

**Diagnostic Medical Sonography
Student Handbook
Certificate and Bachelor of Science
Programs**

2023-2024



Great Basin College is regionally accredited by the Northwest Commission on Colleges and Universities (NWCCU) which is a postsecondary accrediting agency recognized by the US Department of Education and the Council for Higher Education Accreditation (CHEA) 8060 – 165th Avenue N.E., Suite 100, Redmond, WA 98052 (425-558-4224)

The Great Basin College Diagnostic Medical Sonography Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS).
Commission on Accreditation of Allied Health Education Programs
www.caahep.org
9355 113th St N, #7709
Seminole, FL 33775 727-210-2350



WELCOME!

Revised July 2023

Welcome to Great Basin College's Health Science and Human Services Department. The programs offered by this department are dynamic professions that offer almost unlimited opportunities and challenges. They play a key role in the delivery of health care. The roles continually diversify and the need for more healthcare providers will be greater than ever in the coming decade. You will be joining more than 400 GBC graduates who are making a difference in the health of their patients and in the dramatic changes taking place within the health care system!

The Health Science and Human Services faculty support the Mission of Great Basin College to enrich lives through student-centered educational programs. We are committed to enriching your life and those you care for in the future by preparing you to provide high quality health care and to engage in life-long learning.

***Amber Donnelly, PhD, RN, CNE
Dean, Health Science and Human Services
Nursing Programs Director***

Purpose of the Student Handbook

The purpose of this handbook is to assist you in understanding more fully the policies, practices, and procedures of the Health Science and Human Services Department of Great Basin College. This handbook serves as the source of information about the policies and procedures in the programs offered in the Health Science and Human Services Department (nursing, medical imaging, paramedic, and human services programs). You are required to sign a statement indicating you understand and agree to abide by these policies and guidelines each year that you are in the program. Because policies and procedures are continuously subject to change by external and internal sources, the faculty review and modify these policies and practices as necessary. Students will be notified in writing of any changes made during the academic year.

This handbook is not all-inclusive, nor does it replace the Great Basin College *General Catalog* or the Nevada System of Higher Education (NSHE) Board of Regents Code Title 2, Chapter 6 which addresses misconduct. The provisions of this document are not to be regarded as an irrevocable contract between the student and the GBC HSHS programs.

IMPORTANT NOTE: In most cases where a conflict may exist between the guidance in this handbook and the GBC Catalog, the GBC Catalog shall take precedence. However, some unique aspects of the healthcare education require policies different from those for other GBC students, for example, student health requirements.

**GREAT BASIN COLLEGE
HEALTH SCIENCE AND HUMAN SERVICES PROGRAMS
STUDENT AGREEMENT FOR THE 2023-2024 ACADEMIC YEAR**

(initial) I have read, understand and agree to abide by the policies and guidelines stated in the Great Basin College Diagnostic Medical Sonography Program 2023-2024 Student Handbook.

(initial) I understand that as a condition of enrollment in Great Basin College’s Diagnostic Medical Sonography Program, I agree that a clinical facility/agency may, at any time, require a “for cause” drug and/or alcohol screen. I agree to execute a consent for release of the results of the drug and/or alcohol screening information to the clinical facility/agency should they request such information.

(initial) I understand and acknowledge that once admitted to the Great Basin College’s Diagnostic Medical Sonography Program, failure to maintain the professional and/or ethical standards of the program may result in dismissal from the program. I also understand that the Health Science and Human Services Department Admission and Progression Committee may at any time request information from the Administrative Officer of Great Basin College to determine whether I have ever violated NSHE (Nevada System of Higher Education) Code.

(initial) I understand and acknowledge that no resources or information from any sonography course can be shared outside the classroom or lab.

(initial) I understand the importance of clinical experience and agree to follow my assigned clinical schedule and acknowledge clinical experiences cannot be arranged to accommodate outside factors such as work, family requirements, etc. I also recognize clinical placement can only be altered by program faculty and clinical sites and will not be negotiated with the student.

My emergency contact person(s) are listed below. I understand that this individual or individuals are responsible for ensuring that I am transported home in the event one of my faculty or the Health Science and Human Services Department Dean determines that I am not able to continue being present in the classroom, lab, or clinical setting.

Name	Phone #	Relationship
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Name	Phone #	Relationship
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Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in Berg Hall, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775-327-2366

Printed Name

Student Signature

Date

Witness: (Faculty/ Dean)

Date

***Keep this copy in this handbook for future reference.
The Agreement at the back of this handbook should be signed and
returned to the GBC Health Science and Human Services Department.***

GREAT BASIN COLLEGE
HEALTH SCIENCE AND HUMAN SERVICES DEPARTMENT
Agreement to Participate in Practice Lab Procedures
2023-2024 Academic Year

During my enrollment in one of the GBC Health Science and Human Services Programs, and under the direct supervision of a faculty member, I understand I will have the opportunity to model for sonography students. I understand that my grade will not be affected by my decision to participate as a lab model. Please select the appropriate box pertaining to your interest in opting in or out of this opportunity.

I would like to **opt in** to serving as a model I would like to **opt out** of serving as a model

1. Sonographic Imaging

I agree to hold harmless and waive the liability of the student and/or students performing the procedure(s), the supervising instructor and Great Basin College for any injuries incurred as a result of my agreeing to have these procedures performed on my person. I understand that ultrasound images produced in the student scanning lab will not be reviewed by a licensed physician and will not be used for diagnostic purposes.

I, for myself and on behalf of my heirs, personal representatives and next of kin release all employees, students and administrators of Great Basin College from any responsibility for all future and current diagnostic concerns arising from negligence or otherwise.

It is understood that ARDMS credentialed supervising sonography faculty and/or students may incidentally discover or miss potential areas of diagnostic concern during scanning lab. It is not within the ARDMS registered supervising faculty's scope of practice to diagnose abnormalities.

I understand that I can opt in or out of any scanning procedures, including in the midst of an exam.

Printed Name Student Signature

Date

Witness: (Faculty / Dean)

Date

Keep this copy in this handbook for future reference.
The Agreement at the back of this handbook should be signed and returned to the GBC Health Science and Human Services Department.



**CONFIDENTIALITY AGREEMENT
AND CONSENT FOR
PHOTOGRAPHY AND VIDEO
RECORDING**

During your participation at the Great Basin College Practice Lab, you will be an active participant and observer of the performance of other individuals in the management of acute medical, surgical, and other health care events in simulated experiences.

The objective of the simulation experience program is to educate pre-licensed and licensed health care practitioners to better assess and improve their performance in evolving health care situations. Simulations are designed to challenge a healthcare professional's response and judgment in stress environments.

Due to the unique aspects of this form of training, you are required to maintain and hold confidential all information regarding the performance of specific individuals and the details of the scenarios.

There may be continuous audiovisual digital recording during all simulations which will be used for educational purposes. This video recording is considered a QUALITY ASSURANCE TOOL and is protected by Federal Law.

By signing this agreement, you agree to maintain strict confidentiality regarding both your and others' performance, whether seen in real time, on video, or otherwise communicated to you. Failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants.

To maintain optimal simulation experiences for other learners who will be following you in the center, you are to maintain strict confidentiality regarding the specifics of the scenarios. A breach of confidentiality may result in loss of privileges in the Practice Lab.

By signing below, you acknowledge you have read and understand this statement and agree to maintain the strictest confidentiality about the performance of individuals and the simulation scenarios you observe.

_____ I agree to maintain strict confidentiality about the details of the scenarios and the performance of other participants during scenarios at Great Basin College Practice Lab.

I authorize the Great Basin College Practice Lab to use the video recording(s) and photographs made in the Practice Lab for the following purposes:

- _____ 1) Debriefing scenario participants,
- _____ 2) Administrative review,
- _____ 3) Educational research,
- _____ 4) Commercial purposes, which can include public relations, promotional advertisements, and/or fund-raising activities. I understand that, unless otherwise approved by me, I will not be specifically identified.

Last Name, First Name(*Please Print*)

Date

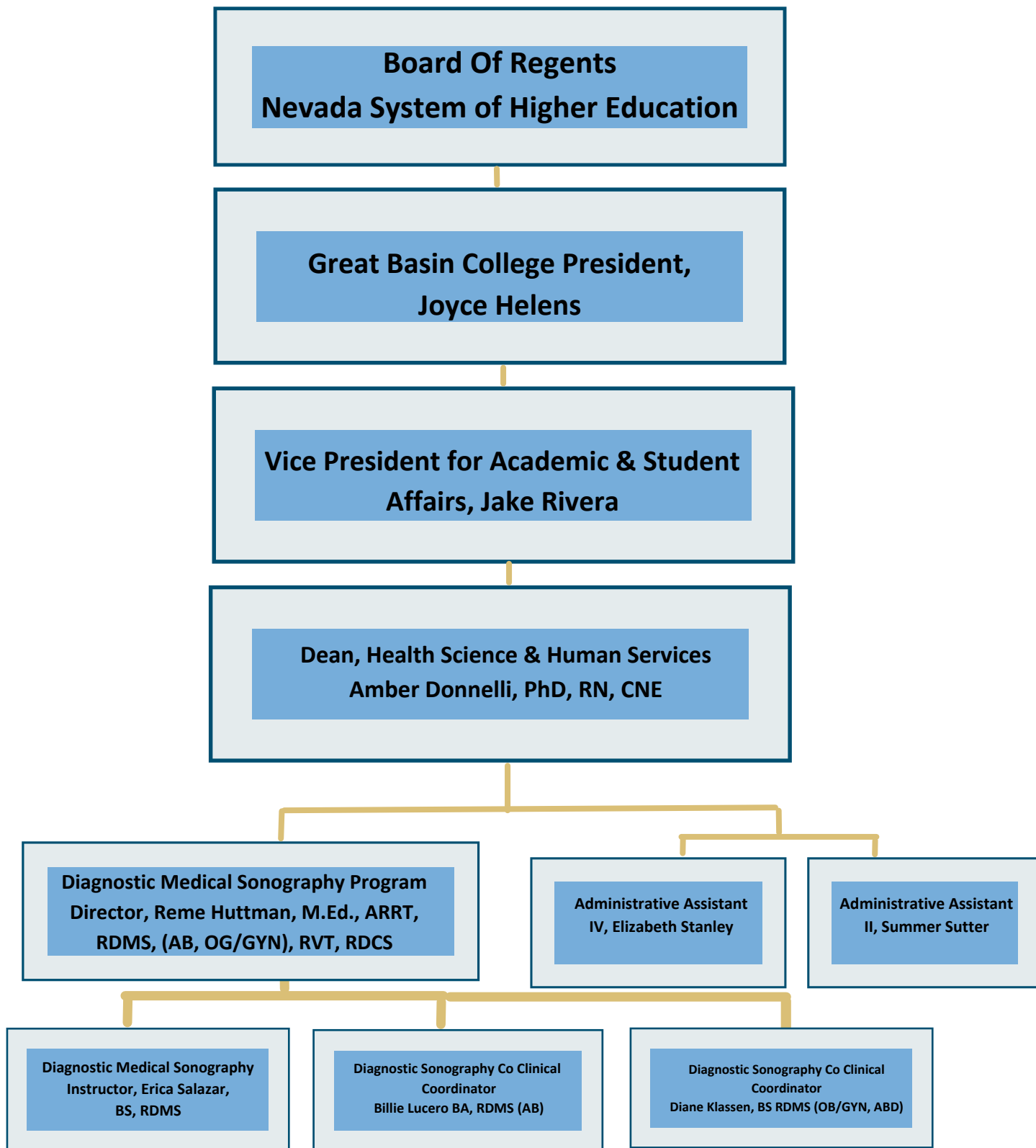
Signature

Witness

***Keep this copy in this handbook for future reference.
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DIAGNOSTIC MEDICAL SONOGRAPHY

Organizational Chart



Great Basin College & Renown Hospital Sonography Program Organization

Consortium Administrative Council-
Matt Joslin-Renown Medical Center

Advisory Committee
 Jake Hinton-Rivera- GBC Administrator
 Amber Donnell- GBC Administrator
 Ronald Swanger- Medical Director
 Reme Huttman- Program Director
 Billie Lucero & Diane Klassen- Co-Clinical Coordinators
 Mary Bengoa- Community Member
 Bruce Jonas- Employer Representative
 Jen Cambra- Employer Representative
 Vera Towne- Employer Representative
 Renee Fletcher/Jill Church/Dawn Strickland-lab instructors
 Sarah Kill-Employer representative/Renown Faculty
 1st year students (2)
 2nd year students (2)
 Recent Graduates (2)
 Clinical Preceptors- Jaymie Graham, Sarah Kill, Judy Mederios, Carol Hockett, Diane Klassen, Gege Murphy, Libby Moss, Carynn Conder, Jennifer Pacheco, Freddy Soto, Theresa Ritter

Medical Director
Ronald Swanger, MD

Program Director
Reme Huttman, M.Ed, RT (R), RDMS, RDCS, RVT

Co-Clinical Coordinator
Billie Lucero, BS, RDMS
Diane Klassen, BS, RDMS

Clinical Preceptors
 Jaymie Graham, Humboldt General
 Sarah Kill, Renown
 Carol Hockett, Northeastern Nevada Regional
 Mederios, Banner Churchill Hospital
 Carynn Conder, Battle Mountain General Hospital
 Gege Murphy, Desert View Hospital
 Dawn Strickland, Desert Radiology
 Freddy Soto, St. Mary's Hospital
 Jennifer Pacheco, Northern Nevada Sierra
 Theresa Ritter, Northern Nevada
 Richard Ruiz, Intermountain Hospital
 Libby Moss, High Desert Imaging

Didactic Instructors
 Reme Huttman, M.Ed, RT (R), RDMS, RDCS, RVT
 Erica Salazar, BS, RDMS

High Desert Imaging
 Northeastern Nevada Regional Hospital
 Humboldt General Hospital
 Renown Banner Churchill Hospital
 Desert View Hospital
 Desert Radiology
 Battle Mountain General Hospital
 Mesa View Hospital
 Lakeview Hospital
 Intermountain Hospital
 Northern Nevada Hospital
 Northern Nevada Sierra Hospital
 St. Mary's Hospital
 Summerlin Hospital

Advisory Table with Name and Member Titles

Member Name	Title
Ronald Swanger, MD	Medical Advisor
Reme Huttman	Program Director
Jake Hinton-Rivera	Vice President of Student Services and Academic Affairs
Billie Lucero	Co Clinical Coordinator
Diane Klassen	Co Clinical Coordinator
Amber Donnelly	Health Science and Human Services Dean
Erica Salazar	Great Basin College DMS Instructor
Mary Bengoa	Community Member
Sarah Kill	Renown Clinical Instructor
Jen Cambra	High Desert Imaging Manager
Jaymie Graham	Humboldt General Hospital
Judy Medeiros	Banner Churchill Hospital Clinical Instructor
Vera Towne	Banner Churchill Hospital Radiology Manager
Bruce Jonas	Northeastern Nevada Regional Hospital Radiology Manager
Libby Moss	High Desert Imaging
Gege Murphy	Lab instructor/ Desert View Hospital Clinical Instructor
Amanda Christensen	Lakeview Hospital Clinical Instructor
Renee Fletcher	Lab instructor
Variable	Recent Graduates (2)
Variable	First Year Student Representatives (2)
Variable	Second Year Student Representatives (2)
Vacant (Not yet determined due to new addition of sites)	Desert Radiology, Pueblo Medical Imaging, Carson Valley Health, Boulder City Hospital, Mesa View Hospital Clinical Instructors

**Health Science and Human Services Department
Contact Information**

Dean, Health Sciences and Human Services & Nursing Program Director
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Diagnostic Medical Sonography Program Director/Faculty
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Administrative Assistant II
Summer Sutter
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summer.sutter@gbcnv.edu

Diagnostic Medical Sonography Program Faculty
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Diagnostic Medical Sonography Program Co Clinical Coordinator
Billie Lucero, RDMS (OB/GYN)
b5_lucero@yahoo.com

Diagnostic Medical Sonography Program Co Clinical Coordinator
Diane Klassen, RDMS (OB/GYN)(AB)
klassend@hghospital.org

Help Desk	327-2170
Registrar	327-2059
Bookstore	753-2270
Student Financial	327-2095

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GBC BUILDING FACILITIES

Building Hours

Building hours vary based on classes and locations. Health Science faculty offices close at 5 pm.

Building Use Guidelines

Great Basin College maintains open centers available to faculty, staff, students and the local community during normal hours. During those days and hours classes, meetings and special events are scheduled security will have staff on site to provide assistance.

Open access to site facilities is provided with the understanding that:

- All persons will be treated with courtesy and respect;
- All buildings and equipment are used in the manner originally anticipated;
- All persons will comply with any posted signage;
- All persons will follow normally accepted safety and behavior standards.

The offer of open access may be revoked should any person be found to cause damages to any Great Basin College property or be involved in harmful, unsafe or illegal behavior while on GBC property.

Security

Security and law enforcement on all Great Basin College centers is dependent upon GBC personnel working well with their respective local law enforcement agencies. Knowledge of any crime or emergency should be reported to the center security or center director immediately. Any crime or emergency requiring immediate assistance should be reported immediately to the police or sheriff by dialing 911 on any center phone.

Security may be contacted by dialing the Elko site operator (Dial "0") from any extension and requesting assistance. On the Elko site assistance may be obtained by activating any of the call boxes located on the pathways or phoning the security cell phone at 934-4923. If the police department, fire department or ambulance are required dial, 9-911 from any extension and tell the dispatcher of the emergency.

Fire Evacuation Plan

Before a fire happens know the following:

- Know the location of the exit nearest your area (evacuation maps posted).
- Know the location of the fire alarm pull box nearest your area.
- Know the location of fire extinguishers in your area.
- Know how to use a fire extinguisher.

Upon discovery of a fire:

1. Pull fire alarm and give verbal warning.

2. Call **911**.
3. Follow evacuation procedures.
4. Close doors to contain fire and smoke.
5. If it is safe to do so, and you have been properly trained, you may attempt to extinguish the fire.
6. Determine if it is safe to re-enter the building.
7. On the Elko site, notify your respective Vice President. On all other centers notify the Director and the Vice President of Academic Affairs

Food and Beverages in Classrooms

According to State Health Department regulations, anything placed in any refrigerator in the Dorothy Gallaher Health Science Building must be dated and removed within one week. Open food items left longer or that are not dated will be discarded.

Food and beverages will be allowed in the classroom with instructor approval. Food and drink will not be allowed in any laboratory.

Microwaves are available in the Leonard Center. Similar appliances may be available in other centers. Please request assistance from the Center Director or other center personnel.

Personal Computer Use

GBC is not responsible for loss or damage to personal property owned by faculty, staff, or students, including personal computers, which are used or left in the building. The college is also not responsible for any thefts or damages done to vehicles parked on the premises. Most areas of the parking lot and the interior of the building are under video surveillance. If a student's personal computer is used in one of the buildings, a multi-dimensional surge protector (common and transverse spikes) should be purchased and utilized to prevent electrical damage.

Children and Non-Students in Campus Facilities

Great Basin College is committed to providing a place of instruction that is conducive to learning; and that is, to the greatest extent possible, free from distractions. Only enrolled students should be present in classrooms, field trips, fitness center(s) and lab facilities.

Pets

The only pets (dogs, cats, birds, rabbits, ferrets, etc.) that are allowed anywhere on our campus and inside the buildings are those trained and licensed as service animals. Please do not bring any type of animal into any GBC building or clinical-related facility you enter. We will have Security help you remove your animal if needed. Please be courteous to our faculty, staff and students and leave your pets at home.

Tobacco Use/Smoking

Tobacco use and smoking is prohibited in GBC buildings. Please use outdoor designated areas only. In addition, students must comply with all clinical agency policies regarding use of tobacco and smoking while on site.

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM FOUNDATIONS

Great Basin College Mission Statement

Transforming lives through education.

Mission of the Diagnostic Medical Sonography Programs

The mission of Great Basin College's Diagnostic Medical Sonography Program is to provide quality education that prepares the diagnostic medical sonography student for practice in a variety of health care settings, improving health care in the community in which they practice.

Diagnostic Medical Sonography Program Philosophy

Diagnostic Medical Sonography faculty endorse the mission, goals, and outcomes of Great Basin College. The DMS faculty act on the college mission and values through the pursuit of excellence in teaching, promoting student success, and providing service to rural Nevada citizens to enhance their health and quality of life.

The faculty of the Diagnostic Medical Sonography Program at Great Basin College believes and accepts the following department philosophies:

- The sonographer is a viable member of the health care team. As a provider of care, the student will demonstrate caring and critical thinking skills by assisting the individual, family or group to identify and meet basic health needs in a wide variety of settings in the continuum of care. The student will assist in the coordination of cost-effective quality care using a culturally competent, collaborative interdisciplinary approach.
- Through the development of sound diagnostic medical sonography curriculum, the student will develop entry-level skills and knowledge in basic sonographic techniques.
- Upon completion of the program the student will be eligible to apply to take the American Registry of Radiology Technologists Examination for sonographers or the Registry through American Registry of Diagnostic Medical Sonographers and will be prepared to function as an entry-level Sonographers.
- It is the responsibility of the faculty to recognize the individuality of the student and help develop his/her potential. We also believe that the student is responsible for his/her own learning and that the faculty serves as a facilitator and resource person.
- The planning, implementation and evaluation of the diagnostic medical sonography curriculum is the responsibility of the faculty.

Diagnostic Medical Sonography Program Learner Goals and Outcomes

Program Goal:

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains in the following concentrations:

Abdominal Sonography (extended)

Obstetrics and Gynecology Sonography

At the end of the Program, Students will be able to meet the following learner outcomes:

1. Provide basic patient care and comfort to all patients.
2. Employ professional judgement and communication.

3. Demonstrate competence in the use of acoustic physics principles, Doppler ultrasound principles, and ultrasound instrumentation through proper equipment operation and transducer selection.
4. Evaluate the interaction between ultrasound and tissue and the probability of biological effects in clinical examinations.
5. Produce and assess ultrasonographic images of normal and abnormal anatomy and physiology.
6. Identify, document and develop differential diagnosis of abnormal sonographic and Doppler patterns.
7. Students will be clinically competent.

HSHS ACADEMIC POLICIES AND PROCEDURES

GBC Academic Regulations

All faculty and students are responsible for following the Great Basin College regulations and guidelines as printed in the Great Basin College Catalog.

Academic and Professional Dishonesty

Academic dishonesty (“cheating”) involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see the Great Basin College Catalog for the definition of cheating in the Academic Honesty section). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student’s dismissal from the Great Basin College HSHS Programs and, in some cases, dismissal from Great Basin College. Students who are dismissed from the program for violation of academic integrity are not eligible for readmission into the program. The student will also be referred to the Vice President of Student Services for appropriate disciplinary action.

GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed. Academic and/or professional dishonesty may occur in a variety of situations, including but not limited to the following:

Individual Assignments, Quizzes, Tests, and Examinations: copying from a neighbor’s paper during the exam (quiz or test); talking or sharing information during an exam; using crib notes when taking a closed book examination; arranging for another person to substitute in taking an examination; giving or receiving unauthorized information when taking an examination.

Plagiarism: is knowingly representing the work of another as one’s own, without proper acknowledgement of the source. The only exceptions to the requirement that sources be acknowledged occur when the information, ideas, etc., are common knowledge. Plagiarism includes, but is not limited to, submitting as one’s own work the work of another person or work obtained from a commercial writing service; quoting directly or paraphrasing closely from a source (including the Internet) without giving proper credit; using figures, graphs, charts, or other such material without identifying the sources.

