



**Kinney College of Nursing
and Health Professions**

Diagnostic Medical Sonography Program Handbook

All students and faculty are expected to also abide by the policies found in the [KCNHP Student Handbook](#).

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PREFACE

Welcome to the University of Southern Indiana (USI) Diagnostic Medical Sonography (DMS) program. The program faculty at USI and personnel of each clinical affiliate congratulate you on your acceptance into the program and wish you success.

This handbook has been written to provide you with essential information about the program and inform you of the many policies and procedures that affect students. Although great care has been taken to provide all the information students need to know, this handbook is not the only source of information. As a student at USI, you are subject to all policies, procedures, rules, and regulations established by the University. All students should review the current University Bulletin and become familiar with its content. In addition, the University's Code of Conduct, Student Rights and Responsibilities, and registration schedules for each semester contain valuable information. Information concerning various university services can be obtained by contacting appropriate offices on campus. All students should also read the [Kinney College of Nursing and Health Professions'\(KCNHP\) Student Handbook](#) found on the college's webpage.

Please read this handbook completely as all students are required to know the program's policies and procedures and to abide by them. This handbook should not be construed as a contract or offer to contract between program and student. All contents are subject to periodic revision.

If you have questions or comments regarding this handbook or any policy or procedures, do not hesitate to contact the program chair, faculty, or clinical coordinator. We look forward to helping you complete the program and achieve your goal of becoming a competent credentialed diagnostic medical sonographer.

PROGRAM OVERVIEW

PROGRAM DESCRIPTION

The DMS program prepares individuals to function effectively in the modern health care system as entry-level sonographers. It is a 48-month full-time education program containing a prescribed sequence of concurrent academic and clinical courses.

Core curriculum and professional course requirements are included in the program. Core curriculum provides an essential base of knowledge and understanding that supports the professional aspects of the program. Professional courses provide the technical knowledge and skills necessary for competent and effective patient care.

Upon successful completion of the program, students are awarded a Bachelor of Science in Diagnostic Medical Sonography. Graduates are eligible to apply for examinations administered by the American Registry for Diagnostic Medical Sonography (ARDMS).

PROGRAM PHILOSOPHY

Education is a process through which one may acquire knowledge, skills, values, experiences, and an appreciation for learning. It serves not just to prepare individuals for careers and greater financial security, but also to enrich each person and foster good citizenship. The DMS program seeks to provide its students with all the benefits of education by integrating core curriculum with professional course requirements. The program strives to produce graduates who have the capability to enter a career in DMS with confidence and competence to continue their education in pursuit of higher levels of development.

The faculty of the DMS program and personnel of affiliated clinical education centers are committed to providing each student with a high quality and comprehensive learning experience. The curriculum has been carefully designed to meet this commitment. Ongoing program review and improvement processes ensure that educational standards do not decline. The faculty is responsible for facilitating student learning. Educational objectives, learning materials, classroom presentations, and examinations are developed with this in mind. Students, however, must be active participants in the program's endeavor for excellence. Consequently, standards of achievement exist which require grades no lower than C in any DMS course. If assistance is needed, advice, counseling, and other support services are available to all students.

The DMS program recognizes the primacy of individual rights. This includes protection from discrimination in the basis of sex, age, race, color, creed, national origin, or handicap(s), protection of personal information, right to due process, and right to appeal any action regarded as unfavorable.

HISTORICAL DEVELOPMENT

The USI DMS program began in January 2005 with its first on-campus cohort. Prior to 2005, a limited number of sonography courses were offered only in an online format. From 2005-2008, DMS students studied abdominal, obstetrics and gynecology, vascular, and adult

cardiac specialties while completing a majority of abdominal and obstetrics and gynecology clinical hours and a limited amount of clinical education in both vascular and adult cardiac specialties. In 2008, vascular and adult cardiac concentrations were developed, and the DMS program implemented the current course sequence used today where all DMS students study Abdominal-Extended and Obstetrics and Gynecology concentrations and either Vascular or Adult Cardiac concentrations. Initial programmatic accreditation was awarded by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to the Abdomen and Obstetrics and Gynecology concentrations in March 2009. In July 2011, vascular and adult cardiac concentrations were initially accredited by CAAHEP. With the most recent site visit in 2019, the USI DMS program was awarded 10 years of continuing accreditation in Abdominal-Extended, Obstetrics and Gynecology, Vascular, and Adult Cardiac concentrations by CAAHEP.

UNIVERSITY MISSION

USI is an engaged learning community committed to exceptional education. We exist to provide an educated citizenry that can engage in a civil manner within a community with divergent ideas and cultural differences. We prepare our students to lead and make positive contributions to our state, their communities, and to be lifetime learners in a diverse and global society.

PROGRAM MISSION

The University of Southern Indiana Diagnostic Medical Sonography seeks to provide a comprehensive education, preparing students with the advanced knowledge and skills essential for sonography professionals to respond as interdisciplinary team members caring for diverse patient populations while cultivating professionalism and life-long learning.

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

- I. To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the Abdominal Sonography-Extended, Obstetrics and Gynecology Sonography, and Vascular Sonography or Adult Cardiac Sonography concentrations.

Cognitive Domain

The student will:

- a. Evaluate cross-sectional anatomical structures.
- b. Distinguish anatomical structures and sonographic appearances.
- c. Apply clinical history to sonographic examination and findings.
- d. Employ ultrasound physics and instrumentation to optimize sonographic images.

Psychomotor Domain

The student will:

- a. Develop the technical skills and critical thinking skills to produce sonographic images of diagnostic quality.

- b. Demonstrate competency to independently perform sonographic examinations in the Abdominal-Extended, Obstetrics and Gynecology, and Vascular or Adult Cardiac clinical courses.

Affective Domain

The student will:

- a. Practice independently as well as a team member.
- b. Promote professional behavior to all through integrity, ethical decision making, and communication.
- c. Practice quality techniques in the provision of care to all patients using evidence-based practices.
- d. Cultivate a professional work ethic through interprofessional collaboration.

- II. Apply knowledge and skills to succeed on national certification exams.

The student will:

- a. Successfully complete mock certification exams.
- b. Pass three ARDMS certification exams within a one-year period of eligibility.

- III. Participate in activities to prepare for lifelong learning.

The student will:

- a. Participate in at least one continuing medical education event.
- b. Volunteer for a university or community event.

- IV. Understand global trends and issues in healthcare that may have an impact on sonography practices.

The student will:

- a. Demonstrate the ability to locate and synthesize research to stay informed of current trends in sonography education and practice.
- b. Compare and contrast domestic and international clinical and healthcare management.

- V. Demonstrate skills appropriate for entry-level sonographers.

- a. Students are pleased with the overall program quality and their preparation as an entry-level sonographer.
- b. Employers are pleased with the overall quality of this program's graduate as an entry-level sonographer.

ACCREDITATION

The DMS program at USI is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on recommendation by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) in Abdominal-Extended, Obstetrics and Gynecology, Vascular, and Adult Cardiac concentrations. For more information contact:

CAAHEP
9355 113th St. N #7709
Seminole, FL 33775

JRC-DMS
P.O. Box 2050
Ellicott City, MD 21041

727-210-2350
www.caahep.org

443-973-3251
www.jrcdms.org

The North Central Association of Colleges and Secondary Schools accredits USI. USI is a member of the American Association of State Colleges and Universities and is on the approved list of the Association of American Universities. The University is accredited for ten years at the baccalaureate, master's and doctoral levels by [The Higher Learning Commission](#). Programs in accounting, art, business, chemistry, education, engineering, health professions, and social work are accredited by the appropriate professional organizations and state agencies. Accreditation reviews by regional and discipline-based organizations continue to be prime indicators of quality.

CURRICULUM

The DMS curriculum requires 31 hours of pre-DMS courses. The DMS course work and remaining core curriculum courses begin in the spring semester (January) and run continuously for 28 months concluding at the end of the spring semester (May). A total of 120 credit hours is required for degree completion. Eighty-one hours are professional courses (DMS, DVT, ECHO, RADT or HP/HA/IPH), and 39 credit hours are the University Core courses.

Core curriculum and DMS academic courses are taught on the USI campus or through USI distance education. The DMS clinical courses are conducted at affiliated clinical education centers. Core curriculum credits and DMS pre-requisite courses are open to all students and must be completed prior to formal admission to the program or transferred from accredited colleges or universities. Enrollment in DMS courses required for the DMS degree is limited to students admitted to the program.

The program's Master Curriculum Plan shows the sequencing of required courses and specifies the total number of classroom, laboratory, and clinical contact hours required. The number of hours utilized per week for each course can be determined by dividing the total hours by the number of weeks in the semester. Combined class, lab, and clinical time commitments can be 36-40 hours per week for students following the published curriculum.

Most academic and clinical course hours are scheduled during the day, Monday through Friday. Core curriculum courses sometimes require late afternoon or evening attendance; however, some clinical education assignments may involve off-hour scheduling. To ensure a comprehensive clinical learning experience, students are exposed to all aspects of DMS. This includes rotations through all areas of the sonography department, surgery, and portable sonography. It may also include time spent on shifts other than standard daily hours. A full description of the requirements and activities for each clinical course is provided in the clinical course syllabi. In order to gain familiarity with agencies in which sonographers are employed other than the assigned hospital and to broaden clinical knowledge, students may be assigned to other affiliate hospitals and clinics as space allows.

INSTRUCTIONAL METHODS

A written course syllabus exists for each sonography course. Each syllabus states the course description, required textbooks, course learning objectives, program learning outcomes, content outline, methods of presentation, and methods of evaluation. Copies of the course syllabus are made available to students on the online course management system, Blackboard. Most classroom presentations are conducted in the standard lecture/discussion method with supplemental materials available to students on Blackboard. A variety of audiovisual aids are used when appropriate to augment instruction. The instructor determines reading and other required assignments. The content of the academic course is broken into units of study and tests follow the completion of each unit. Comprehensive final examinations are also given. The sonographic lab practice courses (DMS 316, 326, 336, DVT 398, 423, ECHO 398, 423) are designed to facilitate student development of scanning skills by observing instructor demonstrations and practicing procedures studied in the classroom. Proficiency evaluations are conducted in the lab to document satisfactory achievement.

Sonographic procedure courses (DMS 315, 323, 324, 332, DVT 401, 402, 421, ECHO 401, 402, 421) may have assigned lab activities. In addition, some courses may utilize the expertise of guest speakers qualified in the subject area. The course instructor sometimes arranges off-campus trips to meet with the speaker(s).

ACADEMIC CALENDAR

The DMS program is a 28-month program that observes the University Calendar for semester start and end dates, holidays observed, and breaks. Students do participate in summer courses including clinical education. Summer course start dates begin during the University's first summer session and are continuous until the end of the second week of August for clinical education courses and the end date of the second summer session for didactic courses. University summer holidays are observed. An updated copy of the [University Calendar](#) is posted on the Registrar's webpage of the University's website. Program students will follow the university calendar for all academic and clinical courses.

TEXTBOOKS

A list of required textbooks for DMS courses is provided. Many of these books are used for more than one course. Because of this and the need for study references in preparation for the ARDMS certification examination following graduation, students are advised to keep all books for future reference.

