DMS Student Handbook

Arkansas State University

Medical Laboratory and Radiation Sciences

Diagnostic Medical Sonography Program

Student Handbook

2025-2026

MISSION, PHILOSOPHY AND GOALS

1.0 University Mission

Arkansas State University educates leaders, enhances intellectual growth, and enriches lives.

1.1 College of Nursing & Health Professions Mission

The primary mission of the College of Nursing and Health Professions is to provide quality education to students and graduates, and health care providers in a variety of health disciplines. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to health care in the Delta region and beyond.

1.2 Medical Imaging and Radiation Sciences Department Mission

The mission of the Department of Medical Imaging & Radiation Sciences is to provide a comprehensive, multi-skilled education preparing students for entry-level practice into the medical imaging and radiation therapy professions.

1.3 Diagnostic Medical Sonography Program Mission

The mission of the Diagnostic Medical Sonography Program is to produce competent, entry-level sonographers eligible for registration by the American Registry of Diagnostic Medical Sonographers in Abdominal Sonography and OB/Gyn Sonography.

1.4 DMS Program Philosophy

The Diagnostic Medical Sonography Program is founded in the belief in the need for better educational opportunities in the changing health care profession of Diagnostic Medical Sonography. Our program is based on the concept that education is a continuing process whereby the learner determines goals, clarifies values, and develops such discipline and understanding as best meets individual needs for self actualization. Through specific general education courses, curriculum and clinical experiences, it is our goal to educate students for a professional career in which they can be successful.

1.5 DMS Program Goals and Objectives

The goal of the Diagnostic Medical Sonography Program is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The goals include personal as well as professional development. The curriculum is designed to develop excellence in the following aspects of Diagnostic Medical Sonography: abdomen-extended, obstetrics and gynecology. Goals also include providing appropriate health care service to the public and the medical community.

Students will be clinically competent.

Student Learning Outcomes:

Students will apply positioning skills.

Students will select image parameters.

Students will utilize sonography field safety measures.

Students will demonstrate communication skills.

Student Learning Outcomes:

Students will demonstrate written communication skills.

Students will demonstrate oral communication skills.

Students will develop critical thinking skills.

Student Learning Outcomes:

Students will adapt imaging parameters for non-routine patients.

Students will critique images for diagnostic quality.

Students will model professionalism.

Student Learning Outcomes:

Students will demonstrate work ethics.

Students will summarize the value of life-long learning.

Graduates of the program in Diagnostic Medical Sonography should exhibit the following terminal behaviors:

1.5.1 Deliver the planned course of Diagnostic Medical Sonography.

1.5.2 Utilize oral and written communication with patients and colleagues.

1.5.3 Demonstrate knowledge and understanding of human gross and sectional anatomy.

1.5.4 Demonstrate knowledge of physiology, pathology, and pathophysiology.

1.5.5 Provide patient care and comfort.

1.5.6 Demonstrate knowledge and understanding of acoustical physics, Doppler ultrasound principles and ultrasound instrumentation.

1.5.7 Detect any equipment malfunctions and report them to the proper authority.

1.5.8 Recognize and identify the sonographic appearance of normal anatomic structures associated with each learning concentration.

1.5.9 Recognize and identify the sonographic appearance of abnormal anatomic structures associated with each learning concentration.

1.5.10 Provide patient educations related to medical ultrasound and/or other noninvasive diagnostic vascular techniques, and promote principles of good health.

1.5.11 Act in a professional and ethical manner.

1.5.12 Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.

1.5.13 Obtain, review and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.

1.6 GENERAL INTRODUCTION

This handbook has been compiled to acquaint students with the policies and procedures utilized by the professional program in Diagnostic Medical Sonography. **It is the responsibility of the student to read the entire handbook.**

Students enrolled in the Diagnostic Medical Sonography Program are responsible for observing all policies and procedures stated in this handbook, in addition to any rules and regulations which are contained in the A-State Undergraduate Bulletin and/or the A-State Student Handbook. **Failure to read this handbook does not excuse students from the requirements and regulations contained herein.**

Students are expected to adhere to the highest standards of medical ethics in all periods of attendance in the clinical education centers. All clinical education centers, while separately located, are considered to be an integral part of the University campus. Any infraction of medical ethics in the clinical education center will be dealt with under appropriate disciplinary policy of the University. It is the student's responsibility to know what the appropriate policies and procedures are at each of the clinical education centers. This is covered during the orientation session.