Faculty expects that students will demonstrate professional and academic integrity at all times. Faculty will explain their course expectations and students are expected to ask questions when clarification is needed.

Great Basin College Student Conduct Policy

All students are held accountable for their behavior under GBC’s Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing, Paramedic, and Medical Imaging students are also responsible for additional standards of conduct (see Appendices Section).

Distance Learning

All courses in the Health Science and Human Services Department are internet enhanced. Some are

completely online or a hybrid of live, internet and interactive video. It is the intent of all programs to keep access to student information private. The sign on to the course content is available through www.gbcnv.edu and is password protected for student confidentiality. It is the student's responsibility to have compatible internet access to the GBC website to complete the courses. If you are having problems with the access or have concerns about privacy and security, please contact the Help Desk at (775)327-2170.

Policies and Guidelines for Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in Berg Hall, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775-327-2336.

Procedure for Accommodation on the Basis of Disability

The ADA Officer will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids and services.

Questions regarding appropriate accommodations should be directed to the GBC's ADA Officer in Elko at 775-327-2336.

Sexual Harassment

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

The sonography program requires each student accepted into the program to complete the GBC sexual harassment seminar within the first semester or when made available by the NSHE. Students will receive a link to the online training program. It is the student's responsibility to complete this training and upload their certificate to Complio if requested. Some lab/clinical sites may require completion of this prior to attending their campus.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect. Refer to the GBC general catalog for the entire policy. Each case of accused sexual harassment will be reviewed on a case by case basis.

Unsatisfactory Student Progress Policy

Students who are admitted to an HSHS Program must maintain their status as a student in good standing in both academic and academic-related areas based on the following criteria. Failure to do so may result in dismissal from the program:

Unsatisfactory Progress for Academic Reasons

A student may receive a Notification of Unsatisfactory Student Progress form in the following situations or in any situation specifically outlined in an individual course syllabus:

- a. Per each individual course syllabus, a student may receive a Notification of Unsatisfactory Student Progress form for earning less than a 76% on quizzes, tests, mid-terms and final exams, clinical evaluations, inadequate clinical competencies or assignments.
- b. A student will receive a Notification of Unsatisfactory Student Progress form if they come to clinical/simulation unprepared or late. This may result in the student being sent home and the clinical/simulation will not be re-scheduled. The student will be required to complete a makeup assignment worth 50% of the total points of the original assignment. This does not apply to absences due to illness or other issues based on the instructor's or Dean's discretion.

In the event a student demonstrates unsatisfactory progress for any of the above reasons, the student must meet with faculty member(s) to complete a Notification of Unsatisfactory Student Progress form.

Unsatisfactory Progress for Academic-Related Reasons

Conduct consistent with professional standards of ethical, academic, and clinical behaviors must be exhibited at all times, including within classrooms. See Appendices Section for additional information on what constitutes inappropriate conduct in these areas. The following serve only as examples of inappropriate behavior and in no way constitutes a comprehensive list of behaviors resulting in an unsatisfactory notice:

- a. If a student's clinical performance is determined by faculty to be unsafe, the student may be removed from the clinical setting and given an unsatisfactory notice or a failing grade for the course prior to the end of the semester.
- b. If at any time a student's observed behavior or performance raises any questions on the part of faculty about the student's physical, emotional, cognitive, and/or emotional status and/or ability to perform or behave safely and/or appropriately, the faculty will meet immediately with the student, document their observations and notify the Dean. A student may be asked to leave a clinical or classroom setting, if the faculty determines it is warranted. When appropriate, site security or its equivalent in clinical settings may be called.
- c. If the student is determined to be unable or unwilling to perform or behave appropriately, the student's emergency contact will be notified. The student's emergency contact is responsible for taking the student home.
- d. All students must have a C (76%) or higher in all courses including general education courses that are used towards the DMS degree.
- e. Students falsifying time, competencies or participating in other unethical behavior

Voluntary Withdrawal

Students who for personal reasons need to voluntarily withdraw from the program must immediately notify their instructor(s) and the Admission and Progression Committee in writing. Students have the option of withdrawing from a course prior to completion of 60% of that course. It is the student's responsibility to formally withdraw at the Registrar's office from a course. After that date, a grade of "F" will automatically be assigned as per Nevada System of Higher Education Board of Regent's Policy, Chapter 6.

Unsatisfactory Progress Procedure

Students failing to meet any of the criteria outlined in, but not limited to the Unsatisfactory Student Progress Policy above will receive a written Notification of Unsatisfactory Student Progress (See Appendices Section).

Faculty will identify area(s) of performance needing improvement in either academic or academic-related (clinical/simulation/skill performance) areas and outline recommendations and suggest an action plan for improvement. Students will also provide input for an action plan. Documentation of unsatisfactory performance must

be included with the unsatisfactory student progress form. The completed form will be signed by faculty member(s) and student. Copies will be distributed to faculty member(s), student, student file, student's advisor, and the Admission and Progression Committee Chair.

- ***The Admission and Progression Committee will review student's academic or clinical performance to determine if the student can continue progression in the program or is dismissed from the program.*** Students who receive three (3) Notifications of Unsatisfactory Student Progress forms within one semester must meet with the Admission and Progression Committee.
- Students who receive a total of four (4) Notification of Unsatisfactory Student Progress forms over the course of the HSHS program must meet with the Admission and Progression Committee. Students may at any time be referred to the Admission and Progression Committee for serious infraction(s) of professional, academic, or academic-related performance.
- Upon receiving the sixth (6) Notification of Unsatisfactory Student Progress at any time during the program, the student will be dismissed from the program without appearing before the Committee. This number will be different for students re-entering the program. See below for Notification of Unsatisfactory Student Progress limitations in those circumstances.

Process for Admission and Progression Committee Review

One of the responsibilities of the Admission and Progression Committee is to review student academic problems referred by faculty and on matters related to progression, dismissal or reinstatement of students. The purpose and functions of the Admission and Progression Committee can be found in the Appendices Section.

- a. All students undergoing review by the Admission and Progression Committee must submit a letter to the Committee describing their plan for correcting deficiencies. The letter ***must be received as soon as possible prior to the next scheduled meeting*** of the Admission and Progression Committee.
- b. The committee will review the student's course grades and overall academic and academic-related (clinical/ simulation/ skill performance) record, the course faculty's evaluation, and the student's written plan for improvement. Course faculty whose students are undergoing review by the Admission and Progression Committee are requested to be available to consult with the committee if needed during the review.
- c. The Admission and Progression Committee reviews all the information received and recommends to the Dean that:
 1. The student shall implement their plan for improvement and be allowed to continue in the program. The Committee may require additional steps or conditions the student must meet after reviewing the student's plan for improvement. Or,
 2. The student should be dismissed from the program.
- d. The Dean notifies the student and faculty member(s) of the decision in writing.
- e. Students who do not request to meet with the committee (for voluntary withdrawal) or submit their letter and plan for improvement to the committee will be recommended for dismissal from the program.

Dismissal and Readmission to the Program

Students who have failed any program course or received 6 Notices of Unsatisfactory Progress will be dismissed from the program and may request readmission through the Admission and Progression Committee. If readmission is granted by the Committee, the student must meet all required specifications for re-entry as stated below along with any additional remediation recommendations made by the Committee. All requirements and recommendations must be completed by the date specified by the Committee.

Students who have been dismissed from the program due to academic reasons may apply once for program readmission. The student must indicate in writing to the Admission and Progression Committee desire to be considered for readmission no later than May 31 for Fall semester and September 1 for Spring semester and follow all procedures for appealing to the Committee.

Students who have been out of the program for more than one year must re-apply. Students who have been out of the program for less than one year will be considered for readmission on a space available basis and will not need to submit a full application. Specific competency guidelines for readmission to each program are outlined in the following program-specific area of this student handbook.

Withdrawal and Readmission to the Program

Students withdrawing from the program for personal reasons may request readmission to the program the following year by submitting a letter of request for readmission to the Admissions and Progressions Committee. If approved, the student may be allowed to complete finals in all courses successfully completed in their first admission. Courses for which the student passes the final and is deemed competent by the program director will not need to be repeated. Any final not successfully completed or any area the program director does not deem the student is competent will need to be repeated within the normally scheduled semester.

Student Appeal of Admission and Progression Committee Decision

Decisions of the Admission and Progression Committee may be appealed directly to the Dean in writing within 3 working days after written notification of the decision is received. If the issue is not resolved after appealing to the Dean, the student may proceed to Step III of the Grievance Procedure described in the next section.

Grievance Procedure

The procedure described here differs from and supersedes the GBC procedure described in the college Catalog. The divergence from GBC policy is justified by the sequential nature of the program curriculum and the safety and well-being of patients a student may care for.

Students who wish to explore problems that have not been resolved to their satisfaction can initiate the appeal process described below. Because faculty have an obligation to safeguard patients and other individuals, a student in the appeal process might not be allowed to continue in the clinical component of a course until the issue is resolved.

Grievance Procedure Steps

Step I:

Schedule an appointment and discuss issue with faculty member(s) within 3 working days of the alleged occurrence. Within 3 working days of the scheduled meeting, the faculty member(s) shall issue a written decision. The decision may be delivered to the student by email, U.S. Mail, or personally delivered.



Resolution → Stop

No resolution → Proceed to Step II



Step II:

If the student is aggrieved by the resolution made in Step I, the student may file a written appeal with the Dean within seven (7) working days of receiving the written decision in Step I. The Dean shall meet with the student within seven (7) working days of receiving the appeal unless the student requests more time and this request is approved by the Dean. The Dean may invite the faculty member(s) to this meeting. The Dean may permit the student to bring someone to advise the student at this meeting. The Dean shall issue a written decision within seven (7) working days of the meeting. The decision may be delivered to the student by email, U.S. mail, or personally

delivered.

Resolution → Stop

No resolution → Proceed to Step III

Step III:

If the student is aggrieved by the resolution made in Step II, then the student may file a written appeal with the Vice President for Academic and Student Affairs. The Vice President shall schedule a meeting with the student within ten (10) working days of receiving the appeal unless the student request more time and this request is approve by the Vice President. The Vice President may invite the Dean and the faculty members to this meeting. The Vice President may permit the student to bring someone to advise the student at the meeting. The Vice President shall issue a written decision within ten (10) working days. The decision may be delivered to the student by email, U.S.



Resolution

(Note: Dates given in this procedure may be adjusted if the Dean is not available due to absence or semester break.)

DMS SPECIFIC ACADEMIC & CLINICAL POLICIES

Academic Integrity

See Academic and Professional Dishonesty in HSHS Policies

Admission

Great Basin College's Diagnostic Medical Sonography (DMS) Programs consist of a prescribed set of Sonography and co requisite courses which must be completed in sequential order and may be taken only by those students who have been accepted into the DMS program, with the exception of CMI 376.

Application to the program is done annually with an application deadline of April 1 each year. Students are admitted yearly in the Fall semester. The program length is 15 consecutive months including winter and summer semester coursework. No additional application process is required to continue from the first to the second year. The application process and selection of students is completed by the HSHS Admission and Progression Committee.

To qualify for the Post-Associate certificate program, students must hold a patient-care centered, two-year allied health degree from a regionally accredited college or a Bachelor degree in any area, **and** have completed all required prerequisites with a C (76%) or higher and meet all Functional Requirements as outlined in the Appendix of this manual.

To qualify for the Bachelor of Science in Comprehensive Medical Imaging with Emphasis in Diagnostic Medical Sonography, the student must have a bachelor degree or an associate degree, have completed all prerequisites with a C (76%) or higher, and meet all Functional Requirements as outline in the Appendix of this manual.

Selection of the student is based on a prescribed set of selection criteria, available for viewing on the Great Basin College website at https://www.gbcnv.edu/programs/health_sciences/bs_sono/index.html

Advisement

Throughout the DMS program, students should work closely with a DMS program advisor. The faculty member is available to students for counseling regarding progression through the program. Students should make an appointment with his/her advisor at least once each semester to review his/her progress. If a student is experiencing any physical, mental or emotion problems which require professional care, he/she will be referred for help outside the HSHS Department.

American Registry of Diagnostic Medical Sonographers (ARDMS) Credentialing Eligibility

Successful completion of the Diagnostic Medical Sonography program does not guarantee credentialing by the ARDMS. All students applying to sit for an ARDMS examination must pass the ARDMS ethical requirements to test in addition to all program requirements.

To be credentialed by the ARDMS and considered "registered" by most employment sites, a sonographer must complete a minimum of the ARDMS SPI (Physics) exam **and** one additional specialty (typically abdomen or OB/GYN). Students can apply to test with the ARDMS under Prerequisite 2 for CAAHEP accredited programs. The application process will require the following:

- Copy of a diploma from an ultrasound/vascular program or copy of an official transcript indicating the date the degree was conferred.
- Letter signed by your program director and/or medical director indicating your date of graduation or successful completion of the program
- The CV form is not required if the application is submitted and received within one year after successful completion of the program.
- Otherwise a signed and completed CV form for each appropriate specialty area(s) must be submitted. CV forms are available at ARDMS.org/CV.
- Copy of a non-expired government-issued photo identification (ID) with signature

The ARDMS examination application process requires the graduate to declare previous felony or misdemeanor convictions. Students who have had previous convictions are encouraged to complete an application for pre-screening by the ARDMS to establish ethical eligibility status. **Students may obtain the pre-application request at <http://www.ardms.org/search/Pages/results.aspx?k=criminal>. There is a \$125 cost associated with obtaining pre application clearance for criminal matters.**

Medical Imaging Program Faculty having knowledge of infractions of the ARDMS Code of Ethics are required to inform the ARDMS.

Artificial Intelligence

All work submitted in this program must be your own. Contributions from outside sources, including AI, must be properly cited for each individual use. Failure to do so constitutes an academic integrity violation. **See HSHS Academic Dishonesty Policy.**

Attendance and Absenteeism

A student who has worked a night shift **will not be allowed** to follow that shift with a student clinical experience. A student who has worked a day shift may not be allowed to follow that shift with an evening student clinical experience.

1. Because of the critical relationship between time and learning, students must make full use of clinical and classroom experience. Students are expected to meet all class and clinical requirements. Assignments not completed will reflect in the course grades. Students who do not complete all coursework will receive an incomplete until all work is submitted with a reduced grade.
2. Student progress is monitored throughout the program. Content missed during an absence is still the responsibility of the student to know. The instructor will not review missed material in class.
3. Students missing more than 2 didactic classes in one semester without communication to the instructor will be given a Behavior Modification Plan.
4. **Diagnostic Medical Sonography students are expected to report on time for scheduled didactic and clinical experiences. Students must be willing, capable and prepared to participate in assignments. Failure to do so will result in a behavior modification plan followed by an unsatisfactory progress notice on the second offence**
5. **In case of clinical absence, the clinical instructor should be notified BEFORE the scheduled clinical experience. The instructor on record must be notified of an absence one hour prior to the beginning of the scheduled shift. It is the student's responsibility to notify the instructor AND the clinical site. An email is not acceptable. Failure to follow this policy results in an unsatisfactory notice**
6. Students who are absent from the clinical area for health reasons, such as an injury, surgery, or childbirth, are not allowed to return to the clinical until a written medical release is obtained from his/her physician. Please meet with the DMS program director to discuss any medical or surgical concerns that might affect your clinical attendance prior to scheduling.
7. If the student requires a leave of absence for any extenuating circumstances, they may submit the absence request form in the appendix of this handbook. Excusable absence may be permitted at the discretion of the program director and Dean
8. If a student is requested to leave the clinical site for any reason, the student should leave immediately. The student should then contact the Program Director and instructor. At no time should the student contact the clinical site or employees of the clinical site unless instructed to do so by the program director. A review will be done of the incident and make up time will be assigned if deemed appropriate. The initiating incident will be carefully reviewed by the program director, faculty, and Dean. After the review, a decision will be made whether or not the student will be allowed to return to the clinical site, assigned to another clinical site, if available, or dismissed from the program.

****At no time should a student visit a clinical site regarding the GBC program without being scheduled to work or on permission from GBC faculty. This may lead to program dismissal.**

Authority and Clinical Responsibility

1. Students are legally responsible for their actions as a student in clinical settings. The professional working with a student is legally responsible for the patient.
2. Students are subject to the rules and regulations defined in the personnel policies of the facilities with which the GBC HSHS Program affiliates. It is the student's responsibility to be aware of the facility's policies. If policies are not followed clinical rotation experiences will be discontinued until there is evidence that the student's progress meets the criteria for competent clinical performance.
3. **Students are guests at the clinical sites and should conduct themselves as such.** Students are not allowed to leave the clinical sites during scheduled hours without permission. There is not early release from the clinical setting.

Background Reports and Drug Testing

Certain clinical agencies mandate criminal history background checks for all individuals engaged in patient care or prior to presence on hospital campuses. All students must undergo criminal history background checks at their own expense. These checks are conducted by an external vendor and the information is sent to the clinical agency requiring this information. Agency personnel will evaluate the information they receive and in their sole discretion, make the final determination as to each student's ability to participate in patient care in their agency. If a student is denied clinical placement by any clinical agency, due to unacceptable criminal history information, that student may be placed at an alternate site, if available, or may be dismissed from the diagnostic medical sonography program.

Some clinical sites may require their own background check as part of their on-boarding process. In this case, students are required to pay the additional fee out of pocket. Students will be notified of which sites have such requirements as soon as possible once admitted to the program.

Some clinical sites may require additional pre clinical education such as bloodborne pathogen training. This may be provided by vetted online vendors at a cost to the student.

If a student's criminal status changes at any time throughout the program, it is the student's responsibility to provide documentation of the criminal conviction to the DMS program director. At that time, the program director will make a determination if the criminal convictions eliminate the student from the program due to ethical requirements of the profession. The program director will reserve the opportunity to consult the ARDMS for pre-evaluation, or have the student do so, as part of this decision-making process.

If requested by the clinical facility/agency, Great Basin College students may be asked to submit to "for cause" drug and/or alcohol screening in a similar manner and under policies similar to those affecting employees of the participating clinical facility/agency. The results of the drug and/or alcohol screening may be disclosed in the event of a claim against the clinical facility/agency arising out of the acts of the student

Substance use:

Great Basin College maintains a zero-tolerance position with regard to the use, sale and possession of any illegal drug. Violation of any state or federal drug laws will subject the student to disciplinary action, which may include legal action concurrently. Illegal use or abuse of legal and/or prescription drugs will subject the student to similar disciplinary action.

Philosophy:

Faculty believe safety for the student and patient is of the utmost concern. Faculty believe personal and health problems arising from substance use can affect academic and clinical performance, making students a danger to self and patients. Faculty are committed to confidential handling of recognition and treatment of substance use/abuse.

Illegal Drugs:

For purposes of this policy, 'illegal drugs' means illegal use of controlled or illegal (i.e. prohibited) substances: any drug defined as such under the regulations adopted pursuant to Nevada Revised Statutes 453.146. Many of these drugs have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack." They also include "legal drugs" which are not prescribed by a licensed physician. The definition of illegal drugs does not mean prescription drugs that are lawfully being taken by a student as prescribed by a licensed health care professional; the student must be under the direct medical care of the licensed health care professional and must not be using any substances that impair judgment while in the clinical environment. Although marijuana is legal in the State of Nevada, marijuana is a Schedule 1 substance under federal law and continues to be an illegal substance for purposes of this policy; thus, its use is prohibited. In addition to other illegal drugs as described above, the

overuse and/or abuse of alcohol is also prohibited under this policy.

For Cause/Reasonable Suspicion Testing:

If requested by the clinical facility/agency, Great Basin College students may be asked to submit to “for cause” drug and/or alcohol screening in a similar manner and under policies similar to those affecting employees of the participating clinical facility/agency. The results of the drug and/or alcohol screening may be disclosed in the event of a claim against the clinical facility/agency arising out of the acts of the student.

If faculty has a reasonable suspicion that a student is using illegal drugs or is demonstrating signs of impairment while engaged in college-related activities, faculty must immediately remove the student from the classroom, laboratory, or clinical environment. If reasonable suspicion exists faculty may ask the student to submit to “for cause” drug and/or alcohol screening at the student’s expense. Great Basin College is responsible for identifying and providing safe travel to and from a designated vendor for the testing/screening. If a student refuses to submit to a reasonable suspicion drug and alcohol screening test, the refusal will be considered a presumptive positive/ admission of impairment, which poses a risk of harm to self and patients.

Students who have a medical condition, injured, or taking any substance that impairs judgment (including prescription medications, medical marijuana, and alcohol) are not suitable for and cannot be present in the clinical environment where patient safety is the topmost concern.

Impairment:

To determine reasonable suspicion, the following factors may be considered, but are not an exclusive list of factors justifying a drug or alcohol screening:

1. The physical symptoms or manifestations of drugs or alcohol use and impairment such as altered or slurred speech or repeated incoherent statements, disorientation, chronic drowsiness and/or sleepiness, dilated or constricted pupils, flushed skin, excessive sweating, tremors of the hands, excessive drowsiness or loss of consciousness;
2. Unexplained, abrupt or radical changes in behavior such as violent outbursts, hyperactivity, extreme suspiciousness, frequent and/or extreme fluctuations of mood swings without explanation, deteriorating hygiene/ appearance;
3. Inability to walk steadily or in a straight line, or perform normal manual functions essential to clinical treatment without reasonable explanation;
4. Accident or “near misses” in a clinical environment that appear related to unexplained sensory or motor skill malfunctions;
5. Perceived odor of alcoholic beverages or marijuana
6. The direct observation of drug use or alcohol use immediately prior or during program related activities

*Faculty must document student characteristics that warrant reasonable suspicion.

Positive Drug Test Results/Sanctions:

All students must satisfactorily pass any required drug test at the time of admission as well as when requested by program for cause/reasonable suspicion”. A refusal to undergo a drug screening test will be considered a presumptive positive.

Students who do not pass a required drug test will face disciplinary action, including rescinding of their admission, administrative withdrawal from courses, placement on a leave of absence, or dismissal from the academic program. Students should be provided with resources for counseling services for evaluation and treatment. Any costs incurred or required as part of a treatment program or ongoing monitoring are the responsibility of the student.

Program Re-Entry:

Students re-entering the program after receiving disciplinary action for a positive drug and/or alcohol screening test will be required to submit to a drug screening test prior to re-entry. Documentation or counseling and/or physician acknowledgement of prescribed medications and presumed safety in the clinical setting may also be required.

NSHE Code Title 2, Section 10.2.1 Prohibited Conduct (c), (s), (t) & (ee). Any violation will also become a GBC/NSHE Student Code of conduct violation in addition to any program/department action.

References

American Association of Colleges of Nursing (1998). Policy and guidelines for prevention and management of substance abuse in the nursing education community. Retrieved from <http://www.aacnursing.org/News-Information/Position-Statements-White-Papers/Substance-Abuse> Nevada System of Higher Education (2017). Bylaws of the Board of Regents. Retrieved from <https://nshe.nevada.edu/leadership-policy/board-of-regents/handbook/> University of Colorado (2017). University of Colorado College of Nursing Student Handbook. Retrieved from <http://www.ucdenver.edu/academics/colleges/nursing/students/Pages/handbooks.aspx> Western Nevada College (2017). Associate of Applied Science Nursing Student handbook.

