirements, as well as policies, are changed from time to time. New or revised requirements and/or policies become effective when this handbook is revised, and the additions and/or revisions supersede any previous requirement and/or policy in past use, whether in writing or in past practice.

WELCOME TO THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

As the program director of the Radiographic Science and Diagnostic Medical Sonography Programs at Idaho State University, I would like to extend a warm welcome. I am confident that your time here will provide a complete and enjoyable introduction and background in your chosen profession of Diagnostic Medical Sonography.

Our mission is to provide a quality education in Sonography and to provide the community competent and compassionate entry-level Diagnostic Medical Sonographers.

This handbook is designed to serve as a guide to general information and policies concerning the program. I hope it will be helpful in presenting the guidelines for professional conduct and academic excellence required of a diagnostic medical sonographer. Please keep the handbook in an accessible place to refer to when needed. The faculty will discuss these policies during the program orientation; however, feel free to discuss any questions you may have at any time.

I welcome you on behalf of the entire Radiographic Science faculty. We are excited to participate in your professional education.

Sincerely,



Christopher Wertz, EdD, R.T.(R)(ARRT)
Program Director



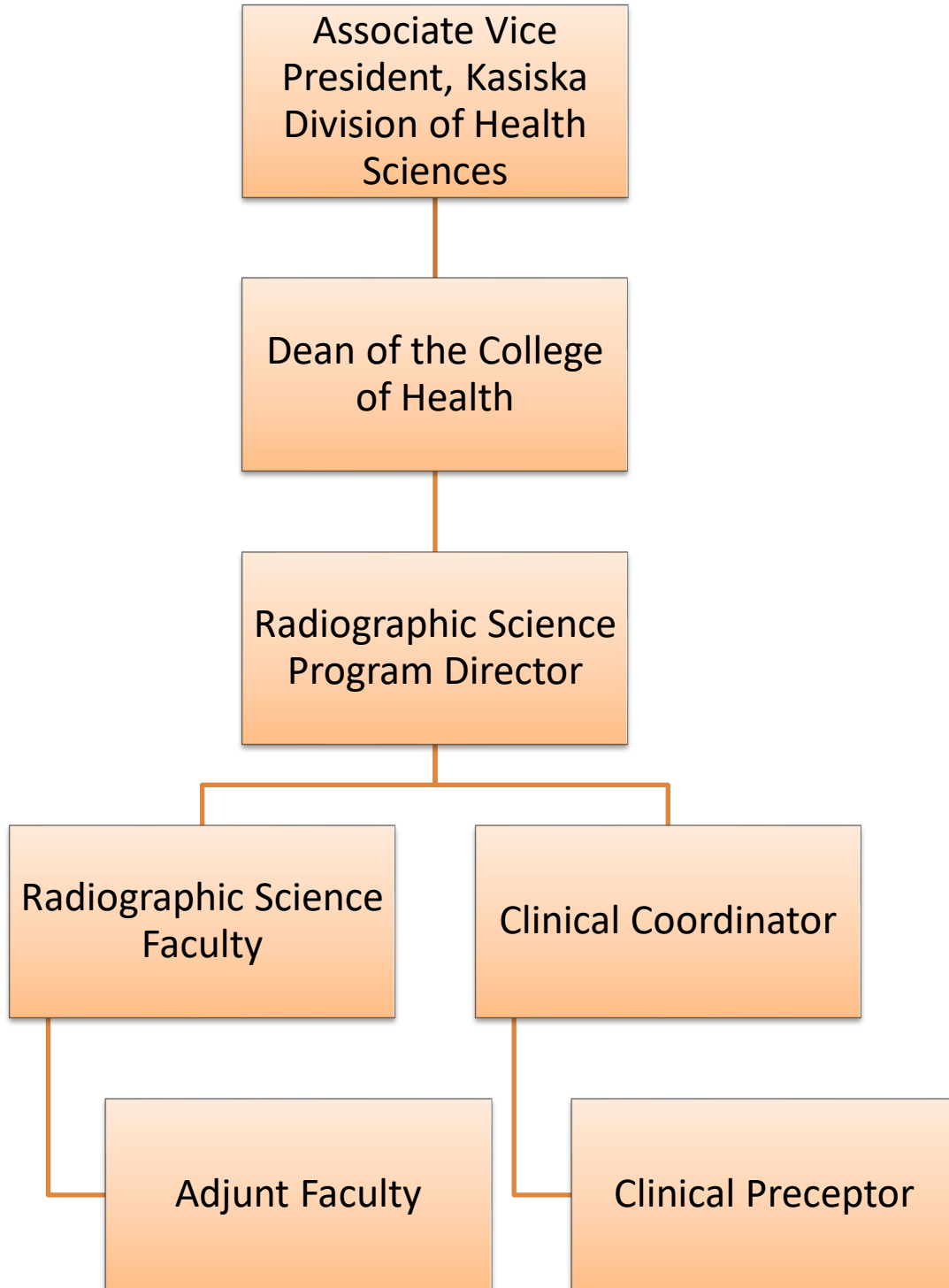
**Idaho State
University**

**Radiographic
Science**

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ORGANIZATIONAL CHART
Idaho State University
Diagnostic Medical Sonography Program



PROGRAM FACULTY

Christopher Wertz, EdD, R.T.(R)(ARRT), Program Director, Assistant Professor

Chelsie Wheatley, BSRS R.T.(R)(ARRT), RDMS (AB)(OB/GYN)(RVT)(B), Clinical Assistant Professor

Wendy Mickelsen, MHE, R.T.(R)(M)(BD)(ARRT), Clinical Coordinator, Clinical Assistant Professor

Breezy Bird, MHA, R.T.(R)(M)(ARRT), Clinical Assistant Professor

AFFILIATE HOSPITALS AND CLINICAL SITES

Bingham Memorial Hospital
98 Poplar Street
Blackfoot, ID 83221

Kristie Watson, R.T.(R)(M)(ARRT), Medical Imaging Director

Blackfoot Medical Center
1441 Parkway Dr
Blackfoot, ID 83221

Isabel Hopkins, BSRS, R.T.(R)(CT)(ARRT), Lead Technologist

Eastern Idaho Regional Medical Center
3100 Channing Way
Idaho Falls, ID 83401

Travis Arnold, Medical Imaging and Cath Lab Director

Idaho Falls Community Hospital
2327 Coronado St.
Idaho Falls, ID 83404

Derrick Swaner, BSRS, R.T.(R)(N)(ARRT), CNMT, Medical Imaging Director

Idaho Medical Imaging
1151 Hospital Way Bld. B
Pocatello, ID 83201

Doug Jackson, MHA, R.T.(R)(MR)(ARRT), Medical Imaging Director

Madison Memorial Hospital
450 E. Main
Rexburg, ID 83440-0310

Casey Dye, MHA, R.T.(R)(ARRT), Medical Imaging Director

Monarch Healthcare
1660 John Adams Pkwy
Idaho Falls, ID 83401

2990 Cortez Ave
Idaho Falls, ID 83401

Ethan Messer, Manager

Mountain View Hospital
2325 Coronado St
Idaho Falls, ID 83404
Cassie Smouse, Radiology Manager

Pocatello Women's Health Clinic, Bingham Memorial Hospital
777 Hospital Way, Building A, Suite 300
Pocatello, ID 83201
Nathan Dalling, Manager

Portneuf Medical Center
777 Hospital Way
Pocatello, ID 83201
Doug Jackson, MHA, R.T.(R)(MR)(ARRT), Medical Imaging Director

Seasons Women's Center
37 S 2nd E, Ste. 201
Rexburg, ID 83440
Jenna Quayle, Seasons Women's Center
Casey Dye, MHA, R.T.(R)(ARRT) Medical Imaging Director

St. Luke's Magic Valley
801 Pole Line Rd. W.
Twin Falls, ID 83301
Kandis Pedersen-Romero, Medical Imaging Director

ACCREDITATION

Idaho State University is regionally accredited by the Northwest Commission on Colleges and Universities. As summarized by the NWCCU, Regional accreditation of post-secondary institutions is a voluntary, non-governmental, self-regulatory process of quality assurance and institutional improvement. It recognizes higher education institutions for performance, integrity, and quality to merit the confidence of the educational community and the public. Accreditation or pre accreditation by a post-secondary regional accrediting agency qualifies institutions and enrolled students for access to federal funds to support teaching, research, and student financial aid."

"The Northwest Commission on Colleges and Universities (NWCCU) is an independent, non-profit membership organization recognized by the U.S. Department of Education as the regional authority on educational quality and institutional effectiveness of higher education institutions in the seven-state Northwest region of Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington. It fulfills its mission by establishing accreditation criteria and evaluation procedures by which institutions are reviewed."

"The Commission oversees regional accreditation for 162 institutions. Its decision-making body consists of up to twenty-six Commissioners who represent the public and the diversity of higher education institutions within the Northwest region." <http://www.nwccu.org/index.htm>

OVERVIEW

The Diagnostic Medical Sonography Program is designed to facilitate the development of professional diagnostic medical sonographers who have acquired the technical skills and knowledge necessary to fulfill the needs required in the medical imaging setting. The diagnostic medical sonographer plays a vital role in the health care team. Due to the rapid growth of technology in the health care setting, there is an increased demand for qualified personnel.

PHILOSOPHY

Idaho State University's Diagnostic Medical Sonography Program was developed with the philosophy that didactic education and clinical experience, which includes "hands on," should happen together for continuity during learning. Therefore, during the entire program, the student learns in the laboratory setting and applies those acquired skills in the clinical setting. This happens on a weekly basis. Furthermore, in the classroom, students acquire the theoretical information necessary to perform as technologists. The next step involves laboratory experiences where the opportunity to apply technological skills is acquired by using phantoms and simulations. Students then progress and perfect their skills by working with technologists in a clinical environment. Our philosophy is that students who learn from experts become experts. When graduation approaches, students are ready to enter the profession confidently.

MISSION

The mission of the Diagnostic Medical Sonography program is to provide students with both the academic and technical foundations to competently and safely perform sonographic procedures, to prepare qualified sonographers who will ethically respond to the needs of patients with technical competence and compassion, and to assume a vital professional role as a medical team member.

VISION

Prepare leaders in Sonography for today and tomorrow through didactic and clinical education.

CORE VALUES

The Diagnostic Medical Sonography Program is committed to the following core values:

- ***Academics*** – promoting excellence in all academic endeavors.
- ***Knowledge*** – recognizing the significance of new knowledge in a profession that is predisposed to change while maintaining traditional values and emphasizing the needs of the patient.
- ***Dedication*** – helping meet the statewide and regional needs by providing access to quality education to prospective students.
- ***Community*** – helping meet the needs of the community in the health care setting by providing competent, qualified, sonographers who are eligible upon graduation to sit for the national certification examination in diagnostic medical sonography sponsored by the American Registry for Diagnostic Medical Sonography (ARDMS)

GOAL AREAS

PROGRAM GOALS/OUTCOMES

The faculties in the Diagnostic Medical Sonography Program promote knowledge and discovery for all students in our program by committing to the following goals for all students in the program:

1. Students will use critical thinking and problem-solving skills.
2. Students/graduates will be clinically competent.
3. Students will be able to effectively communicate.
4. Students will demonstrate the importance of professional growth and development.

CERTIFICATION

Graduates of the program in Diagnostic Medical Sonography at Idaho State University are eligible to sit for the national certification examination sponsored by the American Registry for Diagnostic Medical Sonography (ARDMS).

ACADEMIC PROGRAM

The program at Idaho State University offers a Certificate in Diagnostic Medical Sonography.

The Diagnostic Medical Sonography Program is designed to develop the technical skills and knowledge necessary for the student to satisfactorily function as a sonographer. Learning experiences enable the student to demonstrate competency in the technical aspect of the profession as well as human relations. The program further seeks to develop student interest in the professional societies and provides methodology to maintain competency upon graduation.

The Diagnostic Medical Sonography Certificate offers three-semester or four-semester curriculum options. Both options cover the same didactic instruction and clinical requirement. During this time the student studies and practices the clinical application of sonography in the university's classroom and laboratory facilities and at affiliated hospitals and clinics. The graduate is eligible to take the national examination for certification administered by the ARDMS.

Upon completion of the program, the graduate will be able to work as a sonographer in a hospital, clinic, or private office and effectively perform his/her duties with patients in a responsible, ethical, and professional manner. Because of the rapid growth of the medical field, there is a need for well-trained sonographers.

ACADEMIC STANDARDS

A grade of "C-" or better is required in all Sonography, physics, and Lab courses in the curriculum. A student who fails to achieve a minimum of a "C-" grade in a course designated Diagnostic Medical Sonography (DMS) will be dismissed from the program and prohibited from taking any further courses with the DMS designation until the course(s) in question has/have been completed with (a) minimum grade(s) of "C-."

The student is required to reapply to the program, in writing, at least one (1) month prior to the first day of classes of the semester in which readmission is sought. Additional details regarding readmission can be found in the current Diagnostic Medical Sonography Student Handbook.

GENERAL ADMISSIONS PROCEDURES

Admission to the Diagnostic Medical Sonography Program is competitive. Students will be evaluated and points awarded by using grades in the core objectives and program required courses. Additional points are awarded to ISU Students, residents of the State of Idaho, and additional registries beyond RT(R). Students will be selected using GPA, and any additional points earned by the student. A minimum grade point average of 3.0 is required. Procedures for admission to the program include:

1. Complete procedures for admission to the University.
2. Complete and return the Diagnostic Medical Sonography Application Form and \$100 fee.
3. Complete the necessary prerequisite course work.
4. Submit *official* transcripts of all college and/or university courses completed, including advanced placement or dual-enrolled courses.

Application Deadline

The above admission procedures must be completed and received by the Radiographic Science Program by **February 15th** of the year the student is seeking admission. If the 15th falls on a weekend the application must be received by the Friday preceding the deadline date. The first professional year begins in the Summer semester.

DMS ADMISSIONS PROCEDURES/POLICIES

General

Have you ever (for ANY reason) been convicted of a felony or misdemeanor? The American Registry for Diagnostic Medical Sonography (ARDMS) may prohibit you from taking the certification examination if you have been convicted of a felony or misdemeanor. You must contact the ARDMS to establish your eligibility. This pre-application review must be completed by May 1st or your seat in the program will be forfeited. (ARDMS, 1401 Rockville Pike, Suite 600, Rockville, MD 20852-1402, Phone: (800) 541-9754, <http://www.ardms.org/ARDMS%20Documents/Compliance%20Documents/Pre-application%20Criminal%20ARDMS.pdf>)

Admission to the Diagnostic Medical Sonography Program at Idaho State University is highly competitive. Openings are limited primarily due to limited available clinical education centers. As a result, a means of selecting those students with the greatest potential for success is necessary. Preference is given to Idaho residents. If you have any questions regarding the admissions criteria or transfer equivalency courses, please contact the Radiographic Science office at 208-282-4042 or alyssaholt@isu.edu to consult with an advisor.

Admission Criteria

Applicants must possess current ARRT RT(R) registration and certification (or be a student eligible to take the ARRT radiography exam). Verification of credentials required.

Applicants are ranked according to overall academic grade point average (GPA) from the 21 courses listed below. The ranking of students is accomplished as follows:

1. Points are awarded for grades in each of the following courses:

	Course	CREDIT
ENG 1102	Critical Reading & Writing	3
COMM 1101	Principles of Speech	3
MATH 1153	Intro to Statistics (may substitute MGT 2216 Business Statistics)	3
BIOL 1101	Biology I (with lab)	4
PHYS 1100	Essentials of Physics	4
CHEM 1101	Introduction to General Chemistry (may substitute CHEM 1111 5 cr)	3
INFO 1101	Digital Information Literacy	3

Obj. 9	Cultural Diversity	3
HE 2210	Medical Terminology & Comm.	2
BIOL 3301	Anatomy & Physiology	3
BIOL 3301L	Anatomy & Physiology Lab	1
BIOL 3302	Anatomy & Physiology	3
BIOL 3302L	Anatomy & Physiology Lab	1
MGT 3312	Individual & Organizational Behavior	3
HCA 4475	Health Law & Bioethics	3
MGT 4473	Human Resource Management	3
RS 3325	Patient Care	3
RS 3375	Pediatric Imaging	1
RS 4430	Pathology	2
BIOL 4470	Cross-Sectional Anatomy	2
RS 4450	Research or Scholarly Writing	1
	Total	54

A grade of A is worth 4 points, B's are 3 points, C's are 2 points, D's are 1 point, and F's are 0 points. Plus (+) and minus (-) grades are converted to whole letter grades for point assignments. The points are then multiplied times the credit hour weighting of the course to determine the total points for each course. Credits transferred to ISU that are considered as equivalent to the ISU course(s) listed above, will be weighted according to the credit hours from the original institution, but no greater than the ISU course weighting. For example, if a student completed a four (4) credit statistics course at XYZ University and it is considered equivalent to the ISU MATH 1153 course, the weighting would be three (3) credits and not four (4). Quarter credit hour credits will be converted to "semester" credits for the purpose of weighting. One (1) quarter credit hour shall be considered to be 2/3 of a semester credit hour.