DMS 301

- Torres' Patient Care in Imaging Technology (most current edition)

DMS 312

- Craig's Essentials of Sonography and Patient Care by Robert DeJong Jr. (most current edition)

DMS 313

- No textbooks required

DMS 315

- Diagnostic Medical Sonography: Abdomen and Superficial Structures by Diane Kawamura and Tonya Nolan (most current edition)

DMS 316

- Diagnostic Medical Sonography: Abdomen and Superficial Structures by Diana Kawamura and Tonya Nolan (most current edition)

DMS 321

- Understanding Ultrasound Physics by Sidney Edelman (most current edition)

DMS 323

- Diagnostic Medical Sonography: Obstetrics and Gynecology by Susan Raatz Stephenson and Julie Dmitrieva (most current edition)

DMS 324

- Diagnostic Medical Sonography: Obstetrics and Gynecology by Susan Raatz Stephenson and Julie Dmitrieva (most current edition)

DMS 326

- No textbooks required
- SIMTICS learning modules will be utilized

DMS 327

- No textbooks required

DMS 331

- Understanding Ultrasound Physics by Sidney Edelman (most current edition)

DMS 332

- Diagnostic Medical Sonography: Abdomen and Superficial Structures by Diana Kawamura and Tonya Nolan (most current edition)

DMS 333

- No textbooks required

DMS 336

- No textbooks required

DMS 337

- No textbooks required

DMS 347

- No textbooks required

DMS 436

- No textbooks required

DVT 398

- Techniques in Noninvasive Vascular Diagnosis: An Encyclopedia of Vascular Testing by Robert J. Daigle (most current edition)
- SDMS National Certification Exam Review: Vascular Sonography/Technology by Jean M. Beckner (most recent edition)

DVT 401

- Techniques in Noninvasive Vascular Diagnosis: An Encyclopedia of Vascular Testing by Robert J. Daigle (most current edition)

- SDMS National Certification Exam Review: Vascular Sonography/Technology by Jean M. Beckner (most recent edition)

DVT 402

- Techniques in Noninvasive Vascular Diagnosis: An Encyclopedia of Vascular Testing by Robert J. Daigle (most current edition)
- SDMS National Certification Exam Review: Vascular Sonography/Technology by Jean M. Beckner (most recent edition)

DVT 421

- Techniques in Noninvasive Vascular Diagnosis: An Encyclopedia of Vascular Testing by Robert J. Daigle (most current edition)
- SDMS National Certification Exam Review: Vascular Sonography/Technology by Jean M. Beckner (most recent edition)

DVT 423

- Techniques in Noninvasive Vascular Diagnosis: An Encyclopedia of Vascular Testing by Robert J. Daigle (most current edition)
- SDMS National Certification Exam Review: Vascular Sonography/Technology by Jean M. Beckner (most recent edition)

DVT 426

- No books required

DVT 437

- No books required

ECHO 398

- Echocardiographer's Pocket Reference by Richard Palma (most current edition)

ECHO 401

- Echocardiography from a Sonographer's Perspective: The Notebook by Susan King DeWitt (most current edition)
- Echocardiography from a Sonographer's Perspective: The Workbook by Susan King DeWitt (most current edition)

ECHO 402

- Echocardiography from a Sonographer's Perspective: The Notebook by Susan King DeWitt (most current edition)
- Echocardiography from a Sonographer's Perspective: The Workbook by Susan King DeWitt (most current edition)

ECHO 421

- Congenital Heart Defects Simplified by Ken Heiden (most current edition)

ECHO 423

- Echocardiographer's Pocket Reference by Richard Palma (most current edition)

ECHO 426

- No books required

ECHO 437

- No books required

ACADEMIC ADVISING

The program chair and faculty serve as academic advisors to all students who have been admitted to the DMS program. While those who are completing core curriculum coursework prior to admission have access to program faculty, this group of students is advised by a central advising center located in the KCNHP. The main purpose of an academic advisor is to assist students in selecting appropriate courses. The advisor also monitors student progress and assists with academic problems. Students can meet with an advisor during regular office hours or by appointment.

ACADEMIC FEES AND PROGRAM EXPENSES

The number of academic credits required each semester for the program is specified by the DMS curriculum. The cost of tuition is determined by multiplying the number of credit hours by the current tuition rate. Tuition is a combined contingent, student service and instructional facilities fee. The combined contingent and academic facilities fees are used to help meet the cost of instruction, construction and maintenance of buildings, and library and laboratory resources. The student services fee provides student programs and other selected personal and cultural development activities. Other fees such as laboratory, late registration, change of schedule, transportation/parking, distance education, university services, student activity fee, and medical malpractice are special fees paid in addition to tuition fees. For a complete listing and description of fees and expenses, the student is directed to the current University Bulletin or can be found on the Office of the [Admission's webpage](#). It is noted that published charges are subject to change by action of the Board of Trustees. Students may inquire as to current rates at registration.

Additional costs incurred by students during the program are for textbooks, uniforms, personal identification nameplates, and purchase of online clinical education management system (Trajecsyst). Students will also be required to complete pre-program clinical obligations (drug screening, national criminal background checks, and various immunizations), which are done through an online management company (DISA) for a fee. Textbooks required for each course are available in the University Bookstore at the beginning of each semester. Uniforms may be purchased anywhere provided they meet the requirements established by the DMS program (see Uniforms). Nameplates are available for a minimal fee from the University Bookstore/Eagles Access. Fees associated with the Program and not found on the Admissions webpage are (subject to change):

- Clinical management system (Trajecsyst): \$150 onetime fee in Fall semester
- DISA: \$130 onetime fee prior to starting professional courses
- Uniforms (average of three uniforms needed; 1 laboratory coat; all white shoes; students may need replacement uniforms over the course of 28 months; average cost \$40-\$50 per uniform (top and bottom only): \$250-\$500 over course of program
- Textbooks: average \$1200-\$1500 over course of program
- Identification name plate: \$5 onetime fee during first summer semester in program
- Professional Liability insurance (once year at \$20 each): \$40
- CPR (students may need renewal course before finishing program): varies \$90-\$110 per course

- Immunizations: varies per student and medical insurance
- Reliable transportation and fuel for travel to clinical affiliates: cost varies
- Lab fee- \$50 per course utilizing DMS lab (5 classes) and \$50 per clinical course (5 classes); \$450-600 over course of program
- Distance education fee: \$50 per course (4-6 classes); \$200-300 over course of program

TRANSFER OF CREDIT

The Registrar's Office is responsible for USI's [transfer credit evaluation](#) service. Official transcripts from other institutions will be reviewed to determine what academic credits will transfer to USI, and their equivalent USI courses. The Registrar's Office is also responsible for awarding credit approved through the [Prior Learning Assessment \(PLA\) policy](#). See the [undergraduate transfer credit policy](#) for more detail.

The DMS program does not have established agreements for transfer of DMS program students or DMS program credits. The DMS program does not consider students for advanced placement.

FINANCIAL AID

The University's Financial Assistance Office is in the Orr Center (OC 1110). Financial aid information and application forms may be obtained in person or by calling (812) 464-1767.

WITHDRAWALS AND REFUNDS

University policies and procedures concerning student withdrawal and refund of tuition and fees are published in the University Bulletin. Although students may withdraw from classes at any time through the last day of classes, grade determination and refund amount will be affected by the date of withdrawal. Withdrawal and refund information is also published in the online academic calendar. A calendar specifying end dates for refund periods and last day to withdraw without evaluation is printed in each calendar schedule. In order to withdraw from any class, DMS students must obtain the program chair's signature. Students who withdraw from the program are subject to readmission procedures if they decide to return.

GRADUATION

In order to become eligible for graduation, students must complete all DMS courses (academic and clinical) with grades of C or better, pass all required core curriculum courses, and have a cumulative GPA not less than 2.0. Additional requirements are stated in the University Bulletin. It is the student's responsibility to carefully read and meet all requirements for graduation as published in the Bulletin.

CERTIFICATION

Graduates of the DMS program at USI may be eligible to apply for certification examinations administered by ARDMS. Each DMS student may apply to take Sonography Principles and Instrumentation, Abdomen, and Obstetrics and Gynecology. Additionally, some students may qualify to take Vascular Technology or Adult Echocardiography. The ARDMS may deny,

revoke, or otherwise act regarding the application or certification of an applicant or registrant in the case of:

1. Ineligibility of ARDMS certification.
2. Irregularity in connection with any ARDMS examination.
3. Unauthorized possession of, use of, or access to ARDMS examination, documents, or materials.
4. Material misrepresentation or fraud: (i) regarding ARDMS certification (ii) in any statement to the ARDMS including, but not limited to, statements made to assist the applicant, registrant, prospective candidate to apply for, obtain, or retain certification.
5. Revocation, suspension, or other disciplinary action by a licensing board.
6. The conviction of, plea of guilty, or plea of *nolo contendere* to a crime that is directly related to public health or the provision of DMS services.

PROFESSIONAL SOCIETIES

As a part of professional development, students are strongly encouraged to join and participate in DMS professional societies. Organizations exist at the national and state levels. Nationally, the Society of Diagnostic Medical Sonography (SDMS), the American Institute of Ultrasound in Medicine (AIUM), Society for Vascular Ultrasound (SVU), the Society for Vascular Technology (SVT), and the American Society of Echocardiography (ASE) provide a variety of services for sonographers and students. Participation in professional societies helps students to understand the scope of the field they are entering. It also demonstrates interest in the advancement of the profession, enhances learning, and provides students with an opportunity to meet and interact with professionals and students from other programs. The cost of membership is reasonable. Application forms are available online.

UNIVERSITY HEALTH CENTER

Confidential health services are available for students on campus in the University Health Center. During the fall and spring semesters, a registered nurse, registered nurse practitioner, and physician are on duty Monday through Friday, 8 a.m. to 4:30 p.m. During the summer sessions, the hours are from 9 a.m. to 4 p.m. Monday through Friday.

The University Health Center provides information on student accident/hospitalization insurance coverage. For further information, students may contact the University Health Center at (812) 464-1250.

INFECTION CONTROL

The KCNHP maintains policies and procedures on infection control. The policies and procedure found within the Infection Control Policy are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the KCNHP when participating in clinical education experiences. Please review the [KCNHP Student Handbook](#) for the entire policy. The handbook is located on the KCNHP website listed under “About the College.”

HEALTH INSURANCE

The University Health Center provides information on how students can purchase an office visit plan (OVP) to be seen in the campus health clinic. Services related to hospitalization, surgical procedures, referrals to specialists, and accident care (typically "insured services") are not covered by the OVP. Students are expected to have their own health insurance to pay these expenses. Many students are covered by their parents' insurance. Students who are married or who are no longer considered dependents on a family policy will need their own health insurance policies. It is highly recommended that students always have health insurance.

Students are accountable for medical expenses associated with illness or injury before, after, or during clinical education. Affiliated hospitals do not provide free health care services to students.

MEDICAL MALPRACTICE INSURANCE

Medical malpractice insurance is required for all students enrolled in health professions programs. A yearly fee of \$20 is attached to DMS 327, Clinical Practice I-General, DVT 426, Clinical Practice I-Vascular, and ECHO 426 Clinical Practice I-Cardiac. The fee is paid when students register for these courses.

STUDENT COUNSELING

USI's Counseling and Psychological Services (CAPS) provides confidential counseling services to students including personal/social and academic concerns. Students are encouraged to make use of the various services. An appointment can be arranged by calling CAPS at (812) 464-1867 or by visiting CAPS in the Recreation, Fitness and Wellness Center (RFW 202).

DISABILITY RESOURCES

Refer to the current university policy regarding disability resources on the [Provost's website](#).

ADDITIONAL UNIVERSITY SERVICES

A number of additional services are available on campus for students. Information on each of the following can be found in the University Bulletin: Housing and Resident Life, Veteran, Military and Family Resource Center, Alumni Engagement and Volunteer USI, Public Safety, David L. Rice Library, and Career Success Center.

CAMPUS MOTOR VEHICLE REGULATIONS

All students living on campus are required to register vehicles operated and parked on campus with the campus security office. University rules governing driving and parking on campus are listed in an online document "Traffic and Parking Regulations." Monetary assessments are made for failure to obey the regulations.

CODE OF CONDUCT

The regulations of the university concerning students are specified in a code of conduct titled [Student Rights and Responsibilities](#). The code of conduct states the expectations and requirements of students admitted to the university, defines misconduct that may be subject to disciplinary action, specifies legal action regarding drug/alcohol use, fireworks and explosives, weapons, and physical violence, explains student rights regarding demonstrations and use of campus facilities, describes due process and appeals for actions taken against students, and outlines procedures for student appeals.

WEATHER/EMERGENCY CLOSING

University functions are rarely cancelled due to weather or emergencies. Even in severe weather, heavy snowfall, ice storms, and extreme cold, the university's academic programs, courses, classes, and seminars continue. Administrative offices also remain open.

If classes are cancelled, all classes including clinical education will be dismissed until the university officially reopens. If a late opening or a change in the current status is declared, all classes, academic and clinical, will begin at the designated hour. If the late opening occurs during a scheduled class time, the class will meet for the time remaining. If students are at a clinical affiliate when a closing is declared, they will be dismissed but must report to the clinical instructor before leaving the premises. All classes and clinical education missed during an official closing are not subject to make-up.