1.7 STUDENT POLICIES

1.7.1 Academic Advising

Each Diagnostic Medical Sonography student will be advised by the faculty member assigned to the DMS courses in which the student is enrolled. All clinical advising is conducted by the Clinical Coordinator. Each adviser will have regularly scheduled office hours which are posted and other hours by appointment.

If a student plans to seek employment in addition to carrying a full-time academic load, this should be discussed with his or her adviser. Under no circumstances should employment schedules interfere with academic or clinical responsibilities.

Regularly scheduled classroom and clinical activities may not exceed 40 hours per week in accordance with the Commission on Accreditation of Allied Health Education Programs and the Joint Review Commission for Diagnostic Medical Sonography.

1.8 Academic Responsibilities and Standards

1.8.1 Textbooks

Each student is responsible for purchasing their copy of the required textbooks. Because the same textbook may be used again in later courses, it is strongly recommended that before selling books, a student consult the Diagnostic Medical Sonography faculty who will be teaching future courses.

1.8.2 Assignments

Each student is responsible for completing all reading, written, and oral assignments made by the faculty. If a student is absent from class for any reason, he or she is still responsible for the material disseminated in class.

- Quizzes: May be scheduled or unscheduled. No make-up quizzes will be given.
- Tests: Make-up exams are only given if the instructor is notified prior to class time, and the absence is excused (Policy 1.8.10). Make-up exams will only be given at the end of the semester on “Study Day”. Study Day is generally the Friday preceding final examinations.
- Homework: Late assignments will be accepted for half credit unless the student is unable to attend class due to an excused absence (Policy 1.8.10). If a student misses class due to an excused absence, homework is due the day they return to class or the assignment is considered late and will be accepted for half credit.

1.8.3 Classroom Etiquette

Each student is responsible for learning the content of any course in which he or she is enrolled and for respecting the rights of fellow students in the classroom.

The instructor has the right to request any disruptive student to leave the classroom. Continued misbehavior in the classroom is cause for disciplinary action.

The use of any tobacco product is prohibited in the classroom and/or in the laboratory. Cellular telephones are prohibited in the classroom and/or laboratory settings. Violation of this policy will affect the student’s participation grade for the course.

1.8.4 Course Syllabus

Within the first two class meetings of the semester the instructor is required to provide each student in the course with a syllabus. The syllabus will contain a description of the course, the goals and/or objectives of the course, and the method of evaluating and grading students.

The policies in the course syllabus supersede any policy in the Student Handbook. All policies not covered by the syllabus will remain in effect.

1.8.5 Evaluation and Grading

The grading scale is as follows:

A = 90-100

B = 80-89

C = 75-79

D = 60-74

F = 0-59

Each instructor is responsible for determining academic achievement for each student in the course.

1.8.6 Standards of Academic Achievement

When the cumulative, semester, or session grade point average falls below 2.00, the student in Diagnostic Medical Sonography will be placed on probation. At the end of the next semester or session of enrollment the cumulative grade point average must be at least 2.00 for the student to remain in the Diagnostic Medical Sonography program.

A student who receives a grade below "C" in any of the Diagnostic Medical Sonography courses may not continue in the Diagnostic Medical Sonography Program. A student who receives a grade below a “C” in any of the Diagnostic Medical Sonography clinical courses may not continue in the program. The policy and procedure for readmission into the Diagnostic Medical Sonography Program is clearly outlined in the A-State Undergraduate Bulletin. This handbook also has a readmission policy (Student Policies, 2.6).

