



College of Health Professions  
Department of Medical Imaging and Radiation Sciences

Academic Policies and Clinical Education  
Student Handbook

**Abdomen-Extended & OB/GYN, Vascular  
and Cardiac Sonography**

2024-2025



## **Equal Opportunity**

Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran's status or any other protected characteristic. The consideration of factors unrelated to a person's ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University's compliance with Title VI, Title IX, the Age of Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean, the Title IX Coordinator, or Human Resources—Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution's efforts to comply with these laws. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University's compliance with the equal opportunity laws.

## **Required Background Check**

Students who are offered admission to Jefferson in a health-related program are generally required to pass a criminal background check and child abuse clearance. Please consult with the Program Director of the Office of Admissions for clarification on the required paperwork for admission. Additionally, some departments and/or programs within the College, as well as some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions, along with your academic program, will provide you with the appropriate information to complete these requirements.

Clinical rotation, fieldwork, and residency sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student's participation in the clinical experience, rotation, fieldwork, or residency because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, including but not limited to failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations, fieldwork, or residencies is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.

Regardless of whether a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

## **Disclaimer Statement**

The Department of Medical Imaging and Radiation Sciences reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

## **Diversity Statement**

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging, and opportunity.

**TABLE OF CONTENTS**

**Equal Opportunity** ..... 1

**Required Background Check**..... 1

**Disclaimer Statement**..... 1

**Diversity Statement**..... 1

**Mission** ..... 5

**Commitment to Diversity and Inclusion** ..... 5

**Program Goals and Student Learning Outcomes** ..... 6

**The Handbook**..... 7

**National Certification Examination** ..... 8

**Program Accreditation** ..... 8

**Program Compliance**..... 8

**University and JCHP Policies and Procedures** ..... 9

**Academic Policies**..... 9

    Course Requirements ..... 10

    Policies on Student Progression in the Medical Imaging & Radiation Sciences Major ..... 10

    Probation/Returning to Good Academic Standing..... 10

    Academic Integrity Policy ..... 11

    Graduation Requirements ..... 11

    Time to Degree Restrictions ..... 11

    Transfer of Credits/Challenge Exam, Credit Exam ..... 11

    Course Repeat Policy..... 12

    Readmission After Dismissal..... 12

    Retention of Student Work ..... 12

    Continuous Enrollment ..... 12

    Accommodations-General ..... 13

    Technical Standards-Accommodations..... 13

    Technical Standards..... 13

    Implications of Probation-Credentialing..... 14

    Student Grievance..... 14

    Student Advisements ..... 14

**Competency-Based Clinical Education**..... 15

    Competency-Based Clinical Education ..... 16

    Clinical Education Eligibility ..... 16

    Clinical Practices and Policies ..... 16

Violations of Clinical Practices and Policies .....	17
Policy Governing Clinical Education Scheduling .....	17
Clinical Affiliates Assignment.....	17
Responsibilities of the Clinical Affiliate Supervisor/Preceptors .....	18
Responsibilities of the Clinical Staff .....	18
Responsibilities of the Department/Clinical Coordinator .....	19
Responsibilities of the Student.....	19
<b>Clinical Policies .....</b>	<b>20</b>
Department Policy on Conduct.....	21
Family Members/Friends Policy .....	21
Personal Electronic Devices Policy .....	22
Computer Policy .....	22
Student Work Policy .....	23
Non-Compliance .....	23
Venipuncture Policy.....	23
Health Information Confidentiality Policy (HIPAA).....	23
Pregnancy Policy .....	24
Magnetic Resonance Imaging Safety Policy .....	24
N95 Respirator Policy.....	24
Incident Reports at the Clinical Affiliate .....	25
Communicable Diseases .....	26
Occupational Exposures to Infectious Diseases and/or Bloodborne Pathogens .....	26
<b>Attendance Regulations.....</b>	<b>28</b>
Didactic/Laboratory Instruction.....	29
Clinical Attendance Records.....	29
Clinical Education Hours.....	29
Personal Days .....	29
Absence Policy .....	30
Punctuality .....	31
Make-up Time.....	31
Policy Concerning Death in the Family.....	32
Hospital Job Actions or Strikes.....	32
Jury Duty.....	32
<b>Student Activities .....</b>	<b>33</b>

Student Activities.....	34
Pinning Ceremony .....	34
Honors and Awards.....	34
Professional Societies .....	34
Professional Organizations .....	34
Honor Societies.....	34
<b>Additional Policies .....</b>	<b>35</b>
Supervision Policy .....	36
Confidentiality of Student Records.....	36
Dress Code and Appearance Policy .....	37
<b>Appendix A: Patients’ Bill of Rights .....</b>	<b>41</b>
<b>Appendix B: SDMS Code of Ethics .....</b>	<b>43</b>
<b>Appendix C: Standards for an Accredited Educational Program in Sonography .....</b>	<b>45</b>
<b>Appendix D: Sonography Scope of Practice &amp; Clinical .....</b>	<b>46</b>
<b>Appendix E: MRI Screening Form.....</b>	<b>58</b>
<b>Appendix F: Program Calendar .....</b>	<b>59</b>

## Mission

We Improve Lives.

Thomas Jefferson University is a national leader in professional education, preparing students for the future of work, while also engaging in groundbreaking research and creative discovery. Dedicated to inclusive and experiential learning, Jefferson fosters transdisciplinary collaboration, embraces social responsibility, and celebrates the value of diverse identities and perspectives.

## Vision

Reimagining health, education and discovery to create unparalleled value.

## Values

Put People First

Be Bold and Think Differently

Do the Right Thing

## Commitment to Diversity, Equity & Inclusion

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging & opportunity.

## **MISSION OF THE DEPARTMENT & SONOGRAPHY PROGRAM**

The mission of the Department of Medical Imaging & Radiation Sciences and the Abdomen-Extended & OB/GYN, Vascular and Cardiac Sonography Programs is to provide a comprehensive education preparing students for entry-level practice in medical imaging and radiation sciences as competent, caring members of the health care team, cultivating professionalism and lifelong learning.

## **PROGRAM GOALS AND STUDENT LEARNING OUTCOMES**

The goal of the Abdomen-Extended & OB/GYN, Vascular and Cardiac Sonography programs is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains in Abdomen-Extended & OB/GYN, Vascular and Cardiac sonography.

### **Goal #1: Clinical Performance & Clinical Competence**

Students will:

- Select appropriate transducers and use appropriate technical settings
- Demonstrate knowledge of proper patient prep
- Obtain appropriate images of highest obtainable technical quality
- Provide safe and quality patient care

### **Goal #2: Problem Solving Skills & Critical Thinking:**

Students will:

- Adjust technical settings as needed based on patient body habitus and/or pathology
- Change transducers or patient position as needed for exam
- Critique images for diagnostic quality

### **Goal #3: Communication Skills:**

Students will:

- Demonstrate appropriate and effective oral and written communication skills with patients and the interprofessional healthcare team.

### **Goal #4: Professional Development & Growth:**

Students will:

- Integrate professional ethics and behavior into clinical practice
- Function as part of the interprofessional healthcare team
- Participate in professional growth development



## **THE HANDBOOK**

The Academic Policies and Clinical Education Student Handbook serves to share with you certain resources, policies, and procedures that may be useful to you during your undergraduate studies in the Department of Medical Imaging and Radiation Sciences in the Jefferson College of Health Professions. While we have attempted to provide you with a comprehensive handbook, it does not stand alone. Students are responsible for understanding academic policies and procedures of Thomas Jefferson University and the Jefferson College of Health Professions (JCHP). Important university wide policies, including the Community Standards and Student Sexual Misconduct Policy, and information on University Services are found on the Thomas Jefferson University Center Student Handbook website at [www.jefferson.edu/handbook](http://www.jefferson.edu/handbook). Students are also directed to the policies and procedures contained in the JCHP Student Handbook, which can be found at <https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/student-resources.html>

If you should have any questions throughout your academic career, we encourage you to reach out to your program director, advisor, or department chair.

## **DISCLAIMER STATEMENT**

The Department of Medical Imaging and Radiation Sciences reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

## NATIONAL CERTIFICATION EXAMINATION

Graduates of the one-year and two-year Bachelor of Science degree programs are eligible to take the associated certification examinations upon completion of the Bachelor of Science degree program and award of the Bachelor of Science degree. Students are eligible to take the associated certification examinations of the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), and the Medical Dosimetrist Certification Board (MDCB), as applicable. Students who pass these examinations receive national certification.

## PROGRAM ACCREDITATION

The educational programs of the department are approved by the University administration. Programs are programmatically accredited by their respective accreditation bodies (e.g. JRCERT, JRCNMT, and CAAHEP). All programs, including Computed Tomography and Invasive Cardiovascular Technology, are covered under the University's accreditation by Middle States Commission on Higher Education.

## PROGRAM COMPLIANCE

A student who believes a program is not in compliance with the accreditation standards should submit a written complaint to the Program Director, including documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, the student has the right to contact the accreditation body<sup>1</sup>. Please refer to appendix C for the Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography.

### **JRC-DMS**

6021 University Boulevard, Suite 500  
Ellicott City, MD 21043  
Phone: (443) 973-3251  
Fax: (866)738-3444  
<http://www.jrcdms.org/>

### **Commission on Accreditation of Allied Health Education Programs (CAAHEP)**

9355 113th Street N., #7709  
Seminole, FL 33775  
727-210-2350  
[www.caahep.org](http://www.caahep.org)

---

<sup>1</sup> Students in the CT or ICVT Program should contact the Dean of JCHP.

## **ACADEMIC POLICIES**

## **POLICIES ON STUDENT PROGRESSION**

### **COURSE REQUIREMENTS**

1. Program curriculum is sequential in nature and each course must be taken in the prescribed semester according to the plan of study.
2. Students are responsible for accessing courses through Canvas, <https://canvas.jefferson.edu/> and downloading all course syllabi, handouts, and assignments for each course every semester.
3. Students must complete course evaluations for each of their courses at the end of the semester. A link will be provided to the students at the end of each semester.
4. Students must complete the University Orientation, Health Insurance Portability and Accountability Act (HIPPA) module, and Safety module prior to matriculation.
5. Students are responsible for checking their Jefferson e-mail accounts daily. All program related correspondence will occur through this account daily.

### **POLICIES ON UNDERGRADUATE STUDENT PROGRESSION IN THE MEDICAL IMAGING & RADIATION SCIENCES MAJOR**

1. Students who earn one course grade of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with their assigned faculty advisor to monitor academic progress.
2. Students who do not maintain a minimum of a 2.0 cumulative GPA will be placed on university academic probation.
3. Students who earn two or more course grades of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be dismissed from the Department of Medical Imaging & Radiation Sciences.
4. Students who earn a course grade of F in any Medical Imaging & Radiation Sciences curriculum will be dismissed from the Department of Medical Imaging & Radiation Sciences.
5. Incomplete grades for a Medical Imaging & Radiation Sciences course can be assigned only in the case of extenuating circumstances. These circumstances must be reviewed by the faculty prior to the issuance of an "Incomplete" grade. In all cases, an "Incomplete" grade is assigned only when the work already done has been of a quality acceptable to the instructor.