Students are requested NOT to call the campus to verify class cancellation or late opening. Information concerning campus closure can be heard on the following local radio stations:

WSWI-AM (820)	WABX-FM (107.5)	WJPS-FM (93.5)
WSTO-FM (96.1)	WGBF-FM (103.1)	WUEV-FM (91.5)
WIKY-FM (104.1)	WYNG-FM (105.3)	

In addition, information is shared with other media outlets (TV and newspaper) in the area. Please note, in the event of a weather-related emergency or similar situation impacting the community, local media relay and update closure/cancellation information from multiple agencies throughout the area and their ability to distribute current and correct information may be limited. The university utilizes email (USI email accounts), web postings (www.usi.edu), and text messaging (RAVE text messaging program) to communicate instructions and information related to the decision to close or delay hours of campus operation.

In consideration of individual safety traveling to and from classes during inclement weather, although the campus may be officially open, the final decision rests with the student. If a student decides not to attend academic or clinical classes due to weather or other reasons, it is expected that program policies concerning attendance will be followed.

If a clinical facility closes due to severe weather, or any other extenuating circumstance but the university remains open, students at the facility must notify the clinical coordinator between hours of 7 AM and 9 PM. An alternate clinical facility may be located, and the

student may be required to attend the facility provided by the clinical coordinator. If the student does not attend clinical at the alternate site, the missed hours will be subject to make up clinical time.

PROGRAM POLICIES

CIVILITY/NON-DISCRIMINATION/HARASSMENT

Refer to the [Provost's website](#) for the current university policy regarding civility and non-discrimination policies.

ALCOHOL AND DRUG ABUSE

POLICY: The DMS program follows the University's policies on drug and alcohol abuse as outlined in the *Student Handbook* and in the *University Handbook*.

PROCEDURE: In response to the Drug-Free Schools and Community Act Amendment of 1989, (Public Law 101-226), the University has established policies to maintain an environment free of illicit drugs and illegal use of alcohol. The University prohibits the illegal manufacture, possession, use and/or distribution of drug and alcohol by students, employees, and visitors on university-owned or leased property or as a part of any "university activity" as that term is defined by the University.

In the event of conduct or occurrence that involves unsatisfactory performance or behavior but not limited to, a good faith belief of impairment because of alcohol consumption and substance abuse by a student, a clinical facility will give immediate notice to the chair of the DMS program. All parties involved will cooperate with each other in making a prompt investigation of the facts and/or circumstances of such conduct or occurrence. The investigation and any disciplinary action involving the student is at the discretion of the University and must follow and comply with the appropriate policies and procedures of the University.

The [University Student Handbook](#) can be found on the University's website.

CRIMINAL BACKGROUND CHECK AND DRUG SCREEN

To ensure that students in professional programs in the KCNHP uphold the professional standards, integrity, and behavior expectations of their discipline, all students are required to obtain a satisfactory national background check and drug screen.

Please review the [KCNHP Student Handbook](#) for the Criminal Background Check and Drug Screen policy.

PROGRAM ADMISSION

POLICY: An Admissions Committee shall select qualified applicants for admission to the DMS program based on academic achievement, academic preparation, and personal qualifications.

PROCEDURE: Applications for admission to the DMS program are accepted from August 1 until the application deadline of September 15. In October, all applications are reviewed for submission of required supporting documents and evaluated for minimum qualifications. Minimum qualifications to be met are acceptance into the university, have completed all required program prerequisites, core curriculum coursework with a prerequisite GPA not less than 3.0 (4.0 scale), and receiving a “C” or better course grade in the designated program prerequisite courses. Students who do not meet minimum qualifications are notified of ineligibility.

All qualified applicants are invited to be interviewed by the Admissions Committee. Following completion of all interviews, the Admissions Committee conducts a careful final evaluation of each applicant with respect to the level of academic success (GPA), an applicant narrative, familiarity obtained during sonography observation experience, and personal qualifications such as knowledge, motivation, maturity, and communication. A rank order of applicants is established through points earned and used to determine the final selection. A letter and/or email notification of admission status is sent to applicants within two weeks.

Students accepted for admission must confirm in writing their intent to enroll. Until all confirmations are received, a list of alternate applicants is maintained to fill vacancies. Students who are not accepted for admission may reapply the following year.

Any student admitted to the University may declare pre-DMS as a major. This selection indicates an interest in DMS and assigns the individual a list of required prerequisite courses listed on the degree audit. Such students usually complete core curriculum courses while waiting to be considered for admission to the program. Declaration of a pre-DMS major and completion of pre-DMS courses does not ensure acceptance into the program. Acceptance is dependent on individual application ranking as described above. Students transferring to USI must meet the same academic requirements for admission as new students.

DIAGNOSTIC MEDICAL SONOGRAPHY ESSENTIAL FUNCTIONS

Essential functions are those physical, mental, and psychosocial characteristics that are necessary to meet the clinical/practice/fieldwork expectations for the Diagnostic Medical Sonography (DMS) program. Becoming a healthcare professional requires the completion of an education program that is both intellectually and physically challenging. The purpose of this statement is to articulate the essential function requirements of the DMS program in a way that allows students to compare their own capabilities against these demands.

A student with a disability may request a reasonable accommodation in order to meet academic requirements and to fulfill the essential functions of the KCNHP programs. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the task(s) at issue without fundamentally altering the nature of the program or task and without incurring undue financial and administrative burden.

Motor Skills

- Ability to independently manipulate and guide weights up to 50 pounds
- Ability to move about freely and maneuver in small spaces
- Tolerate regular changes of physical position, both stationary and mobile, for extended (8-12 hour shift) periods of time
- Possess skills to independently handle and operate a range of items, devices or equipment
- Maintain a stable physical position
- Agility to respond in an emergency situation
- Manipulate equipment by pushing buttons, operating keyboards, and turning dials
- Simultaneously manipulate controls with one hand and manipulate the transducer with the other hand

Communication Skills

- Process, comprehend, and communicate information effectively, clearly, in a timely manner, in the English language, and with individuals from various social, emotional, cultural, and intellectual backgrounds including the ability to perceive nonverbal communication

Cognitive/Critical Thinking Skills

- Collect, measure, calculate, analyze, interpret, and apply information
- Exercise good judgment in a variety of settings
- Ability to set priorities and manage time effectively

Interpersonal and Behavioral Skills

- Establish and maintain professional working relationships
- Apply conflict management and problem-solving strategies
- Demonstrate professional, ethical, and legal behavior
- Demonstrate appropriate maturity, stability, and empathy to establish effective and harmonious relationships in diverse settings
- Demonstrate flexibility and ability to adapt to change
- Maintain self-control in potentially stressful environments
- Comply with professional standards regardless of circumstance

Sensory Skills

- Uses all available senses to collect data regarding patient status and provide patient care
- Monitor the patient and machine controls from a distance of 20 inches in a darkened room
- View and evaluate images displayed on a computer screen distinguishing between white, grey, black, red and blue colors for up to eight hours each day

PROGRAM CONTINUATION/COMPLETION

POLICY: In order to progress in the DMS course sequence and complete the program, students must not receive less than “C” level grades in all DMS didactic courses, laboratory

courses, and clinical education courses. In addition, students must receive passing grades in all required University core curriculum courses and maintain a cumulative grade point average (GPA) no lower than 2.0.

PROCEDURE: Students who fail to meet the requirements established in this policy will not be permitted to continue in the DMS program or graduate from the DMS program. A student who is unable to continue in the DMS program due to grades lower than “C” in any DMS program course, laboratory course, or clinical education course is not eligible to reapply to the DMS program at USI.

VACATIONS/HOLIDAYS

POLICY: Students are granted holidays and time off in accordance with the university calendar. The program will not grant vacations or clinical schedule changes for purposes of vacations during times when classes or clinical are scheduled.

PROCEDURE: Student holidays are indicated on the official university calendar each year. On holidays, no academic or clinical classes are conducted. Academic classes will follow the university calendar and will begin the first day of each semester and end with the last day of the final week of the semester. No clinical education is scheduled during final examination weeks of the fall and spring semesters unless make-up time is required. Students should schedule vacation time for only the scheduled breaks between semesters. The program will not grant vacation leaves or give excused absences for student vacations (including weddings, honeymoons, etc.) while didactic or clinical courses are in session. If a student elects not to attend academic or clinical classes all program and course policies (attendance, testing, etc.) will be followed.

BEREAVEMENT

POLICY: Students may be granted a limited excused absence for bereavement. Students granted an excused absence for bereavement shall be responsible for all academic content (lectures, quizzes, exams, laboratory competencies) and clinical time requirements missed during the absence. Clinical time may be subject to make-up if the student has used the two allotted personal days.

PROCEDURE: Students who suffer the loss of a close family member (parent, spouse, child, brother, sister, mother or father-in-law, or other member of the family residing in the immediate household) may request an excused absence for bereavement by contacting the program chair and clinical coordinator. Immediately upon notification, three consecutive days of academic and/or clinical time will be excused. If the loss involves other members of the family (grandparents, uncles, aunts, nieces, nephews, and in-law relatives) a one-day excused absence is granted. Any outstanding academic assignments, tests, and clinical time must be rectified during the semester missed. Students requiring an extension of absence should contact the program chair.

JURY DUTY/WITNESS

POLICY: Students shall be allowed didactic and clinical absences for jury duty or witness. All academic content and clinical requirements missed during the absence must be fulfilled prior to the assignment of a final course grade.

PROCEDURE: Immediately upon receipt of notice of jury duty or subpoena to serve as a witness, the student must inform the program chair and clinical coordinator. The student must provide a copy of the official notification of jury duty service or subpoena. Depending on the length of time involved, clinical activity missed, and requirements specified for successful completion of the affected course, make up of clinical time may be necessary. All academic assignments and missed tests must be made up. In court cases where a student appears as a plaintiff or defendant for personal matters, the student can receive an excused absence if documentation of the court appearance is provided. A student attending court as a plaintiff or defendant for personal matters must make up missed time.

SHORT TERM LEAVE OF ABSENCE

POLICY: Students shall be granted limited leaves of absence for justifiable causes. Students on leave shall be responsible for all academic content and clinical requirements missed during the absence.

PROCEDURE: Students requesting leave must contact the program chair. A written explanation for the leave will be required. A petition for a program policy variance may also be necessary (see Petitions). The program chair will review the request and respond to the student in writing. All clinical time, academic assignments and missed tests must be made up. If the length of time required is such that the student will not be able to successfully complete the required courses, withdrawal may be necessary. Students requiring an extension of leave should contact the program chair.

EXTENDED LEAVE OF ABSENCE

POLICY: Students may request an extended leave of absence (up to 12 months) with a written explanation and supporting documentation if requested.

PROCEDURE: Students who intend to complete the program, but are temporarily unable to continue for personal, health, or other reasons submit a written request to the program chair for a leave of absence. The request specifies the length of leave, identifies the anticipated date of return, and includes an explanation for leave of absence. The program chair will review the request with DMS faculty, then respond in writing within two weeks. Only students in good academic standing with the DMS program (grade C or better in all DMS, DVT and ECHO course work) and the university will be considered for extended leaves of absence. The maximum length of leave is 12 months.

Students on approved leave are not required to formally reapply for admission to the program. Upon return to the program, the student is expected to resume clinical and academic activity at the performance level appropriate to the courses enrolled. To ensure adequate retention of knowledge and clinical skills, students returning after an interruption in enrollment may be required to repeat or audit selected didactic, laboratory, or clinical education courses prior to resuming the curriculum sequence.

Students unable to return to the program within 12 months must withdraw from the program.

WITHDRAWAL FROM THE PROGRAM

POLICY: Students have the right to withdraw from the program at any time.

PROCEDURE: Students may withdraw by completing and returning a Withdrawal form to the Registrar's office. As part of the withdrawal process, the student must obtain the program chair's signature. This means the student must consult with the program chair prior to withdrawal. If the withdrawal occurs prior to the tenth week of class, a W grade is recorded for each course dropped. W grades do not affect student grade point average. Withdrawals during or after the tenth week receive W grades only if the student is passing at the time of withdrawal. Students failing receive F grades. F grades are included in GPA calculation. Withdrawals completed early in the semester or summer session may qualify for partial refunds. University refund policy and deadline dates are described in the University Bulletin and registration schedule for each semester.