Clinical evaluations and self-evaluations will be filled out each semester and may be used to set goals for future clinical assignments. Unsatisfactory progress in meeting set goals can result in a failed clinical grade for that course. Poor clinical evaluations may also result in dismissal from the DMS program.

1.8.8 Academic Remediation

If a student’s grade is below a “C” at mid-term, the student is required to meet with the course instructor to be counseled.

1.8.7 Academic Integrity Policy

Arkansas State University enthusiastically promotes academic integrity and professional ethics among all members of the A-State academic community. Violations of this policy are considered as

serious misconduct and may result in disciplinary action and severe penalties.

The complete policy is located in the University Student Handbook.

1.8.9 Copyright Violation

It is illegal to copy any copyrighted material unless permission has been obtained from the copyright owner. A student guilty of copyright violation may face sanctions by the Diagnostic Medical Sonography Program, University, State and Federal authorities.

1.8.10 Attendance

Students are responsible for all announcements, subject matter, and assignments for each class, whether or not he/she is present. Students are expected to attend each class session, take tests and the final exam on the scheduled dates unless an excused absence is obtained.

Excused absences are:

(1) Extreme illness involving student or his/her immediate family (spouse, child, parent, grandparent or sibling), accompanied by a written doctor's excuse;

(2) Death in the student's immediate family.

Any absence other than listed above is considered unexcused.

Tardiness is defined as being late for the scheduled class time. It is disruptive to the class. Tardiness results in a reduction in participation points for that class period.

If a student wishes to retain make-up privileges the instructor must be informed prior to the start of class. If a message is not received prior to class the student may lose make-up privileges for activities held during that day. All make-up work is due the day the student

returns to class. Late make-up work will be accepted for half credit. Make-up exams will only be given on “Study Day”. Historically, study day is the Friday immediately preceding finals week.

1.8.11 Social Media Guidelines

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes both your personal or someone else’s personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, or Linkedin and social media anonymous sites. You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

You should be aware that future employers may view potential candidate’s websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation.

Please make responsible decisions about your use of social media.

1.9 Expenses

In addition to the normal university tuition, fees, and book costs, a student in the Diagnostic Medical Sonography Program will incur additional expenses. These expenses include, but are not

limited to, the following:

1.9.1 Transportation

Each student is responsible for transportation to his/her assigned clinical education center. Transportation and all costs incurred for travel to the clinical education centers is the sole responsibility of the student.

1.9.2 Uniforms

Each student is responsible for providing his/her own uniforms, including lab coats, name tag and shoes.

1.9.3 Liability Insurance

Proof of professional liability insurance is required before a student can begin clinical education. Forms /information regarding liability insurance may be picked up in the office of the Program Coordinator or Clinical Coordinator.

1.9.4 Background check

All students are required to request a background check. Cost of the background check is the sole responsibility of the student. The information concerning the required background check is found on the Medical Imaging and Radiation Sciences website at http://www2.astate.edu/conhp/radsci/ .

1.9.5 CPR, BDLS, TB mask fittings

CPR and BDLS certifications are required and may charge a nominal fee. TB mask fittings are required. The fitting is available at A-State within the first few weeks of the fall semester. The fee is $25

1.9.6 Clinical Documentation System

The student must purchase access to Trajecsys Clinical Records. This can be purchased directly through trajecsys.com. The cost is $150 for the entire length of the program.

2.0 Change of Address

The Department of Health Professions, Medical Imaging and Radiation Sciences Programs and University registrar's office should be notified promptly of changes in name or address. Correct phone numbers should be filed with the Department of Health Professions and Diagnostic Medical Sonography Program so that students can be reached in case of an emergency.

2.1 Health

2.1.1 Health Examination

Students are required to submit a completed health form and to have a physical examination prior to entering the clinical education center. The required health form is to be completed by a physician and turned in to the Clinical Coordinator.