Bereavement Leave

Upon the notification to the program faculty, and presentation of documentation, the student will be allowed a maximum of three consecutive clinical days leave of absence for death in the immediate family. The immediate family is considered parents, grandparents, spouse, siblings, or child. This time is not required to be made up and will not be deducted from Personal Leave Time.

Bloodborne Pathogen Training

Renown Track students are required to complete Bloodborne Pathogen training prior to the beginning of their first semester in the DMS program. Students will complete this on their Clinical Preparation Dashboard class and upload the acknowledgment form on Complio by the set due date.

Brain Fuse

Brainfuse is a free tutorial service offered by GBC through the student's WebCamvas account. Students are encouraged to take advantage of 24/7 tutoring opportunities, practice testing, student study groups and more.

Breaks and Holidays

Students do not attend classes or clinical assignments on:

1. on college holidays
2. during Spring Break

If a college holiday falls on a day of the week that the student is normally scheduled in clinical, time will not have to be made up. **It is up to the student to be familiar with which holidays GBC acknowledges and notify their clinical site prior to the holiday. These can be found on the GBC website and in the GBC catalog.**

It is the policy of the Nevada System of Higher Education (NSHE) to be sensitive to the religious obligations of its students. Religion is one area of diversity recognized by GBC. Any student missing class, quizzes, examinations or any other class or lab work because of observance of religious holidays, shall, whenever possible, be given an opportunity during that semester to make up the missed work. The make-up will apply to the religious holiday absence only. It shall be the responsibility of the student to notify the instructor in writing, on the first day of class or no later than ten days in advance, of his or her intention to participate in religious holidays which do not fall on state holidays or periods of class recess. Examples of such holidays are Rosh Hashanah and Yom Kippur.

Cancelled Classes

Faculty Illness: A notice will be posted on the classroom door or online in WebCanvas to notify students of classes cancelled due to faculty illness. In addition, staff will make an effort to contact students living outside the Elko area by telephone or email.

Weather: When the GBC President closes the campus due to inclement weather, all campus classes will be canceled. Closure of the campus does not affect scheduled clinical experiences in another town. Program faculty will review clinical educational experience missed due to inclement weather on an individual basis. Weather is not considered an excuse for tardiness to the clinical site.

Catastrophic Event Plan

GBC DMS program has developed a catastrophic event plan to direct functions of the program if environmental, social, health or other unforeseen disasters affect normal program operations. While comprehensive, this plan may not address all unforeseen events and will be adjusted as necessary if the need arises. This plan is maintained in the GBC HSHS group drive and can be reviewed upon request.

Cell Phones

Use of cellular phones and other electronic communication devices is not acceptable in the classroom or clinical setting. This includes calls, texting, online searches and other uses. These devices must be turned off or silenced during class and clinical times. Violators will face disciplinary action in the form of:

1st offense: verbal warning

2nd offense: Behavior Modification Plan

3rd offense: Notification of Unsatisfactory Progress

4th offense: Notifications of Unsatisfactory Progress and appearance in front of Admissions and Progression Committee

5th offense: Dismissal from program

Change of Name, Address, or Telephone Number

Any change of name, address, or telephone number should be reported to the Program Director, HSHS Administrative Assistant and the Admissions and Records Office in a timely fashion. It also must be updated in the Peoplesoft system (MyGBC).

Civility in the Classroom/Clinical Site

Successful learning experiences are enhanced by mutual respect and courtesy. As a member of the larger college and healthcare communities, GBC faculty would like to encourage students to keep this in mind in their interactions with other students, faculty, patients and clinical staff.

For more specific GBC Conduct Policy information, see https://www.gbcnv.edu/rights_responsibilities/conduct.html

Classroom Dress Code

The maintenance of good personal hygiene and clean, well-fitting clothes is necessary for effective functioning in the classroom and hands on experiences. Uniforms will be required for students participating in lab examinations and clinical. The uniform order forms will be provided at or before orientation. Students must cover the cost of their required uniforms. Two uniform patches will be provided to each student, additional patches can be purchased from the HSHS department for a small fee.

Classroom Taping

No classroom content of any type may be videotaped, audiotaped, recorded, or transmitted in any manner without the written permission of the instructor and each member of the class. Any content recorded becomes the property of the course instructor. This is for the protection of the confidentiality of patients, students, instructors, and GBC staff. Students in the class will be required to sign a release form to allow recording in the course. Recordings must be destroyed at the end of the semester.

Clinical Absences

Students who are unable to attend an assigned clinical session are required to report this information to the clinical education facility AND report that information to the instructor of record for the clinical course PRIOR to the beginning of the scheduled clinical experience. It is the responsibility of the student to make

the call and not a representative. Students failing to notify the program faculty and their clinical instructor of an absence prior to their shift, will be considered an unacceptable absence.

GBC DMS program does not schedule clinical rotations around non DMS student coursework, family restraints, work restraints or personal requests. If a student chooses not to report to a clinical shift for these reasons, regardless of whether they notify appropriate staff, it will be considered an unacceptable absence. Trading or "making up" shifts without a formally approved absence excuse request will not be allowed. Missed shifts must only be covered by PLT. If PLT is exceeded for a semester, without an approved leave of absence, the student may be subject to an Unsatisfactory Notice or dismissal.

Definitions

Absence: An absence is one missed clinical day where notice is given to the clinical site and GBC faculty at least one hour prior to the scheduled beginning of the shift. This will be covered by the student's available Personal Leave Time (PLT).

Sick Time: Missed clinical time due to illness. Sick days will be covered with the student's Personal Leave Time (PLT) hours. Notification of Program Faculty and Clinical site as described above is required.

1. Students must adhere to the required call-in policies for an absence to be considered sick time (PTL). (listed under "Regulations" in this handbook)
2. Failure to adhere to required call in policies as will result in an unacceptable absence.
3. If consecutive days are needed for sick time, the student must notify appropriate personnel as described above each day of their illness. Failure to do so will result in an unacceptable absence for each missed day where appropriate notifications were not complete.

Personal Leave Time (PLT): An absence for illness or other circumstances where all the appropriate contacts were notified in the required time frame.

1. Students are allowed 5 hours of PLT in CMI 400
2. Students are allowed two 10-hour PLT days in CMI 486
3. Students are allowed two 10-hour PLT days in CMI 487
4. Students are allowed two 10-hour PLT days in CMI 488

Scheduled Absence: Absence outside of or beyond PLT where prior arrangements have been made and approved with the clinical site and program officials and documented on the appropriate form at least 24 hours in advance. (See Appendix) These are utilized in instances of significant impact only (unexpected injury, surgery, etc.) and cannot be utilized more than once within the program without Admission and Progression approval. If PLT is exceeded for a semester, without an approved leave of absence, the student may be subject to an Unsatisfactory Notice or dismissal.

Unacceptable Absence- Absence where the student did not notify the clinical site AND GBC faculty a minimum of one hour in advance OR a missed clinical shift, expected or not, due to outside factors such as work, family or personal issues that exceeds their allotted PLT. Each day of clinical missed in an unacceptable absence is considered a single event. (Ex. If two days are missed without notification to both GBC faculty and the site instructor a student will be charged with two offenses.)

1. A single unacceptable absence results in an Unsatisfactory Notice and the required completion of the missed shift, as well as an appearance in front of the Admission and Progression Committee.
2. A second offence results in an Unsatisfactory Notice and the required completion of the missed shift, as well as, an additional appearance in front of the Admission and Progression Committee.
3. The third offence results in a dismissal from the program.

Lab Absences

One lab absence a semester is allowed, but must be made up at the instructor's convenience. Absences exceeding this will result in a behavior modification plan or Unsatisfactory Progress notice for multiple absences.

Clinical Competencies

Within their clinical and/or didactic experience, students are required to complete the following clinical competencies as outline in the appendix of this handbook.

1. 5 mandatory patient care procedures
2. 5 mandatory scanning techniques
3. 2 mandatory equipment care activities
4. All mandatory imaging procedures; and
5. 11 elective imaging procedures selected from a list of 24 procedures

The syllabus for each clinical course will articulate the number of competencies required in that course. Competencies exceeding the required competencies for a particular semester can be completed and count toward overall competency completion for graduation. However, these competencies cannot be rolled into another semester to fulfill a different semester's competency requirements.

Students not completing the required number of competencies in any course, as outlined in the course syllabus, will receive a notice of unsatisfactory progress, and will receive an overall course grade deduction of 2% for each two missing competencies.

All competencies must be complete by the end of CMI 488. Any student failing to do so will receive a notice of unsatisfactory progress and will appear in front of the Admissions and Progression Committee. At this time, the student may be dismissed from the program at the committee's discretion or will be allowed to work with the committee to develop an acceptable plan for completion of competencies, course and program.

A list of all clinical competencies can be found in the Appendix of this handbook.

Clinical Education Experiences

Clinical instruction is provided in conjunction with classroom theory. A student's clinical experience should be for educational purposes only. Sites must be cognizant of the student's role and limited experience. They must ensure the site is providing the student with guided clinical experience and not expecting him/her to fulfill staffing requirements. This is essential for the health and safety of patients and students.

Clinical instruction takes place in various locations, such as hospitals and clinics. Although most clinical experiences take place during the day, the student may be scheduled for other shifts outside the hours of 5am to 7pm. Each student will be provided equitable clinical learning experiences. The opportunity to work weekend or evening shifts will be available to all upon request.

The student is responsible for assuring that their individual work schedule does not conflict with clinical and didactic commitments. The program will NOT make adjustments to the clinical or didactic schedules to accommodate the student work, non- DMS classes or personal schedule.

Schedule Changes: Changes to the posted student schedule without the permission of the site clinical instructor and instructor of record are not allowed. The final site clinical rotation schedule must be approved by the GBC Clinical Coordinator/Program Director.

Shift Trading: Shift trades with other students are not allowed. Schedules are carefully developed to ensure students meet time/shift requirements and to ensure comparable student experience. Shift trading can compromise this.

Clinical Examination Obligation

Students are not permitted to leave a patient during the course of an examination even if such completion requires remaining at the clinical site beyond the end of the clinical day. The student is required to complete the examination (this includes all applicable paperwork, and dismissal of the patient). Students remaining longer than the scheduled clinical day may be given compensatory time (see compensatory time). Students that are tardy for clinical experience will not receive clinical time past the scheduled end of the clinical day regardless of the circumstances.

Clinical Expectations

Dress Code:

1. GBC students must wear the approved DMS program uniform at all times in the clinical site and during other required activities. Shoes will be clean, white shoes. Shoes with colored decorations, canvas or open toed shoes are not acceptable. The maintenance of good personal hygiene and clean, well-fitting uniforms is necessary for effective functioning in the clinical areas.

2. Uniform

- a. Standard Uniform—gray (pewter) color with a GBC patch on the left sleeve. No rolling of sleeves or pant legs (above top of the shoe) will be allowed. Students are required to wear only the GBC selected brand of uniform.
 - The GBC insignia patch is to be sewn two inches below the shoulder seam of the left sleeve, centered on the seam on uniform and lab coat.
 - The name badge is a required part of the uniform. It is worn on the left side of the uniform. It is to be worn for every clinical rotation unless otherwise stated on the uniform requirements. Lanyards are not acceptable due to safety risks.
 - GBC uniforms are to be worn each day to the clinical area. GBC uniforms should not be worn in any capacity unrelated to the DMS program.
 - If a clinical site has further dress code requirements, they must be followed in addition to the GBC requirements.
 - If students are required to wear surgical scrubs as part of their clinical experience, they cannot remove the scrubs from the clinical site. They must report to and leave the clinical site in their GBC uniform
 - Hygiene
- b. **Hair:** Hair must be worn away from the face. If hair is longer than shoulder length, it should be tied back or put up. It must be clean and neat.
- c. **Deodorant:** Students work closely with patients. Deodorant is a requirement for these intimate interactions.
- d. **Earrings:** For safety reasons, no dangly or loop earrings or visible body piercing rings or objects are to be worn in any clinical area. One earring per ear may be worn.
- e. **Facial Hair:** Facial hair must be neatly trimmed.
- f. **Nails:** Due to the risk of harboring pathogens, artificial nails are not to be worn in the clinical areas at any time.
- g. **Perfume:** Strong smelling lotions, perfume or cologne must be avoided as some patients/ staff are sensitive to these scents
- h. **Tattoos:** This policy will be up to each clinical site's corporate policies. These may need to be covered during clinical working hours.

General Information: Cleanliness and good grooming are essential. All students are expected to have uniforms and shoes clean and in good repair. If a student does not comply with the stated dress code in this handbook, he/she will be considered unprepared and may not participate in the clinical experience. The student will be released to correct the situation will be docked for the time missed. Students dismissed from clinical for this reason may be subject to an unsatisfactory notice.

Clinical Facilities

1. Clinical facilities are utilized to enhance the theory component of the course and provide the opportunity to apply newly acquired skills and knowledge. Every effort will be made by the faculty to provide concurrent experiences. It is the responsibility of the student to utilize each learning opportunity in the clinical facility, skills lab and classroom.
2. a Short Renown rotation will be available to GBC track students if a student desires a large hospital experience. Upon request to the program director, the details of this will be determined and reviewed with the student.
3. Students are subject to the rules and regulations defined in the personnel policies of the facilities with which the GBC program affiliates. It is the student's responsibility to be aware of the facilities' policies.

Clinical Rotations

General GBC Track

Due to the rural geographic location of our Elko campus, GBC has affiliation agreements with clinical sites throughout the state of Nevada. These sites could be up to 7 hours away from the Elko area. Each student must rotate through a minimum of two different clinical sites. Students will receive clinical assignments during the first semester of the program. Occasionally a student will

drop or be removed from the program. When additional clinical openings are available students may be moved. There are four clinical rotations spanning the Winter, Spring, Summer and Fall semesters. It is up to the student to secure and cover the cost of travel and housing for all clinical rotations regardless of their location.

GBC or the clinical site will develop the student clinical schedule to meet the student and departmental needs. Students should be prepared to work any schedule, and varying shifts.

Renown Track Students

Renown track students have met all GBC program admission requirements and have been offered placement at Renown Hospital. Renown track students will complete all clinical rotations in a Renown facility. Students must rotate through a minimum of two different Renown owned imaging facilities. If the student desires a rural rotation, they should request this through the Program Director who will then arrange a short rotation at an available site.

Competencies

See Clinical Competencies

Completing Exams for Other Imaging Modalities

It is acknowledged that GBC DMS students will often have a background in other healthcare or imaging professions. However, during DMS clinical rotations, it is **NOT ACCEPTABLE** for the GBC DMS student to partake in non-sonography related patient care activities during clinical experience shifts (ex. taking x rays, completing nursing procedures, etc..). The DMS program clinical time is required for building sonography and the associated patient care skills only. Any other use of a DMS student's time distracts from the student's primary focus. Students working outside the constraints of DMS training will receive a behavior modification plan on the first offence and an unsatisfactory notice on the second offence. If a clinical site is encouraging/requiring this behavior, the program director should be informed immediately.

Complio

Complio is an online processing and documentation tracking company. GBC HSHS department utilizes Complio to complete student drug and alcohol screening, background checks and clinical/lab documentation paperwork. Students will receive a link to Complio and must register and pay the required fees to initiate their account. Complio will provide instructions on how to complete the background check and drug screen. Students will be able to upload all clinical paperwork such as immunizations, CPR cards, TB documentation, and more. Complio will evaluate these uploads and approve or deny submissions. It is up to the student to ensure all documentation required by Complio is within compliance by the due date set by the program director. Hospitals and Clinical sites will not allow students to attend on site labs or clinical until the student's Complio status is compliant. Student's failure to meet Complio compliance by the date of clinical rotation request may delay student clinical or lab start date. This may affect the student's ability to meet outcomes/hours and can result in student dismissal.

Complio fees are covered at the student's expense. Students will have to renew their Complio access one year from initial purchase to cover their second year of the program.

Conduct

Any violation of the following could result in a verbal or written warning, an Unsatisfactory Notice and/or

immediate dismissal from the program depending on the severity of the infraction.

1. Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry or sex in the rendering of sonographic services.
2. Performing acts beyond the scope of the practice to include performing examinations by oneself without successful completed competency of the examination.
3. Assuming duties and responsibilities without adequate training.
4. Assigning or delegating functions, tasks or responsibilities to unqualified persons.
5. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
6. Performing clinical procedures while, with or without good cause, his/her physical, mental or emotional condition impairs the student's ability to act in a manner consistent with established or customary imaging standards, or both.
7. Practicing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the student as determined by a test of the blood, saliva, breath or urine of the student sonographer while on duty. The student will be tested if there is suspicion of a violation of drug or alcohol policies.
8. Failing to respect and maintain a patient's right to privacy.
9. Violating a patient's confidentiality.
10. Soliciting services or borrowing money, materials or other property, from a:
 - a. Patient
 - b. Family member of a patient;
 - c. Person with significant personal ties to a patient
11. Diverting supplies, equipment or drugs for personal or unauthorized use.
12. Inaccurate recording, falsifying or otherwise knowingly altering or destroying records.
13. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
14. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.
15. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
16. Failing to perform sonography functions in a manner consistent with established or customary standards.
17. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
18. Engaging in sexual contact with a patient or client.
19. Engaging in inappropriate public displays during clinical hours or at the clinical site.
20. Showing up at a clinical affiliation site without being scheduled or without approval from GBC faculty in regard to the program.
21. Demonstrating a continued lack of expected progress after remediation by the clinical instructors and GBC faculty.

In addition to clinical misconduct, dismissal can result from misconduct in either or all of the following areas:

1. Academic misconduct — cheating, fabrication, plagiarism, interference with the work or progress of another student, violation of course rules, and academic dishonesty.
2. Personal misconduct — fabrication of documents, false accusation against other students or faculty, release of computer passwords, physical or verbal abuse, damage or theft of university or clinical site property, failure to comply with university or clinical site regulations, possession or distribution of illegal drugs, and possession of weapons against university regulation.
3. Conviction of a crime resulting in loss of existing health care licensure or in conflict with the ethical requirements of the ARDMS, or failure to disclose such a serious conviction to the Program Director for ethical evaluation.

**Also see the GBC General Catalog for Student Conduct Policy.

Contrast Examinations Policy

Students are only allowed to participate in a contrast enhanced sonographic exam with direct supervision from a credentialed sonographer experienced with sonographic contrast administration and associated

imaging.

Copying

Copying can be done at the library. Additional copies of assignment and clinical forms are the student's responsibility. Copies of powerpoints and other course materials may be printed at a GBC computer lab.

CPR Card

Proof of current adult, child, and infant CPR certification for the Healthcare Provider must be in the student's record prior to the student beginning clinical or hospital site lab rotations. It is the responsibility of the student to attend an **American Heart Association (AHA)** health care provider certification and produce a recent CPR card to program faculty by the stated due date. Students will be required to locate and pay for his/her own CPR course. ***It is the student's responsibility to maintain current certification throughout the DMS program.*** If the CPR card is not current during clinical rotation, the student will be placed on probation until CPR is current and will not be allowed to attend clinical experience. Any time missed will be made up at the clinical facility's convenience. Students will be financially responsible for CPR courses and maintenance. If a student renews his/her CPR during the course of clinicals, it is the responsibility to update the card in Complio and furnish a new copy to his/her current clinical site.

Critical Behaviors

Accountability is the state of being responsible for one's individual behaviors and their outcomes when assuming the professional role. Accountable means being attentive and responsible to the health care needs of the individual, family, or group. The faculty believe the initial groundwork for accountability is laid during the first semester and continues throughout the student's professional career. Ideally, continued educational experiences strengthen the student's ability to further explore, analyze, and test one's functioning relative to accountability.

Collaboration is defined as the intentional act of professionals working together toward a common goal. In successful collaboration, mutual respect for each professional's background and commitment to respond to problems as a whole are essential. Fundamental to the concept of collaboration is the ability to independently communicate and make decisions in support of the individual, family or group.

Self-leadership can be described in terms of an individual having a positive self-regard which consists of knowing one's strengths and weaknesses, allowing oneself to be challenged and strengthened through goal setting, and understanding the fit between one's ability to contribute to the organization and the organization's needs. Self-leadership is also the influence that individuals have over themselves to regulate, manage, direct, and/or control their own behavior.

Critical Care Area/Patients

Students are not allowed to:

1. perform examinations independently outside the department
2. image patients in critical care areas or
3. image patients in critical condition

Unless the student is under the **direct supervision** of a registered staff diagnostic medical sonographer.

Distance Learning

All courses in the Diagnostic Medical Sonography program are internet enhanced. Some are completely online. It is the intent of the program to keep access to student information private. The sign-on to all course content is available through www.gbcnv.edu and is password protected for student confidentiality. Students should be cognizant of fellow students' privacy and complete all online coursework

where other student's voices or work will not be viewed or heard by people outside the course. It is the student's responsibility to have compatible internet access to the GBC website to complete the courses.

Documents Required for Lab and Clinical Participation

The following are required from students prior to attending any lab or clinical rotation. Copies must be submitted in digital format and approved through Complio

1. Documentation of current health physical. Document is provided under forms in this handbook. Signing physician need to reference ability to lift. This document will be used to verify functional abilities.
 - a. If the student physical indicates the student does not meet functional abilities stated for this program, the student should immediately meet with the Program Director to discuss options.
2. Documentation of all immunizations discussed in the immunization policy: See **Immunizations**
3. Documentation of current American Heart Association (AHA) CPR certification (health care provider status).
4. Documentation of HIPAA orientation
5. Documentation of Background Check.
6. Documentation of 10 panel drug screen
7. Documentation of TITLE IX Training (when available)
8. Documentation of Bloodborne Pathogen training (Renown Tract only)
9. Emergency Contact Information
10. Proof of Student Health Insurance
11. A passport Photo

*All paperwork is required by the stated due date which will typically be the first week of school.

Students are responsible for:

1. Uploading documents to the Complio program and entering required dates
2. Maintaining a personal file of this information
3. Uploading all documentation to a specific clinical site's onboarding program if required, and
4. Ensuring all information is up to date and current and obtaining renewals when necessary

**The above needs to be completed at the student's expense.

Documentation checklist and forms are located in the Appendix section of this handbook.

Drop/Withdraw Policy

According to GBC policy, if you do not complete the course and do not formally withdraw by the set drop deadline, your instructor will automatically assign you a grade of "F" for the course. The drop deadline for each course will be stated in the GBC Catalog. If you are dismissed or withdraw from the program after that date, this rule will also apply. Further Drop/Withdraw information is available on the DMS and GBC web pages.

Early Release from Clinical Setting

There is no early release from the clinical setting.

Email

Because GBC has many rural clinical sites, email is an important form of communication. All students must have email access and are required to check their e-mail frequently and regularly because it is the primary route used for official departmental and course communications. Changes to email addresses must be reported to the department, faculty and Admissions and Records immediately.

Students must access their GBC email for confidential internal correspondence. Access to this email address can be obtained via the GBC Helpdesk.

Grading

The following grading scale will be applied to **all** HSHS Programs coursework:

100-94%	A	93-90%	A-
89-87%	B+	86-84%	B
83-80%	B-	79-77%	C+
76%	C	75-70%	C-
69-67%	D+	66-64%	D
63-60%	D-	Below 59%	F

Note: Student grades will be calculated out to two decimal places (to the hundredth). There will be no rounding up of scores. Criteria for grading will be given to the student in writing at the beginning of each course. It is the student's responsibility to know his/her grade point average throughout the course.