### **PROBATION/RETURNING TO GOOD ACADEMIC STANDING**

Students who achieve the minimum standards to return to good academic standing (2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year) will be removed from probation at the end of the academic year. Two-year students who have been placed on departmental academic probation during their junior academic year, but have successfully completed their junior academic year, will be taken off departmental academic probation at the beginning of their senior academic year.

At the end of the probationary period:

1. The student achieves: the minimum 2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year is reinstated in good standing, or

2. The student fails to achieve: the minimum 2.0 cumulative GPA, no additional course grades of C, D, or F in the academic year at the end of the probationary period and is dismissed from the College for academic underachievement.

### **ACADEMIC INTEGRITY POLICY**

Academic Integrity is the foundation of all Jefferson teaching, learning, and professional endeavors and is vital to advancing a culture of fairness, trust and respect. All members of the University community must maintain respect for the intellectual efforts of others and be honest in their own work, words, and ideas. The University Academic Integrity Policy can be found <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/academic-integrity.html>.

### **GRADUATION REQUIREMENTS**

Requirements for graduation include:

- Completion of a graduation application
- Completion of all clinical and didactic courses in the program's curricular plan of study
- Receiving a passing grade for all clinical and didactic courses in the program's curricular plan of study
- Being in good academic standing at the end of the final semester of the program

### **TIME TO DEGREE RESTRICTIONS**

Students are required to complete their course of study in no more than 150% of the standard time frame required by the academic program.

- The one-year Bachelor of Science program has a standard time frame of 12 months.
- The two-year Bachelor of Science program has a standard time frame of 24 months.
- The undergraduate certificate program has a standard time frame of 12 months.

An extension may be granted in the event of extenuating circumstances. The death of a family member or documented medical illness are examples of unusual and extenuating circumstances.

### **TRANSFER OF CREDITS/CHALLENGE EXAM, CREDIT BY EXAM, COURSE BY APPOINTMENT**

Prerequisites must be completed by the time the student enters Thomas Jefferson University. Credits may be earned through standardized tests, including CLEP for non-science-based courses. Thomas Jefferson University does not accept challenge exams.

## **COURSE REPEAT POLICY**

Programs in the Department follow a sequential prescribed curricular plan of study. Courses are only offered one time in a particular semester. If a course is failed with a grade of “F”, the student is dismissed from the Department. The Department readmission policy should be followed if a student wishes to seek readmission. An individual plan of study would be created, that includes, but not limited to repeating of the full program’s curricular sequence.

## **READMISSION AFTER DISMISSAL**

Matriculated students who have been dismissed from the Department of Medical Imaging & Radiation Sciences may petition, in writing, for readmission within 1 year of dismissal directly to the Department Chair. Students interested in applying for readmission should contact the Department Chair for program-specific readmissions procedures.

Students who have not been enrolled within JCHP for greater than a 1-year period of time must re-apply for admission through the Office of Admissions.

Please note: All readmitted students are subject to the academic and curricular requirements in place at the time of readmission. Additionally, start terms for the readmitted students will be determined by the program and based on the student’s plan of study; readmitted students cannot assume that they will start in the next immediate term after readmission has been granted.

The student’s Department Chair will indicate any requirements that the student must meet upon readmission. The student will be held responsible for fulfilling these special criteria of academic performance established with the program upon readmission, in addition to the overall program and College requirements for achieving good academic standing.

## **RETENTION OF STUDENT WORK**

Student records are maintained by the Department for a minimum period of three years after graduation.

## **CONTINUOUS ENROLLMENT**

The Department of Medical Imaging & Radiation Sciences curriculum was designed to be delivered sequentially, where concepts and skills are introduced, expanded upon, and mastered across the program and where competencies are enhanced at different points across the curriculum. To be most effective at delivering the requisite competencies in accordance with accreditation standards, students must be continuously enrolled from the point of matriculation until graduation unless a leave of absence is approved. If a personal or medical leave of absence is required, the leave must be approved and must not exceed one calendar year.

## ACCOMMODATIONS – GENERAL

Thomas Jefferson University is committed to providing equal education opportunities to all students, including students with disabilities, in accordance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Thomas Jefferson University will provide reasonable accommodations to all qualified individuals with disabilities to allow equal access and full participation to all University sponsored activities and programs. More information on disability accommodations can be found at <https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/disability-accommodations/Overview.html>.

To request an accommodation, please contact the [Office of Student Affairs & Career Counseling \(jefferson.edu\)](https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/disability-accommodations/Overview.html)

## TECHNICAL STANDARDS - ACCOMMODATIONS

If a student cannot demonstrate the skills and abilities listed in the technical standards for the program, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodations provided that such accommodations do not fundamentally alter the nature of the program and/or do not impose an undue hardship such as those that cause significant expense, difficulty or are unduly disruptive to the educational process.

## TECHNICAL STANDARDS

### Physical Demands

Clinical and laboratory assignments for the Sonography program require certain physical demands that are the minimum technical standards for admission. Listed below are the technical standards that all students must meet to enter and complete the Sonography program.

#### The student must be able to routinely:

- Bend, stoop, reach and stretch the arms and body, often utilizing awkward and ergonomically incorrect positions
- Assist patient on/off examination tables
- Work standing on one's feet 80% of the time
- Have sufficient manual dexterity to manipulate the ultrasound transducer and operator controls
- Have sufficient gross and fine motor coordination to implement skills related to the performance of ultrasound such as positioning, transporting and scanning patients.
- Sonographers must be able to manipulate heavy ultrasound equipment, such as for portable examinations, move patient beds, be able to assist patients that are unable to assist themselves, and must be able to lift up to 50 lbs.
- Have sufficient auditory perception to receive verbal communication from patients and members of the healthcare team. This includes assessing the health needs of patients through the use of cardiac/respiratory monitors, fire alarms, intercoms, etc.
- Sufficient visual acuity to view grayscale and color images on a computer monitor or film, and read written reports, chart orders, etc.
- Interact compassionately with the sick or injured
- Perform proper steps in a procedure in an organized manner and in a specific sequence
- Have the ability to write or otherwise provide a preliminary report using sonographic terminology

- Communicate effectively with patients and other health care providers. Effective communication includes verbal, reading and writing skills.

### **IMPLICATIONS OF PROBATION-CREDENTIALING**

Many accrediting and credentialing bodies require notification that a student was placed on probation. By requesting that the Program complete the appropriate paperwork, a student affirmatively consents to release of such information. This means that if accrediting or credentialing bodies require verification from the University, instances of professionalism probations and academic probations will be reported. This may or may not affect a student's job placement or ability to gain credentialing for a particular institution.

### **STUDENT GRIEVANCE**

All members of the Thomas Jefferson University Community have the right to express concerns when they perceive that they have been treated in a manner not consistent with the standards of conduct at the University. The student grievance procedure is intended to allow students this mode of expression. For academic grievances within the program, students should refer to the Student Grievance Procedure outlined in the JCHP Student Handbook. For grievances external to the academic program, students should consult the Grievance Procedure outlined in the Rights and Responsibilities section of the TJU Student Handbook.

### **STUDENT ADVISEMENT**

All students are required to meet with their faculty advisor at least once during each semester.



## **COMPETENCY-BASED CLINICAL EDUCATION**

## COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in the Department of Medical Imaging & Radiation Sciences programs. It is designed to permit accurate assessment of the knowledge, skills, and attitudes of students in the clinical education component of the program. Evaluation of students' clinical competencies must be completed by registered sonographers/technologists under the direction of the Clinical Affiliate Supervisor.

All students must attend the scheduled clinical education rotations (see clinical syllabus). All students must complete the minimum number of clinical competencies in accordance with the requirement of their certification and/or accreditation body. Individual clinical course syllabi will detail the clinical competency requirements to successfully pass the clinical course.

## CLINICAL EDUCATION ELIGIBILITY

To be assigned to a Clinical Affiliate, the student must meet the following requirements or obligations:

- Provide and maintain proof of certification in adult, child, and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
- Meet program specific technical standards.
- Complete all immunization requirements prior to commencing or resuming clinical courses.
- Be in compliance with the University requirements for influenza vaccination.
- Complete any additional requirements mandated by the clinical site, department, or university as indicated at the time of the clinical course.

Failure to meet the clinical education eligibility requirements will result in the delay of clinical or the failure of clinical courses. Students not in compliance with the eligibility requirements are not permitted to attend clinical and possibly in-person classes.

## CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice may be removed from their clinical rotation and clinical site.
4. Safe clinical or professional practice is defined as:
  - a. Adhering to the *Patients' Bill of Rights* – **Appendix A**.
  - b. Performing clinical duties consistent with the professional standards of ethics – **Appendix B**.
  - c. Adhering to the code of behavior/conduct outlined in the University, College and Department of Medical Imaging & Radiation Sciences handbooks.
  - d. Adhering to all clinical practices and policies of the clinical site, and as outlined in the University, College, and Department policies and procedures.
  - e. Adhering to the Sonographer's scope and practice standards, **Appendix D**.

## **VIOLATIONS OF CLINICAL PRACTICES AND POLICIES**

Violations of Clinical Practices and Policies will typically be addressed through progressive discipline, as follows:

- First violation – written warning and counseling by the Program Director and/or Clinical Coordinator.
- Second violation – possible suspension, at the discretion of the Program Director, or dismissal.
- Third violation – dismissal from the Department.

Depending on particular circumstances, one or more progressive disciplinary steps may be skipped in instances of particularly serious violations of policies and/or practices, and some egregious violations may result in immediate dismissal from the Department.

## **POLICY GOVERNING CLINICAL EDUCATION SCHEDULING**

The purpose of the clinical assignment is to correlate didactic knowledge with practical skills and attitudes. The total number of students assigned to any clinical site shall be determined by the Department of Medical Imaging & Radiation Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical affiliate. The clinical affiliate reserves the right to suspend or terminate from the site a student who does not adhere to established policies of the program or the clinical affiliate. A student who does not maintain appropriate behavior may be suspended or dismissed immediately. (Refer to the section entitled “Responsibilities of the Student”)

Due to the limited number of clinical sites, should a student be asked to leave the assigned clinical site for any disciplinary reason, the Department cannot guarantee the student a new clinical placement. This would result in a failure for the clinical course and dismissal from the Department.

If a student is suspended or dismissed from a clinical affiliate, the Department Chair, Program Director and Clinical Coordinator will review the circumstances for this action. All parties are encouraged to address the issue promptly in writing (within (5) business days whenever possible) so that resolution of grievance should require no more than three (3) weeks. If the decision to dismiss is upheld, the clinical dismissal will result in a final grade of “F”. Students who have reason to believe that the grade has been inappropriately assigned may request a review of the grade in accordance with the provisions of the Grade Appeal Protocol, which is published in the TJU Student Handbook.

## **CLINICAL AFFILIATE ASSIGNMENT**

The Program Director and/or Clinical Coordinator determines student schedules and assignments at clinical affiliates. Assignments at the clinical affiliates are intended to provide the student with a comprehensive clinical education, as deemed appropriate by the faculty and serve to correlate didactic knowledge with practical skills. Students are not guaranteed specific clinical affiliates; however, student input is considered.