2.1.2 Health Care

The Student Health Center is open Monday through Friday for the benefit of students. A description of services and the hours of availability are listed in the Undergraduate Bulletin. Except for the services of the Student Health Center, the University assumes no responsibility for health

care costs.

2.1.3 Illness

If the student is ill and unable to attend the clinical education center the Diagnostic Medical Sonography clinical supervisor **and** Clinical coordinator must be notified as soon as possible **prior** to the scheduled starting time. A student is expected to use good judgment in determining whether or not to attend the clinical education center because of illness.

If the student is ill and unable to attend class the instructor of the course should be notified.

A student who has a communicable disease may be restricted from working with high risk patients. Examples of common communicable diseases include herpes simplex, strep, hepatitis, colds, and flu. If a student has a suspected communicable disease he/she should contact the clinical instructor as well as the Clinical Coordinator before the scheduled arrival time for clinical education.

Communicable diseases may require that one or more of the following protective measures be taken. The student may be:

- Required to use reverse isolation techniques while working with non-high-risk patients.
- Reassigned to a non-patient care area.
- Relieved from clinical duty until he or she is no longer contagious.

2.1.4 Required Immunizations:

Rubella

Mumps and varicella vaccination or Titer

TB

Hepatitis -B Vaccine

Flu-Annually

2.1.4.1 Hepatitis-B Vaccine

Beginning in the Fall Semester 1992, all students in the College of Nursing and Health Professions must provide documented evidence of vaccination for Hepatitis-B. Vaccination consists of three separate doses of the vaccine, given at time zero, 1 month and 6 months. Optimal protection is not conferred until after the third dose. The student must **start** this series prior to entering the Clinical Education Center.

2.1.5 Injury

Should a student become injured or acutely ill during the course of assigned clinical duties, the clinical education center to which that student is assigned will provide treatment and emergency care, with any charges for treatment being the sole responsibility of the student.

Any injury, however minor, occurring while on duty at the clinical education center must be reported to the clinical supervisor and the appropriate incident form completed with copies to the Program Director at A-State.

2.1.6 Pregnancy

If a student is or becomes pregnant during the program, she should notify the Program Director. The program will work with the student to plan successful completion of the program.

2.1.7 Cardiopulmonary Resuscitation

Each student is required to have a valid basic CPR card throughout the program. The student is required to provide the Clinical Coordinator with a copy of current CPR card prior to RSU 4511 Ultrasound Clinical I.

2.1.8 Health Insurance

Students are strongly encouraged to obtain individual health insurance coverage. Information on Student Health Insurance is available through the Office of Student Affairs, Student Union Building. Professional liability insurance should not be misconstrued as including health insurance coverage.

2.1.9 Policy/Procedure Guidelines for Infection Control

Introduction

The policy guidelines herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and OSHA.

2.1.10 Admissions

The HIV/HBV (Human Immunodeficiency Virus/ Hepatitis B Virus) status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, are informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

2.1.11 RETENTION

If it is determined that a student is sero-positive for HIV/HBV or is clinically manifesting symptoms of either disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

2.1.12 INFECTION CONTROL COMMITTEE

The Infection Control Committee will be comprised of one representative from each of the programs in the College of Nursing and Health Professions. The dean will be charged with appointing faculty to serve on this committee after consultation with chairs or directors of the various programs. Once the committee is established, a chair shall be elected by the members. In addition, a community member who is an expert in infectious disease will be designated as a consultant to the committee.

The committee shall function to consider the specific student/faculty situations outlined in the HIV/HBV Guidelines. In addition, this committee will function to review the HIV/HBV Guidelines on an annual basis. The committee will coordinate annual instruction on Standard Precautions for the faculty. This committee will also serve the programs by making recommendations for infection control policy that may impact both the student and faculty populations. Information regarding such policy will be included in the various programs' *Student Handbook* and the *CNHP Faculty/Staff Handbook*.