If a student tests out of a course or is otherwise given credit for a course by the ISU Registrar, including military credit, then the grade used for calculation of points shall be an "A" unless a different letter grade is earned (i.e. B, C, D, or F). If a student tests out of a course or is otherwise given credit for a course by the ISU Registrar, including military credit, but takes the course anyway, then the grade used for calculation of points shall be the grade earned in the course.

A passing "P" or a "TS" grade will be counted as a "C" unless proven otherwise with official documentation.

2. Residency - Idaho residents shall be awarded 4 points.
3. Additional registries beyond RT(R) (e.g. CT, mammography, MRI, NM, etc.) 50 points per modality. Verification of credentials required.
4. The total points accumulated from the calculations in #1 through #3 above shall then be multiplied times the student's cumulative grade point average of the courses, for a total point value.
5. Interview: The top 12 ranked applicants will be contacted by phone and an interview will be scheduled. Maximum of 100 points will be awarded for the interview process.
6. Applicants must provide 2 letters of recommendation (1 from a radiologist, 1 from a manager or supervisor) in regards to the applicant's image quality, work flow and clinical practices, work ethic, attendance & dependability, professionalism, etc. Up to 25 points per letter will be awarded upon review.
7. The students will be ranked according to the total points accumulated. The students with the highest accumulated points will be selected for program admission in accordance with the number of openings available. For example, if there are 6 vacancies then the top 6 students will be selected.
8. Alternates for admission will be selected on the basis of their ranking.
9. In the event of a tie during the selection process the following procedure will be initiated in the following order: a) additional ARRT certifications (e.g. CT, mammography, MRI, etc.) b) years of clinical experience, c) the student with the highest number of the classes taken at ISU, d) random drawing of name.

Deadlines

The admission procedures must be completed and received by the Diagnostic Medical Sonography Program by February 15th of the year the student is seeking admission. If the 15th falls on a weekend the application must be received by the Friday preceding the deadline date. Classes begin in the Summer semester. A completed application consists of six (6) items as follows: 1) Admission to Idaho State University. 2) Completed application form for the Diagnostic Medical Sonography Program. 3) Official college transcripts of ALL college coursework completed up to the time of application. 4) Verification of imaging credentials. 5) Two letters of recommendation as described above. 6) A non-refundable application fee, made payable to the Diagnostic Medical Sonography Program.

Notification of Acceptance

Students will be informed by March 15th of their admission status. Notification will be sooner if possible.

Clinical Assignments

Assignment to affiliated hospital radiology departments for clinical education is done by Radiographic Science Faculty. **You may be assigned to any clinical affiliate associated with the Diagnostic Medical Sonography Program.**

Background Checks/Drug Testing

Students must pass a background check and drug test prior to clinical attendance. If a student does not pass, their position will be forfeited in the program.

11. For which track are you applying: 3 semester DMS program 4 semester DMS program

12. ARRT #: _____ Attach ARRT Radiography verification of credentials.

13. Attach verification of additional registry and/or certification in other medical imaging modalities

<u>Modality</u>	<u>Certification Organization</u>
_____	_____
_____	_____

14. Please have your **OFFICIAL ISU TRANSCRIPT, OFFICIAL HIGH SCHOOL TRANSCRIPT IF CLAIMING ADVANCED PLACEMENT OR DUAL ENROLLED CREDITS, AND ALL OTHER OFFICIAL COLLEGE TRANSCRIPTS** sent to:

Idaho State University
Diagnostic Medical Sonography Program
921 S 8th Ave Stop 8002
Pocatello, ID 83209-8002

Electronic copies of transcripts may be sent from a university's Registrar office directly to alyssaholt@isu.edu electronic copies of transcripts submitted by applicants will be accepted.

15. Please indicate the following information about the courses you have taken:

<u>Courses</u>	<u>Grade</u>	<u>Credits</u>	<u>Course #</u>	<u>College or University Where Completed</u>
Obj. 1 Critical Reading & Writing	_____	_____	_____	_____
Obj. 2 Principles of Speech	_____	_____	_____	_____
Obj. 3 Intro to Statistics	_____	_____	_____	_____
Obj. 5 Biology 1101	_____	_____	_____	_____
Obj. 5 Essentials of Physics	_____	_____	_____	_____
Obj. 5 Intro to General Chemistry	_____	_____	_____	_____
Obj. 7-8 Digital Information Literacy	_____	_____	_____	_____
Obj. 9 Cultural Diversity	_____	_____	_____	_____
Medical Terminology	_____	_____	_____	_____
Anatomy and Physiology I	_____	_____	_____	_____
Anatomy and Physiology I Lab	_____	_____	_____	_____
Anatomy and Physiology II	_____	_____	_____	_____
Anatomy and Physiology II Lab	_____	_____	_____	_____
Indiv & Organizational Behavior	_____	_____	_____	_____
Health Care Law	_____	_____	_____	_____
Human Resource Management	_____	_____	_____	_____
Patient Care	_____	_____	_____	_____
Pediatric Imaging	_____	_____	_____	_____
Pathology	_____	_____	_____	_____
Cross-Sectional Anatomy	_____	_____	_____	_____
Research or Scholarly Writing	_____	_____	_____	_____

16. Applicants must include 2 letters of recommendation with this application (1 from a radiologist or medical provider, 1 from a manager or supervisor) in regards to the applicant's image quality, work flow and clinical practices, work ethic, attendance & dependability, professionalism, etc.

17. I swear that the preceding information is true and correct. You have my permission to verify any of the information I have provided.

Signed _____

Date _____

Please return application by February 15th * to:

Idaho State University
Diagnostic Medical Sonography Program
921 S 8th Ave Stop 8002
Pocatello, ID 83209-8002

* Completed applications, transcripts and/or application fees not postmarked by February 15th WILL NOT BE CONSIDERED.

Student selections are made each spring with limited enrollment. Courses for the professional program begin in the summer semester.

Clinical Assignments

Assignment to affiliated hospital radiology departments for clinical education is done by Radiographic Science Faculty. **You may be assigned to any hospital that is affiliated with the Diagnostic Medical Sonography Program.**

Yes No Are you related to any Medical Imaging employee at EIRMC, PMC, MMH, or BMH (Hospitals affiliated with Diagnostic Medical Sonography Program)

If yes, please indicate whom and where _____

Please rank your preferred clinical site choice 1 through 3 (1 – most preferred, 3 – least preferred):

_____ Upper Valley (Idaho Falls and Rexburg)
_____ Lower Valley (Pocatello and Blackfoot)
_____ Magic Valley (Twin Falls Area)

Permission to use Pictures for Social Media and Publications

Yes No If accepted into the Diagnostic Medical Sonography Program I hereby give permission to publish images of myself.

Background Checks

Students must pass a criminal history background check prior to clinical attendance. Acceptance to the ISU Diagnostic Medical Sonography Program does not guarantee you will pass the background check.

Application Fee

An application fee of one hundred dollars (\$100.00) is required for your application to be considered complete. The application fee is nonrefundable. Cash will not be accepted. Please have your check or money order made payable to: ISU Diagnostic Medical Sonography Program.

Interview

The top 12 ranked applicants will be contacted by phone and an interview will be scheduled.

ISU Diagnostic Medical Sonography Program

INTERVIEW SELECTION PROCESS

1. Name of Applicant: _____

2. Applicant Number: _____

3. Arrival Time: _____

4. Scheduled Interview Time: _____

Instructions (initial each after reading):

The Diagnostic Medical Sonography Program Interview Committee is comprised of a student representative, and multiple clinical preceptors employed by Hospitals, Clinics, and Imaging Centers affiliated with the program located throughout Southeastern Idaho. To avoid any conflict of interest through advising the applicants, Chelsie Wheatley, Clinical Assistant Professor for DMS, Christopher Wertz, Radiographic Science Program Director, Wendy Mickelsen, Clinical Assistant Professor, and Trevor Ward, Assistant Professor, are **not** members of the Interview Committee. **Initials:** _____

Each interview is scheduled in a 15 minute time slot. Answers should be brief, complete, and thorough. Interviews **will not** exceed the scheduled time slot. **Initials:** _____

Each applicant will be given a number for the interview process. Please **do not** provide your name or other identifying information at any time during the interview. **Initials:** _____

Feel free to ask questions of the committee at any time throughout the interview process. Dialogue is encouraged.

DO NOT SHARE OR REPEAT THE INTERVIEW QUESTIONS. (With any person, at any time – now or in the future). This would be handled as a breach of academic honesty and integrity and would result in a **ZERO** on the interview, and **FORFEITURE OF YOUR SEAT** in the ISU Diagnostic Medical Sonography Program even if you are selected for admission. **Initials:** _____

I attest that the information I provided is correct. I have reviewed the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Signature of Student: _____ Date: _____ / _____ / 20 _____

PHYSICAL REQUIREMENTS

Clinical assignments

In order to fulfill the requirements of the Diagnostic Medical Sonography Program at Idaho State University, students must be able to meet the physical demands associated with the Sonography profession, and make clinical judgments using critical thinking.

Essential Duties and Tasks:

Ability to sit, stand, neck/waist bend, or squat to perform a variety of patient care activities.

Ability to walk between departments while transporting a patient on a wheelchair, stretcher or bed, applying 30-70 lbs. of force to initiate the motion.

Ability to lift or apply a lifting force of 50 lbs. or more from the floor to a 34" high gurney or x-ray table in order to assist with patient mobility, repositioning, transfers, or fall recovery.

Walking:

To move the entire body for some distance using a heel to toe gait. Walks constantly in order to transport a patient, process images, move between patient exams, and to move or transport equipment to perform a procedure at bedside on a nursing unit.

Standing:

To maintain the entire body in an erect posture with minimal change in position. Stands frequently in order to work in the sonography suite or while imaging a patient in surgery. The student may be required to stand during the entire 8 hour shift.

Squatting:

Flexing forward at the hips/waist with maximum flexion at the knees. Squats occasionally in order to reach supplies and assist with patient fall recovery.

Climbing:

To ascend or descent ladders, stairs, scaffolding, ramps, poles, etc. using feet, legs, and/or hands and arms. Only required in the event an elevator is unavailable.

Kneeling

Bending legs at knees to come to rest on knee or knees. Kneeling during one episode is required for 15-20 minutes.

Bending at the neck:

Bends the neck occasionally in order to chart, assist with positioning a patient.. Turns the neck frequently in order to perform sonography exams, view patients while setting up controls, and respond to patients.

Bending at the waist:

Bends the waist occasionally in order to assist with a lateral transfer of a patient between a gurney or bed and exam table.

Repetitive hand and shoulder use:

Performs repetitive hand use frequently in order to sustain a grasp on a gurney and IV pole while transporting a patient, sustain a grasp on the steering bar on the ultrasound machine, develop fine-tuned dexterity maneuvers with the transducers for scanning. Repetitive hand and shoulder use during one episode that is required for grasp may be sustained for 5-60 minutes at a time while scanning a patient. Must have good hand-eye coordination for quality image documentation.

Pushing/Pulling:

Exerting force upon an object so that the object moves away (pushing) from the force or towards (pulling) the force. Pushes/pulls frequently in order to assist with a lateral transfer of a patient, reposition a patient, move and transport equipment.

A student may be required to move the portable equipment up to 500 lbs.

Reaching above shoulder, elbow is above shoulder level:

To extend the hand and arm so that the elbow is above shoulder level. Reaches above the shoulder occasionally in order to reach supplies or the monitor of the ultrasound machine.

Lifting:

To raise or lower an object from one level to another and includes upward pulling. Provides assistance to a patient while applying 50 lbs. of lifting force. For instance, assisting a patient off the floor up onto a gurney at 34" high or lowering a patient to the floor.

Carrying:

To hold and transport an object in the hands or on the arms, shoulders or back while walking.

Senses:

Near Vision: 20 inches or less. For scanning, charting, computer, set up ultrasound equipment, and to function in a sonographic imaging environment. Be able to distinguish multiple shades of gray in order to differentiate normal tissue from abnormal pathologies as well as be able to detect color distinctions. Observe in limited lighting for a significant amount of time. Adequately view sonographic examinations with the ability to see small details and subtle differences.

Hearing Sensitivity: Communicate with visitors, MDs and staffs, use the telephone, and differentiate alarms and tones on equipment.

Feeling: Adequate for fine manipulation

NATIONAL REGISTRY

The American Registry for Diagnostic Medical Sonography (ARDMS) is the examining and certifying body for diagnostic medical sonographers in the United States. To become a Registered Diagnostic Medical Sonographer in Sonography (RDMS), students will have to successfully complete the Sonographic Principles and Instrumentation (SPI) examination and one specialty examination (Abdomen and superficial structures and/or OB/GYN).

The students will be required to complete the SPI examination in the Spring Semester of the program, and eligible for a specialty examination (Abdomen and superficial structures and/or OB/GYN) any day after students graduate. Students will need to make an appointment to take the examination. It is suggested that students take the examination as soon after graduation as possible. DMS 4476 Sonography Registry Review will familiarize students with the process of applying to take this exam.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARDMS in order to determine eligibility. Individuals may file a pre-application with the ARDMS in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application contact the ARDMS at: www.ardms.org

ARDMS

1401 Rockville Pike, Suite 600
Rockville, MD 20852-1402
Phone: (301) 738-8401; (800) 541-9754

BACKGROUND INVESTIGATION POLICY

The Diagnostic Medical Sonography Program is committed to ensuring public and professional trust and providing safe patient care. In order to meet this goal, background checks and drug screening of students is required. Instructions for these tests will be included with the acceptance letter for new students. Many of our clinical education settings require additional criminal background investigations of all employees and students. To comply with these requirements, accepted students will be asked to submit to these tests to ascertain the student's suitability for clinical rotations. **These tests must be completed by April 15th. Failure to do so will result in your seat in the program being forfeited.**

Background checks and Drug Screens: Complete a background check and drug testing. This is completed online through Certiphi. The cost is \$84.75, payable online. Instructions on the procedure will be sent to your ISU email account. An eVite will be sent containing the link to allow you to begin the process.

Non-negative results will be processed further and may require additional testing. Additional drug screening will be at the student's expense. Failure to pass drug screening will result in immediate dismissal from the program.

This information will remain confidential and will only be viewed by the Diagnostic Medical Sonography Program Director or designee. Any criminal conviction which is found during the background investigation that may deem a student unsuitable for clinical rotations will be considered on a case by case basis. Additional information regarding the conviction may be required in order to make an informed decision. The background investigation will be made available to clinical education settings that require such. Individuals at the Clinical Education Setting, who are authorized to make decisions regarding an individual's eligibility to attend a setting, will inform the Program Director if a student will be allowed to attend clinical at that setting. If an offense appears on the criminal background check that disqualifies the student from attending clinical experiences, the clinical site(s) will notify the program regarding any students' disqualification for attending clinical at that site. The student will receive written notification. Students who receive notification of ineligibility and who wish to dispute the results of the background investigation may follow the [University Grievance Procedure](#).

If a student has been convicted of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations, these must be reported to the American Registry for Diagnostic Medical Sonography (ARDMS) prior to entering the program. All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARDMS in order to determine eligibility. Individuals must file a pre-application with the ARDMS in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application must be submitted at any time before entry into the DMS program. This will be determined on a case by case basis by the program director. For pre-application contact the ARDMS at:

ARDMS
1401 Rockville Pike, Suite 600
Rockville, MD 20852-1402
(Tel): (301) 738-8401; (800) 541-9754

SUBSTANCE ABUSE/DRUG POLICY

Idaho State University believes that substance abuse is a danger to the well-being of faculty/staff, students, clinical affiliates, and clients. Therefore, to insure public and professional trust, safety, and to insure fitness for duty, the unlawful and/or unauthorized use, abuse, possession, distribution, transportation, manufacture, concealment, consumption, promotion or sale of alcohol, illegal drugs, legal drugs obtained illegally, controlled substances, or designer drugs by students will not be tolerated. Individuals found to have committed such infractions shall be subject to sanctions including suspension or dismissal from the Diagnostic Medical Sonography Program.

Definitions

Controlled Substances — For the purpose of this policy, controlled substances include all chemical substances or drugs listed in any controlled substance acts or regulations applicable under any federal, state or local laws.

Campus/Clinical — For the purpose of this policy, a student is on campus/clinical whenever he or she is:

- On any University/clinical affiliate property including parking lots.
- Present at any University sanctioned activity.
- Wearing an official ISU Diagnostic Medical Sonography uniform/lab coat. This includes travel to and from campus/clinical.

Scope

The following are prohibited by the Diagnostic Medical Sonography Program when a student is on campus/clinical and will result in disciplinary action:

- Unauthorized possession or use of a controlled substance and/or alcohol.
- Being under the influence of a controlled substance and/or alcohol, including but not limited to: DWI/DUI arrests, convictions, and driving suspensions.
- Illegal manufacture, distribution, sale or purchase of a controlled substance including but not limited to arrests and convictions.
- Use, or being under the influence of other drugs, including prescription drugs and over the counter drugs while there is any possibility that such use may impair the student's ability to safely perform or may adversely affect his/her safety or patient safety and care, or safety of faculty or fellow students.