- Students are responsible for all written/verbal information that is shared in scheduled classes. Students must submit all theory or clinical written assignments on the day they are due. Students are responsible for complying with assignment submission guidelines as outlined in each course syllabus. Students with missing assignments may not be allowed to complete the course until all coursework is submitted. Late submissions will receive a 10% grade deduction per day with a 0 received after 1 week.

Health Policies and Information

- The HSHS programs require clinical work performed in hospitals and other facilities that involves providing direct care or exposure to clients with a variety of illnesses and diseases, including the handling of and/or contact with human body fluids. Therefore, students should understand that they may or will be exposed to disease-carrying bacteria and microorganisms and come in contact with patient situations that could be hazardous to individuals who are pregnant or immune compromised. See **Bloodborne Pathogen Policy**
- Students who have a latex allergy must inform their instructor at the beginning of each semester so arrangements can be made to protect the student from exposure.
- **After an ER visit, hospitalization, surgery, serious illness, injury, childbirth, etc. a student must submit a release statement from a health care provider indicating their medical clearance to return to full time status to the program. A copy of this medical release statement will be placed in the student's file.**

HIPAA

The National HIPAA regulations apply in all school settings and students must demonstrate knowledge of the regulations prior to entering the clinical setting. This is the security and privacy accountability for healthcare information. Some items in didactic and all of clinical rotation are considered confidential and the health care worker/student will be held accountable for release of the patient's information. HIPAA training will be maintained with documentation in each student file.

Immunizations

The following immunizations must be current. You can obtain any required immunizations from your physician/physician's assistant or nurse practitioner. Any immunizations that are still current do not have to be repeated. If a student is unsure of the currency of an immunization, titers can often be drawn.

1. **Quantiferon or a Two-step tuberculosis (TB) skin test** the required TB test is a two-step Mantoux or PPD. (This baseline is valid for 12 months.)

Step One: Go to your physician's/physician assistant's/nurse practitioner's office or a clinic and have the skin test done; return 48-72 hours later to have it read.

Step Two: One week later, go back and have the skin test done again; return 48-72 hours later to have it read. A tine test is not acceptable, and the one-step TB test is not acceptable. If you have had a positive skin test in the past, you must have documentation of a negative chest x-ray.

2. **Measles/mumps/rubella (MMR)**

(Series only to be done once in a lifetime.)

- a. If you were born in 1957 or after and have no serological evidence of immunity, no physician-diagnosed measles or mumps disease, or prior vaccination evidence, obtain two doses of MMR vaccinations.

- b. If you were born before 1957, show proof of one of the following:
 - history of physician-diagnosed measles and mumps disease
 - laboratory evidence of measles and mumps immunity
 - laboratory evidence of rubella immunity
 - MMR or Rubella vaccination evidence

3. **Tetanus, diphtheria, pertussis**

A Td booster is required every 10 years following the completion of the primary 3-dose series. A 1-time dose of Tdap to those younger than 65 years of age who have direct patient contact is required.

4. **Hepatitis B series**

The Hepatitis B series is a series of three immunizations. If you have not been previously immunized, the first immunization must be completed by the end of May, the second completed one month after the first, and the third immunization completed five months after dose #2. Check with your health care provider if you have questions.

Note: Hepatitis A series: Currently, many clinical facilities do not require immunization for hepatitis A; however, it is highly recommended due to exposure at various clinical sites. This is a series of two immunizations. If you have not been previously immunized, the second dose should be completed 12-18 months after the first. If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21-30 followed by a booster dose at month 12.

5. **Influenza**

Proof of immunization with vaccine(s) recommended for health care providers by CDC for the current year. Most clinical sites will require flu shots for students to perform clinical rotation in that facility. If the student does not want the flu vaccine, they will be required to put this in writing with the reason why. It is up to the affiliated clinical site whether or not the student will be able to attend clinical at the site. If the student is denied attendance at the scheduled site, every effort will be made to place the student at another location, if one is available. This will be a case by case basis and depends on available clinical sites.

6. **Varicella**

Student must provide proof of varicella exposure through a titer or with proof of immunization.

7. **COVID**

Some clinical sites may require COVID vaccination for students to perform clinical rotation in their facility. If the student does not want the COVID vaccine, they will be required to submit a declination form on Complio. Individual sites may require additional declination/exemption forms and will make the ultimate decision as to placement of the student. If the student is denied attendance at the scheduled site, every effort will be made to place the student at another location, if one is available. This will be a case by case basis and depends on available clinical sites.

Immunization Exemptions

There are two types of exemptions to the immunization requirements.

- Medical- this exemption requires a licensed physician to provide a signed statement that a medical condition prevents the student from complying with this regulation.
- Religious- this exemption requires a statement from the student that the vaccines are contrary to his/her religious beliefs.

The HSHS Department and facility reserves the right to restrict clinical placements of students who are not fully immunized for any reason.

Students not having completed all immunizations may be denied access to required clinical sites. In this situation, alternative student placement would be attempted. Placement of other students will not be disrupted to place a student who is denied placement at a site due to refusal of immunization. If no alternative placement is available, students may be dismissed from the program at the discretion of the program director.

Inclement Weather

If classes are cancelled at a Great Basin College campus, clinicals will also be cancelled at that particular location. Students at other locations may be required to attend clinicals at the program director's discretion.

Insurance

1. GBC DMS students are covered by the Nevada System of Higher Education's liability insurance.
2. Students are **not** covered by the SIIS (Workman's Compensation) in any of the clinical facilities.
3. Students are required to have health insurance. If you are not covered by health insurance. Yearly proof of medical insurance is required during clinical assignments. Documentation is maintained in Complio.
4. GBC does not currently provide health care services on campus.

Internet/Personal Electronic Equipment

At no time is it acceptable to be on the internet or personal electronic equipment at a clinical site.

Since this is an internet enhanced program it is up to the student to maintain internet access at all times during the program. However, this should not be accessed at the clinical sites.

Lambda Nu Honor Society

Lambda Nu is the only national honor society for medical imaging students. GBC proudly hosts the Nevada Gamma Chapter of Lambda Nu. For induction, medical imaging students must have completed at least 1 semester of full-time education in the GBC sonography or radiology program and have a cumulative GPA of 3.5 or higher. Induction into Lambda Nu provides students the opportunity to demonstrate educational excellence on resumes and applications. It provides networking opportunities and access to scholarships. Lambda Nu offers special graduation regalia for members available at their website.

Lunches and Breaks

Diagnostic Medical Sonography students are allowed two, 15-minute breaks (one in the morning and one in the afternoon) and a 30-minute lunch. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break is required for all students and cannot be used at the end of the clinical day or to make up clinical time. Students do not need to clock out for their lunch break. At the end of the semester, 30 minutes for each clinical day will be subtracted from the semester hours to adjust for lunch breaks throughout the semester.

Due to the time restriction of the lunch break, it is not recommended that the student leave the clinical site for lunch. Students wishing to leave the clinical site for lunch are required to: 1) get the approval of the

clinical instructor or clinical liaison and 2) check out and in with the clinical instructor.

Mandatory In services

Students may be required to attend trainings including mandatory blood borne pathogens, OSHA, AND HIPAA in-service sessions required by different clinical sites. This will be scheduled prior to, at the beginning of your clinical rotations, or completed online. There may be additional mandatory in service at each facility and this may be completed as the clinical site requests.

Make Up Schedule

If approved by the DMS program director, students will make up time on a schedule developed by GBC Faculty and the clinical site. Make up time requests may be denied for unacceptable absences.

My Clinical Exchange

My Clinical Exchange is an onboarding process required by Banner Churchill Hospital and Lakeview Hospital. This process must only be completed by students rotating through these 2 respective sites. Students can access this program at myclinicalexchange.com. Students will register for this program at the direction of the program director.

This program has a document upload component, a training/quiz component and a background check. This background check is **required in addition** to the one completed by all students through Complio. Students complete this additional background check at their own cost (about \$35).

The onboarding process should be started 5-6 weeks prior to the beginning of the scheduled rotation. If the process is not complete prior to the beginning of rotation, the rotation may be delayed or cancelled.

Modification Plans

All medical imaging students are subject to behavioral or academic modification plans. The purpose of these plans is to provide early interventions to students whose academic performance or behavior is not in alignment with the Diagnostic Medical Sonography program expectations and practices.

Academic Modification Plan: Students who have demonstrated academic difficulty but have not yet obtained a Notice of Unsatisfactory Progress may receive an Academic Modification Plan. The intent of this plan is to provide early intervention to improve student performance. It will consist of the faculty developed plans and goals. If improvement is not made students will be subject to a Notice of Unsatisfactory Progress.

Behavioral Modification Plan: Students who demonstrate poor ethical judgement, rude, intrusive or unkind behavior or other negative behavioral events that are expected to disrupt their clinical experience, will result in the student acquiring a Behavior Modification Plan. GBC Faculty will create this plan and discuss it with the student. In the plan, the student will be provided a plan for improvement and given a follow-up date to monitor for change. If change is not appropriate according to the plan, the student will receive a Notification of Unsatisfactory Progress.

Clinical instructors are encouraged to contact GBC faculty regarding student behavioral concerns in the clinical site. The Instructor and GBC Faculty will evaluate the behavior and may determine to proceed with a modification plan or a Notice of Unsatisfactory Progress depending on the severity and regularity of the behavior.

Multifactorial Authentication (MFA)

NSHE and GBC require the use of MFA to access webcanvas, school email and other essential documents/programs to ensure privacy and security. Students will need to maintain access to a phone to utilize the MFA.

N95 Masks

Clinical sites may require students have professionally fitted N95 masks. Students requiring these can be supplied a mask and fitted at the GBC Elko campus. If the student is unable to complete this on campus, they will be responsible for the costs associated with the mask purchase/fitting process.

Personal Leave and Sick Time (also see Clinical Attendance)

Personal leave time (PLT) is designed for students in the sonography program at GBC to be able to schedule time off from clinical in order to take care of personal needs or circumstances which may arise that are not able to be scheduled outside of program parameters (also see clinical absences).

PLT will be used to cover sick days. PLT is not designed to provide a vacation for the student.

Physical

Student must provide evidence of a satisfactory physical examination. Please see the "Functional Abilities" document and the physical form in the appendix of this handbook. The physical examination validates the student is able to meet the demands of the program without compromising the patient, clinical environment or themselves. In addition, the following psychomotor requirements must be validated and documented:

1. manipulate equipment necessary to assist the individual, family and/or group to desired outcomes.
2. lift and move individuals to provide safe care and emergency treatment.
3. perform cardiopulmonary resuscitation.
4. perform independently of others.
 - a. possess cognitive abilities to, reason and analyze situations. This can be documented on the physical form provided for you in the back of this handbook.

Portable Scanning Equipment

GBC DMS program maintains portable sonographic units for student use. Students will be allowed to check out these units to practice scanning at home. In doing so, the students must adhere to the following requirements:

- b. Wireless transducer units must be checked out by an appropriate GBC representative
 - a. The student is financially responsible for return of the unit in working order in its entirety by the stated return date
 - b. The student is responsible for replacement of the unit if damaged or unusable
 - c. The student must NOT utilize the equipment to diagnose disease in any model
 - d. The student must obtain written consent from each model they scan and provide a copy of said consents to GBC
 1. If a student does not obtain appropriate consent, the student, understands they are entirely responsible for the scan and any legal liability that may be a product of the scan
 - e. GBC will not be held responsible for any non-educational use of the equipment or diagnosis performed by a student
 - f. GBC students found to misuse this equipment will be immediately dismissed from the program

Pregnancy Policy

Student disclosure of suspected or confirmed pregnancy is **strictly voluntary**. Students choosing to inform the program faculty of a pregnancy **must do so in writing** and must include the projected delivery date. It is recommended the student meet with program faculty to discuss program completion options. Upon declaration of pregnancy the student has the right to continue in the program schedule without any modification.

Once declaration of pregnancy has been made the student has the right to withdraw their declaration in writing at any time during the pregnancy.

Program Dismissal

Program dismissal is at the discretion of the Program Director and faculty or in consultation with the HSHS Admissions and Progression Committee. This could be from academic misconduct, program misconduct, and failure to meet expectations of the program. Every situation will be investigated, documented and discussed with the student. If possible, every attempt will be made to correct a problem prior to dismissal from the program. Student will be informed whether they are available for re- admission to the program. The student has the right to an appeal. Please see the HSHS Admission and Progression Committee Information for complete details of the process.

Note: Receival of 6 unsatisfactory notices in the program results in automatic program dismissal.

Professional Meetings

Students may be offered compensatory time or extra credit for attending scheduled professional meetings, conferences, field trip or seminars as identified by the program faculty. During the professional meetings all conduct policies apply as the student is a representative of Great Basin College and the sonography program.

On occasion, Student Government Funds or Student Group funds may be provided to help students cover travel expenses. If a student receives compensatory time or funding, the student is expected to meet minimum attendance expectations at the meeting as outlined by their program director. If this is not done, students will be responsible for forfeiting or returning the funding or comp time.

Disciplinary Actions

First infraction will result in a verbal and/or written warning and/or other procedures listed in this handbook regarding specific infractions.

Infractions include:

1. Calling off clinical after the scheduled rotation starts.
2. Not calling both clinical site and faculty member for PLT or a sick day.
3. Calling off or arranging more than the number of PLT hours allotted for a particular clinical course
4. Unsatisfactory attitude in clinical sites
5. Not meeting competency requirements.

Please review specific infractions within this handbook to identify the disciplinary procedures for each unique infraction.

The actions listed here are a minimum response for an infraction.

- a. Second infraction will result in probation and possible referral to Admissions and Progressions. (See infractions listed above)
- b. Third infraction may result in dismissal from the program. Each case is considered individually and will be referred to the Admission and Progression committee.
- c. Fourth infraction is automatic dismissal from the program.

Special Circumstances

Circumstances such as extended illness, medical conditions or other events will be reviewed on an individual basis. The program faculty must be notified before violation of the PLT policy in order to be considered for special circumstances.

Additional Notes

Students must complete a minimum amount of required clinical time each semester in order to receive a grade for that semester and continue in the program. With program director approval, all hours missed over the number of PLT hours available must be made up at the end of the program or on a schedule developed by GBC Faculty, clinical staff and the student. It is not guaranteed these hours will be allowed to be made up, depending on the circumstances regarding the absence.

Safe and Unsafe Practice Policy

Safe Practice Policy

1. Safe practice in a clinical setting includes those patterns of professional behavior that follow legal and ethical codes and promote well-being of clients and self. This will be demonstrated through accountability in preparation, documentation, and continuity of care, as well as in showing respect for the rights of individuals.
2. Unsafe practice includes those behaviors which may endanger a patient, family member, staff, peer, or faculty in the physiological, psychological, spiritual, or cultural realm. Specific behaviors of endangerment may include acts of commission or omission in the clinical agency and/or behavior that causes the faculty to question the student's potential for safe practice.
3. The student whose actions or omissions endanger a patient, family, peer, staff member, or faculty will receive verbal and written documentation of the event. The student may be removed from the clinical setting.
4. Based on the severity and nature of the unsafe practice, the student may receive a failure for that clinical experience, for the course or be dismissed from the Program.
5. Documented evidence from faculty, staff, clients, families, or peers may be used in the decision process.

Unsafe Practice Policy

If a student is deemed to be unsafe by clinical faculty, the student will be excluded from clinical rotation, may not self-drop the course, will be assigned a grade of F, and will fail the course. This is applicable at any time during a semester. Behaviors that may result in immediate dismissal include, but are not limited to:

1. Performing acts beyond the scope of practice
2. Unauthorized use or distribution of equipment or drugs
3. Falsification or alteration of agency documents
4. Patient abuse, neglect, or abandonment
5. Engaging in criminal activities
6. Violation of ethical principles
7. Violation of the GBC Standards of Conduct policy

If ***an agency refuses*** to allow a student to continue in clinical rotation, the student may not self-drop, will be assigned a grade of F and will fail the course.

Scanning Lab

Hands-on lab scanning is essential in building skills necessary for clinical success. To provide access to lab scan time, we must have volunteer “models” consent to act as patients and undergo live scanning evaluations. Students may take part in both scanning and modeling opportunities in the scanning lab. Students must sign the ***Agreement to Participate in Practice Lab Procedures*** in the appendix of this handbook, to provide consent to act as a model. Student grades will not be affected by their decision to opt in or out of modeling opportunities.

Scholarships & Financial Aid

Financial Aid is intended to help students pay for their education after high school. Scholarship/Grant criteria varies for each program. The aid available at Great Basin College includes grants, loans, employment and scholarships, some of which are specifically designated for HSHS students. Awards are made in the fall and spring semesters. Only students who have completed the application will be considered for a scholarship. Federal Student Aid Programs become available after you complete the FAFSA application. Submit a Free Application for Federal Student Aid (FASFA) at www.fafsa.ed.gov.

Students are encouraged to contact Student Financial Services at 775-327-2095 for further information. Specific Program Costs can be found in the Program Specific section of this handbook.

Services for Students with Disabilities

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability in writing.

If a student is in need of special accommodations due to a disability, it is the student’s responsibility to notify the faculty. Accommodations will be provided consistently in adherence to the accommodations outlined in the student plan until the alteration of such accommodations are requested in writing by the student or by the Director of Disability Support.

Sexual Harassment

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

The diagnostic medical sonography program requires each student accepted into the program to complete the GBC Title IX seminar when offered by the college. Students are required to complete this training by the due date stated.

No employee or student, either in the workplace or in the academic environment, should be subject to or demonstrate unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect. Refer to the GBC general catalog for the entire policy. Each case of accused sexual harassment will be reviewed on a case by case basis.

Social Media and Online Communication – Ethics and Legal Liability

Students are reminded that they are legally liable for anything they write or present online. Students can be disciplined by GBC for commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment. Students can also be sued by GBC employees, clinical agencies, and any individual or company that views their commentary, content, or images as defamatory, pornographic, proprietary, harassing, libelous or creating a hostile work environment.

To avoid negative impacts resulting from unwise or inappropriate use of social media, be aware of the following:

- If you post anything about GBC or the Health Science and Human Services programs, make it clear that you do not represent the college or any of the programs, nor their views.
- Be aware not only of the content you post, but of any content that you host (e.g. comments others post on your site). Content you host can have the same effect as content you post.
- Potential employers may use social media to evaluate applicants. Inappropriate content may eliminate job opportunities.
- Once you have posted via social media, it is out of your control. Others may forward it, save it, repost it, etc. It is almost impossible to retract after it is posted.
- If you disclose confidential information about patients, other health care providers, fellow students, or faculty, the college and/or health care facility may take legal action against you. Disclosing patient confidential health information is a violation of HIPAA and can result in severe fines and dismissal from the DMS program

The faculty recognizes that social media sites –Facebook, Twitter and others offer alternative ways to reach and communicate with friends and other students. The responsible use of social media strengthens our programs' reputation within the community and expands public awareness of our varied educational options.

The following policies and procedures must be adhered to in all use of social media that in anyway relates to or mentions GBC and/or the Health Science and Human Services programs:

1. The social media site content must not replicate information that is available on the college web page.
2. Material and content from classes may not be copied and placed on social media sites, including personal information regarding patients, students, instructors, or other GBC staff.
3. Personal blogs should have a clear disclaimer that the views expressed by the author in the blog is the author's alone and do not represent the views of GBC or the Health Science and Human Services Department.
4. Information with GBC affiliation should only be information that could be contained in a resume.
5. Information published on a blog should comply with HIPAA, FERPA, and GBC confidentiality policies.
6. Students must be respectful of all persons and their right to privacy.
7. Do not reference GBC faculty, staff, or students without their written consent. Do not use their images or likeness without consent.
8. Respect copyright laws and site sources appropriately. Plagiarism still applies to on-line content. GBC logos may not be used without written consent from Department Chair.
9. Any press or media contacts should be referred to Social Media Specialist at 775-327-2149.
10. All requests for social media development should include its purpose and objectives, name of the social media site, and the name of the moderator, with request forwarded to the Dean of the Health Science and Human Services Department at 775-327-2320.
11. Student must not be friends with faculty on Facebook until such time as the student has graduated or left the college.

Sonography Principles and Instrumentation (SPI) Exam

Students will complete their sonography physics course in the fall semester of their first year. In the mid point of the fall semester, students should register for their ARDMS SPI exam. Once approved, students should complete this exam as soon as possible. **Students must successfully complete the SPI exam prior to beginning the fall semester of their second year.** Failure to do so will result in a Notice of Unsatisfactory Progress and a required appearance in front of the Admissions and Progressions committee. **The student will only be allowed to continue into the second year of the program if they present convincing evidence to the Admissions and Progression committee that they will successfully complete the exam within two months of their A&P appearance. If successful completion is not accomplished within the extension allowed by the A&P committee, the student will be immediately dismissed from the program.**

Student Advisement and Counseling

1. Each student is assigned an advisor from the diagnostic medical sonography department. The advisor is available to the student for counseling regarding progression through the program. The student will see his/her advisor at least one time per semester. Faculty office hours are posted each semester.
2. It is the student's responsibility to make certain all graduation requirements are met. Failure to do so will result in a delay in your application to take the examination offered by the American Registry of Diagnostic Medical Sonographers (ARDMS). The Office of Admission and Records uses the year of your admission to the DMS program to determine the catalog year and course requirements for graduation.
3. If a student displays physical, mental or emotional problems which requires professional care, he/she will be referred for help outside the Health Science and Human Services department.

Student Clinical Schedule

No student clinical assignment or hours can be changed without the consent of GBC faculty. All hours and days are assigned to provide each student equal learning opportunities. Students may not request specific schedules from their clinical sites.

Student Clinical Supervision- Definitions

Direct Supervision

Direct supervision indicates a credentialed diagnostic medical sonographer: reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgment or actions are evident, AND reviews and approves the exam.

Indirect Supervision

Indirect supervision is defined as that supervision provided by a credentialed sonographer immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified sonographer adjacent to the room or location (same department) where the procedure is being performed. This availability applies to all areas where imaging equipment is in use.

Student Government Association (SGA)

Diagnostic medical sonography students are encouraged to be an active part of the SGA. A variety of activities are provided throughout the school year. Students have the opportunity to participate individually or as a group. There may be some scholarship opportunities for participating in the SGA.

Student Injury

In case of student injury:

1. Notify immediate supervisor.
2. Fill out appropriate forms for clinical site.
3. Notify instructor.
4. Fill out student injury form located in Appendix A of this book.

Student Messages- General Emergency

Great Basin College, in compliance with the Clery Act, will issue timely warning notices in the event a situation occurs on one of our centers or in the areas adjacent to our centers that constitutes a potential ongoing or continued threat to students, faculty and staff. Timely warning notices will be issued upon the recommendation of the Director of Environmental Health, Safety & Security (EHS&S), the Center Director or the local Police agency. Timely warnings will be issued on a case-by-case basis when approved by the GBC Executive Administrators based on the available facts, the risk to the center community, and the risk of compromising law enforcement efforts.

Timely warnings will be issued via the GBC email system, posted on the home page of the GBC web site, posted via video signage, printed notices and personal contact. Warnings will include the date, time and reported location of an incident, a brief summary of the incident, a description of the suspect(s) and vehicles if known. Warnings will include safety information specific to the type of incident and contact information to obtain additional information. It is the student's responsibility to maintain up to date phone and email records with GBC to ensure timely notifications.