When the Infection Control Committee convenes to consider specific student/faculty situations, a timely response is in order. Individuals will be provided a letter outlining the committee recommendations within a one-week period after convening. During this time period the student/faculty person shall not engage in direct client contact. Should an individual wish to appeal the decision of the committee, the established University Grievance process should be followed (See *A-State Student/Faculty Handbooks*).

2.1.13 COUNSELING

It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV or who manifests symptoms of either disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

2.1.13 COUNSELING, continued

HIV Infection Services provided by A-State Student Health Center:

Students at Arkansas State University who desire HIV testing may obtain this service free at the Student Health Center. The Center encourages appointments but will accept students on a walk-in basis. Pre / post-test counseling are provided by certified CDC counselors. Specimens are sent to the Craighead County Public Health Department for testing.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located directly across from the College of Nursing and Health Professions and can be reached at ext. 2054.

Services offered by the Public Health Department

The Craighead County Public Health Department is open from 8:00 a.m. until 3:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is $5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located at 611 E Washington Suite B in Jonesboro.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448). The office is located at 2604 E Matthews in Jonesboro.

Services offered by Regional Aids Interfaith Network (RAIN)

Chapters of this organization do exist here in Northeast Arkansas. The program coordinator is Rev. Ed Pruitt, chaplain at Methodist Hospital in Jonesboro. This group provides spiritual and social support for the person with HIV infection and family members.

Other

The American Red Cross office now advertises the Arkansas HIV/AIDS Network. The office can be reached at 268-1990 and is located at 1904 Grant in Jonesboro. The group is funded by the C.D.C. whose primary goal is to provide HIV education to Arkansans. However, the Red Cross will provide information to those who call.

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific

Referral information from the Chair of the Infection Control Committee

or from a faculty member designated as counselor at the distant sites.

2.1.14 GUIDELINES FOR HIV/HBV STUDENTS/FACULTY IN THE LABORATORY/CLINICAL SETTING

Note: This policy assumes that the HIV/HBV infected student/faculty member has been identified and is currently a member of a program.

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

2.1.15 TRANSMISSION INFORMATION

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

2.1.16 POLICY

Students, faculty, and staff with HIV/HBV should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is

superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a **CASE-BY-CASE** basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Any student who has a positive history of HIV/HBV probably should not participate as a source partner in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

2.1.17 EXPOSURE (Laboratory and Clinical)

Students and faculty in the College of Nursing and Health Professions (CNHP) may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

2.1.18 Exposure incident

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP, while in a clinical facility or campus laboratory, is treated in a similar manner to any type of accident occurring within the agency.

2.1.19 Laboratory Post-HIV/HBV Exposure Protocol

Should a student or faculty member be exposed to HIV/HBV in an on-campus laboratory setting, the following post-exposure protocol is recommended:

The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the

CNHP.

As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.

The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.

It is recommended that both individual and source be tested for HIV and HBV when an exposure occurs. Testing will be conducted at the individual's expense.

It is recommended that post-exposure prophylaxis of those involved be directed by the individual's primary care providers at the individual's expense.

If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

2.1.20 Clinical Post HIV/HBV Exposure Protocol

If a student/faculty member is exposed to blood or other potentially infectious materials in the clinical environment, this protocol is to be followed:

The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.

The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.

The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.

As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In some instances the clinical facility may cover costs of treatment and testing as would be done for an employee. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:

Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

2.1.20 Clinical Post HIV/HBV Exposure Protocol, continued

Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.

The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.

When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed student/faculty member's blood should be tested as soon as possible after consent is obtained. Agencies which provide testing for HIV include:

Northeast Arkansas Regional AIDS Network (NARAN) (931-4HIV), the

Craighead County Public Health Department (933-4585), and the

Student Health Center (972-2054).

Additionally, the exposed individual has the option of utilizing their private physician for confidential testing.

It is suggested that post-exposure prophylaxis be managed by the student/faculty member's personal healthcare provider.

A copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910-1030) is accessible in this document (Appendix 2).