Testing

Drug or alcohol testing of students is authorized under this policy to direct a student to undergo testing under the following circumstances:

When there is reasonable suspicion or cause to believe that a student is or has recently been under the influence of any drug or alcohol. It is acknowledged that it may be difficult to determine when a student may be under the “influence,” in keeping with the purpose of this drug policy ISU views that discretion must be given to the faculty and staff in recognizing the usual signs and symptoms of alcohol or drug use. In that respect, the following is a listing of what ISU deems signs and symptoms of drug or alcohol use:

- Frequent absences from class, clinical or lab and/or disappearance from such
- Isolation and withdrawal
- Patient care errors
- Detectable odor of alcohol
- Increasingly poor decision and judgment about patient care
- Unusual accidents/incidents
- Deteriorating personal appearance
- Changes in motor function/behavioral patterns including personality changes, mood swings, illogical thought patterns, gait disturbances, impaired dexterity, slurred speech, drowsiness/sleepiness, and pupillary changes
- When a student is found in possession of alcohol or drugs in violation of this policy.
- Following an instance or incident that the nature of which indicates possible impairment of ability or judgment or following an incident in which patient care standards were violated or careless acts were performed.
- Random drug testing is also allowed under this policy. Students will have hours to report to a drug/alcohol testing facility. The student will assume all responsibility for the cost of the drug tests.

Failure to agree to such testing shall be considered as admission of violation of the student responsibilities as it relates to this policy. Refusal of the test may result in immediate dismissal from the Diagnostic Medical Sonography Program.

Within one hour of completion of the required consent form, the student shall report to an identified lab that utilizes the chain of custody procedure for blood and/or urine testing at the student’s expense. The student may not attend class or clinical activities until the lab results are reviewed by the Program Director or designee.

Results of the tests will be kept confidential and will be reported to the Program Director or Designee who will then meet with the student to discuss the results. A positive blood alcohol and/or urine drug screen test may subject the student to sanctions that may include suspension or dismissal from the Diagnostic Medical Sonography Program.

IMMUNE STATUS

DMS STUDENT HEALTH QUESTIONNAIRE

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

STUDENTS: Please answer the following questions and attach documentation where required.

1. The Radiographic Science Program requires each Student to have their own health insurance during the duration of the program. **Send a copy of health insurance card to alyssaholt@isu.edu.** If changes in insurance occur throughout the duration of the RS program, a copy of the new insurance must be submitted.
2. Obtain a titer test to prove immunity status for the following: Varicella, Measles, Mumps, Rubella, and Hepatitis B. **Obtain boosters if required (based on titer test results) ASAP.** Submit a copy of titer results.
3. Have you ever had Chicken Pox (Varicella)? Yes _____ No _____
Submit a copy of Varicella titer results and proof of Varicella Vaccination.
4. Were you born in or after 1957? Yes _____ No _____
Submit a copy of MMR titer results and a copy of two Measles, Mumps, and Rubella (MMR) Vaccinations.
5. Have you ever had a positive reaction to a TB test? Yes _____ No _____
If "YES": Submit copy of results of chest x-ray taken within the last 12 months.
If "NO": Submit copy of results of recent QuantiFERON-TB Gold (QFT) blood test with negative result. **AN ANNUAL TB TEST IS REQUIRED.**
6. Have you previously been vaccinated for Hepatitis B? Yes _____ No _____
If "YES": Submit proof of 3 vaccinations.
If "NO": Begin the Hepatitis B vaccination series **immediately.**
7. You must have been immunized with one dose of Tdap **AFTER** age 10 to prevent the spread of Pertussis. Submit proof of vaccination.
8. It is required that students have an annual influenza vaccine each **fall** while enrolled in the RS Program. Vaccination is to be completed by October 31. **Submit proof of vaccination when completed in the fall semester.**
9. Do you have any chronic skin condition? Yes _____ No _____
If "YES" please explain:
10. Do you have any dietary restrictions or food allergies? Yes _____ No _____
If "YES" please explain:

11. Do you have a latex allergy? Yes_____ No_____

If "YES" please explain:

12. COVID-19 Vaccination. Many clinical sites are requiring the vaccination. Please submit documentation if you have received the vaccine. **If you choose not to be vaccinated, you will be unable to attend clinical rotations if it is a requirement of that facility.**

SIGNED: _____ DATE: _____
Student

Completed questionnaire and attachments to be filed with Student Records.

PROGRAM ORIENTATION

During the first semester of the professional program, students will be introduced to the Diagnostic Medical Sonography Program. This will include the policies, clinical policies, medical ethics, interpersonal relationships, and the professional societies.

A course syllabus is provided for each course. It includes the following information:

- A. Course Overview
- B. Presentation Methods
- C. Required Texts
- D. Classroom Procedures
- E. Grading Policy
- F. Course Learning Objectives/Goals
- G. Course Learning Outcomes
- H. Class Schedule Outline

It is the responsibility of each student to be fully aware of the contents of the syllabus and what penalties exist if the student deviates from any outlined policy.

SONOGRAPHY PRACTICE STANDARDS

The practice of Sonography is performed by a segment of health care professionals responsible for the administration of sound waves to humans for diagnostic, or research purposes. A diagnostic medical sonographer performs sonographic procedures and related techniques, producing images for the interpretation by, or at the request of, a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of radiologists, radiologic technologists, and support staff plays a critical role in the delivery of health services, it is the diagnostic medical sonographer who performs the sonographic examination that creates the images needed for diagnosis. Sonography integrates scientific knowledge, technical skills, patient interaction, and care resulting in diagnostic information. A diagnostic medical sonographer recognizes patient conditions essential for successful completion of the procedure and exercises independent professional and ethical judgment.

Diagnostic Medical Sonographer – General Requirements

Diagnostic Medical Sonographers must demonstrate an understanding of human anatomy, physiology, pathology, and medical terminology.

Diagnostic Medical Sonographers must maintain a high degree of accuracy in image acquisition and quality. They must maintain knowledge of sonographic principles and instrumentation. Diagnostic Medical Sonographers independently perform or assist the licensed independent practitioner in the completion of sonographic procedures. Diagnostic Medical Sonographers are the primary liaison

between patients, licensed independent practitioners, and other members of the support team. Diagnostic Medical Sonographers must remain sensitive to the physical and emotional needs of the patient through good communication, patient assessment, patient monitoring, and patient care skills. Diagnostic Medical Sonographers use independent, professional, ethical judgment and critical thinking. Diagnostic Medical Sonographers engage in continuing education to enhance patient care, public education, knowledge, and technical competence while embracing lifelong learning.

Practice Standards

The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession and published by the Society of Diagnostic Medical Sonographers (SDMS) for judging the quality of practice, service, and education.

A diagnostic medical sonographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Diagnostic Medical Sonographer Scope of Practice

Diagnostic Medical Sonographer defined:

Diagnostic medical sonography is a multi---specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, obstetrics/gynecology sonography, pediatric sonography, phlebology sonography, vascular technology/sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work. 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, ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures. A fundamental approach to the safe use of diagnostic medical ultrasound is to apply elements of the As Low As Reasonably Achievable (“ALARA”) Principle including lowest output power and the shortest scan time consistent with acquiring the required diagnostic information. The diagnostic medical sonographer uses proper patient positioning, tools, devices, equipment adjustment, and ergonomically correct scanning techniques to promote patient comfort and prevent compromised data acquisition or musculoskeletal injury to the diagnostic medical sonographer.

Diagnostic Medical Sonographer Certification/Credentialing:

A diagnostic medical sonographer must be competent in any sonographic procedure they perform. Certification by a sonography credentialing organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute ---International Organization for Standardization (ANSI –ISO) represents “standard of practice” in diagnostic sonography. Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers in different areas of sonography specialization are markedly different. If performing procedures in any of the following primary areas of sonography specialization, a diagnostic medical sonographer must demonstrate competence in the specialty area(s) through appropriate education, training, and certification:

1. Abdominal Sonography
2. Obstetrical/Gynecological Sonography
3. Cardiac Sonography
4. Vascular Technology/Sonography

If the diagnostic medical sonographer specializes or regularly performs procedures in secondary area(s) of specialization (e.g., breast sonography, fetal cardiac sonography, musculoskeletal sonography, pediatric sonography, phlebology sonography, etc.), the diagnostic medical sonographer should demonstrate competence through certification in the area(s) of practice by a nationally recognized sonography credentialing organization. Employers and accrediting organizations should require maintenance of diagnostic medical sonographer certification in all areas of practice.

NOTE: Temporary or short---term situational exceptions to the certification standard of practice may be necessary (in accordance with applicable federal and state laws and facility policy). For example:

1. Students enrolled in an accredited educational program who are providing clinical services to patients under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider;
2. Sonographers who are cross---training in a new sonography specialty area under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider; and
3. Sonographers who are providing emergency assessment in an urgent care environment where an appropriately certified sonographer is not available in a timely manner.

Diagnostic Medical Sonography Clinical Standards

Standards are designed to reflect behavior and performance levels expected in clinical practice for the diagnostic medical sonographer. These clinical standards set forth the principles that are common to all of the specialties within the larger category of the diagnostic sonography profession. Individual specialties or clinical areas may extend or refine, but not limit, these general principles according to their specific practice requirements.

Standard–Patient Information Assessment and Evaluation:

1. Information regarding the patient's past and present health status is essential in providing appropriate diagnostic information. Therefore, pertinent data related to the diagnostic sonographic procedure should be collected and evaluated to determine its relevance to the examination. The diagnostic medical sonographer:

2. Verifies patient identification and that the requested examination correlates with the patient's clinical history and presentation. In the event that the requested examination does not correlate, either the supervising physician or the referring physician will be notified.
3. In compliance with privacy and confidentiality standards, interviews the patient or their representative, and/or reviews the medical record to gather relevant information regarding the patient's medical history and current presenting indications for the study.
4. Evaluates any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination and associated procedures.

STANDARD –PATIENT EDUCATION AND COMMUNICATION:

Effective communication and education are necessary to establish a positive relationship with the patient or the patient's representative, and to elicit patient cooperation and understanding of expectations. The diagnostic medical sonographer:

1. Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner that can be easily understood by the patient and other healthcare providers.
2. Explains the examination and associated procedures to the patient and responds to patient questions and concerns.
3. Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare professional.

STANDARD –ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION:

The most appropriate protocol seeks to optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the diagnostic objective of the examination. The diagnostic medical sonographer:

1. Integrates medical history, previous studies, and current symptoms in determining the appropriate diagnostic protocol and tailoring the examination to the needs of the patient.
2. Performs the examination under appropriate supervision, as defined by the procedure.
3. Uses professional judgment to adapt the protocol and consults appropriate medical personnel, when necessary, to optimize examination results.
4. Confers with the supervising physician, when appropriate, to determine if intravenous contrast is necessary to enhance image quality and obtain additional diagnostic information.
5. With appropriate education and training, uses proper technique for intravenous line insertion and administers intravenous contrast according to facility protocol.

STANDARD –IMPLEMENTATION OF THE PROTOCOL:

Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. The diagnostic medical sonographer:

1. Implements a protocol that falls within established procedures.
2. Elicits the cooperation of the patient to carry out the protocol.
3. Adapts the protocol according to the patient's disease process or condition.
4. Adapts the protocol, as required, according to the physical circumstances under which the examination must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room, etc.).

5. Monitors the patient's physical and mental status.
6. Adapts the protocol according to changes in the patient's clinical status during the examination.
7. Administers first aid or provides life support in emergency situations.
8. Performs basic patient care tasks, as needed.
9. Recognizes sonographic characteristics of normal and abnormal tissues, structures, and blood flow; adapts protocol as appropriate to further assess findings; adjusts scanning technique to optimize image quality and diagnostic information.
10. Analyzes sonographic findings throughout the course of the examination so that a comprehensive examination is completed and sufficient data is provided to the supervising physician to direct patient management and render a final interpretation.
11. Performs measurements and calculations according to facility protocol.

STANDARD –EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:

Careful evaluation of examination results in the context of the protocol is important to determine whether the goals have been met. The diagnostic medical sonographer:

1. Establishes that the examination, as performed, complies with applicable protocols and guidelines.
2. Identifies and documents any limitations to the examination.
3. Initiates additional scanning techniques or procedures (e.g., administering contrast agents) when indicated.
4. Notifies supervising physician when immediate medical attention is necessary, based on examination findings and patient condition.

STANDARD –DOCUMENTATION:

Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. The diagnostic medical sonographer:

1. Provides timely, accurate, concise, and complete documentation.
2. Provides an oral or written summary of findings to the supervising physician.

STANDARD –IMPLEMENT QUALITY IMPROVEMENT PROGRAMS:

Participation in quality improvement programs is imperative. The diagnostic medical sonographer:

1. Maintains a safe environment for patients and staff.
2. Performs quality improvement procedures to determine that equipment operates at optimal levels and to promote patient safety.
3. Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.
4. Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence-based literature, or accepted guidelines.

STANDARD ---QUALITY OF CARE:

All patients expect and deserve optimal care. The diagnostic medical sonographer:

1. Works in partnership with other healthcare professionals.
2. Reports adverse events.

STANDARD –SELF-ASSESSMENT:

Self--assessment is an essential component in professional growth and development. Self--assessment involves evaluation of personal performance, knowledge, and skills.

1. Recognizes strengths and uses them to benefit patients, coworkers, and the profession.
2. Recognizes weaknesses and limitations and performs procedures only after receiving appropriate education and supervised clinical experience in any deficient areas.

STANDARD –EDUCATION:

Advancements in medical science and technology occur very rapidly, requiring an on---going commitment to professional education. The diagnostic medical sonographer:

1. Obtains and maintains appropriate professional certification/credential in areas of clinical practice.
2. Recognizes and takes advantage of opportunities for educational and professional growth.

STANDARD –COLLABORATION:

Quality patient care is provided when all members of the healthcare team communicate and collaborate efficiently. The diagnostic medical sonographer:

1. Promotes a positive and collaborative atmosphere with members of the healthcare team.
2. Communicates effectively with members of the healthcare team regarding the welfare of the patient.
3. Shares knowledge and expertise with colleagues, patients, students, and members of the healthcare team.

STANDARD –ETHICS:

All decisions made and actions taken on behalf of the patient adhere to ethical standards. The diagnostic medical sonographer:

1. Adheres to accepted professional ethical standards.
2. Is accountable for professional judgments and decisions.
3. Provides patient care with equal respect for all.
4. Respects and promotes patient rights, provides patient care with respect for patient dignity and needs, and acts as a patient advocate.
5. Does not perform sonographic procedures without a medical indication, except in educational activities.
6. Adheres to this scope of practice and other related professional documents.

Source: Society for Diagnostic Medical Sonographers (SDMS)

CODE OF ETHICS

Code of Ethics for the Profession of Diagnostic Medical Sonography*

Re-approved by SDMS Board of Directors, effective 02/08/2017 (originally approved by SDMS Board of Directors, December 6, 2006)

PREAMBLE

The goal of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers. In so doing, the integrity of the profession of diagnostic medical sonography will be maintained.

OBJECTIVES

1. To create and encourage an environment where professional and ethical issues are discussed and addressed.
2. To help the individual diagnostic medical sonographer identify ethical issues.
3. To provide guidelines for individual diagnostic medical sonographers regarding ethical behavior.

PRINCIPLES

Principle I: In order to promote patient well-being, the diagnostic medical sonographer shall:

- A. Provide information to the patient about the purpose of the sonography procedure and respond to the patient's questions and concerns.
- B. Respect the patient's autonomy and the right to refuse the procedure.
- C. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.
- D. Promote the privacy, dignity and comfort of the patient by thoroughly explaining the examination, patient positioning and implementing proper draping techniques.
- E. Maintain confidentiality of acquired patient information, and follow national patient privacy regulations as required by the "Health Insurance Portability and Accountability Act of 1996 (HIPAA)."
- F. Promote patient safety during the provision of sonography procedures and while the patient is in the care of the diagnostic medical sonographer.

Principle II: To promote the highest level of competent practice, diagnostic medical sonographers shall:

- A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.
- B. Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the [National Commission for Certifying Agencies \(NCCA\)](#) or the [International Organization for Standardization \(ISO\)](#).
- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- D. Acknowledge personal and legal limits, practice within the defined [scope of practice](#), and assume responsibility for his/her actions.

- E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and re-credentialing.
- F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
- G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
- H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

Principle III: To promote professional integrity and public trust, the diagnostic medical sonographer shall:

- A. Be truthful and promote appropriate communications with patients and colleagues.
- B. Respect the rights of patients, colleagues and yourself.
- C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
- D. Accurately represent his/her experience, education and credentialing.
- E. Promote equitable access to care.
- F. Collaborate with professional colleagues to create an environment that promotes communication and respect.
- G. Communicate and collaborate with others to promote ethical practice.
- H. Engage in ethical billing practices.
- I. Engage only in legal arrangements in the medical industry.
- J. Report deviations from the Code of Ethics to institutional leadership for internal sanctions, local intervention and/or criminal prosecution. The Code of Ethics can serve as a valuable tool to develop local policies and procedures.