Students will have the opportunity to select multiple imaging modalities to observe beginning in the first semester of the program. Students may visit or revisit any modality of their choice during their respective sonography program.

The program provides equitable learning opportunities for all students regarding learning activities and clinical assignments. Any student requesting changes in the clinical schedule must submit written justification for the changes to the Program Director and/or Clinical Coordinator. A decision will be made based on the student's educational needs and site availability.

### **RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISOR/PRECEPTORS**

The clinical affiliate supervisors/preceptors are available to students whenever they are assigned to a clinical setting. Responsibilities include:

- Providing appropriate clinical supervision. Refer to the section entitled "Supervision Policy"
- Providing student clinical evaluation and feedback.
- Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- Being knowledgeable of program goals.
- Understanding the clinical objectives and clinical evaluation system.
- Understanding the sequencing of didactic instruction and clinical education.
- Providing students with clinical instruction and supervision.
- Evaluating students' clinical competence.
- Maintaining competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

### **RESPONSIBILITIES OF CLINICAL STAFF**

Responsibilities of the clinical staff include:

- Understanding the clinical competency system.
- Understanding requirements for student supervision.
- Supporting the educational process.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

## **RESPONSIBILITIES OF THE DEPARTMENT/CLINICAL COORDINATOR**

The Department of Medical Imaging & Radiation Sciences Clinical Coordinator coordinates the daily operations of clinical education. Duties include, but are not limited to:

- Providing clinical education placements.
- Mentoring students.
- Supervising students.
- Advising students.
- Providing guidance to clinical instructors.
- Reviewing program policies and procedures with clinical affiliate supervisor/instructors.
- Visiting clinical sites each semester to observe and evaluate student performance.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

## **RESPONSIBILITIES OF THE STUDENT**

The student is responsible for:

- Displaying professional appearance in compliance with the dress code policy.
- Establishing harmonious working relationships and earning the respect of the Medical Imaging & Radiation Sciences personnel and other members of the health care team through a professional and dignified posture and attitude.
- Using all equipment and materials responsibly and safely.
- Embodying the highest standards of civility, honesty, and integrity.
- Respecting and protecting the privacy, dignity, and individuality of others.
- Observing and assisting the clinical staff.
- Attending and participating in all scheduled clinical activities.
- Consulting with clinical affiliate supervisors and/or departmental faculty for help with problems.
- Participating in the development of an individualized clinical education plan.
- Maintaining an accurate record of clinical examinations/competencies.
- Recording the number and types of evaluations required during each academic semester.
- Striving to broaden their knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
- Incurring all travel costs and expenses. Use personal or public transportation to clinical affiliates.
- Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
- Meeting with their advisor at least once per semester.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.
- Providing safe and quality patient care including safe practices for patients, self, and the healthcare team.
- Demonstrating clinical progression.
- Corresponding in a timely fashion with all program faculty and administration.
- Adhering to all policies and procedures of the clinical affiliate, the Department, the College, and the University.

## **CLINICAL POLICIES**

## DEPARTMENT POLICY ON CONDUCT

Students must comply with the rules and regulations of the Department of Medical Imaging & Radiation Sciences. Deviation constitutes misconduct. This includes, but is not limited to:

- Sleeping during a clinical assessment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff's permission.
- Failure to notify Clinical Affiliate and the Program Director/Clinical Coordinator of absence, lateness,, early departure, and daily change in schedule .
- Failure to accurately document completion of scheduled clinical rotations (time of start of day's rotation, lunch break, time of end of day's rotation).
- Failure to accurately document competencies in accordance with department regulations.
- Using any personal electronic devices in the patient-care/clinical education setting.
- Using the hospital computer for any reason EXCEPT hospital business.
- Violation of the supervision policy.
- Violation of any duly established rules or regulations.

### FAMILY MEMBERS/FRIENDS WORKING AT CLINICAL AFFILIATE POLICY

It may be deemed a conflict of interest for a student to be supervised or evaluated by family members or friends employed at his/her clinical affiliate. If this situation arises, the student should inform his/her Program Director/Clinical Coordinator so that alternative arrangements can be considered.

### FAMILY MEMBERS/FRIENDS CLASSROOM, LAB, & CLINICAL POLICY

#### At the Clinical Affiliate

- Family and friends are not permitted to visit the student at the clinical affiliate during clinical hours. Unsupervised children are not permitted.
- Family and friends must wait in a public area and are **not** permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- Students may not ask clinical affiliate staff to baby-sit for them.
- TJU's liability insurance does not extend to students' family and friends.

#### In the Medical Imaging & Radiation Sciences (MIRS) Department

- The University teaching and learning environment is not an appropriate setting for children.
- Faculty and students shall refrain from bringing children to classrooms, studios, laboratories and other institutional settings except in the event of unanticipated emergencies and in those instances, only with appropriate approval.
- When unanticipated emergencies do arise and an exception is being sought, the procedure for seeking approval can be found at [Children in Instructional Settings \(jefferson.edu\)](http://jefferson.edu/Children%20in%20Instructional%20Settings)

### **In the Medical Imaging & Radiation Sciences (MIRS) laboratories**

- Only Medical Imaging & Radiation Sciences students with proper Jefferson ID are permitted in the laboratories.
- The students are not permitted to bring family members or friends into the laboratories at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of the Medical Imaging & Radiation Sciences department are not permitted in the MIRS laboratory unless they have a signed waiver to be used as a student volunteer.
- TJU's liability insurance does not extend to students' family and friends.

Failure to comply with the above policy may result in disciplinary action up to and including dismissal from the department.

### **PERSONAL ELECTRONIC DEVICES POLICY**

Students may not carry or use any type of personal electronic device during clinical hours. These devices must be placed with your personal belongings. The use of any type of recording device (camera, video, etc.) is strictly prohibited. Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent for that day. It is the students' responsibility to notify the Program Director and/or Clinical Coordinator of any absence.

For exceptional circumstances necessitating immediate personal communication by phone or text, students should ask the Clinical Affiliate Supervisor to be excused, attend to the personal business, and return to duty as quickly as possible.

### **COMPUTER POLICY**

Students may not use computers for personal business during clinical hours. Personal business includes (but is not limited to) internet surfing, shopping, emailing, instant-messaging, texting, and printing. Personal storage devices (USB, flash drives, CDs) are not permitted in the clinical setting.

Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent. It is the student's responsibility to notify the Program Director and/or Clinical Coordinator of any absence.



## STUDENT WORK POLICY

If a student is employed at any clinical facility, they must abide by the following policies:

- Students must notify Program officials that they are working at the clinical affiliate.
- Students are not permitted to work during scheduled clinical hours.
- Students may **not** wear student uniforms or Jefferson ID.
- Students may not accrue competencies during non-clinical hours.
- Students may not apply work time to make-up time.
- Students are not covered by Jefferson liability insurance during non-clinical hours.

**Non-Compliance:** Students who do not maintain compliance with the clinical policies are subject to disciplinary action, including removal from the clinical affiliate and potential dismissal from the department.

Any clinical time missed due to a violation of these policies will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time. Further disciplinary action may be taken for habitual violations of policies. Refer to the section entitled “Violations of Clinical Practices and Policies”.

## VENIPUNCTURE POLICY

The CAAHEP/ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. To participate in the performance of venipuncture on patients, students must:

- Have completed all immunizations as required by JCHP.
- Have current BLS certification, as required by the Department of Medical Imaging & Radiation Sciences.
- Have health insurance, as required by JCHP.
- Have completed a venipuncture certification course, as required by the Department of Medical Imaging & Radiation Sciences.
- Attend and complete institutional venipuncture training, as required by clinical affiliates.

## HEALTH INSURANCE CONFIDENTIALITY POLICY:

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students must be familiar with and adhere to their clinical affiliate’s HIPAA policy. Refer to policy #134.01 – Privacy and Confidentiality of Health Information Policy. Jefferson’s HIPAA/Privacy and Confidentiality of Health Information Policy can be found at, [tjuh3.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/262636](http://tjuh3.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/262636). Please note that this link will only function from within the University’s intranet.

## **PREGNANCY POLICY**

A student who becomes pregnant during a component of the program may voluntarily inform the Program Director, in writing, of their pregnancy.

- Option 1: The student may continue in the program if they choose, without modifications to any component of the program.
- Option 2: The student may take a leave of absence from clinical education but continue their didactic studies. Clinical assignments will be completed when the student returns.
- Option 3: The student may withdraw from the program and reapply in accordance with college policies.
- Option 4: The student, in writing, may withdraw their declaration of pregnancy at any time and/or for any reason.

Due to the need for special radiation protection education, counseling by the Radiation Safety Officer (RSO) is available.

Please refer to **Appendix G** that includes appropriate information regarding radiation safety for the student and fetus.

## **MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY**

An MR room has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, mechanical implants, devices, or objects. Therefore, all Medical Imaging and Radiation Sciences students are required to undergo an MRI Safety lecture and MRS Safety Screening prior to MRI rotations or observations.

1. Students will attend an MRI Safety lecture and be screened for MRI Safety clearance in the fall semester by the MRI Program Director/Clinical Coordinator.
2. Students will abide by the clinical affiliate MRI Safety Protocols during the clinical rotations and/or observations.
3. Students will notify the MRI Program Director/Clinical Coordinator and be re-screened for MRI Safety clearance, should their status change during the academic year, with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations.

## **N95 RESPIRATOR POLICY**

Medical Imaging & Radiation Sciences students will be fit tested for an N95 respirator mask. Although students will be fit tested for a N95 respirator mask, the following patient care restrictions must be followed:

- Jefferson students participating in clinical education may engage in the direct care of patients suspected of and confirmed to be infected with COVID-19.
  - Jefferson is NOT REQUIRING students to participate in the direct care of patients suspected of and confirmed to be infected with COVID-19.
  - If a clinical site says that students cannot engage in the direct care of patients suspected of and confirmed to be infected with COVID-19, students must continue to follow the clinical site instruction.

- If a clinical site says that students must engage in the direct care of patients suspected of and confirmed to be infected with COVID-19, and students do not want to engage in the direct care of patients suspected of and confirmed to be infected with COVID-19 immediately contact the MIRS Department Chair, the program director and clinical coordinator.
- The MIRS Department is stocked and can and will provide all students with PPE that includes ear loop masks, face shields, and N95 respirators, in addition to any other needed and required PPE.
- Such care shall be provided in accordance with federal, state, and local health and safety requirements. This includes, but is not limited to, ensuring that students have appropriate personal protective equipment and are advised of necessary precautions.
- Students who have concerns about engaging in the treatment of COVID-19 positive patients should inform their college or program and the Office of Student Affairs.
- If a student requires an accommodation pursuant to the Americans with Disabilities Act, the Office of Student Affairs can facilitate the accommodation process.
- Students shall be advised that if they are unable to engage in the care of COVID-19 positive patients, their academic progress may be impacted.
- Students will not participate in high-risk aerosol-generating procedures (such as endotracheal intubations), even if proper PPE is available.