Student Records

The Admission and Records Office maintains official GBC files for all students who apply to the college. A cumulative, confidential file of program documents is kept for each student in the Health Science and Human Services Department. The confidential file contents may include application materials, immunization records, copies of the CPR card, transcripts, student agreements, test scores, clinical assignment and performance forms, skills checklists, Student Counseling forms, Notification of Unsatisfactory Progression forms, Practice Lab Remediation forms, and action plans (if applicable).

Class work, tests, quizzes and projects may also be included in this file. Records of individual student conferences and clinical evaluation conferences will be read and signed by the student and faculty prior to becoming a part of the student's cumulative record. Records are retained and stored in the Health Science and Human Services Department for five years and are then shredded or deleted if maintained electronically.

All student files are maintained in designated, locked file cabinets or password protected computers. Student files are protected under the Family Educational Rights and Privacy Act of 1974 (FERPA). For further information, refer to the section on Family Educational Rights and Privacy Act in the GBC catalog.

Student Representative

Student representation is requested and appreciated at all diagnostic medical sonography department committees and boards. Two representatives from each class are selected as volunteers. They will attend the two Health Sciences board meetings and two DMS advisory board meetings annually. These students are asked to bring questions, comments and concerns of their class and take information back to the group. Student representatives have both a voice and vote in making decisions on issues discussed in faculty meetings. These representatives also act as spokespersons for their student group.

Student Time Commitment

The student's time commitment to the program will be approximately 40 hours/week but shall not exceed 40 hours per week. Students should plan on a minimum of 3 hours per credit per week of outside of class study time for didactic courses and up to 40 hours per week of scheduled clinical time for clinical courses.

Substance Abuse

See HSHS Substance Abuse Policy

Tardiness

Program faculty is committed to starting class sessions on time. The student's obligation is to be punctual for scheduled classes and lab sessions. Information covered during the student's absence will be up to the student to obtain. It will not be repeated. If tardiness is a continual problem the student will receive a Behavior Modification Plan.

Students that are tardy for clinical experience will be docked the time missed from Personal Leave Time (PLT). Students who are tardy are not allowed to make up the time missed at lunch or the end of the clinical day.

After one late arrival, during a clinical rotation, an official verbal reprimand will be given. After two late arrivals, a behavior modification plan will be given. After three total late arrivals at clinical sites, the student will receive a Notification of Unsatisfactory Progress. Student time and attendance in clinical sites will be evaluated by the clinical instructor and GBC faculty via Trajecsys. Students must ONLY log into Trajecsys to make time logs from a clinical site computer.

Terrorist Attack

If the State of Nevada's Office of Homeland Security places the Elko area or any other city where clinical experience is taking place, in a level red alert, students in clinical education within that and only that area will be released from clinical until the red alert has been lifted. GBC faculty or staff approval to leave the clinical education site is not required.

Time Tracking

Clinical time is reported on the Trajecsys tracking system. Students must log on to a clinical site computer and clock in when they are prepared to work. A 30-minute lunch will be allowed for each student. Students **will not** clock in and out for lunch. In the event a clock in or out is missing, as student can enter an addendum to their time or request their clinical instructor or faculty member to make a time correction. A student who habitually misses or addends time records may receive an academic modification plan. A student who provides inaccurate documentation will receive an Unsatisfactory Progress Notice and may be dismissed from the program for unethical behavior.

Trajecsys

Trajecsys is an online time and record tracking system. Diagnostic Medical Sonograph lab funds pays for one, one-year subscription to this system for each student. Students are expected to register on the Trajecsys system by the due date provided by program faculty, usually in the 30 days preceding the first clinical rotation. Trajecsys will be used to track student time records, exam logs, competencies and evaluations. It is the student's responsibility to maintain a working username and password throughout their clinical rotations. Students must maintain logs of all examinations completed in the clinical site on a weekly basis. These logs should be entered outside of the clinical site on the student's free time at least once a week. Grade deductions will be taken if exam logs are not up to date. If logs are not up to date at the conclusion of the semester, the student will receive an incomplete for the clinical course until the logs are complete. If the course is incomplete at the time the next rotation commences, the student will not be allowed to progress and will be dismissed from the program.

Clinical Instructors will submit competencies and evaluations in Trajecsys. It is the student's responsibility to remind clinical instructors when their midterm and final evaluations are due a minimum of 5 working days prior to the evaluation due date.

Working as a Technologist Aide or Unregistered Technologist

The program faculty will not provide a written or verbal reference for a student seeking employment in a technologist aide position. Work schedules should not jeopardize the student's status in the program by working excessive hours and/or shifts that prohibit the student from attending scheduled classroom or clinical experience. While working as a technologist aide or unregistered technologist, the college is not responsible for the actions of the student. The student uniform cannot be worn while working outside of clinical hours. No working hours should be scheduled at the same time as class or clinical experiences.

DMS POST ASSOCIATE CERTIFICATE and BS CURRICULUM

Admission to the Diagnostic Medical Sonography Program is a separate process from admission to Great Basin College. Enrollment to the program is limited. Qualified applicants must hold a two-year patient care centered allied health degree awarded by a regionally accredited college, or a Baccalaureate degree in any area, as well as, complete the required prerequisites and functional abilities.

Post Associate Five Semester Curriculum Pattern – All Courses

Prerequisite Courses			Credits
BIOL	223	Human Anatomy and Physiology I	4
BIOL	224	Human Anatomy and Physiology II <i>or</i>	4
EMS	204	Principles of Anatomy and Pathophysiology	4
ENG	102	Composition II	3
MATH	120	Fundamentals of College Mathematics	3
RAD	112	Patient Care and Medical Terminology <i>or</i>	2
NURS	140	Medical Terminology	3
RAD	112	Patient Care and Medical Terminology <i>or</i>	2
NURS	130	Nursing Assistant <i>or</i>	6
EMS	118	Advanced Emergency Medical Technician	8
RAD	118	Radiology Physics and Circuitry <i>or</i>	3
PHYS	100	Introductory Physics	3

First Semester- Fall

CMI	350	Ultrasound Physics and Instrumentation	4
CMI	351	Abdominal Ultrasound	3
CMI	353	Gynecologic Ultrasound	3
CMI	376	Sectional Anatomy in Medical Imaging	3
NURS	337	Pathophysiology <i>or</i>	3
CMI	354	Principles of Anatomy and Pathophysiology	4

Second Semester- Winter

CMI	400	Introduction to Clinical Experience	2
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Third Semester- Spring

CMI	352	Obstetric Ultrasound	3
CMI	486	Diagnostic Medical Imaging Clinical Experience I	9
HMS	200	Ethics in Human Services	3
CMI	366	Abdominal Ultrasound II	2
CMI	378	Small Parts Ultrasound	1

Third Semester- Summer

CMI	487	Diagnostic Medical Imaging Clinical Experience II	7
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Fourth Semester- Summer

CMI	488	Diagnostic Medical Imaging Clinical Experience III	10
CMI	491	Review of Sonographic Topics	1

Admission to the Diagnostic Medical Sonography Program is a separate process from admission to Great Basin College. Enrollment to the program is limited. Qualified applicants must hold an associate degree or higher awarded by a regionally accredited college and have completed all required prerequisites with a 76% or higher

Bachelor of Science Five Semester Curriculum Pattern – All Courses

Prerequisite Courses- Prerequisites may also be fulfilled by an Associate degree or higher concurrent with courses marked with *			Credits
ENG	101*	Composition I	3
ENG	102*	Composition II	3
COM	101	Oral Communication	3
MATH	126*	Precalculus I or	3
STAT	152	Introduction to Statistics	3
BIOL	190	Introduction to Cell and Molecular Biology	4
BIOL	223*	Human Anatomy and Physiology I	4
BIOL	224*	Human Anatomy and Physiology II	4
PHYS	100*	Introductory Physics	3
HMS	200*	Ethics in Human Services	3
PSC	101	Introduction to American Politics	3
Humanities			3
Fine Arts			3
NURS	130*	Certified Nursing Assistant	6
NURS	140*	Medical Terminology or	3
RAD	112	Patient Care and Medical Terminology	2
Electives			14
First Semester- Fall			
CMI	350	Ultrasound Physics and Instrumentation	4
CMI	351	Abdominal Ultrasound	3
CMI	353	Gynecologic Ultrasound	3
CMI	376	Sectional Anatomy in Medical Imaging	3
NURS	337	Pathophysiology or	3
CMI	354	Principles of Anatomy and Pathophysiology	4
Second Semester- Winter			
CMI	400	Introduction to Clinical Experience	2
Third Semester- Spring			
CMI	352	Obstetric Ultrasound	3
CMI	486	Diagnostic Medical Imaging Clinical Experience I	9
HMS	200	Ethics in Human Services	3
CMI	366	Abdominal Ultrasound II	2
CMI	378	Small Parts Ultrasound	1
Fourth Semester- Summer			
CMI	487	Diagnostic Medical Imaging Clinical Experience II	7
Fifth Semester- Fall			
CMI	488	Diagnostic Medical Imaging Clinical Experience III	10
CMI	491	Review of Sonographic Topics	1
CMI	492	Capstone Medical Imaging Capstone	3

Program Course Descriptions

Please note all DMS classes are internet enhanced or online in a password protected learning environment through WebCanvas (GBC Distance Education Platform).

CMI 350 – Ultrasound Physics and Instrumentation (4 Credits)

This course will cover the principles of acoustical physics, Doppler ultrasound, and ultrasound instrumentation.

CMI 351- Abdominal Ultrasound (3 credits)

This course will cover the recognition and identification of the sonographic appearances of normal anatomical structures, disease processes, pathology, and pathophysiology of the abdomen.

CMI 352-Obstetric Ultrasound (3 credit)

This course will provide the student with recognition and identification of the sonographic appearance of normal maternal, embryonic, and fetal anatomical structures and obstetric disease processes, pathology, and pathophysiology.

CMI 353- Gynecologic Ultrasound (3 credits)

This course will cover the recognition and identification of the sonographic appearance of normal anatomical structures of the female pelvis and gynecological disease processes, pathology, and pathophysiology.

CMI 376 Sectional Anatomy in Medical Imaging (3 credits)

This on-line course will cover transverse, coronal, and sagittal anatomy of the head, neck, thorax, abdomen, pelvis, and extremities. Areas of discussion include skeletal, muscular, circulatory, respiratory, nervous, lymphatic, and visceral anatomic relationships. **Online**

CMI 400 Introduction to Clinical Imaging Experience (2 Credits)

Students will be oriented to the clinical site and begin participating in basic sonographic scanning procedures under sonographer supervision. 120 hours of clinical experience will be required at an assigned clinical site. Prerequisite: Must be admitted into the Sonography Program.

CMI 486- Diagnostic Medical Imaging Clinical Experience I (9 credits)

Clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer.

CMI 487- Diagnostic Medical Imaging Clinical Experience II (7 credits)

Continuation of clinical hours to build clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer

CMI 488- Diagnostic Medical Imaging Clinical Experience III (10 Credits)

Continuation of clinical hours to build clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer.

CMI 354 Vascular Ultrasound (1-3 credits)

Students will learn basic anatomy, physiology, pathophysiology and Doppler patterns of the human vascular system as it relates to basic sonographic vascular imaging. Prerequisite: Must be admitted into the Sonography Program.

CMI 366 Abdominal Ultrasound II (2 credits)

Continue development of skills in recognition and identification of the sonographic appearance of normal anatomic structures, disease processes, pathology, and pathophysiology of the abdomen. Prerequisite: Must be admitted into the Sonography Program.

CMI 378 Small Parts Ultrasound (1 credit)

Recognize and identify sonographic appearance of normal anatomic structures, disease processes, pathology, and pathophysiology of anatomic small parts including, thyroid, scrotum, breast and other. Prerequisite: Must be admitted into the Sonography Program.

NURS 337- Pathophysiology (3 credits)

Explores the pathophysiologic processes associated with common chronic and acute health problems across the lifespan. Incorporates the influence of age ethnicity and cultural patterns on illness development and resolution. The evidence base supporting current knowledge of disease processes and common health problems is explored. **Online**

EMS 204-Principles of Anatomy & Pathophysiology (4 credits)

This course prepares the student to understand basic medical terminology, microscopic and gross anatomy and physiology. The course is designed to go beyond what is covered in the anatomy and physiology review of each section in the national standard curriculum. This course will be offered for 4 credits (3 credits of Lecture and 1 credit of Skills Lab) **Online**

HMS 200-Ethics in Human Services (3 credits)

Real life applications for personal and professional boundaries, beliefs, ethics, values, morals and codes of conduct in human relationships using ethical decision-making, problem-solving and critical thinking activities are emphasized. This course may be repeated up to three times for continuing education credit. **Online**

CMI 491 Sonography Review Topics (1 credit)

Review sonographic concepts, scanning techniques, imaging procedures, anatomy, pathology and pathophysiology. Prerequisite: Must be admitted into the Sonography Program.

CMI 492- Comprehensive Medical Imaging Capstone (3 credits)

This course utilizes knowledge and experience gained from comprehensive medical imaging and general education courses to develop links between scholastic and professional experiences. This course will emphasize leadership, fiscal and personal responsibilities, and prepare students for a successful transition into the professional workforce. **Online**

INT 339- Integrative Humanities Seminar (3 credits)

An integrative seminar on topics in the humanities. The topics will vary to address needs and interests of programs. Course fulfills the upper-division integrative humanities general education requirements. May be repeated once for credit if the topics are different. **Online**

Or

INT 349- Integrative Social Science Seminar (3 credits)

An integrative seminar on topics in the social sciences. The topics will vary to address needs and interests of programs. Course fulfills the upper-division integrative social sciences general education requirements. May be repeated once for credit if the topics are different. **Online**

DMS PROGRAM SPECIFIC COSTS AND GRADUATION

Program Costs (Estimated)

The costs over the two years will vary from year to year. Fees are added to courses utilizing lab supplies.

Approximate Program Related Costs (for DMS program excluding prerequisites):

Estimated Total Program Tuition	\$11,550.00
Textbooks & Online Access Fees	\$1200.00
Uniform and Supplies	\$300.00
Complo	\$140.00
Lab Fees (per credit)	\$75.00Typically
Immunizations	Individual Cost
Physical Examination	Individual Cost
Health Insurance	Individual Cost
Clinical Support Items	Individual Cost
Housing and Travel to Clinical Facilities	Individual Cost

Graduation and Pinning Approximate Costs:

Graduation Fee	\$25.00
GBC Graduation Announcements	\$1.00 each
Cap and Gown	\$25.00
ARDMS Certification	\$250.00 each exam
Pinning Ceremony Announcements	\$0.25 each
Pinning Ceremony Outfit	Individual Amount
School Pin (<i>order in February</i>)	\$40.00 - \$200.00
Other Possible Requirements	\$38.00

Application for Graduation

The GBC graduation is the ceremony that celebrates graduation from the college. It is a cap and gown ceremony held at the Convention Center. You **MUST** submit an application for graduation before the set deadline in order to participate and receive a degree. Please refer to the Great Basin College catalog for further information.

Graduation Requirements

Students must complete all program courses by the end of the fourth semester to be eligible for graduation. If a program course is taken out of sequence, there is no guarantee it will be taught at a time that does not conflict with other required program courses.

Students are responsible for ensuring that Admission and Records receives an official transcript for transfer courses prior to acceptance into the program. It is also each student's responsibility to know and to meet all course requirements and to maintain a 2.5 or higher GPA throughout the program.

The Office of Admission and Records uses the year of your admission to the program to determine catalog year and course requirements for graduation.

It is the student's responsibility to make certain all graduation requirements are met. Failure to complete requirements will delay your application to take the National Council Licensure Examination

for Registered Nurses (NCLEX-RN), American Registry of Radiologic Technology (ARRT), or the National Registry for Paramedics, American Registry of Diagnostic Medical Sonography (ARDMS) – See Appendices Section. Each situation will be dealt with on an individual basis by the faculty.

Caps and Gowns

Cap and gown orders are placed with the GBC Bookstore. The cost is approximately \$25.00 - \$45.00.

Pinning Ceremonies

Upon successful completion of a Great Basin College Health Science and Human Services Program, there is a pinning ceremony. The pinning ceremonies held in the GBC Theatre or Solarium and are ceremonies separate from the GBC graduation. In order to participate in the pinning ceremony, a student must have completed all program requirements. Because the pinning ceremony is a tradition, certain guidelines regarding student appearance, program format and reception activities are followed. Graduating students, with assistance from the Student Organization officers and faculty representative will collaborate in planning the pinning ceremony. Date and time will be chosen to accommodate graduating students without conflicting with the GBC graduation and other activities held on site. First year students assist with the reception held after the pinning ceremonies.

APPENDICES

Functional Abilities
Bloodborne Pathogen Exposure and Prevention Policy
HSHS Health Science Admissions and Progression Committee Information
Writing Expectations
HSHS Standards of Conduct for Students
Code of Ethics for the Profession of Diagnostic Medical Sonography HSHS
Injury Report Form
HSHS Exposure to Bloodborne Pathogen Form
HSHS Notification of Unsatisfactory Student Progress Form
Academic Modification Plan
Behavioral Modification Plan
Diagnostic Medical Sonography Student Clinical Evaluation Form
Diagnostic Medical Sonography Student Competency Form
Diagnostic Medical Sonography Student Orientation Form
Diagnostic Medical Sonography Student Competency Requirements
Diagnostic Medical Sonography Student Log of Competencies Exams Form
Voluntary Declaration Form of Additional Work Experience
Prior Conviction Statement of Understanding
Diagnostic Medical Sonography Release Form
Diagnostic Medical Sonography Clinical Documentation Checklist
Diagnostic Medical Sonography Emergency Contact Form
Diagnostic Medical Sonography Student Health Form
Declaration of Pregnancy Form
Diagnostic Medical Sonography Scheduled Absence Form
Student Agreement for 2023-2024
Agreement to Participate in Practice Lab Procedures for 2023-2024
Confidentiality Agreement Consent for Video and Photography
Sonographic Imaging Agreement
Photo Release Form
Clinical Competency Forms

Functional Abilities (Technical Standards)

The Health Science and Human Services Programs, specifically the Diagnostic Medical Sonography Program, require the following functional abilities with or without reasonable accommodations:

1. Visual acuity must be adequate to assess patients and their environments, accurately evaluate sonographic images in detail, and implement care plans developed from assessments. Examples of relevant activities (nonexclusive):
 - a. Discern fine detail in with minimal gray scale variations
 - b. Evaluate color shape and texture on ultrasound images
 - c. Detect changes in skin color or condition
 - d. Evaluate and produce electronic data on computerized systems
 - e. Detect a fire in a patient area and initiate emergency action
 - f. Draw up the correct quantity of medication into a syringe

2. Hearing ability must be of sufficient acuity to assess patients and their environments and to hear and assess subtle changes in Doppler ultrasound. Examples of relevant activities (nonexclusive):
 - a. Detect sounds related to bodily functions using a stethoscope
 - b. Detect audible signals generated by mechanical systems that monitor bodily functions
 - c. Communicate clearly in telephone conversations
 - d. Communicate effectively with patients and with other members of the healthcare team
 - e. Detect subtle changes in audible Doppler sounds indicating anatomic/physiologic changes in the patient's/fetus's body

3. Olfactory ability must be adequate to assess patient and to implement the care plans that are developed from patient assessments. Examples of relevant activities (nonexclusive):
 - a. Detect foul odors of bodily fluids or spoiled foods
 - b. Detect smoke from burning materials

4. Tactile ability must be sufficient to assess patient and to implement the care plans and Examples of relevant activities (nonexclusive):
 - a. Detect changes in skin temperatures
 - b. Detect unsafe temperature levels in heat-producing devices used in patient care
 - c. Detect anatomical abnormalities, such as subcutaneous edema, or infiltrated intravenous fluid
 - d. Perform techniques that require palpation for identification of superficial anatomy/pathology

5. Strength and mobility must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities (nonexclusive):
 - a. Safely transfer patients in and out of bed and assist them with ambulation using appropriate assistive devices
 - b. Safely control the fall of a patient, by slowly lowering the patient
 - c. Perform cardiopulmonary resuscitation
 - d. Move from room to room and maneuver self, patient and equipment in small areas
 - e. Squat, bend, crawl
 - f. Reach above shoulder level, balance standing and climb stairs
 - g. Lift and carry up to 50 pounds and push or pull up to 100 pounds
 - h. Walk or stand for extended periods of time
 - i. Use hands repetitively

6. Fine motor skills must be sufficient to perform psychomotor skills integral to patient care and imaging. Examples of relevant activities (nonexclusive):
 - a. Safely dispose of needles in sharps containers
 - b. Manipulate multiple sizes of transducers in very small to large motions for long periods of time
 - c. Maintain grip on a transducer and sustain continuous pressure over moderate periods of time.

7. Physical endurance sufficient to complete assigned periods of clinical practice and to function effectively under stress in acute health care situations.
8. Ability to speak, comprehend, read, and write English at a level that meets the need for accurate, clear and effective communication.
9. Emotional stability to function effectively under stress, to work as a part of a team and to respond appropriately to supervision; to adapt to changing situations, to respond appropriately to patients and families under stress, and to follow through on assigned patient care responsibilities.
10. Cognitive ability to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes. Examples include but are not limited to:
 - a. Quickly obtain patient history, identify appropriateness of procedure
 - b. Obtain and evaluate all images in real time
 - c. Assess the need for additional images, measurement, Doppler, etc. according to the findings
 - d. Respond to emergencies
 - e. Adhere to infection control
 - f. Use prudent judgement and precautions
 - g. Organize and prioritize
11. Behavioral ability to follow policies and procedures, accept constructive criticism, and adhere to college and clinical site codes of conduct and abide by HIPAA regulations.
12. Other abilities sufficient to demonstrate competencies such as the ability to arrive to a clinic on a timely basis; to meet the demands for timely performance of duties; to meet the organizational requirements to perform these duties in a professional and competent manner.

Bloodborne Pathogen Exposure and Prevention Policy

The HSHS Programs have developed a Bloodborne Pathogen Exposure and Prevention Policy to be in compliance with Occupational Safety and Health Administration (OSHA) Standards. The policy is intended to provide direction to students and faculty to help prevent exposure to bloodborne pathogens and guidance should such exposure occur.

The purpose of this policy is to reduce the risk of student exposure to air and body substance pathogens such as, but not limited to, Tuberculosis, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

HIV Screening

The GBC HSHS programs will not undertake any program of screening faculty or students for antibody to HIV. Any student or faculty wishing to be tested will be referred to his/her private physician.

Standard Precautions

Standard Precautions is an approach to infection control that requires the application of blood and body fluid precautions for all patients and patient specimens regardless of diagnosis. Standard precautions will be the minimum standard of practice throughout courses offered in the HSHS programs at GBC where bloodborne pathogen exposure could occur.

Methods of Compliance

Students must become familiar and comply with the GBC HSHS Pathogen Exposure and Prevention Policy. Students must also become familiar and comply with the exposure plan (needle stick policy) of the clinical sites to which they are assigned.

Prevention of Bloodborne Pathogen Exposure

- Students are required to participate annually in Bloodborne Pathogen Exposure Prevention and Control Class. The student must also have satisfactorily demonstrated skill in using protective equipment and procedures before receiving a patient care assignment.
- Students must have documented immunity to hepatitis B, Measles, rubella, varicella, and diphtheria prior to going to any clinical site.
- The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course.
- All students must have medical insurance upon entering and throughout their enrollment in the HSHS programs. It is the student's responsibility to obtain and pay for this insurance, as well as to understand the benefits and limitations of any insurance they maintain or is maintained on their behalf.