*Retrieved from SDMS at <http://www.sdms.org/> May 6, 2021.

PROFESSIONAL SOCIETIES

Students are encouraged to join professional societies. Student members will receive professional publications, announcements of annual meetings, and are eligible to attend meetings at a reduced rate.

Society

Society of Diagnostic Medical Sonography (SDMS) <http://www.sdms.org/>

The American Institute of Ultrasound in Medicine (AIUM) <http://aium.org/>

FACULTY ADVISORS FOR STUDENTS

Each student is assigned an academic advisor. It is in the student's best interest to be advised by Diagnostic Medical Sonography faculty. If for some reason, the student or faculty member believes another individual should become his/her advisor, accommodations will be made by the program director. In the event that a faculty member leaves, the student will be assigned another advisor. The designated faculty member must authorize all registration and/or drop-add requests and petitions.

Students are listed as "Admitted to Major" once they have been selected for admission to the program. Refer to the program's admissions procedures for details on applying for admission to the program, <https://www.isu.edu/sonography/dms-admission>. Students admitted to the major will keep their pre-major advisor.

In order to track a student's progress toward completion of coursework, the advisor and student will complete/update the "Advising Checklist" form each time they meet to discuss class schedules.

Program details including FAQs, admissions procedures, faculty and many other useful links can be found on the program's website at; <http://www.isu.edu/sonography/>

OFFICE HOURS

Alyssa's hours are 7:30 a.m. to 3:30 p.m. Monday through Friday.

Alyssa Holt
Phone: 208-282-4042
Fax: 208-282-3941
Email: alyssaholt@isu.edu

All faculty will schedule individual student appointments. Students can contact them by phone or by email.

Christopher Wertz
Phone: 208-282-2871
Email:
christopherwertz@isu.edu

Wendy Mickelsen
Phone: 208-282-2112
Email:
wendymickelsen@isu.edu

Breezy Bird
Phone: 208-282-4112
Email: breezybird@isu.edu

Chelsie Wheatley
Phone: 208-282-3311
Email: chelsiewheatley@isu.edu

Students are encouraged to make appointments with faculty rather than "dropping in". The faculty will provide assistance to students as necessary. However, if students are aware they are having problems in a specific area, please make an individual appointment for help.

IDAHO STATE UNIVERSITY

PROFESSIONAL CURRICULUM

Students should become familiar with the courses they need to graduate. Students are encouraged to plan and obtain advice about scheduling courses so they are taken in the proper sequence or semester. Good planning could save time and eliminate unnecessarily heavy schedules.

When planning a semester schedule, students cannot exceed forty (40) clinical hours per week. **Clinical assignments for students cannot exceed 10 hours in one day.**

Three Semester Option

Summer Semester

Course	Credit	Contact Hours
DMS 4491 Applied Sonography I (Clinical)	6	32
DMS 4400 Introduction to Sonography	1	1
DMS 4401 Abdominal Sonography I	2	2
DMS 4404 OB/GYN Sonography I	1	1
DMS 4407 Sonography Principles and Instrumentation I	1	1
DMS 4410 Fundamentals of Sonography Lab I	1	1
DMS 4413 Sonography Case Studies I	1	1
DMS 4417 Superficial Structures	1	1
Total	14	40

Fall Semester

Course	Credit	Contact Hours
DMS 4492 Applied Sonography II (Clinical)	8	32
DMS 4451 Research Principles in Sonography	2	2
DMS 4402 Abdominal Sonography II	1	1
DMS 4405 OB/GYN Sonography II	1	1
DMS 4408 Sonography Principles and Instrumentation II	1	1
DMS 4411 Fundamentals of Sonography Lab II	1	1
DMS 4414 Sonographic Case Studies II	1	1
DMS 4416 Vascular Sonography	2	2
Total	17	41

Spring Semester

Course	Credit	Contact Hours
DMS 4493 Applied Sonography III (Clinical)	8	32
DMS 4419 Sonography Specialty Areas	1	1
DMS 4406 OB/GYN Sonography III	1	1

DMS 4409	Sonography Principles and Instrumentation III	1	1
DMS 4412	Fundamentals of Sonography Lab III	1	1
DMS 4415	Sonographic Case Studies III	1	1
DMS 4418	Breast Sonography	1	1
DMS 4476	Sonography Registry Review	1	1
Total		15	39

Four Semester Option

Summer I Semester

Course		Credit	Contact Hours
DMS 4491	Applied Sonography I (Clinical)	4	24
DMS 4400	Introduction to Sonography	1	1
DMS 4401	Abdominal Sonography I	2	2
DMS 4404	OB/GYN Sonography I	1	1
DMS 4407	Sonography Principles and Instrumentation I	1	1
DMS 4410	Fundamentals of Sonography Lab I	1	1
DMS 4413	Sonography Case Studies I	1	1
Total		11	31

Fall Semester

Course		Credit	Contact Hours
DMS 4492	Applied Sonography II (Clinical)	6	24
DMS 4402	Abdominal Sonography II	1	1
DMS 4405	OB/GYN Sonography II	1	1
DMS 4408	Sonography Principles and Instrumentation II	1	1
DMS 4411	Fundamentals of Sonography Lab II	1	1
DMS 4414	Sonographic Case Studies II	1	1
DMS 4416	Vascular Sonography	2	2
Total		13	31

Spring Semester

Course		Credit	Contact Hours
DMS 4493	Applied Sonography III (Clinical)	6	24
DMS 4419	Sonography Specialty Areas	1	1
DMS 4406	OB/GYN Sonography III	1	1
DMS 4409	Sonography Principles and Instrumentation III	1	1
DMS 4412	Fundamentals of Sonography Lab III	1	1
DMS 4418	Breast Sonography	1	1
Total		15	29

Summer II Semester

Course	Credit	Contact Hours
DMS 4494 Applied Sonography I (Clinical)	6	24
DMS 4451 Research Principles in Sonography	2	2
DMS 4415 Sonographic Case Studies III	1	1
DMS 4417 Superficial Structures	1	1
DMS 4476 Sonography Registry Review	1	1
Total	11	29

COURSE EVALUATIONS

All students are requested to complete course evaluations for each course in which he/she is enrolled. Course evaluations will be conducted once a semester. Students are invited to utilize constructive criticism in completing the evaluations so that faculty can identify strengths and weaknesses in the course and plan accordingly for the future.

Faculty do not review the actual evaluation by a student, but receive a generic summary or an average of the ratings. Faculty do review all of the written comments.

WITHDRAWAL PROCEDURES

A student who formally withdraws from a course prior to the last day to withdraw as listed in the university calendar, will receive a "W" on his/her official transcript. A student who fails to complete a course or who withdraws after the last day to withdraw will receive an "F" on his/her official transcript. Incompletes are not automatically given to students. Withdrawal from a Diagnostic Medical Sonography course will result in dismissal from the program.

INCOMPLETE GRADES

An incomplete grade, "I," may be awarded only as a final grade (for undergraduate courses) and only at the discretion of the instructor. To be eligible for an Incomplete grade, a student must have satisfactorily completed a substantial portion of the course. No grade points are awarded for a course in which an Incomplete grade is earned.

The instructor must complete a Course Completion Contract that stipulates the assignment(s) required to finish the course, the allowable time period, and the grade to be posted if no further work is completed. No student will be allowed more than one year to complete the required assignment(s). Both the student and the instructor must sign the contract, a copy of which is to be given to the student. The instructor retains a copy and a third copy is kept on file by the department head. Upon the student's timely satisfaction of the Course Completion Contract, the instructor will fill out a Change of Grade Form and send it to the Registrar.

Students should NOT re-register for a course in which an incomplete grade has been assigned. If the Registrar does not receive a Change of Grade Form within a one-year time period following the recording of the Incomplete, the Registrar's Office will automatically convert the Incomplete to an F or the grade indicated on the Course Completion Contract. Only in extreme circumstances will a student be allowed an extension of the time stipulated by the instructor. A normal petition process may be used for those circumstances that would extend the allowable time period beyond one calendar year following the recording of the Incomplete grade.

PETITIONS

The following procedures apply to petitions:

Waiver of Program Requirements:

All requests for waiver of program requirements shall be submitted for approval to the program director. The program director must sign his/her recommendation prior to submitting requests. Requests for waiver of program requirements shall be submitted only on university petitions.

All students are expected to complete all courses or their equivalent. Substitution for a course is allowed if approved by the program director.

Waiver of University Requirements:

All requests for waiver or substitution of university requirements shall be signed by the academic advisor/instructor, chairperson or program director of the affected program, and dean of the college in which the course is offered.

Obtaining the Petition:

Petitions may be obtained in the office, Room 225. The petition statement should be handwritten and approved by the program director.

REINSTATEMENT PROCEDURES

Following academic dismissal and a lapse of one semester, a student may petition for permission to reenter the university. That student must file his/her petition with the Dean of the College of Health immediately prior to the semester in which he/she wishes to reenter. A student given permission to reenter the university will be admitted on probation, and the rules under "[Scholastic Probation](#)" and "[Dismissal](#)" will apply. Students reentering the university under this method must also apply for readmission into the Diagnostic Medical Sonography Program by formal petition through the program director before being permitted to attend any courses of that major.

Students wishing to be reinstated to continue in the professional program after a lapse of more than one semester must be able to demonstrate competency in the clinical and didactic courses completed prior to reinstatement. Reinstatements will be handled individually by the program director.

SCHOLASTIC APPEALS COMMITTEE

Purpose

The College of Health Scholastic Appeals Committee is established to provide a mechanism for protection of student and faculty rights in academic matters. The purpose of the committee is established to maintain high academic standards and performance and to protect objectivity and fairness in assignment, administering, and evaluating student performance in all matters of grievance pertaining to academic conduct.

Function

This committee will function in a fact-finding capacity in relation to academic matters of concern between a student and instructor which could not be resolved at the program level. The committee considers only cases in which the student has already exhausted the normal channels of redress: i.e., instructor, and program director of the program. Based on the findings, the Committee will make a recommendation on the appeal (with justification) to the Dean of the College of Health. The committee will not serve to arbitrate an alternative settlement to the academic matter of concern. Dean of the College of Health will make the final decision regarding the appeal.

Procedure

In the event that conflicts of an academic nature arise between a student and an instructor, the following procedures will apply:

- A. The student shall approach the instructor involved and attempt to resolve the problem.
 1. If the first step does not result in resolution, the student may approach the program director. The director will meet with the student and instructor in an attempt to resolve the academic conflict.
 2. Only after the student has met with the instructor and program director, shall the student meet with the Dean of the College of Health who may choose to refer the appeal to the Scholastic Appeals Committee. Communication with the Dean of the College of Health should include written documentation.
- B. The Dean of the College of Health shall notify the Appeals Committee Chair of the need to hear an appeal.

- C. The Appeals Committee Chair shall convene a meeting of the committee as soon as possible but no later than five (5) working days after the appeal has been referred by the Dean of the College of Health.
1. If either party involved in the appeal process requests an extension to prepare the appeal, this time period may be waived.
 2. The Appeals Committee Chairman shall distribute copies of the student's written petition and any other relevant correspondence and/or documentation prior to the hearing. Each committee member shall provide for the security of those documents.
- D. Students submitting an academic appeal during official university vacations, holidays, or summer sessions shall have the option of having the appeal reviewed directly by the Dean of the College of Health. The Dean may choose to appoint an ad hoc committee of available students and faculty to replace the elected representatives during those times.
- E. Procedures to be followed during the hearing:
1. Explanation of the role of the committee, chair, student, and instructor.
 2. Explanation about importance of confidentiality.
 3. Methods for obtaining the record of the meeting: a tape recording shall be used; transcription may be requested from the recording, but the student must assume the expense of manuscript typing.
 4. All records of the appeals hearing shall be kept on file in the office of the Dean of the College of Health.
- F. Order of Business:
1. The committee discusses all pertinent data in terms of the committee's stated scope.
 2. Any votes taken during the appeals proceedings must be by written secret ballot to be kept on file in the Dean of the College of Health office for the record. The ballots will be anonymous. All decisions of the committee must be approved by a majority vote of the members present.
 3. Within five (5) working days after the conclusion of the appeal, the Appeals Committee will forward to the Dean of the College of Health a report of its recommendation.
 4. The Dean of the College of Health will notify the appellant and the faculty member involved of the Dean's decision within five (5) working days after receiving the Scholastic Appeals Committee's recommendation.
 5. Any further appeal of academic discrepancies or grade concerns should be submitted in accordance with policy established by the Idaho State University Academic Standards Board.
 6. Step's (a-f) apply only if the appellant and program representatives are requested to attend.

- a. The student presents the appeal, and presents supporting materials, witnesses, documentation, etc., if so desired. The student should include an exact statement of his/her request for resolution when writing the petition; e.g., request to repeat the course, to appeal the grade issued, to take the course out of sequence, etc.
- b. An appellant may have an advisor or peer group member of his/her choice who may, in the opening statement before the Appeals Committee, present the issue contained in the written appeal filed by the appellant. Henceforth, this advisor will act only in an advisory capacity to the appellant. Other parties involved in the hearing proceedings also may have an advisor or peer group member who will act only in an advisory capacity. No legal counsel will be permitted during the hearing.
- c. The instructor presents the basis for the grade, extenuating circumstances relevant to the appeal, or otherwise responds to the student's appeal.
- d. Discussion from Committee. Questions by the student or instructor must be directed through the chairman. The chairman directs the questions if appropriate and pertinent to the appeal.
- e. Final comments and/or summary by student.
- f. Student and instructor are dismissed.

G.

Meetings:

1. Meetings are held at the call of the Chair. If two members request a meeting, the Chair must call a meeting within two weeks after receipt of the request.

ACADEMIC STANDARDS

Grade Point Average to be Maintained

A cumulative GPA of 2.0 is required for graduation as well as completion of all university requirements for the DMS certificate.

Academic Standards in Professional and Major Courses

A student who fails to achieve a minimum of a "C" grade in a course designated Diagnostic Medical Sonography (DMS) will be dismissed from the program and prohibited from taking any further courses with the DMS designation until the course(s) in question has/have been completed with (a) minimum grade(s) of "C". (The plus/minus scale is not used when selecting students into the program; therefore, the plus/minus scale is not used in determining eligibility of maintaining a seat in the program.)

The student is required to reapply to the program, in writing, at least one (1) month prior to the first day of classes of the semester in which readmission is sought.

The decision regarding readmission will be made by program faculty and will be made based upon a review of the student's folder, as well as space available in the program at the time the request is made. The program is limited in terms of maximum numbers of students allowed in the program at any one time, so readmission cannot be guaranteed.

ACADEMIC HONESTY

Idaho State University is an institution with an educational duty, which is carried out by means of programs and activities devoted to the pursuit of knowledge, through instruction, research and service. The University exists as a community of students, faculty, administrators, and staff who provide, participate in and support these activities and programs. The University campus, facilities, properties and other resources exist to facilitate this educational mission. Students are responsible for completing and submitting their own course work and preparing their own lessons. All work submitted must be the students own unless proper acknowledgment of outside material is provided. It is unacceptable to use the work of any other person or to allow one's own work to be used by another student. Dishonesty of any kind will not be tolerated. Examinations must also represent one's own work and must be completed without the assistance of books, notes, devices, or outside help, unless specified otherwise in the exam directions. Violation of this policy will result in one of the following disciplinary measures to be decided by the course faculty: 1) verbal or written warning, 2) conference with program director or dean, 3) reduction of test/course grade to a grade of F. A student may subsequently be placed on probation or suspended or expelled and forced to withdraw from Idaho State University as a result of academic dishonesty.

PLAGIARISM

Plagiarism is defined by Webster: **Plagiarize** \ˈplɑ-jē-,rɪz also j - -\ vb **-rized; -riz·ing** vt [*plagiar*] : to steal and pass off (the ideas or words of another) as one's own : use (a created production) without crediting the source vi: to commit literary theft: present as new and original an idea or product derived from an existing source - **pla·gia·riz·er** n

Below is a list of the most common forms of plagiarism which should be avoided to prevent disciplinary actions.

- Buying a paper from a research service or term paper mill
- Turning in another student's work
- Turning in a paper a peer has written for the student
- Copying a paper from a source text without proper attribution
- Copying materials from a source text, supplying proper documentation, but leaving out quotation marks
- Paraphrasing materials from source text without appropriate documentation

To prevent possible intentional or unintentional plagiarism, all students are advised to seek assistance from program faculty regarding proper methods of source citation.

In the event of suspected plagiarism violation, the student will be requested to provide documentation supporting their work. Furthermore, the student will be given the opportunity to defend their research during an Academic Dishonesty Hearing which will consist of program faculty members and the Dean of the College of Health.

Based upon the severity of the findings appropriate disciplinary action will be taken, including, but not limited to, the following: the opportunity for resubmitting with corrections to receive a lower letter grade, failure in the course, academic probation, or expulsion from the program and the University.

DISCIPLINARY ACTION

Any infraction of the policies of the Idaho State University Diagnostic Medical Sonography Program and/or any infraction of the policies and regulations of the hospital in which the students are assigned will warrant disciplinary action. The type of action taken will depend upon the seriousness of the infraction.