### **INCIDENT REPORTS AT THE CLINICAL AFFILIATE**

Students who become ill, injured, or involved in an incident during a clinical rotation must:

1. Report immediately to their Clinical Affiliate Supervisor and follow departmental protocol.
2. Immediately contact the Program Director and/or Clinical Coordinator.
3. Students must contact Jefferson Occupational Health Network (JOHN) for Employees & Students as soon as possible (215-955-6835) and follow all instructions given to them by JOHN.
4. Present a note to the Program Director and/or Clinical Coordinator from the Emergency Room Physician, Jefferson Occupational Health Physician, or family physician stating the date the student may resume normal duties.

If a patient is injured while in the student's care, the student must:

1. Make sure that the patient is safe.
2. Report the incident immediately to the Clinical Affiliate Supervisor and follow departmental protocol.
3. Immediately contact the Program Director and/or Clinical Coordinator.

## COMMUNICABLE DISEASES

Should students be diagnosed as having an infectious disease, they must report such a diagnosis to the Program Director and/or Clinical Coordinator and the Clinical Affiliate Supervisor. The student may be asked to leave the clinical until cleared by his/her physician and Jefferson Occupational Health Network for Employees & Students. The student must present a physician's note to the Program Director and/or Clinical Coordinator stating that the student may resume normal duties.

### OCCUPATIONAL EXPOSURES TO INFECTIOUS DISEASE AND/OR BLOOD BORNE PATHOGENS

#### Needlesticks

Get more information on occupational exposures from needlesticks, sharp injuries, splashes, etc. ([accessible by Jefferson staff and students only](#))

#### What to do for an Occupational Exposure to Body Fluids (Needlestick or Splash)

If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashes in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashes in your eye, remove your contacts immediately.
4. Advise your supervisor that you have been exposed.
5. Complete the accident report online through PeopleSoft Employee Self-Serve System if you are an employee. Students will complete an accident report in JOHN.
6. Report to JOHN at 833 Chestnut Street, Suite 204 (when JOHN is closed report to the Emergency Department) as soon as possible.
7. Know your patient's name, DOB and MR# as well as the name of the attending physician of the source patient.
8. Source patient testing (hospitalized) can be ordered through Epic by selecting: "Needlestick Inpatient Evaluation" on the drop-down menu. (Includes STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen)
9. Source patient testing (outpatient population) should include STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen.

JOHN will discuss the risks of your exposure and advise whether further treatment or evaluation is necessary. A student's insurance may be billed for services resulting from occupational exposure. Please call 215-955-6835 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible. You may opt to be seen at an emergency department, and the visit will be billed to your insurance. Follow up in JOHN is recommended on the next business day. Questions may be directed to JOHN's medical director.

Detailed information on Occupational Health Network for Employees & Students may be viewed on the JOHN website: <https://hospitals.jefferson.edu/departments-and-services/occupational-health-network.html>

Contact Occupational Health Network from Employees & Students

- Phone: 215-955-6835
- Fax: 215-923-5778
- E-mail: [jeffuhs@jefferson.edu](mailto:jeffuhs@jefferson.edu)

Hours of Operation:

- Monday through Friday, 7:30 a.m. to 4:00 p.m.
  - Closed every Thursday from noon to 1 p.m.

Office Location:

- 33 South 9<sup>th</sup> Street, Suite 205, Philadelphia, PA 19107

## **ATTENDANCE REGULATIONS**

## **DIDACTIC/LABORATORY INSTRUCTION**

Each course syllabus details the individual course's attendance policy.

### **CLINICAL ATTENDANCE RECORDS**

EXXAT software and/or time sheets will be used for the documentation of clinical attendance. Each student must personally document the required attendance "in" and "out" time. Students must document the time and have the designated program official (clinical coordinator, clinical preceptor, or clinical staff) approve the documented time. Time not documented must be made up. Under no circumstances is it permissible to document clinical attendance for another student. Any student found guilty of such an offense is subject to disciplinary action including dismissal from the department.

### **CLINICAL EDUCATION HOURS**

Total clinical assignments will not exceed 40 hours per week. Assignments on any one day will not exceed 8 hours, unless otherwise requested by the student and approved by the Program Director and/or Clinical Coordinator in conjunction with the Clinical Affiliate Supervisor, or if patient care responsibilities dictate otherwise. No student will be permitted to leave a patient during the course of an examination, even if such completion requires remaining on duty beyond the end of the shift.

Students will be assigned a lunch period each day, which they are required to take. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break may not be used to make-up or accrue time.

Clinical Affiliate Supervisors may re-schedule students (within an assigned eight hours) to provide complete exposure to the unique learning opportunities in Medical Imaging & Radiation Sciences. The Clinical Affiliate Supervisor and student must notify the Program Director and/or Clinical Coordinator of these changes.

Students will participate in designated procedures during their clinical assignments under the guidance of a supervising technologist in the areas to which they are assigned.

### **PERSONAL DAYS**

Students are allocated one personal day each semester. This time cannot be taken in half-days. Time off must be taken in full days (8.5 hours [8 clinical hours plus 30-minute break]). It is not accruable nor is it transferable. A personal time request form must be submitted to the Program Director or Clinical Coordinator via the EXXAT software or other designated method. The Clinical Affiliate Supervisor and Program Director and/or Clinical Coordinator must be notified with a student is out of clinical. This notification must occur via email or phone call per the Clinical Affiliate, Program Director, and Clinical Coordinator instructions.

## **ABSENCE POLICY**

Attendance is required for all scheduled clinical education sessions. The standard clinical day rotation for students is eight (8) hours of clinical activity and a half hour meal break. The start time and end time of the clinical shift will be determined by the Clinical Affiliate, Program Director, and Clinical Coordinator to be beneficial to the student's clinical education. Any change in an individual students' start time and end time must be discussed and approved by the Clinical Affiliate and the Program Director and Clinical Coordinator prior to any change.

Students absent from a clinical assignment, for any reason, must call or email the Clinical Affiliate Supervisor and call or email the Program Director and/or Clinical Coordinator prior to the start of the shift. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements.

If an emergency arises requiring an early departure from the clinical affiliate, the student must notify both the Clinical Affiliate Supervisor and the Program Director and/or Clinical Coordinator. It is the responsibility of the student to make these calls. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements. The attendance record must accurately reflect the early departure time from the clinical setting.

Students receive one personal day per semester. Requests must be submitted via the mechanism set up by the Clinical Coordinator. Requests for a personal day should be pre-approved by the Clinical Coordinator. Students are responsible for informing the Clinical Affiliate Supervisor of personal days. Personal days are per semester and do not accrue.

For time out of clinical, other than the one personal day, an individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of clinical requirements.

Students who are feeling generally unwell, who are symptomatic of COVID-19 (e.g., fever, cough, shortness of breath, loss of taste or smell), who believe they have had recent possible exposure to COVID-19, or who have a confirmed diagnosis of COVID-19 should not attend clinical.

Students must maintain contact with the Program Director and Clinical Coordinator and all parties must be kept up to date with any absences and requirements and recommendations for the return to clinical.

Students who have any symptoms that are associated with infectious diseases (e.g., cold, flu or viral infection) should not attend in-person classes, clinical experiences or other activities that put them in close contact with other students, faculty, staff or patients. These symptoms can include but are not limited to sneezing, coughing, fever, gastrointestinal pain, and diarrhea

Students who have these symptoms are responsible for notifying their instructors, program or college using the usual mechanisms before missing any scheduled course/clinical education activity, for staying current with course/clinical requirements, and for complying with any other course/clinical attendance policies. Students may be asked to provide documentation that they are under the care of a medical provider (without disclosure of any medical condition).

Students may also consult the Medical Leave of Absence policy as a certain level of absenteeism will disrupt the continuity of learning and achievement of clinical requirements, including, but not limited to



the completion of clinical competencies. Students may be assigned a grade of “I” incomplete in extenuating circumstances.

### **PUNCTUALITY**

Students not in the assigned clinical area at the assigned time will be considered late. Three late arrivals in one semester count as one day’s absence. Habitual lateness could lead to dismissal from the Department.

It is the policy of the Department of Medical Imaging & Radiation Sciences that any student who is going to be late must notify both the Clinical Affiliate Supervisor and the Program director/Clinical Coordinator prior to the start of the assigned time. All lost time due to lateness from the clinical area must be made up by the student. Failure to abide by these policies could lead to dismissal from the department.

Students will be advised in writing concerning their habitual lateness or violation of the Department of Medical Imaging & Radiation Sciences lateness policies by the Clinical Coordinator and/or Program Director.

Disciplinary actions, including suspensions from the clinical affiliate or dismissal from the Department, may be taken against students who persist in habitual lateness or violations of the Department of Medical Imaging & Radiation Sciences lateness policies, after previously having been counseled in writing by the Clinical Coordinator and/or Program Director and/or Department Chair at an advisement conference.

### **MAKE-UP TIME**

Arrangements must be made with the Clinical Affiliate Supervisor and approved by the Program Director and/or Clinical Coordinator. Make up time may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Make up time may not be assigned during non-traditional hours of clinical assignments such as weekends. Jefferson’s liability insurance covers students during make up time assignments. All clinical absences must be made up at the clinical affiliate where the time was missed, consistent with the room assignments in effect when the absence occurred.

The make-up time form is signed upon fulfillment of the time missed. The form will be submitted via EXXAT or other means determined by the Clinical Coordinator as required.

The lunch break may not be used to make-up or accrue time.

### **POLICY CONCERNING DEATH IN THE FAMILY**

Upon notification of the Program Director, students will be allowed up to three (3) days of leave of absence for death in the immediate family. Immediate family members include parents, grandparents, spouse, brother, sister or child. Leaves of absence requested because of the death of someone other than an immediate family member may be granted by special permission.

### **HOSPITAL JOB ACTIONS OR STRIKES**

Whenever a strike or job action occurs at an assigned clinical site, students must leave the assignment immediately and report to the Program Director or Clinical Coordinator for further directions. Missed clinical time must be made up. At no time should a student attempt to cross a picket line to enter a Clinical Affiliate.

### **JURY DUTY**

Being selected for jury duty is a civic responsibility in which the Department encourages students to participate. Please be advised that the College cannot intervene on the student's behalf should a student be summoned for jury duty.

## **STUDENT ACTIVITIES**

## **STUDENT ACTIVITIES**

Students are encouraged to participate in campus activities, e.g., orientation programs, recruitment functions, social and cultural events, interprofessional activities and the Pinning Ceremony. Students have the opportunity to represent the students' viewpoints on Department, College, and University committees. The University and Thomas Jefferson University Hospital sponsor many volunteer and mentoring programs. Professional organizations, Jefferson Alumni Association, and the College sponsor many programs that focus on career and professional development.

## **PINNING CEREMONY**

Graduating students are invited to participate in the Department's Pinning Ceremony. During the ceremony, graduating students' names are announced and a pin is given to each graduate by their program faculty. The pin symbolizes welcoming the graduate into the profession. Honors and awards of the graduates, along with clinical educators, are also announced. Friends and family of the graduates are invited to participate in the celebration. The Pinning Ceremony is a special time to celebrate and acknowledge the hard work and achievements of the Department graduates, faculty, and administrative personnel.