DISMISSAL FROM THE PROGRAM

POLICY: Students shall be dismissed from the program for serious or repeated violations of program, university, or clinical affiliate policies or procedures. Dismissal actions shall follow due process.

PROCEDURE: DMS program policies and procedures are defined by the contents of this handbook. It is the responsibility of each student to be aware of the policies and procedures and abide by them. Violations of established policies or procedures will result in disciplinary action.

Due process for a program dismissal action follows the university's process for student conduct listed in the [Student Rights and Responsibilities](#). This process contains three fundamental steps: 1) presentation of charges, 2) hearing, and 3) decision and action by an administrator. The affected student has the right to:

1. examine all written information pertaining to the alleged violation,
2. a fair hearing,
3. know whether statements made in disciplinary situations can be used in the hearing,
4. bring an advisor from the University community to the hearing,
5. appeal the decision of the hearing body.

Action to dismiss a student from the DMS program follows the recommendation of the program's Disciplinary Committee.

Students cannot be dismissed by decision of individuals or clinical affiliates alone. Clinical affiliates do have the right, however, to expel, reject, or discontinue clinical education for any student whose behavior is unacceptable, disruptive with patients, staff, students, or departments or fails to show appropriate sonographic clinical progress at their institution. A student who has lost the opportunity to continue clinical education with a clinical affiliate may or may not be reassigned to another clinical affiliate. If the student cannot be reassigned, it will be necessary for the student to withdraw from the program.

REAPPLICATION

POLICY: Students who have been dismissed from the program due to a disciplinary action/s are not eligible for reapplication to the DMS program. Only students in good academic standing with the DMS program (grade C or better in all DMS, DVT and ECHO course work) and the university, no disciplinary actions or clinical affiliate refusals are eligible for reapplication.

PROCEDURE: The student will follow established program application guidelines as outlined in the Admission Policy. In order to meet ARDMS examination eligibility guidelines of continuous academic and clinical course work, a student who is readmitted must repeat all previously attempted DMS, DVT or ECHO professional course work regardless of grade.

PROGRAM COMPLETION TIME

POLICY: The total time that is allowed for successful completion of the DMS curriculum should not exceed 40 consecutive months.

PROCEDURE: Students start the DMS program at the beginning of the Spring semester following acceptance into the program. Students following the established curriculum are expected to finish the program as scheduled in 28 months. When students take extended leave of absence, program completion is delayed. The maximum extension of time permitted for completion of all requirements is 12 months. Students who request readmission after 12 or more months' absence will not be eligible to resume the program at the same level and must reapply to the program (see Reapplication policy).

STUDENT EMPLOYMENT

POLICY: Students who work shall modify their hours of employment to avoid conflicts with scheduled classes, labs, and clinical assignments.

PROCEDURE: Each semester, students can access a detailed printed schedule showing the meeting times and days for all academic and clinical courses. This is helpful in avoiding most conflicts. It is important to note, however, that while the scheduled times and days for academic classes and labs are fixed, clinical hours may vary according to course requirements or assigned clinical affiliate. To specify the hours assigned to clinical education, students are given rotation schedules each semester by the clinical coordinator. This shows in advance what the required clinical hours will be each week and allows students to plan their work schedule accordingly.

It is important for students to realize that semester schedules and clinical rotation schedules show contact hour requirements. These are the hours spent in class, lab, or at the clinical affiliate. In addition, students must allow adequate time for study and rest. If too many work hours are attempted, fatigue or poor preparation can adversely affect student performance.

STUDENT RECORDS

POLICY: All program records pertaining to students shall be maintained in accordance with the "Federal Family Educational Rights and Privacy Act of 1974" (Buckley Amendment).

PROCEDURE: All student records accumulated during the program are considered confidential and kept in locked files. The contents of a student's file are not revealed to any unauthorized person without the student's knowledge and written consent. Students may review any records pertaining to them at the university or clinical affiliate by request during regular office hours. In accordance with accreditation recommendations, student records will be retained for five years after graduation.

CHANGE OF NAME/ADDRESS/PHONE

POLICY: Students shall promptly report any change of name, address, or telephone number to the program chair, clinical coordinator, and USI Registrar's Office.

PROCEDURE: In order for program and university records to remain current and to ensure that students can be contacted, student names, addresses, and telephone numbers must be accurate. Program records may be corrected by contacting the program chair. Changes to clinical records require contacting the clinical instructor. Current students can view/change their mailing addresses and telephone numbers, marital status, and emergency contacts online via MyUSI. All changes should be reported as soon as possible.

CHILDCARE

POLICY: Students with dependent children shall arrange for appropriate childcare while attending classes, labs, and clinical assignments.

PROCEDURE: Children will not be permitted to accompany parents to classes, labs, open labs, or clinical assignments. This policy applies to all courses in the program.

STUDENT TRANSPORTATION

POLICY: Students shall provide their own independent transportation to and from the university and clinical affiliates.

PROCEDURE: In order to maintain good attendance, students must have a reliable mode of independent transportation. Although car-pooling may be possible for individuals who live near one another and follow the same schedule, it is not regarded as a reliable form of transportation. If the driver is absent, late, or required to leave early, the rider is affected. In addition, clinical schedules vary to meet course requirements and are not adjustable for driving convenience. Public transportation is not recommended. Bus schedules or routes, if available, are not always convenient for class or clinical assignments.

ADVISORY COMMITTEE REPRESENTATIVE

POLICY: Two students shall be selected from each class to serve on the DMS Advisory Committee.

PROCEDURE: The DMS Advisory Committee consists of individuals who share an interest in the advancement and development of the DMS program. Members include physicians, hospital and university administrators, sonographers, faculty, students, and other communities of interest. Advisory meetings are held once yearly or more frequently if

warranted. The business of the committee is to review ongoing program operations and provide recommendations for change or improvement. Since any change eventually affects the students, student representation is important.

The program chair explains to the class the nature and function of the committee and the responsibilities of the class representative. Nominations are then accepted. Students may nominate themselves or others. Any nominated student has the right to decline without comment. A random selection is used to determine the representative and alternate. If both representatives become unable to serve, the selection process may be repeated as necessary.

STUDENT SCAN LAB MODELS

POLICY: Student grades, evaluations, and program status are not affected by participation or non-participation as a scanning model in a laboratory setting.

PROCEDURE: During sonography scan labs (DMS 316, DMS 326, DMS 336, DVT 398, DVT 423, ECHO 398 and ECHO 423), currently enrolled DMS students have the option to participate as a scan lab model/volunteer for other DMS students. Participation as a scan lab model is voluntary and at no time will affect student grades, evaluations, or status within the DMS program. Students choosing to participate must sign and have on file, the volunteer scan model consent form.

OPEN LAB

POLICY: Students will have the opportunity to participate in open lab to gain additional experience in the campus sonography lab. Open lab times vary by semester and instructor.

PROCEDURE: Open lab hours will be communicated with students at the beginning of the semester. Students practicing in lab outside of scheduled course times must be supervised by a faculty member.

SCANNING OF VOLUNTEER SUBJECTS

POLICY: Students in the KCNHP DMS program will be expected to scan human subjects in the laboratory for educational purposes during scheduled lab hours and during optional open lab times. All volunteers must sign a consent form prior to being scanned, and all volunteers must be 18 years of age or older. Obstetrical volunteer scan models must obtain provider consent and that consent must be documented on the obstetrical consent form. All students will practice the as low as reasonably achievable (ALARA) principle when performing exams on human subjects. DMS students should be mindful when adjusting controls that affect the acoustic output and by considering both the transducer dwell time and overall scanning time. Students will utilize correct examination presets, monitor mechanical and thermal indices, and move or lift the transducer during periods of non-imaging. Any scanning performed in the lab must be supervised by a DMS faculty member. First trimester obstetrical, endocavitary, and testicular exams will not be performed on volunteers in the scan lab. No results will be given to the volunteer scan model. In the event that the scan indicates incidental findings, the volunteer's provider will be contacted by the course instructor according to the Incidental Findings Policy.

PROCEDURE: Consent forms must be completed and kept on file in the lab for every volunteer scan model. Consent forms are located in the lab filing system and on the program's website. Consent forms are valid for one year.

INCIDENTAL FINDINGS IN LAB

POLICY: An incidental finding is the identification of a sonographic finding or medical condition that was previously unknown to the volunteer scan model. Incidental findings can range from normal variations or other minor findings to clinically significant or life-threatening pathologies. The Incidental Finding Report should be used to document each incidental finding. The report form is located in the lab filing system.

PROCEDURE: In the event pathology is incidentally found during an abdominal, gynecologic, vascular or adult cardiac exam, the volunteer scan model will be notified in private only that there has been an abnormal finding and referred to their primary care physician. If an abnormality is found during an obstetrical exam, the provider's office will be notified immediately. DMS faculty may print or save images for the volunteer to take to their physician or to be sent to the obstetrical provider. DMS faculty should offer no diagnosis or opinions to volunteer scan models. The DMS Program Chair should be notified as soon as possible when incidental findings are discovered in a volunteer scan model.

INFECTION CONTROL IN THE LAB

POLICY: Standardized infection control protocols are implemented to protect students, instructors, and volunteer scan models within the educational sonography laboratory. Universal precautions should be utilized at all times considering blood, bodily fluids, and surfaces as potentially infectious.

PROCEDURE: Hands should be washed with soap and water before and after contact with patients or simulators, before donning and after removing gloves, and after contact with contaminated surfaces. Personal protective equipment (PPE) must be utilized when there is a risk of exposure to blood or body fluids, when cleaning or disinfecting equipment and surfaces, and as directed by program staff during simulations or in response to outbreaks. All ultrasound transducers and cables must be disinfected after each use. Use only approved disinfectants compatible with manufacturer guidelines. Beds, pillows, chairs, keyboards, gel bottles, and other frequently touched surfaces must be cleaned between users. Students must wear clean clothing. Jewelry on hands and wrists should be limited. Long hair should be tied back. Students must not participate in scanning if they are ill. Any incident involving exposure to potentially infectious material must be reported immediately to the supervising instructor and documented using the institution's incident reporting system.

DISCIPLINARY ACTIONS

POLICY: Students who violate established policy or procedure of the program, university, or clinical affiliate shall be subject to disciplinary action.

PROCEDURE: Disciplinary action involves the utilization of written notice or dismissal from the program. Each infraction is progressive. In addition, every written notification and subsequent disciplinary action will remain within the student's file throughout his or her

tenure of the DMS program. Each disciplinary action written notice will result in a five percent deduction of the associated final course grade. The following outlines the sequence in which disciplinary action will be utilized.

1. First infraction-student receives a disciplinary action written notice.
2. Second infraction-student receives a disciplinary action written notice and a Performance Improvement Plan (PIP).
3. Third infraction-student receives a disciplinary action written notice and may be dismissed from the program.

A student who commits a major infraction of institutional, facility, or departmental policy and procedure of such magnitude that causes an immediate physical injury or results in placing another individual in immediate emotional jeopardy shall be immediately removed from all clinical assignments until such time as the incident can be reviewed by the DMS Disciplinary Committee and a decision of resolution or dismissal can be made.

In addition, a student suspected of academic dishonesty, Scope of Practice violation, or HIPAA violation may be removed from the clinical assignment until the incident can be reviewed by the DMS Disciplinary Committee and a decision of resolution or dismissal can be made.

DMS Disciplinary Committee & Program Dismissal Action

Dismissal actions will be implemented upon recommendation of the Disciplinary Committee. The Disciplinary Committee is comprised of the DMS Program Chair, DMS Clinical Coordinator, DMS faculty members and a chair from another clinical program in the USI KCNHP. In addition, if the violation involves clinical education, the Clinical Instructor and/or a representative of the imaging department administration may participate on the committee.

The Disciplinary Committee conducts a hearing to determine the proper course of action. The student is given written advanced notice of the date and time of the hearing. The hearing is conducted with or without the student's participation. A counselor from the USI Counseling Center may also accompany the student at the student's request. Afterward, the student is informed in writing of the committee's recommendations and resultant program action. If DMS program dismissal action is recommended, the student is required to withdraw immediately from all DMS courses. Any student dismissed from the DMS program will not be eligible to apply for readmission to the USI DMS program at any time.

PROGRAM APPEALS/GRIEVANCE PROCEDURE

POLICY: Students shall have the right to appeal any action taken against them by the program. The program uses the University's policy for appeals.