Disciplinary action will result if a student is cheating in the classroom or lab during tests, cheating with actual clinical attendance, or inappropriate behavior, i.e., drugs, evidence of alcohol, stealing, excessive tardiness, poor attendance, and non-compliance with policies.

If the problem should develop within the assigned hospital or clinical affiliate, they will notify the program director. This notice shall define the problem and any circumstances surrounding the infraction. The diagnostic medical sonography faculty shall investigate the situation, decide upon the disciplinary measure to pursue, and notify the student and schedule a meeting. Disciplinary action shall fall into one of the following categories.

Verbal Warning

This is *informal* notification to a student that they have violated a policy of the student handbook. If a repeated violation occurs, then a written warning will result. Documentation of the verbal warning will be placed in the student's clinical folder.

Written Warning

This is *formal* notification to a student that they have violated a policy of the student handbook. Written documentation is prepared and entered into the student's clinical folder with signatures of all parties involved.

Verbal and written warnings are cumulative from semester to another.

Scholastic Probation

[Please see the ISU Undergraduate Catalog for details.](#)

Dismissal

- A. The student will be dismissed from the ISU Diagnostic Medical Sonography Program for severe infractions of program policies. Dismissal may be permanent or of a defined period as indicated by meeting with the student and in a letter to the student.
- B. A student on probation will be dismissed at the end of the semester of any year in which a cumulative grade point average of less than 2.0 for the year is maintained.

SCHOLARSHIPS

Various scholarships are made available through the university and private funding throughout the academic year. Contact the scholarship office for more information, 208-282-3315.

Diagnostic Medical Sonography students are encouraged to apply for the following scholarships.

ASISU (Undergraduate & PharmD)

Offered twice a year. The dollar amount awarded varies each semester. Apply in March and October. The due date is the Friday of midterm week. Applications can be completed through the university's BOSS system (https://isu.academicworks.com/users/sign_in).

- a. Must be at least sophomore standing
- b. Full-time student
- c. In attendance at ISU for at least one (1) semester
- d. Academic standing (GPA) weighted heavily

ATTENDANCE

Classroom Attendance

In keeping with the University policy on classroom attendance, the student is expected to attend all class sessions as well as lab sessions. Each instructor can establish attendance policies specific to a course's needs, and the instructor will communicate these policies to the students enrolled in the course.

Clinical Attendance

Students are required to attend all the assigned days at their designated clinical facilities. Students will sign in and out for the hours of attendance at each facility. Students will receive credit only for the assigned time they fulfill. **Compensatory time is not allowed.** All clinical time missed must be made up and arranged with the clinical preceptor and the DMS program director.

If 32 or more hours of **scheduled** clinical time are missed per semester the student will receive a full letter grade deduction at the discretion of the program director.*

*Extreme family circumstances, immediate family death, or medically excused absence are the only exceptions and must be approved by the program director.

If a student is absent or tardy on an assigned clinical day, he/she must notify the clinical preceptor of that clinical site **before** the assigned starting time. The notification must be made directly to the clinical preceptor--not to secretaries, clerks, or staff sonographers. Make-up clinical hours should be arranged through the clinical preceptor.

If a student does not notify the clinical preceptor, an incident report will be filled out on the 1st offense; 2nd offense will drop one full letter grade deduction from final clinical grade for the semester; 3rd offense dismissal from the program. The clinical coordinator will be notified regarding each offense.

Make-up time for clinical assignments will be rescheduled with the clinical preceptor. Make-up time in the clinical area can be made up in a minimum of **2-hour increments** only. Clinical assignments for students are **never to exceed more than 10 hours per day, unless previous approved by the DMS faculty.** All time missed must be made up by the date grades are due or an incomplete "I" grade may be given at the discretion of the course instructor.

Note: A student who has been released from clinical in order to attend a field trip, conference, or other activity is expected to attend that activity and actively participate. If the student has not attended the activity or has not been active (as determined by program faculty), then the student shall make up any and all lost clinical time.

VACATION

The Diagnostic Medical Sonography Program makes no provision for any vacation time to students in the program, other than semester breaks and the vacation periods scheduled on the university calendar.

See clinical calendar for designated holidays, breaks, and vacation periods.

A student may not shorten the length of their clinical rotation by accumulating compensatory time.

CLINICAL TIME AND ATTENDANCE

All Diagnostic Medical Sonography students will clock in and out using their phone.

- Log on to <https://www.trajecsys.com/programs/login.aspx>
- Select your clinical site from the dropdown on the homepage
- Click the clock in/out button (**You must be in the parking lot of your clinical location to clock in.**)
- After logging in you will see a message asking to share your location with Trajecsys. **You must click “Allow”.**

Time Exceptions

If you don't clock in or out, you must file a "time exception" instead. Using the clock in/out page is always preferred over filing time exceptions. A time exception is required for every missing clock record. **Anytime a time exception is used, a comment must be made in the notes explaining the time exception.** If a student forgets to clock in AND forgets to clock out, this requires two separate time exceptions to correct the two missing clock records. One time exception is not sufficient to replace two missing clock records. Again, time exceptions should be **used rarely**; students should use the clock in / out button on the Trajecsys home page to record time records.

Students do not need to clock IN or OUT for lunches. (Students can't skip their designated lunch break to clock out 30 minutes sooner for convenience. If truly no lunch is taken, i.e. assigned to a long case in surgery, then a “no lunch” will be approved by e-mailing alyssaholt@isu.edu.)

Students may not clock IN or OUT for any other students. This will result in dismissal from the program. If you are absent from clinicals for any reason please submit a time exception with the justification for your absence noted in the comments.

A student is considered late or tardy if the clock IN time is 5 or more minutes past their scheduled arrival time. If there is an excusable reason for the tardy, i.e. flat tire, poor driving conditions, a time exception and explanation must be submitted. If a student is completing an examination, they may run slightly over in time that day. Do not abandon a patient. Try to keep this to a minimum, and less than approx. 15 minutes. **Routine casual overtime collection will be considered comp. time and will not be counted.**

If a student is making up clinical time above and beyond their regularly scheduled clinical time (**make-up time must be scheduled in 2 hour increments or more**), clock IN as usual, but clock out with a time exception and note your make up time in the comment section.

Again, any breaches in a student's reporting of their time and attendance will be viewed as academic dishonesty and will be handled according to ISU policy, including disciplinary action and/or dismissal.

DRESS STANDARDS

Each student enrolled in the Diagnostic Medical Sonography Program is expected to maintain a personal appearance and dress appropriate to the professional setting of the health area.

Remember the dignity of the profession and personal regard for each patient. No matter what the ends of the spectrum may be, moderation in appearance and action will engender the most confidence and impart the most comfort to patients and their families. Students are expected to shower or bathe prior to clinical practice. The use of deodorant or an antiperspirant is expected. Perfume and cologne should be not be worn.

A student must assume responsibility for appropriate dress. Good grooming along conservative lines is essential. Exaggerated clothing and hairstyles are out of place in the health areas. When buying shoes, attire, and cosmetics for clinical components, the emphasis should be on comfort, protection and professional appearance.

All students will be appropriately dressed for clinical. Each student will wear scrubs while in the clinical area. Certain clinical sites require a specific scrub color. Jeans may not be worn at any time.

Appropriate footwear must be approved by the student's assigned clinical site. No open-toed, cowboy boots or high-heeled shoes are acceptable. A student will be asked to return home to change if seen in inappropriate attire.

The student will wear an ISU approved name badge. These badges will be distributed during the first semester. Students are responsible for replacing lost badges in a timely manner.

Surgical scrubs are required during OR, and special procedures rotations. Facility scrubs will be used for these situations and must be left there.

Students may wear one stud style earring per ear. No other visible pierced jewelry may be worn during clinical.

Hair color will be conservative. It cannot be a bold color such as red, blue or any other extreme color.

Nails must be well groomed and no longer than the tip of the finger. No nail polish, artificial nails, extenders, or any type of artificial overlay.

Students must shave or have neatly groomed beards and sideburns. Make-up shall be moderate and appropriate for daytime wear.

All Students Are Required to wear Scrubs

Students at EIRMC must wear scrubs that are black in color. Students at MMH and St. Luke's must wear scrubs that are Caribbean blue. All other students must wear scrubs that are charcoal or pewter in color. "Walkabout Junction" in Pocatello and Idaho Falls is the location where these scrubs can be purchased. This store has a great selection of both men's and women's scrubs. However, students need to tell the store they are from ISU Diagnostic Medical Sonography to get the discounted price. They will beat any price on the Web or from other stores. Additionally, the scrubs must have an ISU Diagnostic Medical Sonography emblem embroidered above the pocket. Students are allowed at EIRMC to wear an under the scrub shirt, but the colors can only be black, white, and pink if students choose to wear an undergarment. In addition at EIRMC, if one tends to get cold, the approved cover is the actual black scrub long sleeve top, which also needs to have the ISU logo on it. Sweatshirts or other cover up items are not allowed at EIRMC.

All students must have the scrub top embroidered with the ISU emblem.
Address and Phone number for Walkabout Junction:

1023 Yellowstone Ave. Suite H
Pocatello, Idaho 83021
Phone: 208-233-9255
Email: walkaboutjct@gmail.com

2064 E 17th St. #1
Idaho Falls, ID 83404
Phone: 208-522-2335

CELL PHONES

Cell phones should not be used in class or in the clinical setting. They should be placed in silent or vibrating mode or turned off. Additionally, retrieving text messages, surfing the internet, or answering messages (verbal or text), should not occur during class time, lab time, or during the clinical experience. Students are allowed to use personal phones during lunch or breaks as long as they are not in a patient care or working area. Failure to follow this policy will result in a deduction of grade or disciplinary action in accordance with the disciplinary policy at the discretion of the program director/clinical coordinator. If students need to communicate to someone outside of the class and it is urgent or may be an emergency situation, please inform the clinical preceptor/clinical coordinator so that accommodations to this policy may be made.

SOCIAL MEDIA

The Health Insurance Portability and Accountability Act (HIPAA) requirements, as amended, must be adhered to at all times. References to patients and their health are protected and should remain strictly confidential. At no time should information about a patient be submitted, posted or referenced through a social media network. -KDHS Social Media Guidance Document

APPROPRIATE USE OF SOCIAL NETWORKING WEBSITES

Social networking websites provide unique opportunities for students to get to know one another, share experiences, and keep contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner that does not embarrass the students, the Diagnostic Medical Sonography Program, and the University. It is also important to ensure patient information is not made publicly available.

The Diagnostic Medical Sonography Program has adopted the following guidelines to assist students in carefully using these sites.

A. Personal Privacy

- Set students' profiles on social networking sites so that only those individuals whom the students have provided access may see one's personal information.
- Evaluate photos of students that are posted to these sites and "untagging" photos that depict the student in what may be construed as compromising situations.
- Be aware of the security and privacy options available to them at any sites where students' post personal information. Keep in mind that privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with "Friends Only" access.

B. Protection of Patient Information

- Comments made on social networking sites should be considered the same as if they were made in a public place in the clinical setting.
- HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
- Remember that simply removing the name of a patient does not make them anonymous. Family members or friends of that patient or of other patients the student is caring for may be able to determine to whom the student is referring based on the context.

C. Professionalism

- Use of these sites can have legal ramifications. Comments made regarding care of patients or that portray the student or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
- Statements made under students' profile are attributable to the student and are treated as if the student verbally made that statement in a public place.
- Use discretion when choosing to log onto a social networking site at school. Keep in mind that the use of these sites during lecture and clinical assignments is prohibited.
- Keep in mind that photographs and statements made are potentially viewable by future employers.
- Students may be subject to disciplinary actions within the University for comments that are either unprofessional or violate patient privacy.

- Remember that each student is representing ISU and the Diagnostic Medical Sonography Program when logging on to a site and make a comment or post a photograph.

CLINICAL EXPERIENCE

The clinical education experience is meant to provide the student with a well-rounded experience in all aspects of diagnostic medical sonography.

Students perform examinations with a registered sonographer. As a student demonstrates proficiency in performing an examination, he/she will be allowed to gradually perform learned skills independently with supervision. Students are not encouraged to attempt examinations alone with which they are not familiar. Also, students are not expected to replace a sonographer or perform examinations without a sonographer available. The student to sonography clinical staff ratio must be 1:1; however, it is acceptable that more than 1 student may be temporarily assigned to 1 technologist during uncommonly performed procedures. To ensure the 1:1 distribution at the hospitals that are assigned more than one student, each student will be assigned to a registered sonographer by the clinical preceptor.

THE CLINICAL ENVIRONMENT

Students will notice many differences between the academic environment to which they have been accustomed and the clinical environment that they are entering. Most of the differences will prove exciting and stimulating; some will prove to be frustrating and aggravating. How successfully a student functions and learns in the clinical setting depends in part on how students approach and deal with these differences.

The reality of the situation is that patient care is a top priority in imaging departments. This means that the patient's welfare is considered first. Usually this is consistent with the goals and needs of clinical education. Occasionally, however, this reality dictates that the scheduling and conducting of educational activities be flexible.

Compared to the learning activities conducted in the didactic courses, the learning activities in the clinical setting are frequently much less structured. Students must take a more active and responsible role for integrating the academic preparation they had with the individual examinations they are observing or performing.

Generally, in the classroom setting students work independently as they pursue their academic goals. Teamwork and cooperation among the students is not a necessity in achieving academic goals. In the clinical setting, students must pursue their educational goals within the overall goals of the program to deliver quality patient services efficiently and effectively. Rather than function independently, students become part of a health care delivery team and must function cooperatively to achieve educational and programmatic goals.

Undoubtedly, students will be able to add many more differences to this list. The point is that students will make a transition that will require some reorientation and adaptation on their own part. Each individual student is not the only one, however, involved in this process. The clinical staff is also involved in orientation and adaptation.

LAB AND SCANNING PRACTICE

Lab is designed to expose students to scanning techniques, planes, and normal anatomic structures. Students are encouraged to participate in being both the scanner and the scanned (patient). Students and the instructor will help position and scan students or volunteers with a transducer in areas such as the abdomen, neck, arm, lower leg, etc. Students CANNOT perform internal or private area sonographic exams such as transvaginal, breast, or scrotal exams on other students or volunteers during labs or clinical time. Students are required to participate in lab time as a scanner, but are not required to be scanned. A student who does not wish to be scanned needs to inform faculty so alternate arrangements can be made. Students may not report findings.

Incidental pathology may be revealed during scanning practice. **The DMS program and ISU are not responsible for finding or documenting any pathology, providing medical diagnosis, and/or providing treatment options. These exams are not diagnostic, nor do they take place of appropriate medical exams or treatment.**

At ISU we follow the ALARA principle as stated by the American Institute of Ultrasound in Medicine (AIUM):

The potential benefits and risks of each examination should be considered. The as low as reasonably achievable (ALARA) principle should be observed when adjusting controls that affect the acoustic output and by considering both the transducer dwell time and overall scanning time. Practicing ALARA requires that users do all of the following:

1. Apply correct examination presets if built into the diagnostic ultrasound device. The review of manufacturer default presets for appropriateness is encouraged.
2. Adjust the power to the lowest available setting that provides diagnostic-quality images. If appropriate, reduce power at the end of each examination so the next user will start with the lowest acoustic output setting.
3. Monitor the mechanical index (MI) and thermal index (TI). Know the recommended upper limit of the MI, TI, and related duration limitations for the type of examination being performed.^{1,2}
4. Move/lift the transducer when stationary imaging is not necessary to reduce the dwell time on a particular anatomic structure. When possible, avoid fields of view that include sensitive tissues such as the eye, gas-filled tissues (lung and intestines), and fetal calcified structures (skull and spine).
5. Minimize the overall scanning time to that needed to obtain the required diagnostic information.

References

1. American Institute of Ultrasound in Medicine. Recommended maximum scanning times for displayed thermal index (TI) values. American Institute of Ultrasound in Medicine website. <https://www.aium.org/resources/statements.aspx>. Approved October 30, 2016.
2. American Institute of Ultrasound in Medicine. Medical Ultrasound Safety. 3rd ed. Laurel, MD: American Institute of Ultrasound in Medicine; 2014.

SONOSIM

Students will be given access to a SonoSim ultrasound simulator device as part of the lab experience. The device is property of Idaho State University. A \$300 licensing fee will be charged to the student for the use of SonoSim. The student will be responsible for loss or damage of any kind of the equipment.

PROFESSIONAL BEHAVIOR AND CONDUCT

The clinical sites are places where patient confidence is paramount. Students must exhibit professional behavior and conduct when representing the University. One must endeavor to treat patients with kindness and courtesy to insure preservation of the patient's privacy and dignity. After the patient has been placed in the sonography exam room, the door should always be closed and care must be exercised to keep the patient covered. Students should always introduce themselves and any additional people in the room, and wear their name badge.

Students are expected to maintain professional behavior at all times, in both the classroom and clinical settings. Failure to comply with this policy will result in disciplinary action. Failure to comply with any policy in the student handbook will result in disciplinary action, including, but not limited to; a loss of clinical personal time, probation, suspension, dismissal from the program. Students are also expected to follow the policies and procedures of the clinical education setting. Each infraction will be discussed on a case by case basis.