## **HONORS AND AWARDS**

Students are eligible for:

- Department awards for outstanding overall performance
- Awards for clinical excellence

Awards are presented during the Pinning Ceremony.

## **PROFESSIONAL SOCIETIES**

Students are strongly encouraged to participate in professional activities and to seek memberships in national, state, and local societies. These organizations sponsor competitions for students and several offer scholarships and educational grants.

## **PROFESSIONAL ORGANIZATIONS**

- Society of Diagnostic Medical Sonography (SDMS) [sdms.org](http://sdms.org)
- American Institute of Ultrasound in Medicine (AIUM) [aium.org](http://aium.org)
- Society for Vascular Ultrasound (SVU) [svu.org](http://svu.org)
- American Society of Echocardiography (ASE) [asecho.org](http://asecho.org)
- American Society of Radiologic Technologists (ASRT) [https://asrt.org](http://asrt.org)
- Philadelphia Society of Radiologic Technologists (PhilaSRT) <http://philasrt.org/>
- Delaware Valley Echo Society (DVES) [https://dvesociety.org/](http://dvesociety.org/)
- International Contrast Ultrasound Society (ICUS) [https://icus-society.org/](http://icus-society.org/)

## **HONOR SOCIETIES**

- Lambda Nu Society (Honor Society for radiologic and imaging science professionals) <https://www.lambdanu.org>
  - Information to join Jefferson's PA Gamma Chapter of Lambda Nu is posted in the Canvas page, STUDENTS-Department of Medical Imaging and Radiation Sciences

## **ADDITIONAL POLICIES**

## **SUPERVISION POLICY**

Students must log the type of supervision (direct, indirect, or both) provided by the supervising sonographer or other designated sonography staff member for each patient encounter.

- Direct – Sonographer in the room with the student and directly observed the student scanning
- Indirect – Sonographer not in room while student scanned but reviewed the images and back-scanned the patient
- Both – Combination of direct and indirect

## **CONFIDENTIALITY OF STUDENT RECORDS**

Appropriately maintaining the security and confidentiality of student records and other program materials protects the students' right to privacy. Student records are maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). Student records at the clinical sites are maintained by the student/and or clinical supervisor and are not to be placed in open, public areas of the department.

## DRESS CODE AND APPEARANCE POLICY

Dress and appearance standards promote a consistent professional image and help patients and employees feel safe, confident, and comfortable. One must always present a professional appearance. The following charts list the acceptable and unacceptable dress and appearance standards.

### Dress Standards

	<b>Acceptable</b>	<b>Unacceptable</b>
<b>Tops</b>	<p>Navy scrub top. Jefferson branded embroidery.</p> <p>Tops must be in good condition, wrinkle-free and fit appropriately.</p> <p>A solid color white or black crew tee shirt may be worn under the scrub top. Sleeves should not extend beyond the scrub top sleeves.</p>	<p>Tight, clingy, over-sized, or excessively baggy-fitting tops.</p> <p>Wrinkled, shrunk, faded, stained (including under arms), worn-out tops.</p> <p>Tops that reveal the abdomen when standing, lifting or bending over. Tops that expose the cleavage, bra, back, shoulder, chest, lower back or under garments are not allowed.</p> <p>Shirts under the scrub top that extend beyond the scrub top sleeve. Shirts under the scrub top that are not solid white or black or have graphics or other patterns.</p>
<b>Jackets</b>	<p>Navy scrub jacket. Jefferson branded embroidery.</p> <p>The jacket must be in good condition, wrinkle-free and fit appropriately.</p> <p>This jacket is optional, but it is the only approved jacket.</p>	<p>Tight, clingy, over-sized, or excessively baggy-fitting jacket.</p> <p>Wrinkled, shrunk, faded, stained (including under arms), or worn-out jacket.</p> <p>Sweatshirts, hoodies, fleece jackets, or any other type of covering.</p>
<b>Pants</b>	<p>Navy scrub pants.</p> <p>Pants must be in good condition, wrinkle-free and fit appropriately.</p>	<p>Tight, clingy, over-sized, or excessively baggy-fitting pants. Baggy pants worn below the hips or that expose underwear.</p>

		<p>Wrinkled, shrunk, faded, stained, or worn-out pants.</p> <p>Pants that reveal the lower back or undergarments when standing, lifting or bending over.</p> <p>Pant hemlines that touch or drag on the ground.</p>
<b>Undergarments</b>	Must be worn at all times.	These items are not to be visible or show through clothing.
<b>Footwear</b>	<p>Solid white, leather, low-top sneaker footwear with laces that tie. Closed toe and closed heel with a solid upper covering (no holes on the top or side of the shoe).</p> <p>Shoestrings should be properly tied.</p> <p>Shoes and laces must be clean and in good condition with no holes or tears.</p>	<p>Clogs, sandals, flip-flops, slippers or open-toed shoes are not permitted.</p> <p>Colors other than solid white.</p> <p>Dirty or odor-ridden footwear.</p>
<b>Socks</b>	<p>Must be worn at all times.</p> <p>Socks should be solid color in black or white.</p>	<p>Colors other than solid black or white. Print styles other than solid color.</p> <p>Ornamentation such as beads, bells, etc.</p> <p>Dirty or odor-ridden socks.</p>
<b>Jewelry</b>	<p>Earrings should be of the small post type (no hoops). Only one (1) post earring per ear.</p> <p>Rings, necklaces, and bracelets are not recommended.</p> <p>Wedding bands are acceptable.</p> <p>A wristwatch with a second hand and one that is water resistant is recommended.</p>	<p>More than one post earring per ear.</p> <p>Excessive rings, bracelets, necklaces.</p>
<b>Body Piercings</b>	<p>Any body piercing besides ears should not be evident.</p> <p>Tongue rings are unacceptable and are not allowed to be worn.</p>	Visible or evident body piercings.



<b>Tattoos</b>	Any visible tattoos must be appropriately covered.	Visible tattoos on the body.
<b>Identification badges</b>	<p>ID badges and name tags must be always worn at collar/eye-level.</p> <p>ID badges must be free from distracting stickers, pins, etc.</p> <p>Photo ID must be always legible and visible.</p>	<p>Badges worn at or below the bottom of the sternum or that are not visible to staff and patients.</p> <p>Pins, stickers and other distracting adhesives.</p> <p>Lanyards used to hold ID badges are not permitted.</p>
<b>Radiation dosimeter</b>	<p>Radiation dosimeters are to be worn during all clinical and lab assignments.</p> <p>The radiation dosimeter is to be worn outside of protective apparel with the label facing the radiation source at the level of the thyroid.</p>	Not wearing a properly dated and properly placed radiation dosimeter.
<b>Operating room (OR) attire</b>	<p>Specific operating room scrubs, hair, face, and shoe attire will be provided by the operating room/radiology department. The OR attire is to be worn ONLY when physically present in the OR.</p> <p>The full Jefferson clinical uniform is required at all other times.</p>	Wearing hospital approved OR attire outside of the OR.

### Grooming Standards

<b>Body odor</b>	Must practice personal hygiene and be free of offensive odor.	Perfume, lotion, or cologne that may interfere with those who are ill or allergic to such odors or fragrances.
<b>Hair – head</b>	Must practice personal hygiene and be free of offensive odor.	<p>Extreme trends are not acceptable.</p> <p>Non-natural colors such as pink, blue, green, orange etc. is not acceptable.</p>
<b>Hair – face</b>	Nose and ear hair must be trimmed and maintained.	Excessive beard or mustaches styles.

	<p>Facial hair including mustache and beard must be neatly maintained.</p> <p>Facial hair is not permitted when fit testing for or wearing a N95 respirator mask. Consult JOHN for further advisement.</p>	
<b>Makeup</b>	<p>Makeup should be worn conservatively.</p> <p>If worn, makeup must appear professional and natural and should be conservative in styles and colors.</p>	<p>Frosted, bright colored eye shadow (i.e., bright green, purple, pink, etc.).</p> <p>Bright or excessively dark, thick eye liner worn under the eye or on top of the eyelid.</p>
<b>Hair accessories</b>	<p>Solid white, black or navy-blue hair bands or ties.</p>	<p>Ornamentation such as beads, bells, excessive bows, etc.</p>
<b>Fingernails</b>	<p>Nail length must be less than ¼ inches.</p> <p>No artificial nails.</p> <p>No nail polish.</p>	
<b>Gum</b>	<p>Chewing gum is not permitted.</p>	

### **Non-compliance**

Students not complying with the dress code and appearance policy will be removed from the clinical affiliate. Any clinical time missed due to a dress and appearance standards violation will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time if the site is willing to resume the clinical experience.

## APPENDIX A PATIENTS' BILL OF RIGHTS

*We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.*

*While you are a patient in the hospital, your rights include the following:*

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
- You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethics committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.

- This hospital works to provide care efficiently and fairly to all patients and the community. You and you visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

## **APPENDIX B SDMS CODE OF ETHICS**

Code of Ethics for the Profession of Diagnostic Medical Sonography  
Re-approved by SDMS Board of Directors, effective 02/08/2017  
(originally approved by SDMS Board of Directors, December 6, 2006)

### **PREAMBLE**

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

### **OBJECTIVES**

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

### **PRINCIPLES**

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

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

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

- A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.
- B. Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the National Commission for Certifying Agencies (NCCA) or the International Organization for Standardization (ISO).
- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- D. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.
- E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and recredentialing.
- F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
- G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

- H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

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

Copied in full, from <https://www.sdms.org/about/who-we-are/code-of-ethics> on August 19, 2024

**APPENDIX C**  
**STANDARDS AND GUIDELINES FOR THE ACCREDITATION OF EDUCATIONAL**  
**PROGRAMS IN DIAGNOSTIC MEDICAL SONOGRAPHY**

The Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography can be found at <https://www.jrcdms.org/standards.htm#gsc.tab=0>

## **APPENDIX D**

### **SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER**

DISCLAIMER: THIS DOCUMENT IS PROVIDED WITHOUT ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED. THE PARTICIPATING AND ENDORSING OR SUPPORTING ORGANIZATIONS EXPRESSLY DISCLAIM ALL LIABILITY TO ANY PARTY FOR THE ACCURACY, COMPLETENESS, OR AVAILABILITY OF THIS DOCUMENT, OR FOR DAMAGES ARISING OUT OF THE USE OF THIS DOCUMENT AND ANY INFORMATION IT CONTAINS.

© 2013-2024 by the participating organizations as a “joint work” as defined in 17 U.S. Code § 101 (the Copyright Act). Contact the Society of Diagnostic Medical Sonography for more information.

#### **SCOPE OF PRACTICE REVISION PROCESS**

In October 2022, representatives of 20 organizations came together to begin the process of revising the existing Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer. Thus began a process that engaged the participating organizations in an unrestricted dialogue about needed changes. The collaborative process and exchange of ideas has led to this document, which is reflective of the current community standard of care. The current participants recommend a similar collaborative process for future revisions that may be required as changes in ultrasound technologies and healthcare occur.