PROCEDURE: Students should review the University policy on Grievances found in the [University Student Handbook](#) and on the Dean of Students webpage. All appeals/grievances and their resolutions will be kept on file with the program.

PETITION FOR POLICY VARIANCE

POLICY: Students shall have the right to petition for justifiable variances to program policies or procedures.

PROCEDURE: When extraordinary circumstances warrant a deviation from normal policy or procedure, students may petition the program chair for a variance. The requested variance may be a special consideration, privilege, exemption, or waiver. The following guidelines describe the nature and content of an acceptable petition.

1. The petition is typed on plain white paper, in business letter form, dated, and addressed to the program chair.
2. The policy or procedure of concern is clearly identified.
3. A specific type of variance is requested.
4. The extraordinary circumstances warranting the variance and all justifying reasons are concisely described.
5. Positive actions to be taken by the student that will prevent the need for further variances are described.
6. The student signs the petition.

The program chair's response is conveyed by letter to the student within two weeks. If a variance is granted, this does not represent a permanent change in program policy or procedure. The variance applies only to the petitioning student and only for the specified situation. If the petition is rejected, reasons for the rejection are given and existing policy or procedure remains in force. Petitions that are rejected due to inadequate preparation may be resubmitted after appropriate revisions have been made.

FUNDRAISING

POLICY: All fundraising projects or activities shall follow the most current university policy on fundraising.

PROCEDURE: Student Organizations interested in conducting a fundraising project or activity must review and follow the current [USI policy on fundraising](#).

CONFIDENTIALITY

POLICY: Students should respect and uphold confidentiality of information relating to patients and computer information systems at all affiliated clinical education centers.

PROCEDURE: Prior to the start of clinical education, all students read and sign a *Confidentiality Statement* as well as a *Workforce Member Review of HIPAA Policies* document. This statement explains the importance of confidentiality and defines the standards to be observed by students. Each student must pass an exam on the Health Insurance Portability and Accountability Act (HIPAA).

SOCIAL MEDIA POLICY

The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many

positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients' privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient's health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient's privacy and confidentiality at all times.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

Students need to review the entire social media policy and sanctions found within the [KCHNP Student Handbook](#). The handbook is located on the KCNHP website listed under "About the College."

ACADEMIC POLICIES

ACADEMIC PROFESSIONALISM

POLICY: As participants in a professional health education program, DMS students shall conduct themselves in a professional manner during all class and lab sessions.

PROCEDURE: Academic professionalism includes respect for the faculty and the rights of other students, prompt attendance for all classes and labs, respect for laboratory and classroom equipment, maintenance of confidentiality, and avoidance of any behavior that disrupts or interferes with academic proceedings. Professionalism also requires adherence to ethical principles such as not cheating on tests, plagiarizing, or degrading the character of others. Refer to the [KCNHP Academic Integrity Policy](#) or [Student Rights and Responsibilities](#).

If the behavior of another student is considered unprofessional, unethical, or annoying, the offended student should bring the matter to the attention of the program chair, faculty, or clinical instructor. Appropriate action can then be taken to clarify and resolve the situation without lowering professional standards.

Students receive clear expectations of behavior in the campus laboratory, especially when volunteer scan models are present. A student may be issued a Disciplinary Action Written Notice for any instance of unprofessional behavior in didactic or laboratory courses. Each Disciplinary Action Written Notice will result in a five percent deduction of the associated final course grade.

ACADEMIC INTEGRITY

USI is an engaged learning community advancing education and knowledge, enhancing civic and cultural awareness, and fostering partnerships through comprehensive outreach programs. The campus is dedicated to a culture of civility among students, faculty, and staff. Academic integrity is vital to the campus mission and culture. The academic integrity statement serves as an educational tool, defining academic integrity, violations of academic integrity, outlining sanctions for violations and administration of academic integrity policy. Students should review [Student Rights and Responsibilities](#) to understand violations, sanctions, and procedures.

ACADEMIC INTEGRITY IN TESTING

POLICY: Assessment is to be completed individually with no assistance from others or use of unauthorized materials (books, notes, internet, etc.), unless otherwise explicitly stated by course faculty. All assessment materials are to remain confidential and will not be shared or transmitted.

PROCEDURE: Dates for course assessment (tests, quizzes, etc.) are identified in the course syllabus and calendar. Refer to course syllabus or course faculty for testing format (i.e., closed book, open-booked, use of Respondus Lockdown Browser, Honorlock, etc.). Testing formats vary by faculty member and by class. Downloading, copying, printing, taking a screen shot, or electronically transmitting any exam or quiz or part of an exam or quiz is considered academic dishonesty and will result in disciplinary action. Details of correct or incorrect responses may be shared with you for review depending on faculty preference.

Students will not be allowed to take notes, capture and/or share test/exams via electronic media or other devices at any time. Students found to have any assessment material on any recording or communication device, such as cellular telephone, Internet appliance, digital camera, audio recorder, or personal digital assistant will be considered cheating regardless of intent. Transmission of assessment material to other students, course faculty or posted on any platform will be considered cheating. Additionally, soliciting and receiving didactic program examination and/or assessment information that uses language that is substantially similar to that used in questions and/or answers on examinations or assessments from another student, whether requested or not; and/or having unauthorized possession of any portion of or information concerning a future, current, or previously administered program examinations or assessment; and/or possessing unauthorized materials; and/or conduct that in any way compromises the integrity of USI education requirements, including, but not limited to, didactic instruction, clinical experience and competency requirements; and/or sharing answers to examination or assessment activities; and/or submitting clinical procedures that were not performed will be considered cheating regardless of intent. Students receiving assessment information as described above that was not solicited and is not reported to program officials immediately are also subject to academic integrity sanctions for cheating.

For online testing, Blackboard can sometimes be interrupted for a variety of reasons resulting in a testing session being interrupted or ended completely. It is highly recommended that students utilize a wired internet connection for testing through Blackboard. All programs on the student's computer that may utilize the internet (Chrome,

Internet Explorer, Safari, iTunes, App Stores, Netflix, etc.) should be closed while testing is in progress as these can interrupt Blackboard's connection and result in the test being ended prematurely. If a Blackboard interruption occurs during testing, the student should communicate with the instructor immediately regarding the interruption. The instructor, upon review, may reset an interrupted exam. Any answers submitted previously will be noted by the instructor but will have to be reentered by the student. If the student requests an additional test reset, the instructor may require a student to find an approved test proctor prior to being allowed to resume the test. If the test is not completed by the due date, the student will only receive credit for previously submitted responses. Course faculty at any time reserves the right to require a proctor for course assessments. USI's distance education department provides information regarding [exam proctoring](#) for distance courses.

CLASSROOM/LABORATORY ATTENDANCE

POLICY: The College emphasizes the need for all students to attend classes on a regular and consistent basis to develop the skills and attitudes necessary to compete in the highly competitive labor market. Since much of each program is conducted in a hands-on environment, attendance is critical to proper skill building.

PROCEDURE: Students are required to attend and actively participate in all class sessions. To avoid disrupting instruction, students must arrive on time and remain present for the entire class period.

Each instance of class tardiness will result in a 1% deduction from the final course grade. Tardiness includes arriving late to class, returning late from scheduled breaks, leaving class early, or being absent from the classroom for an extended period during a scheduled class session.

In the event of illness or another unavoidable circumstance, students must notify the instructor before the class session whenever possible. Students may be required to provide appropriate documentation to verify the reason for the absence. All excused absences are subject to instructor approval. Each unexcused absence will result in a 2% deduction from the final course grade.

Excessive tardiness or absences may result in additional disciplinary action in accordance with program or institutional policies. Students are responsible for obtaining notes, reviewing Blackboard for course announcements and materials, and contacting classmates or the instructor regarding any information, assignments, or handouts missed during an absence.

REVOCATION OF LABORATORY PROFICIENCY EXAMINATIONS

POLICY: The program chair or laboratory course faculty reserves the right to revoke any previously passed laboratory proficiency evaluation if deemed necessary.

PROCEDURE: Once a student is marked as proficient on a particular organ/exam (75% or higher), it is the student's responsibility to maintain this proficiency. If a student demonstrates inadequate scanning skills on a previously passed laboratory proficiency, the

previously passed proficiency will be revoked. A five percent final course grade deduction will occur with each revoked proficiency exam.

TEST ATTENDANCE/MAKE-UP TESTS

POLICY: Students shall be present on scheduled test days. Make-up tests may be a different form of the exam and shall be administered only to qualified absentees.

PROCEDURE: Although prompt attendance is expected on all class days, attendance on test days is most important. Test dates are announced to students in advance. It is the student's responsibility to be aware of these dates, prepare for them, and be present. If ANY circumstance prevents a student from attending on a test day, the student is **REQUIRED** to call in and report the absence in advance.

Make-up tests are allowed under the following conditions:

1. The student **MUST** notify the course instructor in advance of the absence to qualify for make-up privileges.
2. Only one opportunity for make-up is permitted. If a student is not present for an assigned make-up, no further opportunities will be scheduled.
3. Make-up tests are scheduled at the convenience of the instructor.
4. Make-up tests are completed within one week of the originally scheduled date.

Failure to complete a make-up test as specified above will result in the loss of ALL CREDIT for that test. If extraordinary circumstances make it impossible for a student to call and the absence can be justified in writing, make-up may be arranged at the discretion of the instructor.

Any laboratory absence on a scheduled proficiency day (excluding an emergency or illness with prior instructor notification) will result in a proficiency exam grade of zero, a five percent deduction in the final course grade, and will be subject to the repeat policy in the course syllabus.

ACADEMIC GRADING

POLICY: All DMS academic and clinical course grades shall be determined according to a fixed percentage scale.

PROCEDURE: In each DMS academic and clinical course, students accumulate points during the semester through scores obtained on a variety of course requirements including but not limited to tests, quizzes, assignments, examination competencies, evaluations. The number of points achieved by each student is converted to a percentage of the total points possible for the course. Grades are assigned according to the following scale:

100-94%	A	84-82%	C+	74-70%	D
93-91%	B+	81-75%	C	69-0 %	F
90-85%	B				

In order to continue in the program, all DMS courses must be completed with at least C (75% or higher) level grades.

CLINICAL POLICIES

CLINICAL EDUCATION PURPOSE AND OBJECTIVES

The purpose of clinical education is to provide a structured and supervised environment for the student sonographer to refine scanning proficiency in a diagnostic capacity. The sonographic clinical experience will be structured to provide correlation between sonographic didactic and laboratory coursework.

A sonographer must possess various personal and professional characteristics that include motivation and initiative, dependability, interpersonal skills, and professionalism. Each student will be evaluated on these characteristics throughout the entire program. These objectives are of an ongoing, continuous nature and will not actually be completed at a given time but should be internalized as part of the student's professional value system. A pattern of unsatisfactory ratings in any of these characteristics will be grounds for grade reduction in the clinical course.

CLINICAL SITE PLACEMENT

Policy: To ensure that all students receive a comprehensive and equitable clinical education experience, the Sonography Program assigns students to a variety of clinical sites throughout the five-semester clinical curriculum. Students will rotate among multiple affiliated clinical facilities, including both inpatient and outpatient settings, to gain exposure to diverse patient populations, examination types, equipment, and workplace environments.

Clinical site assignments are made by the Program and are based on educational objectives, site availability, student enrollment, and accreditation requirements. Assignments are not based on student preference and may require travel outside the student's local area.

The Program strives to distribute out-of-town travel requirements as equitably as possible across all students over the course of the five semesters. While exact travel distances and schedules may vary due to site availability and clinical capacity, every effort will be made to ensure that no student bears a disproportionate share of travel obligations.

Procedure: Prior to each clinical semester, the Program Director and/or Clinical Coordinator will review available clinical sites, student enrollment, and educational requirements. Students will be assigned to affiliated clinical sites through a randomized assignment process whenever feasible. Program faculty will then review assignments to ensure:

- Appropriate distribution of out-of-town travel requirements.
- Completion of clinical experiences in both inpatient and outpatient settings.
- Exposure to a broad range of sonographic examinations and patient populations.
- Availability of clinical learning opportunities needed to achieve program competencies.

Students will rotate through multiple clinical sites during the five-semester clinical curriculum. Rotations are scheduled to provide diverse clinical experiences and equitable access to learning opportunities.