Occurrence of Exposure or Incident

Student

A student in the GBC HSHS programs who has exposure to blood, body fluid or other potentially infectious material to non-intact skin or mucous membranes from a needle stick, sharps injury or other cause must immediately:

- Wash needle stick and cuts with soap and water
- Flush splashes to the nose, mouth or skin with copious amounts of water
- Irrigate eyes with clean water, saline or sterile irrigants
- Remove soiled personal protective equipment and/or clothing as soon as possible.

After washing, flushing and/or irrigating the exposed area, the student must immediately:

- Notify the appropriate registered nurse at the clinical facility AND
- Notify clinical faculty who will then implement the process below. (If there is a witness to the incident, have them do this immediately if possible.)

Faculty

The clinical faculty will be responsible for coordinating the following procedures:

- Identify the source of the exposure.
- Obtain consent from source client, if not in chart.
- Determine who will be the health care provider for the student for counseling and treatment if needed.
- Send the student to their health care provider to obtain medical evaluation and post-exposure follow-up within 1 to 2 hours of the exposure.
- Student should bring a copy of the documents with as much completed information as possible related to the incident to their health care provider. They should also have the contact number for source information (such as employee health office) so that the health care provider may obtain results.
- Initiate the documentation needed for GBC and the clinical agency.

Note

The National HIV/AIDS Center provides a PEPLine, a Clinicians' Post-Exposure Prophylaxis Hotline which offers up-to the minute advice on managing occupational exposures (needlesticks, etc.) to HIV, hepatitis and other blood borne pathogens. It is offered 24 hours a day, 7 days a week at 1-888-488-4911.

Documentation and Follow-up

Student and Faculty

- Notify the Dean of Health Science and Human Services of the incident as quickly as possible
- Complete an incident report at the clinical facility, if required; and be aware of and follow any reporting and follow-up requirements of the clinical facility.
- Complete a GBC HSHS Exposure to Bloodborne Pathogens form.
- It is the student's responsibility to make his/her healthcare provider aware of the result of any blood panel drawn as a result of an exposure.

The National HIV/AIDS Center provides a PEPLine, a Clinicians' Post-Exposure Prophylaxis Hotline which offers up-to the minute advice on managing occupational exposures (needle sticks, etc.) to HIV, hepatitis and other blood borne pathogens. It is offered 24 hours a day, 7 days a week at 1-888-488-4911.

Department of Health Science and Human Services
ADMISSIONS AND PROGRESSION COMMITTEE

Membership

1. Six (6) Faculty:
 - a. One (1) teaching in the AAS Nursing Program, one (1) teaching in the RN-BSN Program, one (1) teaching in the Radiology and Sonography program, one (1) teaching in the EMS/Paramedic Program, one (1) teaching in the Human Services Program, and one (1) at-large Health Science and Human Services Department faculty member.
 - b. At least one of the faculty must be tenured.
 - c. Faculty members of the committee will be elected spring semester at the last departmental faculty meeting.
 - d. In the event that a committee member cannot attend an Admission and Progression meeting, that member shall find a representative from within their program, if possible, to serve as proxy for that meeting. If there are no student appearances expected for the meeting, written proxy of vote(s) on the issues addressed on the agenda for that meeting is also an acceptable substitute.
2. The Dean will serve as an ex-officio member of the committee with voting privileges.
3. The Administrative Assistant for the department will service as an ex-officio member of the committee without voting privileges and will coordinate staff support for the committee.

Term of Service

1. Faculty serve a two-year term and may serve additional terms.

Functions

1. Make recommendations to Department of Health Science and Human Services faculty regarding policies and procedures for student admission to department health science degree programs.
 2. Review applications and select students for admission to departmental health science degree programs, including review of appeals for admission.
 3. Review and make decisions related to progression or reinstatement of individual students in health science degree programs.
 4. Assure the collection and dissemination of formative and summative data for evaluation of admission and progression; use relevant data admission and progression decisions.
-

Writing Expectations for Great Basin Health Science and Human Services Students

Expectations for Written Assignments:

All written assignments are to be in APA 7th Edition format and submitted by *Word* document by the due date, unless otherwise specified by faculty. Writing competencies to be demonstrated by students are as follows:

- Use terminology, sentence construction, citation style, formatting, grammar, and punctuation consistent with scholarly writing.
 - Write content that is purposeful, logically sequenced, organized, and, derived from evidence-based materials such as peer reviewed journals, course textbooks, best practice guidelines, outcomes management reports or other scientifically based literature.
 - Reference scholarly content consistent with APA 7th Edition; refrain from using web sites intended for layman, medical consumers, marketing sites, or references less rigorously reviewed for scientific merit, unless appropriate for specific purposes such as patient education. Deviation from required APA formatting will be indicated by faculty when warranted.
 - Document reflective thought, thinking, reasoning and judgment when responding to specific questions and assignments such as patient education, journaling, and peer evaluations.
 - Pursue academic writing in a manner consistent with the standards of academic integrity adopted by Great Basin College. This includes scrutinizing written materials to assure that authors, sources and websites are properly cited.
 - Acknowledge late assignments will not be accepted or will be penalized unless prior arrangements are made with faculty.
 - If the writing requirements are not met for an assignment then points may be deducted, the assignment may need to be rewritten, or the assignment may receive a failing grade.
-

GBC STANDARDS OF CONDUCT FOR HEALTH SCIENCE AND HUMAN SERVICES STUDENTS

All HSHS students are held to the GBC and NSHE Student Conduct Policies as published in the GBC Catalogue.

It is expected that HSHS students will come to class, practice lab, clinical assignment and/or testing sessions in a condition conducive to competent and safe performance. Faculty are held legally and professionally accountable for taking prompt, appropriate, and decisive action if a student is unable to perform the essential functional abilities required for satisfactory completion of all aspects of the program.

Examples of physical, cognitive, behavioral problems and lack of competency which may be questioned include, but are not limited, to:

- Frequent absenteeism and/or tardiness (no documented medical reason for absence).
- Drowsiness or sleepiness.
- Smell of alcohol on the breath/body.
- Increased inability to meet schedules and deadlines.
- Slurred/incoherent speech or speech pattern different from normal speech.
- Unusually aggressive behavior.
- Unexplained change in mood.
- Change in appearance.
- Lack of manual dexterity.
- Lack of or decreased coordination in body movement.
- Inappropriate responses to stimuli.
- Unexplained work-related accident or injury.
- Inattentiveness to work.

Students who arrive to class, practice lab, clinical assignment and/or testing sessions who are considered by their instructor to be unable to safely or effectively carry out required program related activities may be subject to:

1. having their work performance and behavior witnessed and documented
 2. questioning in private as to the nature of the problem
 3. meeting with the Dean
 4. referral to the appropriate GBC administrative staff member
 5. receiving a failing grade and dismissal from the program.
 6. possible ineligible for readmission.
-

**Code of Ethics for the Profession of
Diagnostic Medical Sonography**

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

PREAMBLE

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

OBJECTIVES

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

PRINCIPLES

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

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

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

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

**Any student acting individually or in concert with others, who violates any part of the code of ethics, shall be subject to disciplinary procedures, including possible termination from the program.

**GREAT BASIN COLLEGE
HEALTH SCIENCE AND HUMAN SERVICES PROGRAMS
INJURY REPORT**

Name of Person(s) Injured: _____

Person Completing this Form (if different from above): _____

Date & Time of Incident/Accident: _____

Exact location of the Incident/Accident: _____

Description of the injury _____

Were there witnesses to this accident? If yes, list below: _____

Describe the circumstances in which the incident/accident occurred: _____

Describe follow-up care: _____

Was person injured referred for follow-up care? If yes, which facility? _____

Any further comments: _____

Signature of Injured/Person Completing Form

Signature of Dean

NOTE: Emergency first aid treatment may be given by the clinical faculty. However, neither the affiliated clinical agencies nor the college assumes the cost of the treatment and students should report to their own physician for care as needed.

**GREAT BASIN COLLEGE
DEPARTMENT OF HEALTH SCIENCE AND HUMAN SERVICES
EXPOSURE TO BLOODBORNE PATHOGEN FORM**

Complete the following form and return it to the Dean of Health Science and Human Services.

Student Name: _____ Faculty Name: _____

Exposed Individual's Name: _____ Date of Birth: _____

Address: _____

Telephone number Home: _____ Cell: _____

Source of exposure (state name of person if applicable): _____

Date of occurrence: _____ Time occurred: _____ Time reported: _____

Name and title of person initially notified: _____

Location of occurrence: _____

Check the following that apply to the occurrence:

___ percutaneous exposure (break in the skin that causes bleeding)

___ Mucous membrane contact (eyes, mouth, nose)

___ chapped skin, abraded skin, dermatitis

___ exposure to chemical

___ other, explain: _____

Were bloodborne pathogens (blood, saliva, body fluids, contaminated solutions, etc....) involved?

(circle 1)

Yes

No

Explain: _____

Describe the incident precisely: _____

What did you do after being exposed? _____

How do you feel this incident can be prevented in the future? _____

Signature of person making report: _____ Date: _____

Signature of faculty if applicable: _____ Date: _____

Dean of Health Science & Human Services _____ Date: _____

Great Basin College
Department of Health Science and Human Services
CONFIDENTIAL NOTIFICATION OF UNSATISFACTORY STUDENT PROGRESS

Student Name:	Date:	Advisor:
Course:	Grade:	Instructor(s):

Use the continuation sheet if more space is required

Areas Needing Improvement (documentation required):

Instructor Recommendations/Student Remedial Plan:

Student Response: (Optional):

Follow-up appointment with Instructor (date/time): Date/Time

Follow-up appointment with Advisor (date/time): Date/Time

Student Signature: _____	Date: _____
(Signature signifies acknowledgement of this notification)	
<i>If a student believes that he/she is being treated unfairly or that an injustice of substantial proportion has occurred, the student should refer to the student handbook for information regarding grievance of this notice.</i>	
Instructor Signature: _____	Date: _____

Instructions:

1. Instructor prints two (2) copies.
2. Instructor and student sign both copies. Instructor gives one copy to the student and one copy to the Administrative Assistant for the student's records.
3. The Administrative Assistant will notify the student's advisor and the Admission/Progression Committee Chair.
4. If the student is not in Elko, the Faculty or, if requested, the Administrative Assistant will mail the form to the student for their signature or fax it to their location for their signature.
5. **THIS INFORMATION IS HIGHLY CONFIDENTIAL. In the event this form must be emailed, the email subject line must contain the wording CONFIDENTIAL DOCUMENT. The form must be attached to the email and the email must contain the following confidentiality notice: Confidentiality Notice:** This message and any attachments are for the sole use of the intended recipient and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure or distribution is prohibited. If you have received this message in error, please contact the sender immediately (by phone or reply electronic mail) and then destroy all copies of the original message.

GREAT BASIN COLLEGE
Medical Imaging
Student Academic Counseling Form

Student Name:	Click or tap here to enter text.
Course:	Click or tap here to enter text.
Meeting Location / Method:	Click or tap here to enter text.

Observed Behavior:

Student Response: Click or tap here to enter text.

Plan for Behavior Modification:

Follow up:

Time Frames for Plan: Immediately

Student Response: Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

ADDENDUM STUDENT COUNSELING REPORT

Student Name:	Click or tap here to enter text.
Dated:	Click or tap here to enter text.
For Course:	Click or tap here to enter text.

This Addendum Date:	Click or tap here to enter text.
Follow-Up / Evaluation:	Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

GREAT BASIN COLLEGE
Medical Imaging
Student Behavioral Counseling Form

Student Name:	Click or tap here to enter text.
Course:	Click or tap here to enter text.
Meeting Location / Method:	Click or tap here to enter text.

Observed Behavior:

Student Response: Click or tap here to enter text.

Plan for Behavior Modification:

Follow up:

Time Frames for Plan: Immediately

Student Response: Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

ADDENDUM STUDENT COUNSELING REPORT

Student Name:	Click or tap here to enter text.
Dated:	Click or tap here to enter text.
For Course:	Click or tap here to enter text.

This Addendum Date:	Click or tap here to enter text.
Follow-Up / Evaluation:	Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY STUDENT
CLINICAL EVALUATION FORM**

This tool is used by clinical instructors to evaluate the student's clinical achievement in the current clinical course.

Student Name _____ Date _____ Clinical Site _____

- 3= Consistently meets expectations for a student similar level of experience**
2= Usually meets expectations for a student at similar level of experience
2= Sometimes meets expectations for a student at similar level of experience
1= Often does not meet expectations for a student at a similar level of experience

Grading Scale: >100pts=A 99.9-89=B 85-89 pts=C < 85pts=failing

Skill	4	3	2	1
1. Properly identifies patients, exams and evaluates orders				
2. Obtains, reviews and accurately documents patient history				
3. Demonstrates knowledge of the exam protocol				
4. Demonstrates effective patient relationships and education				
5. Completes all proper documentation for medical records				
6. Completes post exam reporting accurately, concisely and in a timely manner				
7. Applies standard precaution measures consistently				
8. Employs ergonomically correct scanning techniques				
9. Correctly adjusts gain on a consistent basis				
10. Uses appropriate focal settings				
11. Maintains appropriate depth of images				
12. Follows Doppler principles				
13. Practices other good scanning techniques at appropriate times (ex. Zoom, magnify, power Doppler, m mode, etc..)				
14. Student adheres to HIPAA standards and appropriately protects patient information				
Critical Thinking Skills				
1. Obtains images and measurements required on the site's protocol for the exam				
2. Obtains additional appropriate images, measurements and Dopplers as directed by exam findings				
3. Selects appropriate transducers				
4. Modifies exams according to patient condition				
5. Completes exams effectively in environments outside the imaging department (ex. ER, ICU, NICU) and respects equipment, policies and procedures of the area.				
Personal Qualities				
1. Demonstrates initiative, effort and professionalism				
2. Follows instructions and is always prepared to work				
3. Uses time efficiently and responsibly				
4. Appropriately interacts with staff and patients				
5. Punctual and dependable				
6. Accepts and learns from constructive criticism				
7. Maintains a clean and professional appearance				
8. Communicates effectively				

9. Appropriately conveys information to and interacts with physicians				
10. Sensitive to patient needs and modesty and makes appropriate requests to best serve patients.				
Total (116 pts. Possible)				

Technologist Signature _____ Date _____

Technologist Comments: _____

Area of Excellence: _____

Areas of Improvement: _____

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT (S) registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
() Yes () No

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			4. Calipers were correctly set
			5. Dopplers were obtained when necessary
			6. All images were obtained according to protocol standards
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History was appropriately documented
			3. Findings were properly documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation
			1. Student assessment of anatomy and pathology was accurate

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

GBC SONOGRAPHY STUDENT ORIENTATION

It is the student's responsibility to use this tool when starting a new clinical rotation. It is to be completed in Trajecs by the second week of clinical rotations.

EVALUATION	DATE	STUDENT INITIALS	COMMENTS
<p>Equipment:</p> <ul style="list-style-type: none"> a. Telephone b. Sonography rooms c. Wheelchairs/Stretchers d. Other: 			
<p>Scheduling / Procedures:</p> <ul style="list-style-type: none"> a. Protocol book location b. Scheduling requirements/instructions c. Knows where to find preps d. Knows where to locate orders and what has to be on a patient's order to be valid. e. Patient: Confidentiality/HIPAA Guidelines f. Procedure for obtaining previous exam results, films, etc. 			
<p>Introduction of Personnel:</p> <ul style="list-style-type: none"> a. Dept. Director b. Radiologist c. Front office staff d. Technologists e. Other: 			
<p>Helping Families and Public:</p> <ul style="list-style-type: none"> a. Nearest public restroom location b. Nearest public telephone c. Nearest public waiting area d. Directions to public elevators e. Directions to the main entrance f. Directions to the cafeteria g. Other: 			

<p>Department:</p> <ul style="list-style-type: none"> a. Nearest fire alarm and extinguisher b. Describe emergency evacuation route c. Location of the oxygen and medical gas shut-off valve d. Shortest route to stairwell e. How to call a code or procedure for medical emergencies f. Policy and procedure location g. MQSA information location h. Substance abuse information 			
<p>Facility Specific Areas:</p>			

GBC DIAGNOSTIC MEDICAL SONOGRAPHY COMPETENCY REQUIREMENTS

Mandatory Patient Care Procedures	DATE COMPLETED	VERIFIED BY
CPR Certification		
Vital signs (blood pressure, pulse, respiration)		
Monitoring level of consciousness and respiration		
Standard precautions		
Sterile technique		
Verification of informed consent		
Mandatory Scanning Techniques		
Gray Scale (2D)		
Color Doppler		
Power Doppler		
Spectral Doppler		
M-Mode		
Mandatory Equipment Care		
Prepare transducer for intracavitary use		
Clean and disinfect transducer		

PROCEDURE COMPETENCIES

***Note: A single exam cannot count for more than one competency**

Abdomen	Mandatory	Elective	Date Completed	Verified By
Liver	X			
Gallbladder, biliary tract/CBD	X			
Pancreas	X			
Spleen	X			
Gastrointestinal tract (e.g., appendix)		X		
Kidneys	X			
Adrenals		X		
Bladder	X			
Lymph nodes		X		
Prostate		X		
Aorta	X			
IVC	X			
Main Portal Vein	X			
Vasculature (e.g., hepatic, renal, aortic branches)		X		
Abdominal Wall		X		
Complete Abdomen	X			
Superficial Structures				
Scrotum and testes	X			
Breast and axilla		X		
Superficial masses		X		
Thyroid	X			
Salivary Glands/Parotids		X		

Musculoskeletal		X		
Non-cardiac chest (e.g., pleural space, lung)	X			
Gynecology				
Uterus	X			
Adnexa	X			
Complete Female Pelvis	X			
Transvaginal Female Pelvis	X			
Obstetrics				
First trimester	X			
Second trimester	X			
Third trimester	X			
Fetal biophysical profile		X		
Interventional Procedures (Must complete a minimum of 1)				
Biopsy		X		
Aspiration		X		
Drainage Procedures		X		
Vascular Procedures				
Post catheterization complication		X		
Venous extremity Doppler (Upper)		X		
Venous extremity Doppler (lower)		X		
Carotid Ultrasound		X		
Pediatric (must complete 1 of the following)				
Neonatal Head		X		
Spine		X		
Hips		X		
Pyloric Stenosis		X		
Bowel (intussusception, appendix)		X		
Special care competency (Must complete 1 of the following)				
Examination of patient:				
With an endotracheal tube		X		
In the ICU or CCU		X		
In the NICU		X		
In the ER		X		
Connected to 2 or more pieces of medical equipment (i.e. Oxygen tank and IV)		X		
Special Procedures				
Liver Elasticity Study		X		
FAST Exam	X			
Transplant Study		X		

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
PRIOR CONVICTION STATEMENT OF UNDERSTANDING**

I, _____, understand that graduation from the GBC Diagnostic Medical Sonography program does not guarantee certification as a Diagnostic Medical Sonographer. Certification is granted by the American Registry for Diagnostic Medical Sonography (ARDMS) and they have the final determination of eligibility or ineligibility to take the ARDMS examinations for sonographers.

I also understand that prior felony or misdemeanor conviction(s) may affect my eligibility status and that it is my responsibility to request and submit a pre-application screening by the ARDMS regarding prior felony or misdemeanor conviction(s).

Student Signature

Date

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY (DMS) PROGRAM
RELEASE FORM**

I, _____, give the DMS program permission to do the following:
(Please print name)

- Release my training information (OSHA, HIPAA, Blood Borne Pathogens), immunization information, CPR, and insurance verification to the clinical education facilities as mandated by the facility contract.
- Release my name and social security number to the clinical education site when needed for clinical site security access.
- Post clinical schedules in the clinical site which will include my name, initials, and clinical hour.
- Include my name with other students on clinical education site schedules which will be released to other DMS program students, program clinical sites, and program faculty.
- Include my name and contact information for class information contacts.

Student Signature

Date

Program Faculty Signature

Date

GREAT BASIN COLLEGE
Diagnostic Medical Sonography
Clinical Documentation Checklist

All of the below must be completed, uploaded and compliant prior to start of clinical rotation. Student

Name: _____ Date: _____

FILES:

- _____ CPR: Copy of AHA BLS CPR Card. Expiration Date: _____
- _____ Background and Drug Screening Reports Completed
- _____ ***Please Note: Banner and Lakeview will have a separate background screening***
- _____ Immunization Record:
 - _____ 2 Step TB
 - _____ MMR
 - _____ Tdap
 - _____ Varicella
 - _____ Annual Flu Vaccine
 - _____ COVID 19 Vaccine
 - _____ Hepatitis B Series
- _____ Copy of Health Insurance
- _____ Health Physical Form
- _____ Title IX Training (when available)
- _____ HIPAA Acknowledgement Form
- _____ MRI Safety Acknowledgement Form
- _____ Emergency Contact Information Form
- _____ Individual Hospital Requirements (*example Myclinical Exchange Requirements is applicable*)
- _____ Small Passport Photo
- _____ Bloodborne pathogen Training Certificate (Renown only)

All required information must be uploaded to Complio and deemed compliant for all students prior to hospital based lab attendance or clinical rotations.

**MEDICAL IMAGING
STUDENT EMERGENCY CONTACT INFORMATION**

Primary Contact:

Name: _____

Relationship: _____

Contact Phone Number: _____

Address: _____

Alternative Contact:

Name: _____

Relationship: _____

Contact Phone Number: _____

Address: _____

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
STUDENT HEALTH FORM**

To Be Completed by Student:

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If you answer 'yes' to any of the following, please give an explanation.

DO YOU NOW OR HAVE YOU EVER HAD:	NO	YES	EXPLANATION
Alcoholism or drug dependency			
Allergies			
Back disorder			
Chronic headaches or migraines			
Communicable disease			
Diabetes mellitus			
Heart disease			
Hepatitis			
Hernia			
Hypertension or hypotension			
Psychiatric illness or mental health issues			
Seizure disorder			
Skin disease			
Smoking habit			
Tuberculosis or positive skin test			

I consider my general health status to be: **Excellent** **Good** **Fair** **Poor**

STUDENT'S SIGNATURE: _____

To be completed by Physician:

If you answer 'yes' to any of the following, please give an explanation.

Does this patient now have or ever had the following?	NO	YES	Explanation
Alcoholism or drug dependency			
Allergies			
Back disorder			
Chronic headaches or migraines			
Communicable disease			
Diabetes mellitus			
Heart disease			
Hepatitis			
Hernia			
Hypertension or hypotension			
Psychiatric illness or mental health issues			
Seizure disorder			
Skin disease			
Smoking habit			
Tuberculosis or positive skin test			

The following requirements must be validated:

Note to physician:

By completing this physical you are **not validating the student's skill** in completing these procedures. Your answers will describe the student's physical ability to accomplish these tasks.

Is able to:	NO	YES	Explanation
Assess clients through auscultation, percussion, palpation, and other diagnostic maneuvers			
Manipulate equipment necessary to assist the individual, family and/or group to desired outcomes.			
Lift and move individuals to provide safe care and emergency treatment. (50 pounds minimum)			
Perform cardiopulmonary resuscitation			
Perform independently of others			
Possess cognitive abilities to measure, calculate dosages, reason, analyze and synthesize.			