#### **ENDORSING/SUPPORTING ORGANIZATIONS**

The following organizations participated in the development of this document. Those organizations that have formally endorsed the document are identified with the “†” symbol. Supporting organizations are identified with the “\*” symbol.

- AHRA: The Association for Medical Imaging Management (AHRA) †
- American College of Radiology (ACR) †
- American Institute of Ultrasound in Medicine (AIUM) \*
- American Registry for Diagnostic Medical Sonography (ARDMS)/Inteleos \*
- American Registry of Radiologic Technologists (ARRT) \*
- American Society of Echocardiography (ASE) †
- American Society of Radiologic Technologists (ASRT) \*
- Cardiovascular Credentialing International (CCI) \*
- Committee on Accreditation of Advanced Cardiovascular Sonography (CoA-ACS) †
- International Contrast Ultrasound Society (ICUS) †
- Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) †
- Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) †
- Society for Vascular Medicine (SVM) †
- Society for Vascular Ultrasound (SVU) †
- Society of Diagnostic Medical Sonography (SDMS) †
- Society of Radiologists in Ultrasound (SRU) †

Note: Some organizations have internal policies that do not permit endorsement of external documents. “Supporting organization” denotes a more limited level of review and approval than endorsement and means the organization considers the clinical document to be of educational value, although it may not agree with every recommendation or statement in the document.

#### **OTHER PARTICIPATING ORGANIZATIONS**

The following organizations participated in the development of this document.

- American Vein and Lymphatic Society (AVLS)



- Intersocietal Accreditation Commission (IAC)
  - Medical Imaging Technology Alliance (MITA)
  - Perinatal Quality Foundation (PQF)
- Rev. 03/06/2024

## **LIMITATION AND SCOPE**

This document applies to diagnostic medical sonographers in the United States. Federal and state laws and rules/regulations, accreditation standards, and written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed may supersede these standards. The diagnostic medical sonographer, within the boundaries of all applicable legal requirements and restrictions, exercises individual thought, judgment, and discretion in the performance of a diagnostic medical sonographic examination or procedure considering the facts of the individual case.

This document is intended to set forth the standards in major areas of the diagnostic medical sonographer's responsibilities. It does not cover all areas or topics that may present themselves in actual practice. In addition, technological changes or changes in diagnostic medical sonographer practice may require modification of the scope of practice or clinical standards.

The definition of many of the terms and phrases used in this document is provided in the next section. A supervising physician or facility can use the list of considerations provided in Appendix A when evaluating a new diagnostic sonographic examination, procedure, or task.

## **DISCLAIMER**

THIS DOCUMENT IS PROVIDED WITHOUT ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED. THE PARTICIPATING AND ENDORSING OR SUPPORTING ORGANIZATIONS EXPRESSLY DISCLAIM ALL LIABILITY TO ANY PARTY FOR THE ACCURACY, COMPLETENESS, OR AVAILABILITY OF THIS DOCUMENT, OR FOR DAMAGES ARISING OUT OF THE USE OF THIS DOCUMENT AND ANY INFORMATION IT CONTAINS.

## **TERMINOLOGY AND DEFINITIONS**

NOTE: The terms examination, procedure, study, and test are sometimes used interchangeably by the medical community, insurance companies, and government agencies. However, for the purposes of this document, the terminology and definitions provided below will apply.

For purposes of this document, the following terminology and definitions are used:

**Advanced Diagnostic Medical Sonographer (Advanced Sonographer):** A sonographer who performs advanced or expanded sonography or related examinations, procedures, and tasks, or who may assist a physician or other legally authorized healthcare provider with interventional, invasive, or therapeutic procedures, under the supervision of a physician and in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed.

**Adverse/Sentinel Event:** An adverse/sentinel event is an unexpected occurrence involving actual or risk of death or serious physical or psychological injury.

**ALARA:** An acronym for As Low As Reasonably Achievable, the fundamental principle for the safe use of diagnostic medical ultrasound is to use the lowest output power, shortest scan time, and shortest dwell time (where appropriate) consistent with acquiring the required diagnostic images and information.

**Certification:** Designates that a person has demonstrated, through successful completion of a specialty certification examination, the requisite knowledge, skills, and competencies and met other requirements established by an accredited sonography certification/credentialing organization. Certification also includes maintenance of certification or renewal requirements. Also known as a sonography "registration."

**Certification/Credentialing Organization:** A national or international certification/ credentialing organization that specializes in the certification and registration of diagnostic medical sonographers and is accredited by the National Commission for Certifying Agencies (NCCA) or American National Standards

**Institute – International Organization for Standardization (ANSI – ISO).** The certification/credentialing organization awards a sonography credential upon successful completion of competency-based certification examination(s) and other requirements. Also known as a sonography “registry.” Examples include the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), and Cardiovascular Credentialing International (CCI).

**Continuing Medical Education (CME):** Ongoing education and training undertaken to maintain and enhance the sonographer’s knowledge and skills. CME may be required by employers, certification/ credentialing organizations, accreditation organizations, state agencies, and other relevant entities.

**Credential:** The recognition awarded to a person who has met the initial (and continuing) knowledge, skills, and competencies requirements of a sonography certification/credentialing organization.

**Diagnostic Medical Sonographer (Sonographer):** A person who provides diagnostic medical sonography examinations and related procedures. The images, findings, or results obtained by the sonographer are provided to an interpreting physician and may aid physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

**Education:** The process undertaken to gain knowledge of facts, principles, and concepts. Education encourages problem solving, critical thinking, and application of the facts, principles, and concepts learned. A sonographer’s educational preparation includes their initial and continuing medical education, as well as professional development.

**Examination:** A sonographic investigation performed to obtain diagnostic images and other information that aids physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

**Facility:** The employer of the sonographer including, but not limited to a hospital, clinic, physician’s office, mobile service.

**Interpreting Physician:** The physician who evaluates the sonographer’s images, findings, or results of the diagnostic examination or procedure. The interpreting physician provides the final interpretation, diagnosis, differential diagnosis, and/or recommendation(s) to the referring healthcare provider. In some clinical settings, the supervising and interpreting physician may be the same person.

**Policy:** A statement of intent to follow a particular course of action.

**Procedure:** A specific action or methodology performed to obtain diagnostic images and information that aids physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

**Professional Development:** Ongoing process of acquiring new knowledge, skills, and abilities to enhance a sonographer's career or prepare for career advancement opportunities. This may include both formal education (e.g., earning advanced degrees or certifications) or informal learning (e.g., attending seminars and conferences).

**Protocol:** A documented series of steps used to acquire needed diagnostic images and information when performing an examination or procedure.

**Referring Healthcare Provider:** A licensed physician or other legally authorized healthcare provider, who orders a diagnostic sonographic examination or procedure or refers the patient to a specialized facility for a diagnostic sonographic examination or procedure. In some clinical settings, the referring, supervising, and interpreting physician may be the same person.

**Sonographer's Report:** The sonographer's analysis of the images, findings, or results from a diagnostic sonographic examination or procedure. In accordance with the supervising physician or facility policies, the sonographer's report may include descriptive or diagnostic terminology. However, the sonographer's report is intended for the interpreting physician, not the patient. The sonographer's report is not a legal diagnosis. May also be known as a sonographer's technical report, worksheet, or notes.

**Specialization:** A medical specialty area with a corresponding sonography certification from a sonographer certification/credentialing organization.

**Supervising Physician:** A physician who provides overall medical direction of the sonographer but whose physical presence may not necessarily be required during the performance of a diagnostic sonographic examination or procedure. The supervising physician is available to review examinations and procedures and to offer direction and feedback. In some clinical settings, the referring, supervising, and interpreting physician may be the same person.

**Task:** Discrete action or step that is part of a larger sonographic examination or procedure (e.g., machine setting adjustment, transducer placement, patient positioning, disinfection). A task is typically more granular or focused than either an examination or procedure.

**Training:** Guided instruction, both didactic and clinical, necessary to properly perform an examination or procedure in accordance with accepted practice standards. While closely related to education, training is undertaken to gain a specific skill.

**Work-Related Musculoskeletal Disorder (WRMSD):** The conditions or risk for conditions that are caused or aggravated by cognitive and physical workplace activities, which can affect the mind and body. Unlike acute injuries that occur in the workplace, such as slips, trips, and falls, a WRMSD develops gradually over time from repeated exposure to a variety of risk factors, which may be painful during work or at rest. Also referred to as "work-related musculoskeletal strain injuries" and "cumulative trauma disorders."

## **SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER**

### **STATEMENT OF PURPOSE**

The purpose of this document is to define the scope of practice and clinical standards for the diagnostic medical sonographer ("sonographer") and describe their role as a member of the healthcare team. Above all else, the sonographer should act in the best interest of the patient.

The sonographer's scope of practice is defined by four components: professional, jurisdictional, institutional, and personal.

1. The professional component is grounded in the diagnostic medical sonography ("sonography") profession's unique body of knowledge, supported by educational preparation, based on a body of evidence, and linked to existing or emerging medical practice frameworks (including specialty clinical practice or accreditation standards, guidelines, or recommendations).

2. The jurisdictional (i.e., legal) component is established by any applicable federal or state laws and regulations/rules (e.g., medical imaging licensure, medical practice acts, privacy laws, abuse reporting laws, and legal opinions).
3. The facility component defines the sonographer's operational functions and responsibilities and is approved by the supervising physician or facility's credentialing process (e.g., through written job descriptions and written supervising physician or facility policies, procedures, and protocols).
4. The personal component consists of the examinations, procedures, and associated tasks for which the sonographer is educated, trained, competent, and certified to perform.

## **DEFINITION OF THE PROFESSION**

Sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac (i.e., adult, fetal, pediatric) sonography, musculoskeletal sonography, obstetrics/gynecology sonography, pediatric sonography, venous sonography, vascular technology/sonography, and other emerging specialties and clinical areas. These diverse specialties and clinical areas all use ultrasound as the primary imaging technology.

The sonographer performs diagnostic sonographic examinations, procedures, and associated tasks. The sonographic images and other information obtained by the sonographer is provided to the interpreting or supervising physician. In addition, the sonographer may assist a physician or other legally authorized healthcare provider who is performing interventional, invasive, or therapeutic procedures. The sonographer does not practice independently, but rather functions as a delegated agent and under the supervision of a physician. The sonographer functions in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed. Specialty clinical practice or accreditation standards, guidelines, or recommendations may also impact the sonographer's performance of an examination, procedure, or task.

A fundamental approach to the safe use of ultrasound is to apply elements of the As Low As Reasonably Achievable ("ALARA") Principle including lowest output power, the shortest scan time, and the shortest dwell time (where appropriate), consistent with acquiring the required diagnostic images and related information. The sonographer uses proper patient positioning, tools, devices, equipment adjustment, and ergonomically correct scanning techniques to promote patient comfort, prevent compromised acquisition of examination or procedure images, findings, or results, and prevent musculoskeletal injury to the sonographer.