Clinical assignments will be communicated to students at least one month prior to the start of each semester. Assignment details may include facility location, reporting times, parking information, and site-specific requirements. Students are responsible for securing reliable transportation to all assigned clinical sites and for any costs associated with travel, parking, lodging, or other placement-related expenses.

The Program may modify or reassign clinical placements at any time due to changes in site availability, staffing, clinical volume, student learning needs, or other factors affecting the educational experience.

Faculty will periodically review clinical placement assignments throughout the program to monitor equity in travel requirements and ensure that all students receive comparable educational opportunities.

CLINICAL FACILITY ORIENTATION

POLICY: All students shall complete mandatory clinical facility orientation by the designated timeline indicated by the facility.

PROCEDURE: Each semester the student should follow instructions outlined in the course syllabus for contacting the clinical instructor and completing the facility's mandatory orientation program. The student should remember that the orientation must be completed by the designated timeline indicated by the facility or no later than the first day of their clinical rotation. Consequently, if the orientation is not complete, the student will not be permitted to attend clinical education, and it will result in a disciplinary action notice. If both personal days have been used, then the student will be responsible for making up the clinical hours.

UNIFORMS

POLICY: The student uniform shall be professional in appearance and conform to the guidelines established by the program faculty and clinical instructors.

PROCEDURE: The student should remember that the uniform will have a strong influence on how patients and affiliate personnel perceive the student. Patients and staff will more readily accept a student who is appropriately dressed. The DMS program uniform will be required to be worn at all clinical affiliate sites.

The USI DMS majors will be required to purchase their official program uniforms. The uniforms must be red scrub pants and a red scrub top that can be purchased from any uniform store. Shoes must have a closed toe and heel. Athletic shoes (acceptable coloring regulated by individual clinical site) are appropriate. Leather shoes are strongly recommended. Solid colored socks should be worn at all times. A plain red or white lab coat can be worn if USI student identification nameplate is placed on the lab coat and

visible to patients, faculty, and staff. A black fleece jacket with the USI DMS logo may also be worn.

Inappropriate attire includes oversized or undersized uniforms, sleeveless, backless, or halter-tops or any top that exposes the midriff while bending, sitting, or lifting arms. Undergarments must not be visible but must be worn at all times. All attire must be clean, neat, free from pet hair, in good taste, and in good condition. If a student does not meet dress code, the student will be required to leave the clinical site for the remainder of the day, and a disciplinary notice will be issued. Any absence from scheduled clinical days will be subject to make-up assignment.

IDENTIFICATION

POLICY: All students shall wear identification nameplates, plainly visible at all times while attending clinical education.

PROCEDURE: Nameplates may be purchased at the through Eagle Access for a minimal fee. Students are responsible for the cost of the nameplate. The plates are durable and should last throughout the program. If a nameplate is lost or damaged, the student should immediately purchase a replacement through Eagle Access. The nameplate should not be obstructed from view by clothing or other objects. If the student chooses to utilize a badge reel for display of the nameplate, the badge reel must be facility neutral. Lanyard may not be utilized in the clinical setting.

ELECTRONIC DEVICE USAGE

POLICY: Students shall refrain from utilizing electronic devices for personal use including but not limited to tablets, laptops, smartphones, cellular phones, or wearable electronic devices capable of transmitting or receiving personal data or emitting signals while on duty during clinical education.

PROCEDURE: The use of cell phones, tablets, or other devices for calls, text messaging and Internet use is strictly prohibited during all clinical education. While in a clinical setting of any type, students are to use designated clinical facility computers for activities that are directly related to patient care or to access the clinical management system, Trajecsyst. The use of any electronic device including a personal computer or a device with internet, text messaging or phone capabilities is strictly prohibited at a clinical affiliate except during the student's thirty-minute lunchtime break. Wearable devices with text messaging, phone and/or email applications must be set to disable these applications and notifications during clinical time.

PROFESSIONAL APPEARANCE

POLICY: All students shall maintain an appropriate professional appearance while attending clinical education.

PROCEDURE: An appropriate professional appearance involves more than a clean uniform. Hair must be neat, clean, well-groomed, and conservatively styled. Long hair must be neatly tied back away from face, neck, and shoulders to avoid patient and equipment contact. Hair colors must be of natural, traditional (brunette, blonde, etc.) tones. Solid

colored hair bands may be worn but must be less than two inches in diameter. Beards, mustaches, or sideburns must be well trimmed and neatly styled. Facial hair is not permitted when fit testing for or wearing an N95 respirator mask. Tattoos may be required to be covered and will be regulated by the clinical site. Makeup should be used modestly. Fragrances should not be used to avoid offending patients and others. Jewelry should be limited to not more than a wedding ring and a wristwatch. Bracelets and necklaces should not be worn. Pierced earrings should be post-type only. Body piercing rings other than post type earrings will be allowed per the policy of each clinical site. Artificial or acrylic nails are not permitted. Fingernails should be fingertip length and be free of any colored nail polish. Students must keep themselves, their uniforms, lab coats, and shoes clean and free from smoke and other offensive odors.

These guidelines are based on psychological, hygienic, and safety principles. Medical professionals can more effectively elicit a patient's cooperation if they have an appropriate professional appearance. Students should be remembered for their competency, efficiency, and patient care rather than the way they look.

PERSONAL HYGIENE

POLICY: All students shall maintain acceptable levels of personal hygiene.

PROCEDURE: Personal hygiene must be observed for two reasons: maintaining medical asepsis and avoiding offending patients and co-workers. For aseptic reasons, students must keep themselves and their uniforms, lab coats, and shoes clean. Offensive body or breath odors may adversely affect patient care or interactions with other personnel. All garments should be washed after each use. Hands should be washed after each patient and always before and after eating.

PROFESSIONAL BEHAVIOR

POLICY: Students shall display appropriate professional behavior while participating in clinical education and as representatives of the DMS program, university, or clinical affiliate(s).

PROCEDURE: Students are expected to demonstrate professional behavior at all times, meaning that each student is individually responsible for his/her own actions, and must abide by the standards, procedures, policies, rules, and regulations as outlined by the program/clinical affiliates. While off campus and during clinical assignments, students represent the program, the college, and profession and are required to conduct themselves in a positive manner.

Infractions of professional behavior can include, but are not limited to: insubordination, falsification of any documents or statements, intoxication or abuse of prescription or nonprescription drugs, theft of any kind, malicious gossip, use of profane/vulgar language, failing or refusal to work/communicate with classmates or clinical personnel, displaying rude or discourteous behavior, violating HIPAA, gambling, inappropriate use of technological devices, excessive absenteeism, abandonment of clinical assignment, inattention or carelessness of clinical responsibilities (including sleeping during clinical

assignment) and other misconduct as deemed by program administration or clinical affiliates.

Each clinical affiliate reserves the right to refuse a student admission or continued education at their facility resulting from a violation of the code of ethics, infractions of professional behavior, or other violations of program or clinical affiliate policies. Clinical affiliates also reserve the right to ask a student to leave their facility when patient safety is a concern.

CLINICAL INSTRUCTOR

POLICY: A clinical instructor shall be appointed at each clinical affiliate to assume responsibility for all students assigned to the affiliate.

PROCEDURE: Clinical instructors are credentialed sonographers who through education and experience meet or exceed the qualifications established by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). Although clinical instructors are employed by the clinical affiliate, they are responsible for all USI students assigned to the affiliate and perform a variety of functions for the university. Most important of these is the responsibility to ensure that each assigned student's clinical education is appropriate and in compliance with program's Clinical Education Master Plan. Among the clinical instructor's duties are orienting students to the affiliate, scheduling room or experience assignments, monitoring student progress, evaluating student achievement, counseling students on clinical concerns, and teaching image critique and other assigned courses.

Clinical instructors are students' immediate supervisors at the clinical affiliate. Students are not employees and, consequently, do not report directly to employee supervisors. Any questions, problems, or concerns students may have during their daily activity should be directed to the clinical instructor. Any problem or concern that cannot be resolved by the clinical instructor should be brought to the attention of the clinical coordinator and program chair.

PERFORMANCE OF CLINICAL PROCEDURES

POLICY: Students shall not attempt to scan patients for any examination at a clinical affiliate without the consent of the supervising sonographer.

PROCEDURE: The clinical activities of students each semester are specified on a course syllabus. The syllabus identifies the examinations and assignments that are most important for that particular session. Copies of course syllabi are distributed at the beginning of each semester. The focus of student practice each semester is directed toward mastering the competency examinations while maintaining competency on those already completed. During the first semester, student competencies are limited but gradually increase as more examinations are learned. This policy serves to protect patients from unnecessary scan time and promotes higher quality patient care.

SUPERVISION BY SONOGRAPHER

POLICY: All student activity in sonographic examinations or procedures shall take place under the supervision of qualified sonographers.

PROCEDURE: All clinical examinations and procedures must be conducted under the direct or indirect supervision of qualified sonographers. A qualified sonographer is an experienced sonographer who is currently credentialed or registry eligible with a nationally recognized credentialing organization.

Direct supervision consists of the presence of a sonographer during the sonographic examination or procedure. Indirect supervision occurs when a qualified sonographer is immediately available to assist students regardless of the level of student achievement. Students who have successfully completed competency evaluations must remain under indirect supervision at all times. A qualified sonographer must verify all requests/physician orders and sonographic images. Students may not perform mobile procedures or go into surgery unless a qualified sonographer accompanies them. Unsatisfactory sonographic images produced at any time by students must be repeated in the presence of a qualified sonographer.

Students are expected to work with a variety of qualified sonographers each semester. This allows each student to benefit from the diversity of technical backgrounds and experiences that different sonographers have to offer. It also provides a broad base of supervisor observations from which more accurate evaluations of student performance can be derived.

CLINICAL COMPETENCY EVALUATIONS

POLICY: All students shall document their proficiency in clinical procedures by successfully completing required competency evaluations during scheduled clinical education hours. Clinical trial competency exams may be required prior to the final competency evaluation. No points will be given for trial competency exams. Only final competency evaluations will be entered into Trajecsyst and counted in the clinical gradebook.

PROCEDURE: Each semester, students are assigned a specific number of examinations for which competency must be documented. Through clinical rotations and practice, students gain experience and proficiency in sonographic procedures. When the student feels proficient in a procedure and can complete the procedure without assistance, a competency evaluation is requested prior to the exam starting. A sonographer credentialed in the sonographic area for which the evaluation will be attempted must complete the competency evaluation. The sonographer observes the student's patient interaction, scanning technique, adherence to exam protocol, equipment operation, and evaluates the quality of all resulting sonograms. The evaluator then completes a competency evaluation form. All evaluations, including those with errors noted, are turned in. Any evaluation that is unsatisfactory must be repeated after the student has had further supervised experience in the procedure. Competency evaluations may be completed only during required clinical course hours. Students who are employed by sonography departments may not complete competencies during work hours.

Each clinical course is assigned a specific number of competencies to be completed. Since not all examinations occur with equal frequency, students are encouraged to watch for those that occur less often and take advantage of opportunities for experience when they arise during scheduled hours.

REVOCATION OF CLINICAL COMPETENCY EXAMINATIONS

POLICY: The program chair or clinical coordinator reserves the right to revoke any passed clinical trial or final competency evaluation if deemed necessary.

PROCEDURE: Once a student is marked as competent on a particular organ/exam, it is the student's responsibility to maintain this competence. If a student demonstrates incompetent scanning skills on a previously passed clinical competency, the competency and associated competency trials will be revoked. In certain instances, additional competencies may be requested.

PROFESSIONAL ETHICS

POLICY: Sonography students shall abide by the Code of Ethics published by the Society of Diagnostic Medical Sonography.

PROCEDURE: Professional ethics are introduced to students during IPH 356, Ethics & Healthcare in a Pluralistic Society. The principles of the SDMS Code of Ethics serve as guidelines to student professionalism throughout the program. Continued adherence to ethical standards after graduation is a quality of true medical professionals. A copy of the SDMS Code of Ethics is provided in this handbook for reference.

VENIPUNCTURE & INJECTIONS

POLICY: Students may practice venipuncture and inject contrast media in an upper extremity during clinical education under the direct supervision of a qualified sonographer, physician, or nurse.