Comments: _____

PHYSICIAN'S SIGNATURE: _____ **DATE** _____

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
DECLARATION OF PREGNANCY**

I, _____
(Print Name of Student)

have informed Great Basin College Diagnostic Medical Sonography Program instructors of my pregnancy on

Estimated delivery date is (Date)

(Date)

I have met with program faculty to plan for successful completion of the DMS program in conjunction with the pregnancy.

I acknowledge receiving a copy of said policy and understand what is expected of me. I do understand that I can withdraw this declaration at any time, and I may continue in the program without any modification to the schedule if I so choose.

Student's Signature and Date

Clinical Coordinator Signature and Date

Program Director Signature and Date

Three copies should be made. One for the clinical site, one for the student's records, and one for the student.

**GREAT BASIN COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
SCHEDULED ABSENCE FORM**

Name _____ Date of Request _____

Assigned Clinical Site _____ Dates of expected absence _____

Reason for request:

Medical _____ Family Circumstances _____

Other (provide explanation/documentation) _____

Plan for completing missed hours: _____

Documentation: (Attach any documentation to support your request (ex. Physician's note, letter explaining circumstance, etc.).)

Approval:

Approved by clinical site

_____ **Yes** _____ **No**

Approved by GBC Program Director and/or clinical coordinator

_____ **Entire absence approved**

_____ **Partial absence approved**

_____ **Beginning of absence approved with re-evaluation required in _____ wk.(s)**

_____ **Absence denied**

Other Comments: _____

GREAT BASIN COLLEGE

**HEALTH SCIENCE AND HUMAN SERVICES PROGRAMS
STUDENT AGREEMENT FOR THE 2023-2024 ACADEMIC YEAR**

(initial) I have read, understand and agree to abide by the policies and guidelines stated in the Great Basin College Health Science and Human Services Programs 2023-2024 Student Handbook.

(initial) I understand that as a condition of enrollment in a program offered through the Great Basin College Health Science and Human Services Department, I agree that a clinical facility/agency may, at any time, require a "for cause" drug and/or alcohol screen. I agree to execute a consent for release of the results of the drug and/or alcohol screening information to the clinical facility/agency should they request such information.

(initial) I authorize Health Science and Human Services Department to release my immunization, CPR, background and drug screening reports to the clinical education facilities as mandated by the affiliation contract.

(initial) I understand and acknowledge that once admitted to one of programs offered by the Great Basin College Health Science and Human Services Department, failure to maintain the professional and/or ethical standards of the program may result in dismissal from the program. I also understand that the Health Science and Human Services Department Admission and Progression committee may at any time request information from the Administrative Officer of Great Basin College to determine whether I have ever violated NSHE (Nevada System of Higher Education) Code.

(initial) I understand and acknowledge that no resources or information from any Health Science and Human Services course can be shared outside the classroom or lab.

My emergency contact person(s) are listed below. I understand that this individual or individuals are responsible for ensuring that I am transported home in the event one of my faculty or the Health Science and Human Services Department Dean determines that I am not able to continue being present in the classroom, lab, or clinical setting.

Name	Phone #	Relationship
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Name	Phone #	Relationship
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Printed Name	Student Signature	Date
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Witness: (Faculty / Dean)	Date
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***Complete this copy of the Agreement and return to the GBC
Health Science and Human Services Department.***



**CONFIDENTIALITY AGREEMENT
CONSENT FOR PHOTOGRAPHY
AND VIDEO RECORDING**

During your participation at the Great Basin College Practice Labs, you will be an active participant and observer of the performance of other individuals in the management of acute medical, surgical, and other health care events in simulated experiences.

The objective of the simulation experience program is to educate pre-licensed and licensed health care practitioners to better assess and improve their performance in evolving health care situations. Simulations are designed to challenge a healthcare professional's response and judgment in stress environments.

Due to the unique aspects of this form of training, you are required to maintain and hold confidential all information regarding the performance of specific individuals and the details of the scenarios.

There is continuous audiovisual digital recording during all simulations which will be used for educational purposes. This video recording is considered a QUALITY ASSURANCE TOOL and is protected by Federal Law.

By signing this agreement, you agree to maintain strict confidentiality regarding both your and others' performance, whether seen in real time, on video, or otherwise communicated to you. Failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants.

To maintain optimal simulation experiences for other learners who will be following you in the center, you are to maintain strict confidentiality regarding the specifics of the scenarios. A breach of confidentiality may result in loss of privileges in the Practice Labs.

By signing below, you acknowledge you have read and understand this statement and agree to maintain the strictest confidentiality about the performance of individuals and the simulation scenarios you observe.

_____ I agree to maintain strict confidentiality about the details of the scenarios and the performance of other participants during scenarios at Great Basin College Practice Labs.

_____ I authorize the Great Basin College Practice Labs to use the video recording(s) and photographs made in the Practice Labs for the following purposes:

- _____ 1) Debriefing scenario participants,
- _____ 2) Administrative review,
- _____ 3) Educational research,
- _____ 4) Commercial purposes, which can include public relations, promotional advertisements, and/or fund-raising activities. I understand that, unless otherwise approved by me, I will not be specifically identified.

Last Name, First Name (Please Print) Date

Signature Witness

GREAT BASIN COLLEGE
HEALTH SCIENCE AND HUMAN SERVICES DEPARTMENT
Agreement to Participate in Practice Lab Procedures
2023-2024 Academic Year

During my enrollment in one of the GBC Health Science and Human Services Programs, and under the direct supervision of a faculty member, I understand I will have the opportunity to model for sonography students. Please select the appropriate box pertaining to your interest in opting in or out of this opportunity.

I would like to **opt in** to serving as a model I would like to **opt out** of serving as a model

1. Sonographic Imaging

I agree to hold harmless and waive the liability of the student and/or students performing the procedure(s), the supervising instructor and Great Basin College for any injuries incurred as a result of my agreeing to have these procedures performed on my person. I understand that ultrasound images produced in the student scanning lab will not be reviewed by a licensed physician and will not be used for diagnostic purposes.

I, for myself and on behalf of my heirs, personal representatives and next of kin release all employees, students and administrators of Great Basin College from any responsibility for all future and current diagnostic concerns arising from negligence or otherwise.

It is understood that ARDMS credentialed supervising sonography faculty and/or students may incidentally discover or miss potential areas of diagnostic concern during scanning lab. It is not within the ARDMS registered supervising faculty's scope of practice to diagnose abnormalities.

I understand that I can opt in or out of any scanning procedures, including in the midst of an exam.

Printed Name	Student Signature	Date
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Witness: (Faculty / Dean)	Date
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Keep this copy in this handbook for future reference.
The Agreement at the back of this handbook should be signed and returned to the GBC Health Science and Human Services Department.

PHOTO RELEASE FORM
Great Basin College 1500 College Parkway
Eiko, NV 89801

I _____ give Great Basin College permission to publish my photograph[s] on its website or printed materials for the purpose of promoting and illustrating activities at Great Basin College. I understand that photographs of me will be used for educational, promotional, and recruitment purposes. My name will not be published or otherwise released to the public without my express permission in writing.

This release is to discharge any and all claims and demands arising out of or in connection with the above-stated use of the photograph[s], including any and all claims for libel and invasion of privacy. I hereby grant Great Basin College the ownership and use of said photograph[s].

Signature

Date

Printed Name

Witness

Date

CLINICAL COMPETENCY FORMS

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Second Trimester OB

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			3. The cervix is measured
			4. Right and left adnexas are evaluated in long and transverse and representative images are obtained
			5. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			6. The right ovary is measured in long for AP and length and in transverse for width
			7. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow

			8. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			9. Left ovary is measured in long for AP and length and in transverse for width
			10. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			11. The placental location is identified and its distance from cervix is
			12. Fluid is subjectively evaluated
			13. Placental cord insert is observed with and without color
			14. Fetal biometry including BPD, HC, FL and AC is complete
			15. Fetal head is evaluated in transverse identifying: <ul style="list-style-type: none"> a. The cerebellum with and without measurements, b. the cisterna Magnum with and without measurements, c. the nuchal fold with measurements, d. the thalamus, e. the CSP, f. the lateral ventricle with and without measurement at the atrium g. the palate h. the orbits
			16. Fetal face is evaluated imaging the: <ul style="list-style-type: none"> a. Nose and lips, b. Nasal bone c. profile
			17. Fetal abdomen/pelvis is evaluated, imaging: <ul style="list-style-type: none"> a. Transverse stomach b. Bilateral renals in transverse and w/ color flow in coronal c. Diaphragm in coronal d. Abdominal cord insert e. Bladder f. Bladder with color identifying 2 arteries g. genitalia
			18. Fetal chest; <ul style="list-style-type: none"> a. 4 chamber heart b. LVOT c. RVOT d. 3 vessel view e. Aortic arch f. Subcostal 4 chamber view g. M mode heart rate h. Situs of heart i. Comparison of situs of heart/stomach
			19. Fetal extremities: <ul style="list-style-type: none"> a. Bilateral femurs b. Bilateral humeri c. Bilateral tib/fib d. Bilateral radius/ulna e. Coronal view of bilateral feet f. Coronal view of hands

			20. Fetal spine a. Long c, t, l/s spine with fetus spine up b. Transverse c, t, l/s spine with fetus spine up
			21. Other: a. 3 vessel cord in transverse b. Other images as needed

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A

sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No

Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Third Trimester OB

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			3. The cervix is measured
			4. Right and left adnexas are evaluated in long and transverse and representative images are obtained
			5. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			6. The right ovary is measured in long for AP and length and in transverse for width
			7. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow

			8. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			9. Left ovary is measured in long for AP and length and in transverse for width
			10. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			11. The placental location is identified and its distance from cervix is
			12. The placental cord insert is identified
			13. AFV is measured
			14. Fetal biometry including BPD, HC, FL and AC is complete
			15. Fetal head is evaluated in transverse identifying: <ul style="list-style-type: none"> a. The cerebellum with and without measurements, b. the cisterna Magnum with and without measurements, c. the thalamus, d. the CSP, e. the lateral ventricle with and without measurement at the atrium
			16. Fetal face is evaluated imaging the: <ul style="list-style-type: none"> a. Nose and lips, b. profile
			17. Fetal abdomen/pelvis is evaluated, imaging: <ul style="list-style-type: none"> a. Transverse stomach b. Bilateral renals in transverse and w/ color flow in coronal c. Diaphragm in coronal d. Abdominal cord insert (if able to identify well) e. Bladder f. Bladder with color identifying 2 arteries g. genitalia
			18. Fetal chest; <ul style="list-style-type: none"> a. 4 chamber heart b. Subcostal 4 chamber view c. M mode heart rate d. Situs of heart
			19. Fetal extremities: (When possible) <ul style="list-style-type: none"> a. Bilateral femurs b. Bilateral humeri c. Bilateral tib/fib d. Bilateral radius/ulna e. Coronal view of bilateral feet f. Coronal view of hands
			20. Fetal spine (When possible) <ul style="list-style-type: none"> a. Long c, t, l/s spine with fetus spine up b. Transverse c, t, l/s spine with fetus spine up
			21. Other: <ul style="list-style-type: none"> a. 3 vessel cord in transverse b. Other images as needed

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ()Yes ()No
 Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency) ()Yes ()No

Abdomen Complete

Task	YES	NO	N/A
Exam initiation			
1. Identifies order			
2. Reviews lab values			
3. Completes an thorough patient history			
4. Selects the appropriate transducer and exam type			
Exam presentation of assigned anatomy			
1. Images Pancreas accurately in longitudinal and transverse			
2. Obtains a proper Pancreatic head, body and tail measurements			
3. Evaluates the pancreas with Color flow			
4. Evaluates the Aorta in Proximal, Mid and Distal in long			
5. Evaluates the Aorta in Proximal, Mid and Distal in long with AP measurements			
6. Obtains transverse images of the Proximal, Mid and Distal Aorta			
7. Obtains transverse images of the Proximal, Mid and Distal Aorta with width measurements			
8. Obtains long views of the Lt. Liver lobe			
9. Obtains all long views of the Rt. Liver lobe and Rt. Lobe measurement			
10. Obtains transverse views of the Lt. Liver lobe			
11. Obtains transverse views of the Rt. Liver lobe			
12. Evaluates the GB in Supine in transverse and long			
13. Evaluates the GB in LLD in transverse and long			
14. Obtains GB wall measurement			
15. Obtains CBD measurement			
16. Evaluates the Rt. Kidney in long and obtains midline measurements			
17. Evaluates the Rt. Kidney in transverse and obtains midline measurements			
18. Evaluates the Rt. Kidney with color in long and transverse			
19. Evaluates the pericolic gutters and the bladder			
20. Evaluates the Lt. Kidney in long and obtains midline measurements			
21. Evaluates the Lt. Kidney in transverse and obtains midline measurements			
22. Evaluates the Lt. Kidney with color in long and transverse			
23. Evaluates the Spleen in long and transverse			
24. Obtains splenic measurement			

25. Evaluates the spleen in long with color			
1. Additional images are completed to ensure visualization of all anatomy			
2. Images are of appropriate quality for patient condition			
1. Maintains appropriate focal depth			
2. Adjusts for penetration as needed			
3. Adjusts gain as needed			
4. Adjust TGC as necessary			
Upon request, student can			
1. Accurately ends the patient exam			
2. Clearly states technologist findings			
Total points:			

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency)
()Yes ()No

Abdominal Vasculature

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. The splanchnic vessel of interest is identified at its origin
			2. the vessel is followed in long to the organ it perfuses
			3. the vessel is followed in long with color to the organ it perfuses and spectral Dopplers are obtained in the proximal mid and distal portions of the vessel
			4. The vessel is followed from origin to organ in transverse evaluating for stenosis, aneurysm, etc.
			5. Profusion of the organ is evaluated with color and spectral Doppler
			6. Spectral Dopplers are performed accurately with appropriate angles and caliper placement. Abnormal waveforms are properly analyzed.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Abdominal Wall

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. A step off pad is utilized if necessary
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Abdominal wall area is evaluated in long and transverse
			3. Internal oblique, external oblique, transversalis muscles and peritoneum are identified and imaged in long and transverse
			4. Disruptions of abdominal wall continuity or areas of concern are documented with and without Valsalva
			5. Contralateral anatomy is evaluated if applicable
			6. Pathology is measured in 2 planes and with color if identified

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency)
()Yes ()No

Adnexa

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pads are utilized if necessary
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The left adnexa is visualized in long and transverse from the lateral uterus to the Iliac bone
			3. Images of the left adnexa are taken in long and transverse
			4. The right adnexa is visualized in long and transverse from the lateral uterus to the Iliac bone
			5. Images of the right adnexa are taken in long and transverse
			6. Compression is used to differentiate bowel from other pelvic contents

			7. If applicable, ovaries are evaluated in long and transverse
			8. If applicable, ovaries are measured in long and transverse and evaluated with Color and Spectral Doppler
			9. If applicable the appendix is documented in long and transverse with and without color flow and measurements of the appendiceal diameter and wall thickness

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Adrenals

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Bilateral adrenal area is evaluated in multiple windows to identify the adrenal glands
			3. Lt. and Rt. Adrenals are evaluated in long and transverse
			4. Images are obtained of the Lt. and Rt. adrenals in long and transverse
			5. Adrenals are evaluated with color flow in long and transverse
			6. Pathology is measured in 2 planes and with color if identified

The student has demonstrated competence on this exam YES NO

Technologist's Signature_ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Aorta

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. The entire aorta is reviewed with live scanning in long and transverse
			2. Images of the proximal mid and distal aorta with and without AP measurements are obtained in long
			3. Images of the proximal mid and distal aorta with and without width measurements obtained in transverse
			4. Doppler of the Mid Aorta is obtained utilizing appropriate Doppler angle and sample placement

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
()Yes ()No

Aspiration

Yes	No	N/A	
			Patient/ Room Prep
			1. Physician order is evaluated
			2. Patient meds are verified
			3. informed consent is obtained
			4. Area of fluid pocket is marked (if physician requests)
			5. Sterile field is prepared
			6. Physician is appropriately assisted
			7. Samples are properly identified for lab or disposed of as necessary
			8. Patient is given post procedure instructions
			9. Room is cleaned and paperwork is completed

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

B Mode Imaging

Yes	No	N/A	
			1. B mode imaging is optimized with appropriate:
			a. gain
			b. dynamic range
			c. Harmonic/non-harmonic imaging
			d. Compound imaging
			e. Focus placement
			f. TGC settings
			g. persistence
			h. depth

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in OB/GYN (if not, another technologist must complete this competency)
 Yes No

Biophysical Profile

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Allows up to 20 minutes for the fetus to complete required movements
			3. Obtains a AFV measuring 4 quadrants perpendicular to the patient's coronal plane with no fetal parts or cord
			4. Measures the cervical length if applical
			5. Documents placental position and relationship to cervix
			6. Evaluates fetus for 3 gross fetal movements
			7. Evaluates fetus for 2 movements demonstrating tone
			8. Evaluates fetus for 30 seconds of breathing
			9. Appropriately documents BPP score and completes paperwork/exam completion

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
()Yes ()No

Biopsy

Yes	No	N/A	
			Patient/ Room Prep
			1. Physician order is evaluated
			2. Patient meds are verified
			3. informed consent is obtained
			4. Pre scan is complete
			5. Sterile field is prepared
			6. Physician is appropriately assisted
			7. Samples are properly identified for lab
			8. Patient is monitored prior to, during and after the procedure
			8. Patient is given post procedure instructions
			9. Room is cleaned and paperwork is completed

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Bladder

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Bladder is evaluated in long and transverse
			3. Images are taken of the bladder in long at midline, Lt. and Rt.
			4. Measurements of midline bladder are completed in long and AP
			5. Images are taken of the bladder in transverse at superior, mid and inferior
			6. The bladder is measured at mid in transverse
			7. Uretral jets are documented in Transverse

The student has demonstrated competence on this exam YES NO

Technologist's Signature_ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Breast

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer (high frequency linear)
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pad is utilized when needed
			Image production
			1. Correct annotation was used
			2. location is described as a time and distance from nipple is described in cm
			3. Organs were imaged in the correct plane/location
			4. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			5. patient was appropriately positioned for the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The are a of concern is identified and the entire quadrant or breast is imaged according to site protocol
			3. Entire volume of breast (quadrant or full- depending on protocol) is evaluated in radial/antiradial with images complete throughout the area in both orientations
			4. In the case of a palpable mass, the mass is directly palpated, imaged and evaluated
			5. When pathology is recognized it is measured in length, width and height and margins appearances are well documented

be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?

()Yes ()No

Are you credentialed in VS or other (if not, another technologist must complete this competency)

()Yes ()No

Carotid Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Vessels were imaged in the correct plane/location
			3. Vessels were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. All spectral Dopplers are completed with appropriately angled Dopplers at <60 degrees
			3. Rt and Lt Subclavian is evaluated in long B mode, with color and with Spectral Doppler
			4. Rt. Carotid: <ul style="list-style-type: none"> a. CCA evaluated and imaged in long B mode at proximal, mid and distal b. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal c. Spectral Dopplers of CCA proximal, mid and distal obtained d. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal

			<ul style="list-style-type: none"> f. CCA evaluated and imaged in transverse Color Doppler at proximal, mid and distal g. Carotid bulb evaluated in long and transverse with B Mode, and with Color and Spectral Doppler h. ECA is evaluated in long in B Mode, with Color and Spectral Doppler with Taps if necessary i. ICA is evaluated in long in B Mode, with Color and Spectral Doppler at Proximal, mid and distal
			<ul style="list-style-type: none"> 5. Lt. Carotid: <ul style="list-style-type: none"> j. CCA evaluated and imaged in long B mode at proximal, mid and distal k. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal l. Spectral Dopplers of CCA proximal, mid and distal obtained m. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal
			<ul style="list-style-type: none"> n. CCA evaluated and imaged in transverse Color Doppler at proximal, mid and distal o. Carotid bulb evaluated in long and transverse with B Mode, and with Color and Spectral Doppler p. ECA is evaluated in long in B Mode, with Color and Spectral Doppler with Taps if necessary q. ICA is evaluated in long in B Mode, with Color and Spectral Doppler at Proximal, mid and distal
			<ul style="list-style-type: none"> 6. Lt Vertebral Artery imaged: <ul style="list-style-type: none"> a. In long with B mode and color b. With Spectral Doppler
			<ul style="list-style-type: none"> 7. Rt Vertebral Artery imaged: <ul style="list-style-type: none"> c. In long with B mode and color a. With Spectral Doppler
			<ul style="list-style-type: none"> 8. Rt. And Lt. Jugular <ul style="list-style-type: none"> a. Evaluated in long proximal B Mode and with Color and Spectral Doppler b. Phasicity is recognized in Doppler patterns
			<ul style="list-style-type: none"> 9. Spectral Doppler waveforms are accurately measured for velocities and appropriately documented

The student has demonstrated competence on this exam

YES

NO

Technologist's Signature _____

I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____ 2 _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen, Vascular or GYN (if not, another technologist must complete this competency)
()Yes ()No

Clean and disinfecting transducers

Yes	No	N/A	
			Patient/ Room Prep
			1. Transducer was thoroughly cleaned of gel before cleaned with solutions
			2. Extracavitary transducers are thoroughly sprayed and wiped clean with a manufacturer approved cleaning solution
			3. Intracavitary transducers are placed in the sanitation solution or device for the appropriate amount of time following manufacturer's settings
			4. Transducer cord and handle are wiped clean with appropriate cleaning solution

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient, in relation to the student's knowledge, is present

during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

Color Doppler Exam

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Color Doppler is optimized with appropriate:
			a. gain
			b. wall filter
			c. scale
			d. baseline
			e. box angulation

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Complete Abdomen

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The Pancreas is thoroughly evaluated in live scanning
			3. The Pancreas is imaged in long to the organ
			4. The pancreas head is measured in AP dimension
			5. The Pancreas is evaluated in transverse by live scanning and a representative image is obtained
			6. The entire aorta is reviewed with live scanning in long and transverse
			7. Images of the proximal mid and distal aorta with and without measurements are obtained in long

			8. Images of the proximal mid and distal aorta with and without measurements are obtained in transverse
			9. The Left lobe of the liver is thoroughly evaluated in long with live scanning
			10. The left lobe of the liver is imaged with the IVC, Aorta, at midline and at its lateral margin
			11. The Left lobe of the liver is thoroughly evaluated in transverse with live scanning
			12 The left lobe of the liver is imaged in transverse at the dome, left hepatic vein, left portal vein, caudate and IVC, and inferior lobe margin
			13. The Right lobe of the liver is thoroughly evaluated in long with live scanning
			14. The right lobe of the liver is imaged with the IVC, Main Lobar fissure and GB, With the rt. Kidney with and without measurements and the lateral hepatic margin
			15. The Right lobe of the liver is thoroughly evaluated in transverse with live scanning
			16. The right lobe of the liver is imaged in transverse at the dome, hepatic veins with and without color, the portal vein, with the GB, with the kidney, and at the inferior hepatic margin
			17. The GB is evaluated in long by live scanning with the patient in Supine and in LLD
			18. The GB is evaluated in transverse by live scanning with the patient in Supine and in LLD
			19. The GB is imaged in long in LLD and Supine
			20. The GB is imaged in transverse in LLD and Supine
			21. The GB wall is measured in transverse
			22. The CBD is evaluated in live scanning, imaged and measured
			23. The Rt kidney is thoroughly evaluated in long with live scanning
			24. The Rt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color
			25. The Rt kidney is thoroughly evaluated in transverse with live scanning
			26. The Rt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color
			27. The Rt pericolic gutter is evaluated and imaged in transverse
			28.The pelvic midline (including the bladder) is evaluated by live scanning and imaged in long and transverse
			29. The Lt pericolic gutter is evaluated and imaged in transverse
			30. The Lt kidney is thoroughly evaluated in long with live scanning
			31. The Lt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color
			32. The Lt kidney is thoroughly evaluated in transverse with live scanning
			33. The Lt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color
			34. The spleen is thoroughly evaluated in long with live scanning
			35. The spleen is imaged at midline with and without measurements and color

comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No

Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Complete Pelvis

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Transabdominal Scan
			a. The uterus is thoroughly evaluated in long
			b. Uterine images are completed in long on the lateral right and left and at midline
			c. Midline AP and long measurements are completed
			d. Uterus is evaluated in long with color and a representative Midline color image is obtained
			e. Endometrium is evaluated with color and a endometrial AP measurement is obtained

			f. The Uterus is evaluated in transverse
			g. The uterus is thoroughly evaluated in transverse
			h. Uterine images are completed in transverse at the superior, mid and inferior
			i. Mid Uterine width is measured
			j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained
			k. The cervix and vagina are imaged in transverse
			l. Right and left adnexas are evaluated in long and transverse and representative images are obtained
			m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			n. The right ovary is measured in long for AP and length and in transverse for width
			o. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			q. Left ovary is measured in long for AP and length and in transverse for width
			r. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			3. Transvaginal Scan:
			a. The uterus is thoroughly evaluated in long
			b. Uterine images are completed in long on the lateral right and left and at midline
			c. Midline AP and long measurements are completed
			d. Uterus is evaluated in long with color and a representative Midline color image is obtained
			e. Endometrium is evaluated with color and a endometrial AP measurement is obtained
			f. The Uterus is evaluated in transverse
			g. The uterus is thoroughly evaluated in transverse
			h. Uterine images are completed in transverse at the superior, mid and inferior
			i. Mid Uterine width is measured
			j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained
			k. The cervix and vagina are imaged in transverse
			l. Right and left adnexas are evaluated in long and transverse and representative images are obtained
			m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			n. The right ovary is measured in long for AP and length and in transverse for width
			o. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow

			p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			q. Left ovary is measured in long for AP and length and in transverse for width
			r. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only,

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency) ()Yes ()No

Patient connected to 2 or more pieces of equipment

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Patient condition is monitored throughout the exam
			3. Emergency room equipment is properly moved or avoided while exam is in process
			6. Exam is properly completed and pathology is identified and recorded

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency) ()Yes ()No

Monitoring consciousness/respiration

Yes	No	N/A	
			1. Continuously evaluates patient consciousness and notes changes in consciousness immediately
			2. Evaluates patient respirations accurately watching the patient's chest rise and fall for a minimum of 30 seconds.