All students will:

- Report to the clinical assignment in an alert condition
- Report to the clinical assignment in the proper uniform
- Not do homework without permission of the clinical preceptor (**patients are the priority and their examinations should always come first**)
- Not be in possession of drugs or alcohol, nor engage in their use while on clinical assignments or in didactic course work
- Not engage in immoral conduct
- Not chew gum, eat, or drink in clinical areas

- Not sleep during clinical assignments
- Not engage in theft
- Not leave patients unattended while undergoing diagnostic procedures
- Not sign in the attendance record of another student
- Not falsify records
- Not abuse patients physically or verbally
- Not smoke in areas where it is prohibited while on clinical assignments
- Not smoke in clinical uniform
- Not leave the assigned areas unless instructed to do so
- Not use foul language in the clinical or didactic setting
- Not receive or make personal phone calls except in emergency situations
- Not use a cell phone during the clinical assignment time

DEVELOPING CLINICAL PROFICIENCY

Clinical skills can be developed by following a systematic step by step approach. The following sequence of steps will generally produce outstanding technologists:

- **Academic Preparation:** Students complete this step by studying sonographic physics, sonographic principles and techniques, anatomy and physiology, pathology, etc., in their didactic course work.
- **Observation:** Students' initial activities in the hospital will consist primarily of observing registered sonographers at work.
- **Assisting Registered Diagnostic Medical Sonographers:** Once students feel comfortable in the sonography exam room, students will be given an opportunity to assist registered sonographers in performing sonographic procedures.
- **Performance Evaluation:** As students develop confidence and proficiency, students will be given the opportunity to complete entire examinations under the direct supervision of a registered medical sonographer. The sonographer will observe and assist students and step in whenever the need arises.
- **Competency Evaluation:** When students feel certain that they are able to do a particular examination by themselves, they should ask the Clinical Preceptor to do a competency evaluation when the next patient for that examination arrives. Each student's performance will be documented on a Clinical Competency form. If competency is achieved it will be counted toward the requirement for that semester. If competency is not achieved, the competency must be repeated until competency has been achieved.

All competencies may be reevaluated by the Clinical Coordinator or ISU faculty for quality and completeness. The final approval of all competency/proficiency evaluations will be by the Clinical Coordinator or ISU faculty with input from the Clinical Preceptor.

- **Performance Proficiency:** Once students pass the competency evaluation for a particular examination students need additional practice to maintain and perfect their skills. Students may now perform this examination with indirect supervision if cleared by the sonography

staff. A registered sonographer must be in an adjacent room or area, but not necessarily in the exam room.

CLINICAL SUPERVISION

During the professional curriculum, the students are under the supervision of ARDMS registered sonographers. Once a student has successfully demonstrated a specific competency evaluation, the student may be under indirect supervision of a diagnostic medical sonographer.

Direct Supervision

- Must occur for students **before** documented competency of any procedures.
- The clinical preceptor or sonographer will review the request in relation to the student's achievement, evaluate the condition of the patient in relation to the student's knowledge, be present during the examination, review and approve the sonographic images.

Indirect Supervision

- Must occur for students **after** documentation of competency for any given procedure.
- The clinical preceptor or sonographer will review, evaluate, and approve the procedure as indicated above and is immediately available to assist students regardless of student achievement.

CLINICAL ASSIGNMENTS

During the DMS program, students fulfill DMS 4491, DMS 4492, and DMS 4493 Applied Sonography I, II, and III on Monday, Tuesday, Wednesday, and Friday or as assigned. Lunch breaks will be 30 minutes and determined by the clinical faculty. The clinical rotation schedule follows the ISU calendar for start and end dates. **Student clinical assignments must not exceed 10 hours in any one day and no more than 40 hours per week, unless granted prior approval by DMS faculty.**

Assignments to an affiliate clinical site are made by the program faculty. Students are under the direct and indirect supervision of the clinical preceptor, chief sonographer, staff sonographers, and radiologist. Assignments within the sonography department are made by the clinical preceptor and are posted. The clinical preceptor will conduct image critiques and provide the necessary information regarding student evaluations.

TRANSPORTATION POLICY

It is the student's responsibility to provide his/her own travel to and from class and clinical education sites. Neither the college nor the clinical sites assume any responsibility or liability for student transportation needs.

CLINICAL ORIENTATION

Each clinical affiliate will provide an orientation to students new to their facility. Students will be introduced to the organizational structure of the institution and the policies that will directly involve students. The clinical preceptors will provide orientation to department policies and procedures. It will be the student's responsibility to know the required protocols at the affiliate to which he/she is assigned.

HIPAA

All patient records are confidential in nature. Requests for information concerning a patient should be referred to the supervising sonographer or the clinical preceptor. Students are expected to maintain confidentiality in a professional manner.

In accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996, all patient information will be confidential. Students will maintain the privacy of protected health information by: limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility.

STUDENT MALPRACTICE COVERAGE

Idaho State University has **mandatory professional liability (malpractice insurance)** coverage for students. The carrier for the policy is the Chicago Insurance Company. The policy provides \$1,000,000 per claim and \$3,000,000 in the aggregate. Students registered for clinical assignments are required to purchase this coverage each semester. It is \$5.00 per semester. Students should verify that they have been billed for this coverage; the billing should happen automatically whenever a student is registered each semester. The coverage is restricted to school-related, for-credit activities involving clinical rotations.

STUDENT RELATED INJURIES/MEDICAL INSURANCE

Any student injured during clinical practice should:

1. If the student needs immediate attention, the student should utilize the emergency room.
2. Notify the Student Health Service (208-282-2330) about the injury. It will be determined by the physician what the student should do.
3. Notify the clinical preceptor and DMS faculty.
4. Provide a copy of the incident report to the program director.
5. Utilize their own private medical insurance.

Neither the university nor the clinical affiliates shall be deemed financially responsible for medical expenses which may be related to an injury or illness acquired during clinical practice.

HEALTH INSURANCE

Health Insurance is required of all students enrolled in Diagnostic Medical Sonography courses for the duration of the program. Idaho State University no longer offers Student Health Insurance, so students should obtain coverage through coverage with parents, through work, or through the state exchanges. Documentation of coverage is required.

PREGNANCY POLICY

Clinical assignments are made to satisfy specific clinical competencies required for the semester and to meet graduation requirements specified by the American Registry for Diagnostic Medical Sonographers (ARDMS). As a result, clinical rotations/assignments of a pregnant student cannot be altered. Clinical affiliates may also have pregnancy policies that include students. Notify the clinical preceptor if applicable.

A student who has declared a pregnancy may elect to complete her clinical assignments after the pregnancy and maternal leave is over. An incomplete “I” will be assigned for a clinical course in progress. The student will be expected to re-enroll in the clinical course within 1 year after discontinuing due to a declared pregnancy. The remaining clinical course(s) must be completed consecutively without any semester lapses. A student wishing to exercise this option must **make the request in writing to the program director.**

SAFE PRACTICE IN CLINICAL

Students are required to function in a safe and appropriate manner at all times in applied sonography (clinical) courses. Students are also required to function in an ethical manner and within the requirements of the clinical site policy, university policy, program policy and the law. Students found to be functioning in an unsafe or otherwise inappropriate manner will be dealt with in a manner appropriate to the offense, after proper investigation of the charges.

The following guidelines should be used by students, clinical affiliate officials and university officials to determine what is considered unsafe or inappropriate student behavior:

1. Regulatory Behavior - The student shall function within the rules, policies, and regulations of the university, program, and clinical affiliate.

Examples of unsafe or inappropriate practice include but are not limited to the following:

- a. failure to notify the clinical preceptor of absence from clinical;
 - b. failure to adhere to the dress code;
 - c. being present at clinical under the influence of drugs or alcohol;
 - d. failure to make up missed clinical time;
 - e. chronic tardiness;
 - f. failure to follow clinical facility protocol in the conduct of sonographic procedures.
2. Ethical Behavior - The student shall function in an ethical manner at all times at the clinical facility.

Examples of unsafe or inappropriate practice include but are not limited to the following:

- a. refuses assignment based on a patient's race, culture, religious preference, gender identity, or illness or injury;
 - b. demonstrates violation of normal standards of ethical care of patients;
 - c. ignores the violation of normal standards of ethical care of others.
3. Biological, Psychological, Social, and Cultural Behavior - The student shall function in a manner which attempts to meet the patient's biological, psychological, sociological, and cultural needs as is appropriate to the radiographic procedures requested.

Examples of unsafe or inappropriate practice include but are not limited to the following:

- a. failure to display stable mental, emotional, and physical behaviors which may affect others' well-being;
 - b. failure to maintain a patient's modesty during sonographic procedures;
 - c. failure to maintain practices of good patient care;
 - d. failure to be able to function with employees of the clinical facility, peers, faculty, and medical staff, especially when such relationships affect patient care.
4. Accountability - The student shall be held accountable for all actions taken while in clinical and shall function in a manner in which the student is able to be held accountable for all actions taken.

Examples of unsafe or inappropriate practice include but are not limited to the following:

- a. failure to use initials on sonography exams;

- b. failure to ask for assistance when needed;
 - c. failure to refuse to do procedures for which one is not yet qualified by means of didactic instruction or clinical supervision;
 - d. dishonesty.
5. Human Rights - The student shall function in a manner in which the rights of all patients are held in the highest esteem.

Examples of unsafe or inappropriate practice include but are not limited to the following:

- a. failure to maintain patient confidentiality;
- b. failure to maintain confidentiality of patient records;
- c. differential treatment of patients based on patient's race, culture, religious preference, gender identity, illness or injury.

Procedure for Violations of Appropriate Behavior

1. An act or acts of unsafe or inappropriate practice as demonstrated by a student in clinical shall be brought to the attention of the clinical coordinator by the student's clinical preceptor.
2. While charges of unsafe or inappropriate practice as demonstrated by a student in clinical are being acted on by the clinical facility, program or university, the student will be suspended from clinical. If and when the student is allowed to resume their clinical assignment after action on the charges has been taken, the student will be required to make up any clinical time which has been missed. The grade which the student receives for the clinical course in question shall be that grade earned by the student, unless the student withdraws from the course in accordance with university policy.
3. The clinical coordinator shall communicate the charges of unsafe or inappropriate behavior to the program director on the same day of notification from the clinical preceptor.
4. The student will then be notified in writing of the charges of alleged unsafe or inappropriate behavior by the program director within two working days of notification from the clinical coordinator.
5. The student will be given the opportunity to respond to the charges in writing. This written response must be provided by the student to the program director within two working days of having received notification of the charges by the program director.
6. Program faculty and the program director will review the charges and the student's written response. The program faculty and program director will determine what action is to be taken. This might include, but is not limited to, dismissal of the charges, a warning, or dismissal of the student from the program. Written notification of the action to be taken will be provided to the student and clinical preceptor within two working days of the meeting of the program faculty and program director.

7. Students not agreeing with the action taken against them may appeal the action through the normal procedure utilized by the Dean of the College of Health, and the College of Health Scholastic Appeals Committee.

WORKPLACE HAZARDS

Occupational Safety and Health Administration (OSHA) is an agency of the United States Department of Labor. It was created by Congress to prevent work-related injuries, illnesses, and deaths by issuing and enforcing rules (called standards) for workplace safety and health. OSHA aims to ensure employee safety and health in the United States by working with employers and employees to create better working environments. Students are educated about workplace hazards included but not limited to the following:

- Standard precautions
- Communicable disease awareness
- Fire safety
- Hazardous materials (chemical, electrical, bomb threats, etc.)
- Blood-borne pathogens

EVIDENCE OF UNSAFE PRACTICE

Students demonstrating or experiencing difficulty during clinical practice may request special assistance either from the clinical preceptor or the program faculty. If the student demonstrates any unsafe sonographic practice during the clinical experience toward patients or practitioners, the student will be made aware of the situation immediately by the clinical preceptor or program faculty. If any unsafe practice continues, the student will be requested to withdraw from clinical practice and/or the complete professional curriculum.

The clinical preceptor shall submit a written report regarding any unsafe practice to the program director. The written report will be submitted to the student in a private conference with the program director.

CARDIOPULMONARY RESUSCITATION

Students are required to hold a current certification in cardiopulmonary resuscitation (CPR). This certification must be current for the duration of the program and is the responsibility of the student. A copy of the students' CPR card is maintained in the student's record in the Diagnostic Medical Sonography Program.

PROFESSIONALISM

The educational process in diagnostic medical sonography is directed at assisting the student in acquiring psychomotor, cognitive, and affective behaviors necessary to become a diagnostic medical sonographer who is competent to function as a professional within the allied health profession. To this end, the faculty and program director have the responsibility to plan learning experiences designed to assist the student in becoming a competent medical sonographer. In addition, students must exhibit affective (value and attitudinal) behaviors consistent with those required to acquire and maintain employment and function effectively as part of the medical team.

"Professionalism" is defined as professional character, spirit, or methods--the standing, practice, or methods of a professional, as distinguished from an amateur. Behaviors and attitudes required by allied health professionals are expected of diagnostic medical sonography students, and include:

1. Utilizing communication skills that are appropriate and effective in relating to patients, peers, and faculty.
2. Conducting one's self in a manner considered appropriate, legal, and ethical by members of the allied health profession.
3. Assuming responsibility for one's own academic and professional development.
4. Complying with the appropriate dress standards and policies observed by both the hospital and the program of sonography.

COMMITTEES

In order for the faculty of the Diagnostic Medical Sonography Program to be constantly aware of student needs, student input is sought in all faculty processes. Student representation on program committees is an important mechanism in this regard. The program director is an ex-officio member of each committee. Each committee is a subcommittee of the radiographic science faculty, and therefore, each submits recommendations to the faculty as a whole.

The committees are to function within the policies and guidelines of Idaho State University. Unless otherwise specified, a quorum of two-thirds of the committee members must be present to conduct business.

Advisory Committee

Membership: The membership shall be composed of the Dean of the College of Health (ex-officio), Program Director of the Radiographic Science Program, Clinical Coordinator, Faculty, Clinical Preceptors, and one student from the Diagnostic Medical Sonography Program.

Functions: The committee will function in an advisory capacity to program administrators. The committee will make recommendations related to any of the following program goals: insuring an educational atmosphere that will produce diagnostic medical sonographers proficient in all aspects of medical sonography; developing a working and supportive relationship with local and state

diagnostic medical sonography societies and clinical affiliates; identifying strengths and weaknesses of the existing program and planning and developing methods through which weaknesses can be alleviated; acting as "initiator" rather than a "reactor" in relation to change, being sensitive and responsive to national and state trends.

Administrators of Idaho State University and the Diagnostic Medical Sonography Program will serve as the ultimate responsible authorities in curriculum development and approval, student selection, faculty selection, and administrative manners.

Regular meetings will be scheduled during each academic year: one each in the Fall and Spring semesters. Other meetings may be scheduled on an emergency basis when a need is indicated.

COMMUNICABLE DISEASES

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). A list of common communicable diseases is as follows:

Bloodborne pathogens	Conjunctivitis	Varicella
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes simplex	HIV/AIDS
Measles	Mumps	Meningococcal infections
Scabies	Pertussis	Rubella
Viral respiratory infections	Streptococcal infection	Tuberculosis

Communicable diseases vary in their virulence, duration, mode of infection, and affects. In order to fully protect students, patients, and clinical staff, the student should do the following:

- Students suspecting exposure or contraction of any of the above conditions must see a physician immediately and initiate testing as appropriate.
- Students diagnosed with any conditions stated above and as determined by their physician to be of short duration which may be transferred by air or contact, may **not** attend Diagnostic Medical Sonography courses and/or clinical, depending on physician's recommendations.
- Students diagnosed with communicable diseases that are of relatively long duration must present a written diagnosis to program officials. The student may be able to continue Diagnostic Medical Sonography clinical courses depending on the severity of the disease, the type of the disease and the student's physician, the student may be required to withdraw from the course(s).
- The student's confidentiality will be protected.

Failure to comply with this notification policy will result in disciplinary action as determined by the Diagnostic Medical Sonography Program faculty. All information is confidential and is not released unless mandated by law.

Statement Regarding Communicable Disease Precautions in the Health Care Setting

As our knowledge on infectious diseases has increased, and as "new" diseases have emerged, the sonography profession has become more concerned with the potential for transmitting diseases in the hospital environment. Sonography personnel may be exposed to a wide variety of microorganisms through the blood and other body fluids of patients they encounter in the sonography program as well as emergency department (ED), operating room (OR), recovery room (RR), and patient rooms. There are also documented cases of personnel transmitting disease to their patients.

Infections may be transmitted in the hospital environment by blood, saliva, or other body fluids through direct contact, droplets, or aerosols. There is also the potential for transmission of infection through indirect contact.

Because of the number of people (patients, faculty, and students) using the clinical facility, it is critical that every student and faculty who deliver patient care practice effective infection control procedures. In order to minimize the possibility of transmitting disease in the clinical environment, the following procedures will be practiced by the ISU sonography students and faculty.