Sonographers must be committed to increasing knowledge and technical competence (e.g., through continuing medical education and staying abreast of emerging trends, technologies, and advancements in the profession). Sonographers use independent, professional, and ethical judgment and critical thinking to safely perform diagnostic sonographic examinations, procedures, and associated tasks. Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers vary by sonography specialty areas. The sonographer should demonstrate competence through appropriate education, training, and experience in all diagnostic sonographic examinations, procedures, and associated tasks performed.

Demonstration and maintenance of competency through certification by a sonography certification/credentialing organization that is accredited by the National Commission of Certifying Agencies (NCCA) or American National Standards Institute – International Organization for Standardization (ANSI – ISO) is the standard of practice in sonography, and maintenance of certification in all areas of clinical practice is endorsed. States, employers, and accrediting organizations should require maintenance of sonographer certification, if available, in all areas of clinical practice.

## **EVOLVING ADVANCED ROLES**

Under the supervision of a physician and in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, some sonographers may be authorized to perform advanced or expanded sonography or related examinations, procedures, and tasks, or to assist physicians or other legally authorized healthcare providers with performance of interventional, invasive, or therapeutic procedures (see Appendices A and B). Advanced sonographer job titles (e.g., advanced sonographer, advanced cardiac sonographer, ultrasound practitioner) and written job descriptions may vary based on the needs of the supervising physician or facility and their education, training, competence, experience, and available advanced sonographer certifications/credentials. In this document, they are referred to as advanced diagnostic medical sonographers (or advanced sonographers).

Advanced sonographers have a higher level of education, training, competence, and experience and are qualified to perform more complex and specialized examinations and procedures. They have a deeper understanding of anatomy, physiology, and medical conditions, and may be responsible for accurately analyzing their own and other's sonographic findings. Other roles assigned to advanced sonographers may include but not be limited to improving lab quality and efficiency through continuous quality improvement, mentorship, educational, professional development, and sonographic-related research programs. Formal advanced education and training or advanced-level sonography certification/credentialing may be required (e.g., Advanced Cardiac Sonographer (ACS) from Cardiovascular Credentialing International).

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

- Sonography students enrolled in an accredited sonography educational program who are providing clinical services to patients under the appropriate supervision of a qualified sonographer or other qualified healthcare provider.
- Sonographers who are cross-training in an additional sonography specialty area under the supervision of an appropriately certified sonographer or other qualified healthcare provider.
- Sonographers or sonography students who are providing assessment during an emergency (e.g., disaster) where an appropriately certified sonographer is not available in a timely manner.

## **DIAGNOSTIC MEDICAL SONOGRAPHER CLINICAL STANDARDS**

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

### **SECTION 1**

#### **STANDARD – PATIENT INFORMATION ASSESSMENT AND EVALUATION**

1.1 Information regarding the patient's past and present health status is essential in providing relevant diagnostic information. Therefore, pertinent information related to the diagnostic sonographic examination or procedure should be collected and evaluated to determine its relevance to the examination. In compliance with privacy and confidentiality standards and in accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.1.1 Verifies patient identification using multiple indicators (e.g., name and date of birth) and that the ordered examination or procedure correlates with the patient's clinical history and presentation.

1.1.2 Consults the facility's policies, procedures, protocols, supervising physician, or referring healthcare provider on how to proceed if the ordered examination or procedure does not correlate with the patient's clinical history and presentation.

1.1.3 Interviews the patient, or their representative, and/or reviews the medical record, including prior correlative imaging studies, to gather relevant information regarding the patient's medical history and current presenting indications for the study.

1.1.4 Evaluates and documents any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination or procedure.

1.1.5 Verifies the patient, or their representative, understands and has provided consent for the diagnostic sonographic examination or procedure to be performed.

#### **STANDARD – PATIENT COMMUNICATION AND EDUCATION**

1.2 Effective communication and education are necessary to establish a positive relationship with the patient or their representative, and to elicit patient cooperation and understanding of expectations. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.2.1 Communicates explanations and instructions to the patient, or their representative, in a manner appropriate to the individual's ability to understand.

1.2.2 Responds to questions of concerns from the patient, or their representative.

1.2.3 Communicates authorized information to other healthcare providers or the patient (or their representative), as directed.

1.2.4 Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare provider.

#### **STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION OR PROCEDURE**

1.3 Determination of the most appropriate protocol will optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the objective of the examination or procedure. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.3.1 Integrates medical history, previous studies, and current symptoms in determining the appropriate diagnostic protocol and customizing the examination or procedure to the needs of the patient.

1.3.2 Uses professional judgment to adapt the protocol or consults appropriate healthcare providers, when necessary, to optimize examination or procedure images, findings, or results.

1.3.3 Follows facility protocol or consults with the supervising physician to determine if an intravenous ultrasound contrast agent or other pharmacologic agent may enhance image quality or obtain additional diagnostic information.

1.3.4 With appropriate education, training, demonstration of competence, and supervision, performs venipuncture, intravenous line insertion, and administration of intravenous fluid, ultrasound contrast agent, or other pharmacologic agent to enhance image quality or obtain additional diagnostic information.

1.3.5 With appropriate education, training, demonstration of competence, and supervision, administer other medications related to the examination or procedure via enteral or parenteral routes, as prescribed by a physician or other legally authorized healthcare provider.

#### **STANDARD – IMPLEMENTATION OF THE PROTOCOL**

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.4.1 Performs the examination or procedure.

1.4.2 Adapts the protocol according to the patient's disease process or condition, any contraindications, insufficient patient preparation, or other factors affecting completion of the examination or procedure.

- 1.4.3 Adapts the protocol according to any physical environment where the examination or procedure must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room) to ensure patient safety and comfort and minimize risk of sonographer injury, including a work-related musculoskeletal disorder (WRMSD).
- 1.4.4 Adapts the protocol according to images obtained or changes in the patient's clinical status during the examination or procedure.
- 1.4.5 Monitors the patient's clinical status and performs basic patient care tasks related to the examination or procedure, as needed.
- 1.4.6 Activates emergency protocol and administers first aid or basic life support, if needed.
- 1.4.7 Recognizes sonographic characteristics of images, findings, or results; adapts protocol as appropriate to further assess images, findings, or results; adjusts scanning technique to optimize image quality and diagnostic information.
- 1.4.8 Performs examination or procedure measurements and calculations, if applicable.
- 1.4.9 Analyzes sonographic images, findings, or results throughout the course of the examination or procedure so that optimal examination or procedure is completed, and sufficient information is provided in the sonographer's report to the interpreting physician.
- 1.5 Careful evaluation of examination or procedure images, findings, or results in the context of the protocol is important to determine whether the goals have been met. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:
  - 1.5.1 Determines that the examination, as performed, complies with the applicable protocol.
  - 1.5.2 Identifies and documents any limitations to the examination or procedure (e.g., equipment failure, lack of patient cooperation or preparation).
  - 1.5.3 Initiates additional techniques or procedures (e.g., administering intravenous ultrasound enhancing or other pharmacologic agents) or obtains additional images, when indicated.
  - 1.5.4 Notifies appropriate healthcare provider(s) when immediate medical attention may be necessary, based on the examination or procedure images, findings, or results, or the patient's condition.

## **STANDARD – DOCUMENTATION**

- 1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:
  - 1.6.1 Provides timely, accurate, concise, and complete images and documentation to the interpreting physician.
  - 1.6.2 Documents adaptations of the facility's protocol including, but not limited to, any contraindications, insufficient patient preparation or inability or unwillingness to complete the examination or procedure, or any physical circumstances under which the examination or procedure was performed.
  - 1.6.3 Provides a written or electronic sonographer's report of the examination or procedure images, findings, or results to the interpreting physician, and if needed (e.g., due to critical examination or procedure images, findings, results, or the patient's condition), a verbal report.

## **SECTION 2**

### **STANDARD – IMPLEMENT SAFETY AND QUALITY IMPROVEMENT PROGRAMS**

- 2.1 Participation in safety and quality improvement programs is imperative. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:
  - 2.1.1 Maintains a safe environment for patients and staff.
  - 2.1.2 Maintains a safe environment for the sonographer to avoid injuries, including WRMSDs.
  - 2.1.3 Directs, implements, or performs quality control procedures to determine that equipment operates at optimal levels and to promote patient safety.

2.1.4 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols or accreditation standards.

#### **STANDARD – QUALITY OF CARE**

2.2 All patients expect and deserve optimal care. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

2.2.1 Obtains the images and information needed by the interpreting physician.

2.2.2 Reports suboptimal performance of equipment, examination or procedure conditions, patient positioning or cooperation, or adverse/sentinel events.

#### **STANDARD – SONOGRAPHER HEALTH AND WELL-BEING**

2.3 Sonographer physical and mental health and well-being is essential to ensure ability and availability to perform diagnostic sonographic examinations, procedures, and associated tasks. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

2.3.1 Directs, implements, or participates in programs that seek to improve the health and well-being of sonographers, including but not limited to the reduction of WRMSDs.

2.3.2 Recognizes and reports signs and symptoms of WRMSDs and changes in health status or well-being.

### **SECTION 3**

#### **STANDARD – SELF-ASSESSMENT**

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

3.1.1 Recognizes strengths and uses them to benefit patients, coworkers, and the profession.

3.1.2 Recognizes weaknesses and limitations and performs examinations and procedures only after demonstrating competence through appropriate education, training, experience, and certification in relevant areas of clinical practice.

3.1.3 Recognizes the need to stay informed about new developments, technologies, and trends in relevant areas of clinical practice, which may require additional training or education.

#### **STANDARD – EDUCATION**

3.2 Advancements in medical science and technology occur very rapidly, requiring an ongoing commitment to professional education. The sonographer:

3.2.1 Obtains and maintains appropriate professional certification/credential and state license, if required, in areas of clinical practice.

3.2.2 Takes advantage of opportunities for educational and professional development and growth beyond required continuing medical education.

#### **STANDARD – COLLABORATION**

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

3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team.

3.3.2 Supports coworkers and colleagues in adopting healthy work practices and creating a supportive work environment.

3.3.3 Communicates effectively with members of the healthcare team regarding patient welfare while maintaining patient privacy in written, digital, and verbal communication.

3.3.4 Shares knowledge and expertise with colleagues, students, and members of the healthcare team.



## **SECTION 4**

### **STANDARD – ETHICS**

- 4.1 All decisions made and actions taken on behalf of the patient adhere to ethical and professional standards. The sonographer:
- 4.1.1 Adheres to accepted professional ethical standards and maintains professional accountability.
  - 4.1.2 Is accountable for their own professional judgments, decisions, and actions.
  - 4.1.3 Provides patient care with equal kindness, compassion, dignity, and respect for all.
  - 4.1.4 Respects and promotes patient rights and acts as a patient advocate.
  - 4.1.5 Does not perform sonographic examination or procedures without a medical order by an authorized healthcare provider, except as authorized in an educational (e.g., sonography educational program, in-service training, and continuing medical education activity) or research setting.
  - 4.1.6 Educates patients and other healthcare providers of the potential exposure risks associated with nonmedical entrepreneurial or entertainment 2D/3D/4D sonographic procedures.
  - 4.1.7 Does not perform examinations or procedures for which they are not appropriately educated, trained, experienced, competent, and as applicable, certified to perform.
  - 4.1.8 Complies with federal and state laws and rules/regulations, accreditation standards, and written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed.
  - 4.1.9 Adheres to this scope of practice and other applicable related professional documents.