PROCEDURE: During the first spring semester of the program, students receive didactic education and practicum training in DMS 301, Patient Care for Imaging Sciences Professionals. Students in this course practice venipuncture utilizing butterfly needles and intravenous catheters (angiocaths). Upon successful completion of laboratory practice in DMS 301, students, under direct supervision of a qualified sonographer, physician, or nurse, may perform venipuncture on an upper extremity for the sole purpose of contrast media injections. In addition, while under direct supervision, students may prepare syringes with contrast media, complete contrast injections started by someone else, and remove devices used for contrast injection (butterfly needles or intravenous catheters).

Students must introduce themselves to the patient as a sonography student prior to venipuncture. Students must follow appropriate venipuncture techniques and policies of the clinical affiliate. It is recommended students start with observation of venipuncture and then begin initial practice on patients with large, distended, highly visible veins. Students may NOT try to obtain venous access more than twice on the same patient. In certain

circumstances, the supervising sonographer may determine that it is appropriate to allow only one attempt.

PATIENTS WITH COMMUNICABLE DISEASES

POLICY: Students shall perform examinations on patients with confirmed communicable diseases under the direct supervision of a qualified sonographer. During those examinations that require custom fit respirator masks, only those students who have undergone the specialized fit testing may participate. In such cases, the policies and procedures established by the [KCNHP Infection Control Policy](#) shall be followed. All students are expected to be familiar with the contents of this document and follow the stated guidelines.

PROCEDURE: Each day, during interactions with patients, all hospital personnel have some risk of exposure to communicable disease. Although confirmed cases are given special consideration, it is understood that exposure to communicable disease can occur before a diagnosis is known. In this respect, all patients must be considered as potentially infectious and subject to infection control procedures. Therefore, standard precautions should be observed at all times.

Certain examinations performed at clinical affiliates will require the student to don a special fit respirator mask. Respirator mask fit testing and subsequent determination of respirator mask model and size is not required or provided by the program or its clinical affiliates. Only students who have undergone the specialized fit testing will be allowed to participate in those examinations.

Methods of infection control are studied in DMS 301, Patient Care for Imaging Sciences Professionals. Direct supervision in handling cases of known communicable disease means that the qualified sonographer accompanies the student, observes all student activities, and provides necessary guidance or assistance to the student. This policy applies to students at all levels of achievement and ensures that appropriate safety procedures are followed for the protection of the patient, student, and others.

STUDENTS AS SUBSTITUTES FOR PAID STAFF

POLICY: Students shall not be used by clinical affiliates to substitute for paid staff or take the responsibility or place of qualified sonographers.

PROCEDURE: Student activities at clinical affiliates are intended to promote learning of essential skills and development of competency as sonographers. These activities allow students to achieve the objectives for each clinical course in accordance with the program's Clinical Education Master Plan. Assignments that involve taking the place of an absent employee such as patient transporter or clerical worker are not allowed. As described under Supervision by Sonographer policy, all student sonographic activity must be supervised, either directly or indirectly, by qualified sonographers. The utilization of students as substitutes for missing sonographers is, therefore, clearly inappropriate and prohibited.

STUDENT PARTICIPATION IN DISASTER SITUATIONS

POLICY: In the event a disaster code is called, students shall follow the instructions of the clinical instructor or designated supervisor.

PROCEDURE: Disasters are catastrophic events that may involve the clinical affiliate directly or the surrounding community. When an actual disaster response mobilization is called, students are to report to their clinical instructor for pertinent instructions. Depending on the nature of the event, students may be assigned specific tasks to assist in relief efforts, advised to remain in a specified area out of the way, or asked to leave the premises. In such situations, it is particularly important that students follow instructions precisely. Students must not interfere with or impede the implementation of the disaster plan. During simulated disaster drills, students are encouraged to observe and participate in order to gain experience for future employment.

CHANNELS OF COMMUNICATION

POLICY: Open channels of communication shall always be maintained between USI, its clinical affiliates, and DMS students.

PROCEDURE: For the program to function effectively, it is vital that the University, clinical affiliates, and students remain in continual open contact with one another. To facilitate such interaction, the clinical coordinator visits each clinical affiliate frequently to monitor student activity and meet with students in the clinical environment.

Communication between the University and clinical affiliates also occurs during the visits as well as through written information, telephone conversations and email correspondence. In addition, the program chair, clinical coordinator, and clinical instructors from all the affiliates meet frequently to discuss issues concerning the program. Students interact with the clinical affiliates through their daily assignments and evaluations. Clinical instructors meet regularly with students to transmit appropriate information and hear student comments or concerns. Representatives of all groups come together at least once each year for DMS program Advisory Committee Meetings. The intent of having many channels of communication is to promote free exchange of information and avoid confusion. The expected outcome is to continually improve the program both clinically and academically. Students are encouraged to utilize all channels of communication to obtain information, avoid misunderstanding, and make their views known.

CLINICAL ATTENDANCE

POLICY: Attendance at all clinical education assignments is the responsibility of each student. Students must assure that all clinical hours are completed as assigned. Clinical hours are to be completed only on assigned clinical days, at the designated facility, and during scheduled hours. The only time a student may complete clinical hours on days other than assigned clinical days is in the event of make-up hours. Failure to report to designated clinical facility at scheduled time and without proper notification of clinical absence will be considered a “no call, no show” incident. Each “no call, no show” incident will result in a disciplinary action written notice. Arrival at a designated clinical facility greater than 10

minutes past scheduled time without proper notification will also be considered a “no call, no show” incident that will result in a disciplinary action written notice.

Prompt daily attendance is an important aspect of professionalism. Quality patient care requires that sonographers be present to perform examinations on schedule. As future employees, students must develop appropriate work habits to obtain and maintain employment.

PROCEDURE: Every day of clinical attendance must document an arrival and departure time and shall be maintained utilizing the online clinical management system, Trajecsyst. Students may not clock in using personal tablets, laptops, smartphones, cellular phones, or wearable electronic devices without prior approval from the clinical coordinator. If the student uses a personal tablet, laptop, smartphone, cellular phone, or wearable electronic device to clock in an emergency incident, the clinical coordinator must be notified immediately. Failure to comply will result in disciplinary action written notice and all missed clinical day(s) must be made up.

CLINICAL TARDINESS

POLICY: Upon accepting a position in the DMS program, each student assumes the responsibility to come to campus and/or clinical regularly, and on time; therefore, tardiness is not permitted. Punctuality is especially critical during clinical rotations, and due to the nature of the clinical environment, it is essential that the students arrive on time to prepare the exam room for the patient exams scheduled and to meet the operational needs of the department.

Tardiness is a failure to be in the assigned work area at the designated start time. It also includes:

- Reporting to clinical late from meal periods.
- Leaving the work area for meals before the student has been instructed to do so.
- Leaving the work area before the end of the assigned shift (unauthorized---leaving early).
- Leaving the work area during the work shift (unauthorized---wandering around; cannot be found).

Tardiness will be verified by the student’s time record in the online clinical management system or by communication with the clinical instructor or clinical staff at the assigned clinical site.

Disciplinary action is based on the number of tardiness occurrences, and documentation of each occurrence, or offense, will remain within the student’s file throughout his or her tenure of the DMS program. While some tardiness situations may be unavoidable, appropriate disciplinary action, up to and including dismissal from the program, will be taken when a student’s tardiness becomes excessive. Disciplinary action is based on the number of tardiness occurrences while enrolled in the DMS program. The following section outlines the sequence in which disciplinary action will be utilized.

Students who are tardy will be subject to the following disciplinary actions:

1. First offense – documented in student's file
2. Second offense – documented in student's file
3. Third offense – disciplinary action written notice is issued*
4. Sixth offense – disciplinary action written notice is issued*
5. Ninth offense – disciplinary action written notice is issued*

*Please refer to DISCIPLINARY ACTIONS section of the student handbook.

The above tardiness policy **ONLY** applies to circumstances when the student is 1-10 minutes tardy. Tardiness of 11 minutes or more will be considered absence from clinical education and may be subject to make up of clinical education hours. The student should be aware that after the third tardiness occurrence, a pattern of unprofessional behavior has been identified and may be relayed to future employers.

PROCEDURE: The student must clock in to scheduled clinical education utilizing Trajecsyst, noting the time. If tardiness is 10 minutes or less, the student shall proceed with the scheduled clinical education recognizing that the tardy offence will be documented in the student's program file. If tardiness is 11 minutes or more, the student must notify the clinical coordinator and the clinical instructor of late arrival. In addition, the student will not be allowed to proceed with scheduled clinical education and will receive a disciplinary action written notice.

PERSONAL DAYS

Students are allowed two eight-hour day excused absences, or personal days, (16 hours) per calendar year (August-August or beginning of one fall semester to the beginning of the next). The days may only be used in eight-hour increments; dividing the day in half and using a few hours is not permitted. These days do not carry over from year to year. Students may not attend clinical rotations in advance of an anticipated absence. Any absence from scheduled clinical days will be subject to make-up assignment once a student has utilized the two personal days. Personal days are excused absences, meaning the student does not have to make up the clinical time, but it is still considered an absence from clinical education.

ABSENCE FROM CLINICAL EDUCATION

POLICY: Students who are unable to attend clinical education for any reason shall call the clinical instructor **AND** the clinical coordinator and report their absence **IN ADVANCE** of the occurrence. Absences because of illness can be considered excused if the student presents a signed physician's excuse within three days of absence. Please note that excused absence(s) does not alleviate the student's responsibility to make up clinical hours if both personal days have been used.

Any student who is absent three or more times in a semester is considered to have a habitual absentee problem and a disciplinary action written notice may be issued. Students who have been absent for three or more consecutive days due to illness, injury, or surgery **AND** have a signed statement from a physician may be exempt from the disciplinary action written notice upon review of the circumstance by the program chair and clinical coordinator.

If the student feels he/she has a disability or illness that will/may require multiple absences, the clinical instructor and clinical coordinator should be advised with written documentation so accommodations and absence allowances can be reviewed. When a student does not attend clinical and has utilized their two personal days (16 hours), third and subsequent absences will need to be made up on predetermined clinical make-up days (example: Spring Break, finals week, and holidays which the university is not holding classes but is still open). Clinical make-up hours can be scheduled on days designated as "NO CLASSES," but not on days when the university is closed. Students must obtain approval from the Clinical Coordinator as well as the Clinical Instructor at least 24 hours prior to each make-up day. Whenever possible, make-up hours are assigned in the same facility in which time was missed. If the student does not or is unable to make up all missed clinical time by the end of the semester, the student will receive an incomplete grade for the semester regardless of the clinical evaluation or level of competency. Failure to make up missed clinical time by midterm of the following semester will result in the incomplete grade turning into a failing grade (F). A failing grade results in dismissal from the sonography program. In addition, the student may not begin a new clinical course without completing all make-up time from the previous clinical course.

PROCEDURE: To report an absence, students should call the clinical instructor prior to the assigned arrival time. If the clinical instructor is not available, a message should be left in the sonography department. In addition to reporting the absence to the clinical instructor, the student is required to call the clinical coordinator prior to the assigned arrival time. If the clinical coordinator is not available, a message should be left on voicemail.

Students are expected to call both the clinical instructor AND the clinical coordinator EVERY DAY they are absent. If the absence is greater than one day, the student must speak directly with the clinical instructor and clinical coordinator on the second day and thereafter. Students with serious illnesses or injuries may have someone else call for them. In this circumstance, the individual reporting the absence must speak directly with the clinical instructor and clinical coordinator. The student is required to call the program chair at the university when the absence exceeds two days, and the student expects to be absent from academic classes.

EXTENDED ABSENCE FROM CLINICAL EDUCATION

POLICY: Students who are absent from clinical education for periods of three consecutive days or longer due to injury, illness, or surgery shall obtain a signed and dated statement from a physician before returning to clinical education.

PROCEDURE: Students must submit their physician's statement to the clinical instructor and the clinical coordinator BEFORE returning to clinical education. Students who return to clinical education without a physician's statement will not be allowed to continue until a statement has been obtained. This policy is especially important for students who are recovering from communicable disease that may jeopardize the health of other students, patients, or staff.