The Association for Practitioners in Infection Control (APIC) recommends the use of standard precautions where the handling or exposure to blood and body fluids are concerned. As a result, **the precautions outlined later in this policy statement are to be followed when there is a chance of exposure to the blood and/or body fluids of all patients regardless of their isolation precaution status or diagnosis.**

Below are the guidelines recommended by the APIC:

1. **HANDS** should always be washed before and after contact with patients. Hands should be washed even when gloves have been used. If hands come in contact with blood, body fluids, or human tissue, they should be immediately washed with soap and water.
2. **GLOVES** should be worn when contact with blood, body fluid, tissues, or contaminated surfaces is anticipated.
3. **GOWNS** or plastic aprons are indicated if blood splattering is likely.
4. **MASKS AND PROTECTIVE GOGGLES** should be worn if aerosolization or splattering are likely to occur, such as in certain dental and surgical procedures, wound irrigations, post-mortem examination, and bronchoscopy.

5. To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available to use in areas where the need for resuscitation is predictable.
6. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath, or unnecessarily handled. They should be discarded intact immediately after use into an impervious needle disposal box which should be readily accessible (placed in all clinical areas, including patient rooms). All needle stick accidents, mucosal splashes, or contamination of open wounds with blood or body fluids should be reported immediately.
7. Blood spills should be cleaned up promptly with a disinfectant solution such as a 1:10 dilution of bleach.
8. All patients' blood specimens should be considered biohazardous.

Diagnostic Medical Sonography students are scheduled in numerous health care facilities, and it is unlikely that all these facilities will have identical policies and procedures regarding infectious patients. As a result, in addition to the general guidelines #1-8 above, the student is also expected to follow any additional policies/procedures which are in effect at the clinical site where they are assigned. Clinical sites have the authority to accept, remove, or modify students' clinical rotations in response to communicable or pandemic diseases.

STUDENT RECORDS

The University maintains accurate and confidential student records. It is the right of the students to have access to most of their educational records, and it is the duty of the University to limit access by others in accordance with existing guidelines and relevant laws. Student records, with certain exceptions, will not be released without prior consent of the student through written request.

The following student records may not be viewed by students: financial information submitted by their parents, confidential letters and recommendations, employment job placement or honors to which they have waived their rights of inspection and review. Students have the right to review and question the content of their educational records within a reasonable length of time after making a request for review. If there are any questions concerning the accuracy or appropriateness of the records that cannot be resolved informally, an opportunity to challenge a perceived inaccuracy or violation of privacy will be provided through the appeal mechanism.

Idaho State University maintains that the student records policy in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1997. In accordance with Idaho State University's Policy on Family Educational Rights and Privacy Act, information about a student generally may not be released to a third party without the student's written permission. Exceptions under the law include state and federal educational and financial institutions, and law enforcement officials. The

only records that will be released concerning students is that information that can be considered “directory” information such as: field of study, name, address, telephone number, participation in officially recognized activities and sports, weight and height of members of athletic teams, attendance, and degrees and awards. The policy also permits students to review their educational records and to challenge the contents of those records.

With regard to clinical sonography course files, only the Diagnostic Medical Sonography faculty or the program secretary may remove files to be copied. Students may not remove or copy the file themselves. Any violation of the above will result in disciplinary action by the Diagnostic Medical Sonography Program faculty.

STUDENT CONFIDENTIAL INFORMATION

In accordance with the Family Education and Rights Act (FERPA) 1997, this program maintains all students’ records as confidential and can only release certain items designated as directory information. Directory information is considered name, local and permanent address, telephone listing, major field of study, dates of attendance, etc. This information is only given out to individuals that have a need to know, such as technical safety, clinical preceptors, the Dean’s office, etc. The student can prohibit the release of this directory information by making a written request to the Diagnostic Medical Sonography Program.

Students must be aware that reviewing another student’s folder or clinical paperwork is a violation of the confidentiality of that student’s records.

Any violation of the above will result in disciplinary action by the Program Faculty.

INCLEMENT WEATHER

If Idaho State University closes due to inclement weather, an announcement will be made as early as possible on the radio and/or television stations in the surrounding areas. Notifications of closures or delayed start will also be transmitted through the university’s ISU Emergency Notification System. You can subscribe to the ISU Emergency Notification System through BengalWeb. When Idaho State University Campus is closed, clinical education is also cancelled. If an announcement concerning closing is not made before a student must leave for campus or their clinical education setting, then the student must use good judgment in making a decision as to whether or not to attend. If the student does not attend when the campus is open and operating normally, then the day is considered an absence.

VISITORS TO CAMPUS

To promote an academic environment for the entire Idaho State University community, students are expected to exercise prudence in bringing children and other family members to campus.

Children and family members are not allowed in classrooms, lab facilities, hospital environment, during class time or clinical rotations.

LOCKDOWN PROCEDURES

A lockdown is used when there is an immediate threat of violence in or around the university. A lockdown minimizes access and visibility and shelters students, faculty, staff and visitors in secure locations. Faculty/Staff members are responsible for students and ensuring that no one leaves the safe area.

Lockdown procedures would only be invoked in situations which constitute life-threatening events, and where a facility evacuation could be fatal. A lockdown will be called by the President or his designee, the Pocatello Police Department or other emergency responders. Public Safety and Facilities Services will secure building entrances, ensuring that no unauthorized individuals leave or enter the building.

Notification of a lockdown will be initiated senior university officials and implemented by Public Safety using the following methods:

- by the ISU Emergency Notification System
- by the automated telephone message system
- by phone tree
- by e-mail
- by University homepage & the Public Safety homepage
- by the university closure phone line
- by using staff to make physical contact at each building
- by vehicle & handheld public address systems
- by campus-wide public address system
- by using public and private television stations
- by using the ISU campus information radio station (station 1610 am)

After hours notification will be initiated by Public Safety using the above-mentioned methods.

During a Lock-Down

During a lock-down faculty, staff and students should ensure that:

- Students and faculty are to remain in their classrooms. Do not answer the door.
- Keep back from any windows and doors, lay flat on the floor or seek protective cover (concrete walls, thick desks, filing cabinets).
- Remain calm and assist others with you in remaining calm, quiet and out of sight.
- Place signs in exterior windows to identify the location of injured persons.
- All doors, windows, and classrooms will be closed and locked or barricaded, if possible.
- Turn off all lights and close blinds.

- Silence all cell phones.
- Once in a lockdown area, building occupants should call 911 or Public Safety at 208-282-2515 and give the dispatchers the phone number(s) at which they can be reached for further instructions.
- **If you cannot get through by phone and have e-mail or text message capability, contact Public Safety at emergency@isu.edu.** Public Safety Dispatch will immediately receive and respond to the message.
- Account for everyone in the room or office.
- Do Not Approach Emergency Responders - let them come to you.
- Building occupants should remain in that area until they receive further instructions or an “all clear” is issued.
- No one will be allowed to enter or leave the building(s) or area(s).
- Parents, friends, concerned loved ones will not be allowed to pick up faculty, staff or students from the university, unless instructed to do so.

Public Safety officers and other emergency responders will remain near outside entrances, if possible without putting themselves in danger, to discourage others from entering the building(s) until proper authorities have issued an “all clear.”

Un-Securing an Area

- Consider risks before un-securing rooms.
- Remember, the shooter will not stop until they are engaged by an outside force.
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- Consider the safety of masses -vs- the safety of a few.
- If doubt exists for the safety of the individuals inside a room, the area should remain secured.

DISABILITY SERVICES

Students with disabilities who wish to have accommodations provided by the University must self-identify with Disability Services (208-236-3599) in order to have accommodations provided. Information and applications are available in the Center and may be picked up in person or requested by telephone. The URL is <https://www.isu.edu/disabilityservices/>

AFFIRMATIVE ACTION

Idaho State University endeavors to achieve equal educational opportunity for minority through recruitment, admission, curricular and extracurricular programs, advising and retention practices and student aid and employment. Discrimination of any person based on race, religion, sex or disability is illegal. Any person that feels he or she has been a victim of discrimination for any of the previous mentioned reasons should contact the Affirmative Action office located in the Rendezvous Building, Room 157 for filing complaints. The telephone number is 208-282-3964.

SEXUAL ORIENTATION AND GENDER IDENTITY POLICY

Idaho State University strives to maintain a campus environment where all decisions affecting an individual's education, employment, or access to programs, facilities, or services are based on bona fide occupational or educational criteria such as merit or performance. Factors or personal characteristics that have no connection with such bona fide criteria have no place in the University's decision making. Accordingly, to the extent that it does not conflict with a contractual obligation, federal, state or local law or regulation, it is the policy of ISU that an individual's sexual orientation and gender identity shall not be a basis for institutional decisions relating to education, employment, or access to programs, facilities or services.

This policy is not intended to nor shall in any way be interpreted to infringe upon individual rights guaranteed by state and federal law, or the policies that implement them.

SEXUAL HARASSMENT

Policy: The sexual harassment of any student, employee or recipient of the services of Idaho State University is absolutely forbidden. It is inimical to the purpose of the University and violates state and federal laws and the rules and governing policies and procedures of the Board. Harassment on the basis of sex is a violation of Section 703 of the Title VII of the Civil Rights Act of 1964 as amended.

Definition: Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment, when:

- A. Submission to such conduct is made either explicitly a term or condition of an individual's employment,
- B. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals or,
- C. Such conduct has the purpose or effect of unreasonable interference with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Additionally, a person who is qualified for but denied an employment benefit because of another's submission to sexual harassment is protected by this policy.

SEXUAL HARASSMENT GRIEVANCE PROCEDURE

I. GRIEVANCE COMMITTEE

The Affirmative Action Grievance Committee, an appointed hearing officer by this committee, or the Affirmative Action Officer are to be responsible for receiving and investigating complaints of sexual harassment. Any employee, dean, supervisor, program chairperson, or faculty member who

is made aware of an alleged incident of sexual harassment will take immediate action to bring the matter to the attention of the most appropriate University authority who will take immediate action pursuant to this policy.

II. INVESTIGATION AND RESOLUTION

A. Filing

Individuals who have been subjected to alleged acts of sexual harassment are encouraged to file complaints through the University's Affirmative Action grievance procedure. Due to the sensitive nature of this subject, any person or step normally part of the grievance procedure may be bypassed if the complainant feels it is necessary to do so. If an employee so chooses to bypass the grievance procedure, he/she should contact the Affirmative Action Officer for additional advice on other procedures.

B. Confidentiality

Due to damage that could result to the career and reputation of any person falsely or in poor faith accused of sexual harassment, all investigations and hearings surrounding such matters will be designed to the maximum extent possible to protect the privacy of, and minimize suspicion toward the accused as well as the complainant. Only those persons responsible for investigating and enforcing civil rights matters will have access to confidential communications.

C. Investigation Procedure

When an allegation of sexual harassment is made by any employee or student, the Grievance Committee or its appointee or Affirmative Action Officer will take immediate steps to:

- (1) Obtain a statement or grievance from the complainant regarding the times, dates, places, and circumstances surrounding the allegations.
- (2) Discuss the matter with the accused.
- (3) Obtain statements of witnesses or possible witnesses, if any.
- (4) The Grievance Committee, its appointed hearing officer, or the Affirmative Action Officer shall prepare a report of the investigation and submit it to the highest administrative authority in the University.

D. Action and Resolution

Based on the report, the designated authority shall take immediate and appropriate corrective action. In determining whether alleged conduct constitutes sexual harassment, the designated authority will look at the record as a whole and at the totality of the circumstances, such as the nature of the sexual advances and the context in which the alleged incidents occurred. The determination of the legality of a particular action will be made from the facts on a case by case basis.

If there appears to be no foundation to the allegation other than the complaint:

- (1) No record shall be made of the allegation in either the accused or accuser's personnel records.
- (2) A reiteration of the policy against sexual harassment may be appropriate.
- (3) Bad faith allegations or use of this policy for unintended purposes may result in disciplinary action against the accuser.

If a foundation for the allegation exists, disciplinary action against the offending employee will follow. The disciplinary action will be commensurate with the scope and severity of the occurrence, and may include, but is not limited to, demotion, suspension, dismissal, warnings or reprimands. Additionally, every effort shall be made to provide appropriate relief for the victim.

The sexual harassment prohibitions and grievance procedures may be found in their entirety in the Idaho State University Affirmative Action Program Policy Statement (Appendix A).

<https://www.isu.edu/aaction/>

Office of Equal Opportunity & Affirmative Action
(208) 282-3964

REQUIRED TEXTBOOKS

<u>Class</u>	<u>Text</u>	<u>Price</u>
DMS 4400	<u>Craig's Essentials of Sonography and Patient Care</u> , 4 th Ed, M. Robert De Jong, Jr., Elsevier	\$67.95
DMS 4401	<u>Textbook of Diagnostic Sonography</u> , 8 th Ed, Volume One, Sandra L. Hagen-Ansert, Elsevier <u>Textbook of Diagnostic Sonography</u> , 8 th Ed, Workbook Sandra L. Hagen-Ansert, Elsevier <u>The Vascular System</u> , 2 nd Ed, Textbook and Workbook, Ann Kupinski, Wolters Kluwer	\$300.00 (Set) \$156.87 (Set)
DMS 4404	<u>Textbook of Diagnostic Sonography</u> , 8 th Ed, Volume Two Sandra L. Hagen-Ansert, Elsevier <u>Textbook of Diagnostic Sonography</u> , 8 th Ed, Workbook Sandra L. Hagen-Ansert, Elsevier <u>Sonography Exam Review: Physics, Abdomen, Obstetrics and Gynecology</u> , 2 nd Edition, Ovel, Elsevier	Included in set \$77
DMS 4407	<u>Understanding Ultrasound Physics</u> , 4 th Ed, Sidney K. Edelman, Ph.D., Edelman	\$119
DMS 4410	None	
DMS 4413	None	
DMS 4451	None	
DMS 4402	See DMS 4401	
DMS 4405	See DMS 4404	
DMS 4408	See DMS 4407	
DMS 4411	None	
DMS 4414	None	
DMS 4416	See DMS 4401	
DMS 4419	See DMS 4404, 4405	
DMS 4417	See DMS 4404, 4405	

DMS 4406	See DMS 4404, 4405	
DMS 4409	See DMS 4407, 4408	
DMS 4412	Workbook for DMS 4406	
DMS 4415	None	
DMS 4418	<u>Breast Sonography: A Comprehensive Sonographer's Guide,</u> Carr-Hoefer, Pegasus Lectures 2007	\$100
DMS 4476	See DMS 4404	

FEES FOR DMS PROGRAM

Three Semester Option

Summer Semester

Program tuition and fees - \$4,228.00

SonoSim license - \$300

Liability insurance - \$5.00

Trajecsys – \$150

SDMS membership - \$45

Name tag - \$5.00

Uniforms – scrubs and shoes - \$100.00

Medical tests – (blood draw and/or administration fees dependent on individual facility)

 QuantiFERON-TB Gold (QFT)

 Titer test for: Varicella, Measles, Mumps, Rubella, and Hepatitis B (immunization
 boosters as needed based on titer results)

 Tdap Vaccine

 Influenza Vaccine

Fall Semester

Program tuition and fees - \$5,134.00

Liability insurance - \$5.00

Spring Semester

Program tuition and fees - \$4,530.00

Liability insurance - \$5.00

X-Zone - \$109

Ultrasound Registry Review (URR) - \$150

SPI Examination - \$250

Note: These fees are an approximation.

Four Semester Option

Summer I Semester

Program tuition and fees - \$3,322.00

SonoSim license - \$300

Liability insurance - \$5.00

Trajecsys – \$150

SDMS membership - \$45

Name tag - \$5.00

Uniforms – scrubs and shoes - \$100.00

Medical tests – (blood draw and/or administration fees dependent on individual facility)

 QuantiFERON-TB Gold (QFT)

Titer test for: Varicella, Measles, Mumps, Rubella, and Hepatitis B (immunization boosters as needed based on titer results)

Tdap Vaccine

Influenza Vaccine

Fall Semester

Program tuition and fees - \$3,926.00

Liability insurance - \$5.00

Spring Semester

Program tuition and fees - \$3,322.00

Liability insurance - \$5.00

SPI Examination - \$250

Summer II Semester

Program tuition and fees - \$3,322.00

Liability insurance - \$5.00

X-Zone - \$109

Ultrasound Registry Review (URR) - \$150

Note: These fees are an approximation.

EVIDENCE OF UNDERSTANDING

My signature below indicates that I have received, read, and understand the Student Handbook for the Diagnostic Medical Sonography Program at Idaho State University. I agree to abide by the policies and procedures outlined in this handbook.

Signed _____

Date _____

The Diagnostic Medical Sonography Program requires each Student to have their own health insurance during the duration of the program.

Insurance Provider _____

Policy Number _____

ACADEMIC HONESTY ATTESTATION STATEMENT

Academic dishonesty (cheating, plagiarism, etc.) will not be tolerated in the Diagnostic Medical Sonography Program and may result in suspension or dismissal. Cases will also be referred to the Dean of Students for possible dismissal from the university.

Cheating includes, but is not limited to, (1) use of any unauthorized assistance in taking quizzes, tests, or examinations; (2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or completing other assignments; or (3) the acquisition of tests or other academic materials belonging to the university faculty or staff without permission.