The student has demonstrated competence on this exam YES NO

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

CPR

Yes	No	N/A	
			Patient/ Room Prep
			1. Presents proof of AHA BLS CPR certification

The student has demonstrated competence on this exam YES NO

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
()Yes ()No

Drainage

Yes	No	N/A	
			Patient/ Room Prep
			1. Physician order is evaluated
			2. Patient meds are verified
			3. informed consent is obtained
			4. Pre scan is complete
			5. Sterile field is prepared
			6. Physician is appropriately assisted
			7. Samples are properly identified for lab or disposed of
			8. Patient is monitored prior to, during and after the procedure
			8. Patient is given post procedure instructions
			9. Room is cleaned and paperwork is completed

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
()Yes ()No

Liver Elasticity Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Patient is rolled to 30 degrees in LLD; The Rt. Liver lobe is accessed intercostally with the probe parallel to the liver
			3. Measurements are taken of liver segments 5, 7 or 8
			4. ROI sample box is placed within the liver parenchyma avoiding vessels, ducts, dome, etc. and >1.5 cm from the hepatic capsule but within 6-8 cm of the skin line
			5. Patient is not in suspended inspiration
			6. Obtain at least 10 elastography measurements
			7. Properly evaluate and report findings

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

Endotracheal tube patient

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Patient RN and RT therapist are notified when beginning the exam and upon completion
			3. Patient movement is limited or only completed with assistance from the RN and RT
			4. Patient condition is monitored throughout the exam
			5. Intubation tube placement and ventilator function are properly monitored throughout the exam
			6. Patient records are evaluated prior to exam
			7. Exam is properly completed and pathology is identified and recorded

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only,

he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

ER Patient

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Patient condition is monitored throughout the exam
			3. Emergency room equipment is properly moved or avoided while exam is in process
			4. ER staff is notified of exam
			5. Patient records are evaluated prior to exam
			6. Exam is properly completed and pathology is identified and recorded

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to

complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

FAST Scan

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Patient is evaluated quickly and accurately for free fluid in the following spaces:
			3. Lt and Rt. Pleural cavities
			4. Lt and Rt. Pericolic Gutters
			5. Morrison's Pouch and Pericardial area
			6. Pelvic Midline
			7. Lesser Sac

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
()Yes ()No

FAST Exam Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The Rt. And Lt. Pleural spaces are evaluated for pleural effusion
			3. The Rt. And Lt. Pericolic gutters are evaluated for fluid
			4. The pelvic midline is evaluated for fluid
			4. Morrison's Pouch and periaortic area are evaluated for fluid
			5. The pericardial space is evaluated for pericardial effusion

The student has demonstrated competence on this exam YES NO

Technologist's Signature_ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No

Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

First Trimester OB

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The uterus is thoroughly evaluated in long
			3. The cervix is measured
			4. Uterine images are completed in long on the lateral right and left and at midline
			5. The Uterus is evaluated in transverse
			6. Uterine images are completed in transverse at the superior, mid and inferior
			7. The cervix and vagina are imaged in transverse
			8. Right and left adnexas are evaluated in long and transverse and representative images are obtained

			9. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			10. The right ovary is measured in long for AP and length and in transverse for width
			11. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			12. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			13. Left ovary is measured in long for AP and length and in transverse for width
			14. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			15. The gestational sac is identified and measured if no fetal pole is present
			16. If fetal pole is present it's crown rump length is measured in 3 different images
			17. The yolk sac is identified
			18. Placental location is documented if identifiable
			19. Fetal Heart Rate is obtained with M mode

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND

reviews and approves sonographic images and student techniques.

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Gallbladder Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. The GB is evaluated in long by live scanning with the patient in Supine and in LLD
			2. The GB is evaluated in transverse by live scanning with the patient in Supine and in LLD
			3. The GB is imaged in long in LLD and Supine
			4. The GB is imaged in transverse in LLD and Supine
			5. The GB wall is measured in transverse
			6. The CBD is evaluated in live scanning, imaged and measured perpendicular to the lumen

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

GI Track

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The bowels are evaluated in long and transverse using compression and non compression
			3. Bowel wall thickness and continuity is evaluated in long and transverse
			4. Layers of bowel are evaluated and identified in long and transverse
			5. Bowel walls are evaluated with and without color
			6. Potential spaces are evaluated for free fluid

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature_ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

ICU or CCU Patient

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Patient condition is monitored throughout the exam
			3. ICU or CCU equipment is properly moved or avoided while exam is in process
			4. Floor staff is notified of exam
			5. Patient records are evaluated prior to exam
			6. Exam is properly completed and pathology is identified and recorded

The student has demonstrated competence on this exam YES NO

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?

()Yes ()No

Are you credentialed in Abdomen or MSK (if not, another technologist must complete this competency)

()Yes ()No

Infant hips Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2.the chondroosseous junction is identified 10-15 degrees off the coronal view and the following are recognized: a. femoral neck b. femoral head c. iliac bone d. lower ilium e. acetabular roof (cartilaginous and bony) f. acetabular labrum g. joint capsule h. synovial fold
			3. Anterior, middle and posterior images at this plane are obtained
			4. femoral position, alpha and beta angles are measured and assessed

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

IVC

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The IVC is imaged in long
			3. IVC is evaluated for phasic dilation
			4. Spectral and color Dopplers are completed in the IVC with correct Doppler angulation and placemnt
			5. The IVC is evaluated for dilation reduction during "sniffing"

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature_

I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Liver

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			9. The Left lobe of the liver is thoroughly evaluated in long with live scanning
			10. The left lobe of the liver is imaged with the IVC, Aorta, at midline and at its lateral margin
			11. The Left lobe of the liver is thoroughly evaluated in transverse with live scanning
			12. The left lobe of the liver is imaged in transverse at the dome, left hepatic vein, left portal vein, caudate and IVC, and inferior lobe margin
			13. The Right lobe of the liver is thoroughly evaluated in long with live scanning
			14. The right lobe of the liver is imaged with the IVC, Main Lobar fissure and GB, With the rt. Kidney with and without length measurements and the lateral hepatic

be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?

()Yes ()No

Are you credentialed in VS or other (if not, another technologist must complete this competency)

()Yes ()No

Lower Extremity Venous Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Vessels were imaged in the correct plane/location
			3. Vessels were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Rt. Lower extremity is evaluated with compression every 3cm through the following vessels: a. CFV b. SFV c. Prox Profunda only d. Popliteal e. Tibeoperoneal trunk f. PTV g. Peroneal Veins

			<p>2. Rt. Lower extremity is imaged with and without compressions at the following vessels:</p> <ul style="list-style-type: none"> 3. CFV- distal 4. SFV- proximal, mid, distal 5. Prox Profunda only 6. Popliteal- mid 7. Tibeoperoneal trunk- mid 8. PTV- proximal, mid, distal 9. Peroneal Veins- proximal, mid, distal
			<p>3. Rt. Lower extremity is imaged in long with and without color and with spectral, including augments and Valsalva at the following vessels:</p> <ul style="list-style-type: none"> a. CFV- distal b. SFV- proximal, mid, distal c. Prox Profunda only d. Popliteal- mid e. Tibeoperoneal trunk- mid f. PTV- proximal, mid, distal g. Peroneal Veins- proximal, mid, distal
			<p>4. Lt. Lower extremity is evaluated with compression every 3cm through the following vessels:</p> <ul style="list-style-type: none"> h. CFV i. SFV j. Prox Profunda only k. Popliteal l. Tibeoperoneal trunk m. PTV <p style="text-align: center;">Peroneal Veins</p>
			<p>5. Lt. Lower extremity is imaged with and without compressions at the following vessels:</p> <ul style="list-style-type: none"> 10. CFV- distal 11. SFV- proximal, mid, distal 12. Prox Profunda only 13. Popliteal- mid 14. Tibeoperoneal trunk- mid 15. PTV- proximal, mid, distal
			<p>6. Lt. Lower extremity is imaged in long with and without color and with spectral, including augments and Valsalva at the following vessels:</p> <ul style="list-style-type: none"> h. CFV- distal i. SFV- proximal, mid, distal j. Prox Profunda only k. Popliteal- mid l. Tibeoperoneal trunk- mid m. PTV- proximal, mid, distal n. Peroneal Veins- proximal, mid, distal
			<ul style="list-style-type: none"> a. Rt and Lt GSV are evaluated with and without compressions from ankle to groin every 2-3 cm

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Lymph Nodes

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pads are utilized if necessary
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Lymph nodes are identified and evaluated in long and transverse with and without color
			3. Lymph nodes are counted (if possible) and documented in long and transverse with length, Width and AP measurements
			4. The contralateral anatomy is evaluated if applicable

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature_

I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

M Mode Imaging

Yes	No	N/A	
			1. M mode imaging is optimized with appropriate:
			a. gain
			b. positioning through appropriate tissue sample
			c. accurate measurements

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
()Yes ()No

Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency)
()Yes ()No

Main Portal Vein

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pads are utilized if necessary
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The Main Portal Vein is evaluated from different windows and different patient positions to optimize visualization
			3. The MPV is visualized with color and spectral Doppler utilizing the correct doppler angle
			4. Waveform is evaluated for hepatofugal/hepatopetal flow and phasicity

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

MSK

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer (high frequency linear)
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pad is utilized when needed
			Image production
			1. Correct annotation was used
			2. location is described as a time and distance from nipple is described in cm
			3. Organs were imaged in the correct plane/location
			4. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			5. patient was appropriately positioned for the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The area of interest is thoroughly evaluated in long and transverse
			3. The are is imaged in long and transverse with any abnormalities measured in long and transverse

			<p>4. The following is evaluated:</p> <ul style="list-style-type: none"> a. joint region b. synovium c. bone d. muscle e. tendons f. sheaths g. ligaments h. fascia i. other supportive structures
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The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Neonatal Head Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Evaluation of the head in sagittal is thoroughly completed
			3. Images are taken in the Sagittal plane at: a. Midline with corpus callosum, 3 rd and 4 th ventricles and cerebellum b. rt. And lt. parasagittal at caudothalamic notch and lateral ventricles c. rt and lt. lateral brain demonstrating periventricular white matter
			4. Evaluation of the head in coronal is thoroughly completed

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?

()Yes ()No

Are you credentialed in Abdomen (if not, another technologist must complete this competency)

()Yes ()No

Neonatal Spine Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Spine is assessed thoroughly in a long plane at the Sacrococcygeal region
			3. Sacral vertebrae in long are evaluated and counted from S5-1
			4. The filum terminale is identified and imaged at L5/S1 level
			5. L5-L1 is scanned in long and imaged evaluating for the conus medullaris and level of termination
			6. vertebral numbers are documented on the image
			7. Spine is thoroughly evaluated in transverse from S5-L1
			8. Vertebral structure and conus medullaris levels are evaluated

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

ICU or CCU Patient

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Patient condition is monitored throughout the exam
			3. NICU equipment is properly moved or avoided while exam is in process
			4. Floor staff is notified of exam
			5. Patient records are evaluated prior to exam
			6. Exam is properly completed and pathology is identified and recorded

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to

complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
() Yes () No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)
() Yes () No

Non Cardiac Chest Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The Rt. And Lt. Pleural spaces are evaluated for fluid/abnormalities

The student has demonstrated competence on this exam YES NO

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Pancreas

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The Pancreas is thoroughly evaluated in live scanning
			3. The Pancreas is imaged in long to the organ
			4. The pancreas head is measured in AP dimension
			5. The Pancreas is evaluated in transverse by live scanning and a representative image is obtained

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Pediatric Bowel Comp (Intussusception/ appendicitis/pyloric stenosis)

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The appropriate area of bowel according to symptoms/differential diagnosis is identified (ex. Pyloric sphincter, appendix, entire bowel)
			3. Bowel wall thickness and continuity is evaluated in long and transverse
			4. Layers of bowel are evaluated and identified in long and transverse
			5. Bowel walls are evaluated with and without color and measured in long
			6. Bowel walls are measured in transverse
			7. Potential spaces are evaluated for free fluid

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Preparation of transducer for intracavitary use

Yes	No	N/A	
			Patient/ Room Prep
			1. Ensure the transducer is appropriately cleaned and sanitized
			2. Adequate gel is applied to the transducer and a probe cover is secured
			3. Transducer is placed in a clean location until use
			5. Coupling layer lubricant is applied to the transducer prior to insertion

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Prostate

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. The Prostate is thoroughly evaluated in transverse with live scanning
			2.. The transverse prostate is imaged at the base, mid and apex with and without measurements and with and without color
			3. The prostate is thoroughly evaluated in long with live scanning
			4. The prostate is imaged in long at the left, mid and right with and without measurements and with and without color
			5. The seminal vesicles are evaluated in long and imaged with and without color

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Renals

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. The Rt kidney is thoroughly evaluated in long with live scanning
			2.. The Rt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color
			3. The Rt kidney is thoroughly evaluated in transverse with live scanning
			4. The Rt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color
			5. The Lt pericolic gutter is evaluated and imaged in transverse
			6. The Lt kidney is thoroughly evaluated in long with live scanning
			7. The Lt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color

			8. The Lt kidney is thoroughly evaluated in transverse with live scanning
			9. The Lt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color
			10. The spleen/Lt. Kidney comparison image is obtained
			11. The bladder evaluated in long and transverse
			12. The bladder is imaged in long at midline with and without measurements and color
			13. The bladder is imaged in transverse at mid with and without measurements and color
			14. Uretral Jets are evaluated with and without color
			15. Post void bladder is evaluated in long and transverse
			16. Post void bladder is measured at mid in long and transverse

The student has demonstrated competence on this exam **YES** **NO**

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT,

2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Scrotal Scan

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Bilateral Testes/Scrotum demonstrated in transverse with and without color
			3. Rt Testicle and epididymis thoroughly surveyed in long and transverse with and without color
			4. Rt. Testicle imaged in long at lateral, mid and medial with and without mid long and AP measurements and color flow
			5. Rt. Testicle imaged in transverse at superior, mid and inferior with and without mid width measurements and color flow
			6. Rt Epididymis evaluated and imaged in long and transverse with AP head, body and tail measurements and color evaluation

			7. Lt Testicle and epididymis thoroughly surveyed in long and transverse with and without color
			8. Lt. Testicle imaged in long at lateral, mid and medial with and without mid long and AP measurements and color flow
			9. Lt. Testicle imaged in transverse at superior, mid and inferior with and without mid width measurements and color flow
			10. Lt Epididymis evaluated and imaged in long and transverse with AP head, body and tail measurements and color evaluation
			11. Scrotal sac evaluated for areas of thickness and fluid collections
			12. Bilateral spermatic cords evaluated for spermatoceles or hernias

The student has demonstrated competence on this exam YES NO

Technologist's Signature _____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

Directions for Direct and Indirect Supervision:

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Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is competing. For example, if a tech is registered through the ARDMS for Abdomen and small parts only,

he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

Spectral Doppler Exam

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Color Doppler is optimized with appropriate:
			a. gain
			b. wall filter
			c. scale
			d. baseline
			e. box angulation
			3. Spectral Doppler is obtained with
			f. appropriate gate size and placement
			g. angulation <60 degrees
			h. gain
			i. scale
			j. baseline

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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reviews and approves sonographic images and student techniques.

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Spleen

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The spleen is thoroughly evaluated in long with live scanning
			3. The spleen is imaged at midline with and without AP and long measurements and color
			4. The spleen is imaged medially and laterally
			5. The spleen is thoroughly evaluated in transverse with live scanning
			6. The spleen is imaged at midline with and without width measurements and color
			7. The spleen is imaged transverse superiorly and inferiorly
			8. The spleen is imaged with the left kidney in a comparison view

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

Standard Precautions

Yes	No	N/A	
			1. Patient exam is complete will all standard precautions adhered to

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
() Yes () No

Sterile field

Yes	No	N/A	
			1. Sterile field is set with no contamination
			2. Field is monitored consistently until utilized

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?

()Yes ()No

Are you credentialed in Abdomen or GYN (if not, another technologist must complete this competency)

()Yes ()No

Superficial Structures Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			6. Stand off pads are utilized if necessary
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Area of concern is evaluated in long and transverse with live scanning
			3. Superior, mid and inferior area images are obtained in transverse
			4. Medial, mid and lateral area images are obtained in long
			5. If mass/nodule is recognized, it is measured in long and transverse and imaged in lateral, mid, and medial and in superior, mid, inferior
			6. Masses are interrogated with color Doppler
			4. The contralateral anatomy is evaluated if applicable

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Thyroid

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Bilateral Thyroid lobes demonstrated in transverse with and without color
			3. Rt Thyroid lobe thoroughly surveyed in long and transverse with and without color
			4. Rt. Thyroid lobe imaged in long at lateral, mid and medial with and without mid long and AP measurements and color flow
			5. Rt. Thyroid lobe imaged in transverse at superior, mid and inferior with and without mid width measurements and color flow
			7. Lt Thyroid lobe is thoroughly surveyed in long and transverse with and without color

be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist:

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No
 Are you credentialed in Abdomen (if not, another technologist must complete this competency)
 Yes No

Transplant Organ Comp

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Evaluation of the transplanted organ in long and transverse is thoroughly completed, evaluating size and echogenicity
			3. Area around the organ is evaluated for free fluid, hematoma, etc.
			4. Arteries are evaluated throughout its length with color and spectral Dopplers completed in proximal, mid and distal locations
			5. Intraorgan arterial and venous flow is evaluated with B mode, color and spectral Doppler

complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.

The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No

Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Transvaginal Pelvis

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. Transvaginal Scan
			a. The uterus is thoroughly evaluated in long
			b. Uterine images are completed in long on the lateral right and left and at midline
			c. Midline AP and long measurements are completed
			d. Uterus is evaluated in long with color and a representative Midline color image is obtained
			e. Endometrium is evaluated with color and a endometrial AP measurement is obtained

			f. The Uterus is evaluated in transverse
			g. The uterus is thoroughly evaluated in transverse
			h. Uterine images are completed in transverse at the superior, mid and inferior
			i. Mid Uterine width is measured
			j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained
			k. The cervix and vagina are imaged in transverse
			l. Right and left adnexas are evaluated in long and transverse and representative images are obtained
			m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			n. The right ovary is measured in long for AP and length and in transverse for width
			o. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow
			p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior
			q. Left ovary is measured in long for AP and length and in transverse for width
			r. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow

The student has demonstrated competence on this exam

YES

NO

Technologist's Signature_

I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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The following is only to be completed by a registered technologist.

Were you asked to evaluate this exam for competency prior to the beginning of the exam?
 Yes No

Are you credentialed in GYN (if not, another technologist must complete this competency)
 Yes No

Uterus

Yes	No	N/A	
			Patient/ Room Prep
			1. Two identifiers were used in identifying the patient
			2. Patient history was obtained
			3. Properly identified self to patient
			Scanning Technique
			1. Used appropriate transducer
			2. Used appropriate depth
			3. Used appropriate gain
			4. Adjusted TGC
			5. Adjusted focus
			Image production
			1. Correct annotation was used
			2. Organs were imaged in the correct plane/location
			3. Organs were measured in the correct plane/location
			Patient Care
			1. Student interaction with patient/family and team members was courteous and professional.
			2. History and findings were appropriately documented
			4. Patient was observed for physical changes throughout the exam
			Image Evaluation/Protocol
			1. Student assessment of anatomy and pathology was accurate
			2. The uterus is thoroughly evaluated in long
			3. Uterine images are completed in long on the lateral right and left and at midline
			4. Midline AP and long measurements are completed
			5. Uterus is evaluated in long with color and a representative Midline color image is obtained
			6. Endometrium is evaluated with color and a endometrial AP measurement is obtained
			7. The Uterus is evaluated in transverse

sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

Verification of informed consent

Yes	No	N/A	
			1. Patient is notified of exam/procedure processes
			2. Benefits of procedure are communicated to the patient
			3. Risks of procedure are communicated to the patient
			4. Patient questions are accurately addressed
			5. Informed consent is aquired

The student has demonstrated competence on this exam YES NO

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**GREAT BASIN COLLEGE
SONOGRAPHY STUDENT COMPETENCY FORM**

Student _____ Date _____ Pt. MR# _____

Evaluator _____ (Must be ARDMS or ARRT registered) Exam _____

Are you credentialed in sonography (if not, another technologist must complete this competency)
()Yes ()No

Vital Signs

Yes	No	N/A	
			1. Patient is identified by 2 identifiers
			2. Manual or automatic blood pressure is properly obtained and recorded
			3. Pulse is accurately assessed at the radial artery and recorded
			4. Respirations are accurately assessed and recorded
			5. Any abnormal vital signs are recognized and addressed

The student has demonstrated competence on this exam YES NO

Directions for Direct and Indirect Supervision:

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgement or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the program director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.