### **APPENDIX A. EVALUATION OF PROPOSED EXAMINATION, PROCEDURE, OR TASK**

When a supervising physician or facility proposes that a sonographer perform a new sonography-related examination, procedure, or task, it is critical that everyone involved understand the request and any implications. Failure to carefully consider the parameters and consequences of undertaking a new examination, procedure, or task could impact patient safety and create legal liabilities for the sonographer, supervising physician, interpreting physician, and the facility. Considerations may include, but are not limited to:

- Appropriateness
  - Does the sonographer’s education, training, and experience support a sonographer being the most appropriate person to perform the proposed examination, procedure, or task?
  - Is adequate time available for a sonographer to complete the proposed examination, procedure, or task?
  - Will the proposed examination, procedure, or task negatively impact the patient’s experience or the examination or procedure workflow, images, findings, or results?
  - Could the proposed examination, procedure, or task increase the risk of an ergonomic injury to a sonographer?
  - Are there any specialty clinical practice or accreditation standards, guidelines, or other recommendations regarding the proposed examination, procedure, or task to be performed by a sonographer?
- Patient Safety
  - Can the proposed examination, procedure, or task be performed competently and safely by a sonographer?
- Research
  - Does published peer-reviewed research support the efficacy of the proposed examination, procedure, or task and/or its performance by a sonographer?
  - Physician Supervision
    - Has the proposed examination, procedure, or task been reviewed and approved by the supervising physician or the facility’s credentialing body (i.e., medical chain of command)?
  - Is the proposed level of physician supervision appropriate and comply with federal, state, accreditation, and other requirements or standards?

- Policies and Procedures
  - Has the proposed examination, procedure, or task been incorporated into the supervising physician’s or facility’s written policies and procedures, protocols, and job descriptions, and any applicable written approval(s) been obtained?
- Education, Training, and Competence
  - Has the proposed examination, procedure, or task been incorporated into a formal education and training program (including continuing medical education) approved by the supervising physician or the facility’s credentialing body (i.e., medical chain of command)?
  - Has each sonographer’s successful completion of the education, training, and demonstration of competence specific to the proposed examination, procedure, or task been documented in writing?
  - How will ongoing education, training, and competence be demonstrated and documented?
- Accreditation or Insurer Standards
  - Have applicable accreditation or insurer standards been consulted/reviewed to ensure the delegation of the proposed examination, procedure, or task to a sonographer complies with accreditation or insurer standards?
- Quality Improvement/Assurance
  - Has the proposed examination, procedure, or task been incorporated into a new or existing quality improvement program to ensure that it is being performed competently and safely by a sonographer?
- Medical Oversight
  - If applicable, has the state’s medical licensing board been consulted to ensure compliance with the state’s statutes, regulations, or written opinions regarding the proposed delegation of the examination, procedure, or task (or similar examination, procedure, or task) to a sonographer been reviewed?
- Liability and Risk Management
  - Has the supervising physician or facility’s risk management (or other applicable department) reviewed the proposed delegation of the examination, procedure, or task to a sonographer to ensure it complies with applicable medical malpractice or business insurance policies?
- Legal Review
  - Has the supervising physician or facility consulted an attorney licensed to practice in the state to ensure the proposed delegation of the examination, procedure, or task to a sonographer complies with all applicable legal requirements?

## **APPENDIX B. SONOGRAPHER SCOPE OF PRACTICE RESOURCES**

### Sonography Certification/Credentialing Organizations

- American Registry for Diagnostic Medical Sonography (ARDMS) <https://www.ardms.org/>
- American Registry of Radiologic Technologists (ARRT) <https://www.arrt.org/>
- Cardiovascular Credentialing International (CCI) <https://cci-online.org/>

### Sonography Educational Program Accreditation

- Commission on Accreditation of Allied Health Education Programs (CAAHEP) <https://www.caahep.org/>
- Committee on Accreditation of Advanced Cardiovascular Sonography (CoA-ACS) <https://caahep-public-site-5be3d9.webflow.io/committees-on-accreditation/advanced-cardiovascular-sonography>
- Joint Review Committee on Accreditation in Cardiovascular Technology (JRC-CVT) <https://www.jrccvt.org/>

- Joint Review Committee on Accreditation in Diagnostic Medical Sonography (JRC-DMS)  
<https://www.jrcdms.org/>

#### Sonography Facility Accreditation Standards

- American College of Radiology (ACR) <https://www.acraccreditation.org/>
- American Institute of Ultrasound in Medicine (AIUM)  
<https://aium.org/accreditation/accreditation.aspx>
- Intersocietal Accreditation Commission (IAC) <https://intersocietal.org/>

#### Sonography National Education Curriculum (NEC)

- <https://jrcdms.org/nec.htm>

#### Sonography Practice Parameters, Standards, Guidelines, and Position Statements

- American College of Radiology (ACR): Practice Parameters and Technical Standards  
<https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards>
- American Institute of Ultrasound in Medicine (AIUM): Practice Parameters  
<https://www.aium.org/resources/guidelines.aspx>
- American Society of Echocardiography (ASE): Guidelines <https://www.asecho.org/guidelines-search/>
- American Society of Radiologic Technologists (ASRT): Professional Practice  
<https://www.asrt.org/main/standards-and-regulations/professional-practice>
- American Vein & Lymphatic Society (AVLS): Clinical Guidelines  
<https://www.myavls.org/member-resources/clinical-guidelines.html>
- International Contrast Ultrasound Society (ICUS): Sonographer Scope of Practice Policy Statement <https://icus-society.org/icus-sonographer-scope-of-practice-policy-statement-9-2018/>
- Society for Vascular Ultrasound (SVU): Professional Performance Guidelines  
<https://www.svu.org/practice-resources/professional-performance-guidelines/>
- Society of Diagnostic Medical Sonography (SDMS): Position Statements  
<https://www.sdms.org/about/who-we-are/sdms-position-statements>

#### Sonographer Job Descriptions (Models/Templates)

- Committee on Accreditation of Advanced Cardiovascular Sonography (COA-ACS) (includes ACS Sample Job Description Templates) <https://caahep-public-site-5be3d9.webflow.io/committees-on-accreditation/advanced-cardiovascular-sonography>
- Society of Diagnostic Medical Sonography (SDMS) Model Job Descriptions (includes Staff Sonographer, Lead Sonographer, Advanced Sonographer, and Sonography Manager)  
<https://www.sdms.org/resources/careers/job-description>

#### State Medical Boards

- <https://www.fsmb.org/contact-a-state-medical-board/>

#### State Sonographer Licensure

- <https://www.sdms.org/advocacy/state-licensure>

#### Work-Related Musculoskeletal Disorders (WRMSD) Resources

- Industry Standards for Prevention of Work Related Musculoskeletal Disorders in Sonography  
<https://www.sdms.org/docs/default-source/Resources/industry-standards-for-the-prevention-of-work-related-musculoskeletal-disorders-in-sonography.pdf>

**APPENDIX E  
MAGNETIC RESONANCE (MR)  
ENVIRONMENT SCREENING FORM**

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room.

Please indicate if you have any of the following:

Shunts/Stents/Filters/Intravascular Coil	Yes	No
Spinal cord stimulator	Yes	No
Neurostimulator/Bio stimulator	Yes	No
Insulin or other infusion pump	Yes	No
Implanted drug infusion device	Yes	No
Internal electrodes or wires	Yes	No
Ear Surgery/Cochlear Implants/Stapes Prosthesis	Yes	No
Hearing aid (Remove before entering MR scan room)	Yes	No
Eye Surgery/Implants/Eyelid Spring/Wires/Retinal Tack	Yes	No
Have you ever worked in a metal or machine shop	Yes	No
Injury to the eye involving metal or metal shavings	Yes	No
Artificial or prosthetic limb	Yes	No
Orthopedic Pins/Screws/Rods	Yes	No
Joint replacement	Yes	No
Endoscopic video capsule	Yes	No
Endoscopy or Colonoscopy clips	Yes	No
Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes	Yes	No
IUD, diaphragm or pessary	Yes	No
Tattoo's/Permanent Make-up/Body Piercing/Patches	Yes	No
Metallic Foreign Bodies - Bullets/Shrapnel/BB	Yes	No
Any other internal/external implant or device	Yes	No
Shunts/Stents/Filters/Intravascular Coil	Yes	No
Spinal cord stimulator	Yes	No
Neurostimulator/Bio stimulator	Yes	No
Insulin or other infusion pump	Yes	No
Implanted drug infusion device	Yes	No
Internal electrodes or wires	Yes	No
Ear Surgery/Cochlear Implants/Stapes Prosthesis	Yes	No
Hearing aid (Remove before entering MR scan room)	Yes	No
Eye Surgery/Implants/Eyelid Spring/Wires/Retinal Tack	Yes	No
Have you ever worked in a metal or machine shop	Yes	No

**APPENDIX F  
ACADEMIC CALENDAR**

**FALL 2024**

April 1, Monday	Online Registration Begins (Anticipated)
August 26, Monday	Classes Begin
September 1, Sunday	Last Day to Add Online
September 2, Monday	Labor Day (University Holiday - No Classes)
September 4, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
October 9, Wednesday	Last Day for Course Withdrawal
November 4, Monday	Online Registration for Spring 2025 Begins (Anticipated)
November 27, Wednesday	Thanksgiving Break Begins (After Classes End)
November 28, Thursday	Thanksgiving (University Holiday - No Classes)
December 1, Sunday	Thanksgiving Break Ends
December 2, Monday	Classes Resume
December 6, Friday	Classes End
December 9, Monday	Final Exams Begin
December 13, Friday	Final Exams End
December 20, Friday	Grades Due and Made Available to Students

**SPRING 2025**

November 4, Monday	Online Registration Begins (Anticipated)
January 2, Thursday	Classes Begin
January 5, Sunday	Last Day to Add Online
January 8, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
January 20, Monday	Martin Luther King, Jr. Day (University Holiday - No Classes; Day of Service)
February 16, Sunday	Last Day for Course Withdrawal
March 7, Friday - March 16, Sunday	Spring Break (After Classes End)
March 17, Monday	Classes Resume
March 31 Monday	Online Registration for Summer 2025, Fall 2025 Begins

April 18, Friday	Classes End
April 21, Monday	Final Exams Begin
April 25, Friday	Final Exams End
May 2, Friday	Grades Due and Made Available to Students
TBD	Commencement
<b>SUMMER 2025</b>	
March 31, Monday	Online Registration Begins (Anticipated)
April 28, Monday	Classes Begin
May 4, Sunday	Last Day to Add Online
May 7, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
May 26, Monday	Memorial Day (University Holiday - No Classes)
June 18, Wednesday	Last Day for Course Withdrawal
July 4, Friday	Independence Day (University Holiday - No Classes)
August 15, Friday	Classes End
August 22, Friday	Grades Due and Made Available to Students