Plagiarism includes, but is not limited to, the use of, by paraphrase or direct quotation without correct recognition, the published or unpublished works of another person. The use of materials generated by agencies engaged in "selling" term papers is also plagiarism.

Students are encouraged to take full advantage of the many resources available including Internet sites, handouts and workbooks, other textbooks and journals, faculty, and peers. This interactive collegial learning environment is conducive for life-long learning.

Signed _____

Date _____

STUDENT CLINICAL ORIENTATION CHECKLIST

- | | Tech Initials |
|--|---------------|
| 1. Tour of Facility | _____ |
| 2. Tour of Department | _____ |
| 3. Policy & Procedures | |
| a. Location of Policy & Procedure Manual | _____ |
| b. Orientation to chain of command | _____ |
| 4. Location of Equipment | |
| a. Stretchers/beds | _____ |
| b. Wheelchairs | _____ |
| c. IV poles | _____ |
| d. Oxygen tanks | _____ |
| e. Crash carts | _____ |
| f. Emergency drug trays | _____ |
| g. Suction | _____ |
| h. Personal protective equipment (PPE) | _____ |
| 5. Disaster/ Code/ Fire Procedures | |
| a. Workplace hazards | _____ |
| b. Emergency preparedness | _____ |
| c. Medical emergencies | _____ |
| 6. HIPAA | _____ |
| 7. Standard Precautions | _____ |
| 8. Telephone Orientation | _____ |
| 9. Personal item storage | _____ |
| 10. Smoking policy | _____ |
| 11. Pregnancy policy | _____ |
| 12. Parking policy | _____ |
| 13. Clock-in, clock-out procedure | _____ |
| 14. Restroom locations | _____ |

Clinical Preceptor Signature

Date

Student Signature

Date

AFFILIATION AGREEMENT

This Affiliation Agreement (“Agreement”) between **Idaho State University**, on behalf of its _____ Program (the "*Program*") and _____ located at _____, _____ (the "*Facility*") (each individually, a "*Party*," and collectively, the "*Parties*"), takes effect on _____, 20__ (“*Effective Date*”).

Background

- Program is a higher education institution having enrolled students (whether singular or plural, "*Student*") who have need for clinical education experiences (whether singular or plural, "*Experience*").
- The Parties desire each Program-selected Student to obtain clinical education experiences at the Facility.

Agreement

I. Mutual Responsibilities and Coordination.

- A. Exchange and Review. Each Party retains a privilege to exchange visits and review materials relevant to a Student’s Experience.
- B. Nondiscrimination. Each Party must not discriminate on the basis of race, creed, sex, national origin, or disability unless that basis is a bona fide occupational criterion.
- C. Organization. The Parties must cause the ACCE (defined below) to cooperate with Facility’s clinical coordinator (or other designee) in arranging each Experience’s schedule, content, objectives and goals.

II. Program Responsibilities.

- A. Definitions.
 1. “HIPAA” means CFR parts 160 and 164 and HITECH (Title XIII of the American Recovery and Reinvestment Act of 2009).
 2. “ACCE” means Program’s academic coordinator of clinical education
- B. Duties. The Program shall:
 1. provide a statement to the Facility that describes the philosophy, goals, objectives, and schedule of:
 - a. the Program’s curriculum generally; and
 - b. each Experience in particular;
 2. ensure that each Student appropriately is assigned to the Experience,

including:

- a. evaluating the Student's competence and knowledge before the Experience begins;
 - b. assessing Student's health before Experience begins; and
 - c. requiring the Student to carry appropriate professional liability insurance;
3. ensure that the Student is knowledgeable concerning and has prepared for:
 - a. transportation needed to fulfill responsibilities at the Facility;
 - b. room and board concurrently with the Experience; and
 - c. scheduling arrival at and departure from the Facility;
 4. ensure that the Student has been made aware of each relevant Facility rule, regulation, policy, procedure and schedule that Facility has made known to the Program;
 5. ensure that the Student has been made aware of each Program requirement and regulation for clinical education, including professional practice standards;
 6. facilitate communication between the Parties, including:
 - a. appointing a member of Program's faculty to serve as ACCE;
 - b. notifying the Facility in writing of the identity of the ACCE and any Program-designated Program director;
 - c. notifying the Facility annually of each then-current academic year's clinical education schedule;
 - d. notifying the Facility of each specific Student assignment no later than ten working days before the Student's arrival, subject to the arrangement set forth below in Sections IV.B and IV.C; and
 - e. describing to the Facility specific Student outcome objectives for each assigned Student's Experience;
 7. direct each Student to comply with Facility's policies and procedures governing any use or disclosure of individually identifiable health information under federal law, specifically including HIPAA; and
 8. ensure at Facility's request that each Student signs and delivers to Facility before the Experience begins a copy of a Confidentiality Understanding (attached and incorporated into this Agreement as **ATTACHMENT A**).

III. Facility Responsibilities. The Facility shall:

- A. accept a mutually agreed upon number of Students whom Program has selected for an Experience period;

- B. provide any applicable annually updated information that is necessary to complete Program's Clinical Education Center Information form;
- C. notify the Program - no later than fifteen working days before a clinical assignment - of any change in Facility's ability to accept the Student;
- D. provide the Student a clinical schedule averaging forty (40) hours per week;
- E. complete and return each Student evaluation according to the Program's guidelines and schedule;
- F. not subject the Student to any sexual harassment act; and
- G. inform and train the Student regarding Facility's HIPAA-related policies and practices.
- H. facilitate communication between the Parties, including appointing a member from Facility to serve as clinical coordinator and notifying the Program of his/her identity.
- I. provide for the overall clinical supervision of the student both directly and indirectly based upon program objectives and student needs.

IV. *Student Experience Characteristics.*

- A. No Employment relationship to Either Party.
 - 1. *In General.* Facility's rules and regulations apply to each Student who Program assigns to an Experience.
 - 2. *Liability.* The Student is not considered an officer, employee, agent, representative, or volunteer of either Party for any purpose, including but not limited to liability, but instead is a Student:
 - a. at the Program engaged in the Experiences as a part of the Program's curriculum; and
 - b. in clinical practice.
 - 3. *HIPAA.* The Student specifically is not and must not be considered to be Facility's employee. But the Student is considered to be a member of the Facility's workforce, when engaged in any Agreement activity:
 - a. solely for the purpose under HIPAA to define the Student's role in relation to using and disclosing Facility's protected health information; and
 - b. as workforce is defined under 45 CFR 160.103.
- B. Short-Notice Assignment. In an emergency circumstance, Program has a right to assign a Student to an Experience upon less than ten days' notice to Facility. The Facility reserves a right to accept or reject that assignment.
- C. Short-Notice Cancellation. Program retains a right to cancel a Student's Experience assignment for academic or other good cause upon less than ten days'

notice to Facility, with no duty to designate another Student as a replacement.

- D. Assignment Refusal. Facility retains a right for good cause to refuse any clinical assignment upon less than fifteen working days' notice.
- E. Withdrawal. Each Party is entitled at any time to withdraw the Student from the Facility after assignment for any of the following documented reasons that the Party must document:
 - 1. the Student's unprofessional or unethical behavior;
 - 2. the Facility's staff's unprofessional or unethical behavior that directly affects the Student's Experience;
 - 3. the Student's failure to meet Program's academic requirements; or
 - 4. any good cause, including but not limited to, any medical emergency.

V. *Effective Duration.*

- A. **Term**. **The Agreement's term begins on Effective Date and is continuous with automatic one-year renewals on each successive anniversary of the Effective Date.**
- B. Termination. Each Party has a right at any time to terminate the Agreement upon no later than sixty (60) days' advance written notice to the other Party.
- C. In the event of termination of this Agreement by either party, Students currently assigned to clinical experiences at Facility at the time of notice of termination will be given the opportunity to complete their Experience at Facility.

VI. *Liability.*

- A. Program Commitment.
 - 1. *Insurance*. Program at its own expense shall provide adequate liability insurance coverage for its officers, employees, and agents. Program must ensure that its liability insurance has an occurrence-based form. Program at Facility's request must deliver a certificate of financial responsibility to Facility.
 - 2. *Workers Compensation*. The Program shall, at its own expense, obtain and maintain appropriate Workers' Compensation coverage for Program's employed personnel and Students.
 - 3. *Program Indemnity*.
 - a. *Scope*. To the extent of the Idaho Tort Claims Act (I.C. § 6-901 et seq.) or any applicable insurance coverage, the Program will defend, indemnify, and hold harmless the Facility, its officers, governing board, employees, agents, and representatives from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses, and reasonable attorney's fees,

arising from any negligence or wrongful act or omission of the Program, its officers, employees, and agents.

- b. Exclusion. The Program is liable under the provisions of this paragraph A for the paragraph's obligations, costs, and expenses only to the extent that the above act or omission is caused:
 - (1) by the Program or any of its officers, employees, or agents; and
 - (2) not by the Facility or any of its officers, employees, agents, representatives, or volunteers.

B. Facility Commitment.

- 1. *Insurance.* Facility at its own expense shall provide adequate liability insurance coverage for its officers, employees, agents, representatives, and volunteers. Facility at Program's request must deliver a certificate of insurance to Program.
- 2. *Facility Indemnity.*
 - a. Scope. To the extent of Facility's preceding insurance coverage, the Facility will defend, indemnify, and hold harmless the Program, its officers, governing board, employees, and agents from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses, and reasonable attorney's fees, arising from the negligent or wrongful acts or omissions of the Facility, its officers, employees, agents, representatives, or volunteers.
 - b. Exclusion. The Facility shall be liable under the provisions of this paragraph B for the paragraph's obligations, costs, and expenses only to the extent that such act or omission is caused:
 - (1) by the Facility or any of its officers, employees, agents, representatives, or volunteers; and
 - (2) not by the Program or any of its officers, employees, or agents.

C. Student Insurance.

- 1. *Facility Requirement.* Facility requires each Student to have Student's own health insurance and have malpractice insurance with professional and personal limits of liability of \$1,000,000 per occurrence and \$3,000,000 in general aggregate. Program will provide Workers' Compensation coverage to Students during the clinical experience.
- 2. *Program Duty.* The Program must ensure that any professional liability insurance coverage for any Student assigned to the Facility has been obtained before Program has assigned the Student. The Program, at Facility's request, must deliver a copy of the insurance certificate to the

Facility.

VII. FERPA.

“FERPA” means the Family Educational Rights and Privacy Act. The Parties recognize that they are bound to comply with FERPA in their handling of education records of any Student that may be enrolled in any Program related to this Agreement.

- A. Access Need. The Parties understand and recognize that each Party’s employees and agents need access to educational records that the other Party maintains in properly administering any duties and obligations to Student.
- B. Duty to Orient. Each Party thoroughly must orient its employees and agents of its obligations under FERPA and strictly maintain its practices according to that act’s requirements.
- C. Disclosure. “*Outsider*” means any person or entity not a Party to this Agreement.
 - 1. *To Third Party.* Before authorizing any further disclosure of Student’s educational records to any Outsider, a Party must:
 - a. receive the other Party’s permission; and
 - b. obtain assurances that the Outsider fully has complied with FERPA.
 - 2. *Redisclosure.* A Party has authority to redisclose Student’s educational records to the Outsider only if the Outsider does no further disclosure.

VIII. Amendment.

Any change to this arrangement requires written amendment that each Party must sign.

IX. Notices.

Each Party must send any notice under this agreement in writing either hand-delivered or mailed by certified mail to the addresses set forth below.

Program Notification Address: Facility Notification Address:

Idaho State University	_____
General Counsel	_____
921 S. 8 th Ave., Stop 8410	_____
Pocatello, ID 83209-8410	_____

X. Binding Authority.

Each Party has authorized an undersigned individual to sign this Agreement on behalf of that Party.

Signed:

Program:

IDAHO STATE UNIVERSITY

Facility:

By: _____
Provost and Vice President for
Academic Affairs

By: _____
Printed Name: _____

Title: _____

Date: _____

Date: _____

ATTACHMENT A

CONFIDENTIALITY UNDERSTANDING

By signing and dating this Confidentiality Understanding, the undersigned Student indicates an understanding of, and agrees to be bound by, a certain Affiliation Agreement between *Bingham Memorial Hospital, Blackfoot Medical Center, Portneuf Medical Center, Idaho Medical Imaging, Eastern Idaho Regional Medical Center, Madison Memorial Hospital, Mountain View Hospital*, (“Facility”), and Idaho State University, on behalf of its **Diagnostic Medical Sonography Program** (“Program”).

As a material part of any consideration that Student provides to Facility in exchange for Facility allowing the Student’s clinical education at Facility, Student confirms that any patient information acquired during the clinical education is confidential, and Student at all times must maintain the confidentiality of and not disclose this information, whether during the clinical education or after it has ended.

Student further must abide by the applicable rules and policies of both Facility and Program while at Facility. Student understands that, in addition to other available remedies, Facility immediately may remove the Student and terminate the Student’s clinical education if Facility considers the Student to endanger any patient, breach patient confidentiality, disrupt Facility’s operation, or not to comply with any request by Facility including its supervisory staff.

I have read and understand the Affiliation Agreement, and I agree to abide by this Confidentiality Understanding.

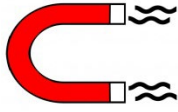
Student’s Signature Date

Student’s Name (Print)

Program Witness (Signature) Date

Program Witness Name and Title (Print)

MRI SCREENING FORM



The MRI magnet is **ALWAYS ON**. This magnetic field may be hazardous to individuals entering the MRI room if they have certain metallic, electronic, magnetic, mechanical implants, or other devices.

- Yes No Have you ever had a surgical procedure or operation of any kind?
- Yes No Have you ever been injured by any metallic foreign body?(*e.g., bullet, BB, pellets, shrapnel, etc.*)
- Yes No Have you ever had an injury to the face or eye involving a metallic object? (*e.g., metallic slivers, shavings, foreign body, etc.*)
- Yes No Have you ever been a machinist, welder, or metal worker?
- Yes No Are you pregnant or do you suspect that you are pregnant?
- Yes No Are you breast feeding?
- Yes No Have you had a previous MR or CT scan?

Please list all prior surgeries and approximate dates:

Please indicate if you have any of the following:

- Yes No Brain Aneurysm clip(s)
- Yes No Heart valve prosthesis
- Yes No Cardiac defibrillator or Pacemaker
- Yes No Pacing wires
- Yes No Hearing Aid
- Yes No Cochlear implant
- Yes No Nerve or Bone Stimulator, any type of electronic, mechanical, or magnetic implant
Type: _____
- Yes No Implanted catheter, tube, shunt, or vascular access port, any type of blood vessel coil, filter, wire or stent.
Type: _____
- Yes No Implanted drug infusion device, including insulin pump
- Yes No Artificial limb or joint
- Yes No Any implanted orthopedic hardware (*i.e., pins, rods, screws, nails, clips, plates, wire, etc.*)
Type: _____
- Yes No Halo vest or metallic cervical fixation device
- Yes No Surgical clips, staples, wire mesh or sutures
- Yes No Orbital / eye prosthesis
- Yes No Penile prosthesis
- Yes No IUD or Diaphragm
- Yes No False teeth, retainers or magnetic braces
- Yes No Tattooed eyeliner
- Yes No Dermal patches (*i.e. smoking, hormonal, medication, etc.*)

Any other implanted item Type: _____

Other: _____

Do you have any metal inside your body? Yes No

If yes, where?

****If you have answered YES to any of the above questions, please notify the Program Director.**

THE FOLLOWING ITEMS MUST NOT BE TAKEN INTO THE MR SCAN ROOM:

- ___ Hearing aid
- ___ Glasses
- ___ Watch
- ___ Safety pins
- ___ Hairpins / barrettes
- ___ Wigs / Hair pieces
- ___ Jewelry
- ___ Wallet / Money clip
- ___ Purse / Pocketbook
- ___ Pens / Pencils
- ___ Keys
- ___ Coins
- ___ Pocketknife
- ___ Credit or bank cards
- ___ Artificial limb / prosthesis
- ___ Dentures / Partial plates retainers
- ___ Belt buckle
- ___ Bra / girdle / sanitary belt
- ___ Metal zippers / buttons

I attest that the information I provided is correct to the best of my knowledge. I have reviewed the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Signature of Student: _____ Date: ____ / ____ / 20 ____

Diagnostic Medical Sonography
921 South 8th Avenue, Stop



Program
8002 • Pocatello, Idaho 83209-8002

Re: MRI SCREENING FORM

Subject: Student answering “yes” to the question regarding _____.

Student Name: _____

There is a potential for a dangerous situation because you were identified as _____ on the MRI Screening process performed at Idaho State University. You are **INELIGIBLE** to be in the MRI environment/room (observing, transporting or lifting patients).

To be fully cleared you **MUST** provide medical clearance by a medical provider with appropriate medical imaging read by a radiologist, if necessary.

MRI cannot be chosen for an alternate imaging modality rotation until this is resolved.

By signing below I acknowledge that I **WILL NOT** be in the MRI environment/room.

Signature _____

Date: _____