FIT FOR WORK

POLICY: Students are considered fit-for-work when they are free from fatigue, stress, or adverse medical conditions. In addition, students are expected to be free from the effects of alcohol, illicit drugs, or prescribed medication that hinders performance. Being fit for work ensures the health, safety and welfare of the student, the patients they take care of and others.

PROCEDURE: The clear expectation is that all students will arrive for and return to clinical in a competent state and are not affected by drugs and/or alcohol during clinical practice. Drug and/or alcohol policies of the University are to be followed.

This policy shall also be applied in situations when a student is restricted in the performance of their regular duties due to personal injury, illness, or medical condition. Students after injury or illness may return to clinical when free from restrictions. Students that have been injured and seen by a physician can return to clinical practice upon submission of a signed licensed practitioner's statement without major restrictions. Students should review the *Essential functions of a Diagnostic Medical Sonographer* policy to ensure they are able to perform the essential functions, with or without reasonable accommodation, when returning to clinical education.

CLINICAL EXAM LOGS

POLICY: All students shall maintain accurate and current clinical exam logs on the clinical management system, Trajecsyst. Records indicating the number and type of diagnostic medical examinations performed by the student, the examination findings, the extent of student supervision, and the level of involvement of the student in scanning/performance must be maintained.

PROCEDURE: Using the "Student Logsheet" function within Trajecsyst, each student will log every exam observed, assisted, or performed at the clinical site detailing pathology present and supervising sonographer. Students may log exams during clinical time. Exams must be logged within 24 hours of the corresponding clinical day. Failure to keep accurate and current clinical exam logs will result in removal of the student from the clinical site until clinical exam logs are current (see Absence from Clinical Education) and issuance of a disciplinary action written notice on the second and subsequent infractions. Any missed clinical time may be subject to make up.

LUNCHTIME ALLOWANCE

POLICY: Student lunch allowance shall be scheduled in accordance with departmental policy of the assigned affiliate.

PROCEDURE: Every eight-hour clinical day will include one thirty-minute lunch break. The actual time of day when lunch occurs will vary between affiliates. Students will not be denied lunchtime allowance.

It is not acceptable for a student to remain in a sonographic area while the supervising sonographer is at lunch or on break. However, students may occasionally choose to pass

on their lunchtime in order to participate in or observe some procedure of interest. Students who fail to take lunchtime WILL NOT be allowed to leave early at the end of the day as compensation for passing on their lunchtime allowance.

CLINICAL EVALUATIONS

POLICY: Students shall be evaluated on overall clinical performance at least four times per semester.

PROCEDURE: A supervising sonographer evaluates students on overall performance. Over the course of a semester, evaluations/assessments may be obtained from different sonographers, not just the clinical instructor. These evaluations/assessments provide information that aids the clinical coordinator in determining appropriate ratings for the final clinical grade.

Students should consider the clinical evaluations/assessments constructive in nature, as they are intended to keep students continually aware of both strengths and weaknesses as perceived by supervising sonographers. These evaluations/assessments help the individual make necessary changes or improvements prior to semester or program completion.

DOCUMENTATION OF HEALTH REQUIREMENTS

POLICY: All students shall have a complete physical examination and immunization record on file prior to the beginning of professional coursework in the DMS program in accordance with KCNHP Infection Control Policy.

PROCEDURE: Students' health records are managed in an online system called DISA. DISA is a secure platform that allows each student to complete a background check and drug screen as well as store immunization, medical or other required program documents. Students are required to purchase a package that allows access to this records management system through DISA. Students are responsible for all costs of the physical examination, tuberculin skin test, immunizations (hepatitis B, influenza, MMR, varicella, tetanus, diphtheria, pertussis) CPR, criminal background check, and drug screen. Students receive information on these requirements upon acceptance into the DMS program. All forms needed by the students for this process can be downloaded from DISA once a package has been purchased. Students may not begin professional coursework until all required documents have been uploaded and approved by DISA. Students who fail to attend the first day of spring courses may forfeit their position in the DMS program. Please refer to the KCNHP Infection Control Policy for all required vaccinations and procedures.

Additional immunizations, background checks, and drug screens may be required by the college or the clinical affiliate. Costs incurred due to additional testing/reporting are to be covered by the student.

It is the responsibility of each student to make sure all immunizations, required vaccinations, and testing (ex. Tuberculin skin test) remain current with the DMS program. Clinical attendance with expired health documentation will result in disciplinary action and immediate removal from clinical education. The student will not be permitted to resume clinical education until all deficiencies have been resolved, and proper documentation has

been uploaded and approved by DISA. Any clinical absence that results from insufficient health documentation must be completed by the end of the current semester in accordance with the procedures outlined in ABSENCE FROM CLINICAL EDUCATION policy.

REIMBURSEMENT FOR CLINICAL EDUCATION

POLICY: Students shall not be paid by clinical affiliates during assigned clinical education.

PROCEDURE: Student activities at clinical affiliates are intended to promote learning of essential skills and development of competency as sonographers. These activities allow students to achieve the objectives for each clinical course in accordance with the program's Clinical Education Master Plan. As described under Supervision by Sonographer Policy, all student sonographic activity must be supervised, either directly or indirectly, by qualified sonographers. Student employment during assigned clinical education is clearly inappropriate and prohibited.

EXPOSURE TO/CONTRACTION OF COMMUNICABLE DISEASE

POLICY: The [KCNHP Infection Control Policy](#) shall be utilized in cases of student exposure to or contraction of communicable disease. Students should utilize all available methods to control the spread of infectious diseases. Students are expected to become familiar with the stated policies and procedures in order to avoid unnecessary risks and respond appropriately should an incident occur.

PROCEDURE: The KCNHP Infection Control Policy contains essential information relating to the risks of exposure and contraction of communicable diseases. It defines procedures to be followed in the event of exposure to blood or other potentially infectious materials and describes methods of reporting exposure or contraction of diseases. It also provides specific information on reducing the potential for exposure.

Students who contract common communicable diseases such as the flu or upper respiratory infections may pose a risk to patients, personnel, and fellow students. Consequently, affected students should not attend academic classes or clinical education until the contagious phase of the illness has passed. Depending on the length of absence, a physician's statement may be required before returning to clinical education.

INCIDENT REPORTS

POLICY: Incident reports shall be completed for any occurrence that is not consistent with the routine operation of the student's clinical affiliate or the routine care of a particular patient.

PROCEDURE: Incident reports are written documents that describe unusual occurrences in the clinical setting involving students, patients, hospital employees, or visitors. This includes, but is not limited to, physical injuries or accidents, medication errors, illness, and medical emergencies. Incident reports are also used to describe situations that may result in an injury or accident. When an incident occurs involving a student, the clinical instructor must be notified as soon as possible. The clinical instructor will then direct the student on the reporting procedure established by the affiliate and complete a [USI Injury or Illness Report](#). The clinical instructor will advise the clinical coordinator of the incident and

forward the original USI Injury or Illness Report with a copy of the clinical affiliate incident report to the clinical coordinator. If the incident involves student exposure to possible infection, the clinical instructor must complete a USI Student Exposure Incident Report.

CHANGE IN HEALTH STATUS/PREGNANCY

POLICY: Students are encouraged to notify the Program Chair of any change in health status that may affect their ability to participate in program activities. The program will make reasonable efforts to support students in continuing their educational progress. However, pregnancy or other health-related conditions may result in an interruption of progression toward program completion.

All missed clinical requirements must be completed in order to satisfy program graduation requirements. Students must also complete all requirements for any didactic course in which they are enrolled prior to progressing to subsequent semester coursework. Diagnostic Medical Sonography (DMS) courses are sequential in nature; therefore, prerequisite courses must be successfully completed before enrollment in the next course in the curriculum sequence.

PROCEDURE: A student with a suspected or confirmed pregnancy may voluntarily disclose this information to the Program Chair in writing. Upon disclosure, the student will be informed of available options, which may include:

- Continuing in the program without modification
- Requesting a leave of absence with the intent to return (refer to Short-Term and Extended Leave of Absence policies)
- Withdrawing from the program (refer to Withdrawal from the Program policy)

Students who disclose a pregnancy will be referred to the institution's Title IX Office for information regarding rights, resources, and available accommodations.

If a student experiences a change in health status—including pregnancy, surgery, hospitalization, or other medical conditions—that results in restrictions affecting participation in classroom, laboratory, or clinical activities, the program may require written documentation from a licensed healthcare provider verifying the student's ability to safely participate in program requirements.

TELEPHONE USAGE

POLICY: Students shall use public telephones or personal cell phones to make personal calls from clinical affiliates. Students shall not receive personal calls at the clinical affiliate except in case of emergency.

PROCEDURE: Students may not use affiliate phone lines for personal business. Public phones or personal cell phones may be used during lunch break periods only. Students should advise friends and relatives not to call the clinical affiliate unless there is a legitimate need. Cell phone usage (calls, text messaging, and Internet usage) is prohibited except during non-clinical times and is limited to designated areas.

PARKING

POLICY: Students shall park at clinical affiliates in designated areas.

PROCEDURE: The clinical instructor will inform students of designated parking areas.

SMOKING/E-CIGARETTES

POLICY: The use of tobacco products (including, but not limited to, cigarettes, pipes, cigars, snuff, chew, dissolvable tobacco) or electronic smoking devices is not permitted by any student on hospital or clinic property.

PROCEDURE: Use of tobacco products or electronic smoking devices on hospital or clinical property will result in a disciplinary action written notice.

CODE OF ETHICS FOR THE PROFESSION OF DIAGNOSTIC MEDICAL SONOGRAPHY

Preamble

This Code of Ethics aims to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers, thereby maintaining and elevating the integrity of the profession. It serves as a guide and framework for addressing ethical issues in clinical settings, business practices, education, and research.

Objectives

Foster and encourage an environment where ethical issues are discussed, evaluated, and addressed.

Help the individual diagnostic medical sonographer identify ethical issues.
Provide ethical behavior guidelines for individual diagnostic medical sonographers and their employers.

Principles

Principle I: To promote patient well-being, diagnostic medical sonographers shall:

- A. Provide information to the patient about role, credentials, and expertise.
- B. Provide information to the patient about the purpose of the sonography examination, procedure, or associated task within the scope of practice.
- C. Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure, or associated task according to the scope of practice.
- D. Ensure patient safety when the patient is in the sonographer's care.
- E. Respect the patient's autonomy and the right to refuse the examination, procedure, or associated task.
- F. Recognize the patient's individuality and provide care in a non-judgmental, non-discriminatory, and equitable manner.
- G. Promote the patient's privacy, dignity, and well-being to ensure the highest level of patient care.
- H. Maintain confidentiality of acquired patient information per national patient privacy regulations and facility protocols and policies.

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 certifications/credentials. Sonography certifications/credentials must be awarded by a national sonography

certifications/credentialing body that is accredited by a national organization that accredits certifications/credentialing bodies (i.e., Institute for Credentialing Excellence (ICE)/National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI)/ANSI National Accreditation Board (ANAB)).

- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review and institutional research.
- D. Maintain continued competence through lifelong learning, which includes ongoing education and acquisition of specialty-specific credentials.
- E. Perform medically indicated sonography examinations, procedures, and associated tasks ordered by a licensed physician or their designated healthcare professional per the supervising physician, facility policies and protocols, or other requirements of the jurisdiction where performed.
- F. Protect patients and study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
- G. Maintain professional accountability and standards by committing to self-regulation through adherence to professional conduct, self-assessment, and peer review, ensuring the highest patient care and safety standards.
- H. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for actions.
- I. Be accountable and participate in regular assessments of sonography protocols, equipment, examinations, procedures, and results. Note: This may be accomplished through facility accreditation.

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

- A. Be truthful and promote appropriate communications with patients, colleagues, healthcare professionals, and students.
- B. Respect the rights of patients, colleagues, students, and yourself.
- C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
- D. Accurately represent experience, education, and credentialing.
- E. Promote equitable access to care for the patient.
- F. Communicate and collaborate with fellow sonographers and healthcare professionals to create an environment that promotes communication, respect, and ethical practice.
- G. Understand and adhere to ethical billing and coding practices, if applicable.
- H. Conduct all activities and agreements legally and transparently in compliance with federal and state laws and rules/regulations, as well as facility policies and protocols.

- I. Report deviations from the Code of Ethics per facility policies and protocols, and if necessary, to the appropriate credentialing organization for compliance evaluation and possible disciplinary action.