2.1.21 Substance Abuse Policy & Procedures Policy

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the

abusive influence of chemical substances/drugs[1]. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. It is the responsibility of the student to report any medication/s taken which would adversely affect their ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file. As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions all students must sign a SUBSTANCE ABUSE COMPLIANCE CONTRACT agreeing to adhere to the *Substance Abuse Policy & Procedures* when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information.

PROCEDURES

1. If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities the student will immediately be asked to submit body fluid testing for substances at a lab designated by the College of Nursing and Health Professions who have identified procedures for collection (see attached). The cost of the test will be borne by the student. Refusal to submit for testing warrants immediate program dismissal.

2. At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean’s Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated be a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

3 This policy applies only to a student exhibiting behavior creating probable cause to believe drug alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules regulations, whether or not related to substance abuse.

PROCEDURES, Continued

4. Readmission of the student to the program is contingent upon the following conditions:

1. Formal application for readmission to the program

1. Meeting the specific program criteria as noted in the Undergraduate/ Graduate Bulletin

1. Clinical space available

1. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition.

1. Follow-up program as suggested by the treatment facility which may include, but not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.

5. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.

6. Students will be required to abide by individual institutional policies relating to substance abuse in clinical facilities to which they are assigned.

2.1.22 Behavioral Changes Associated with Drug Abuse

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a "drug" (see the *Substance Abuse Policy* for definition of the term "drug" and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

2.1.22 Behavioral Changes Associated with Drug Abuse, Continued.

* Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom).

Attention Deficit/Cognitive Impairment

Ataxia

tremors, especially of the hands

* slowed response time in a familiar skill

* diminished from the usual in coordination/dexterity

Social Impairment

* Inappropriate verbal remarks (subjects/words/expletives)

* Inappropriate behaviors or those beyond the societal norm such as:

Angry outbursts/unrestrained agitation

Crying that cannot be explained

Euphoria

Paranoia

Hallucinations

* Behaviors that are markedly changed from that individual such as

Introversion

Extroversion

Sullen/irritable

Giddy

Defensiveness

Somatic Manifestations/Discomforts

* Odor of alcohol on breath

Nausea/vomiting/thirst

Frequent trips to bathroom/complaint of urinary frequency or diarrhea

Hiccoughs

Reddened sclera (bloodshot eyes)

Pupil changes/drooping eyelids

Complain of blurred vision or inability to focus

Speech/Communication Impairment

* slurred (thick tongue)

* Rapid/choppy communication pattern

* Incoherent speech

2.1.23 BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE

The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

Repeated tardiness

Frequent absenteeism

Numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/low energy)

Untidy personal appearance or deterioration in quality of grooming

Lack of attention to hygiene (hair, nails, skin, oral)

Multiple crises in personal life

Avoidance/lack of eye contact

2.1.23 BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE, Continued

Isolation/lack of peer support

Repeated excuses for below standard performance

Forgetfulness with appointments/assignments

Slowed response time in familiar activities

Behavior shifts/mood swings

Lack of trust and suspicious of the motives of others

Needle tracks on body surface

Behaviors surrounding the administration of narcotics:

Frequent need to waste "unused" medications

Recording the administration of larger doses than ordered

Unauthorized possession of the narcotic key

Unsupervised entry into narcotic cabinet

Volunteering to be in situations to gain greater access to narcotics

Taking frequent breaks/numerous occasions when whereabouts unknown

2.1.24 Criteria for Urine Drug Screens

ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS SHALL HAVE MET THE FOLLOWING CRITERIA:

1. Specimen collection is witnessed.
2. BASIC 10-PANEL* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE (SEE #7).
3. Laboratory must be CLIA[1] approved.
4. Confirmation of positive results is done by GCMS[2]. If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.
5. Report, in addition to results, will include:
6. Chain of custody;
7. Drug history;
8. List of drugs screened;
9. Confirmation of method used; and
10. Specific gravity.
11. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

*10-PANEL INCLUDES:

Amphetamines	Benzodiazepines
Cannabinoids	Cocaine
Opiates	PCP
Barbiturates	Methadone
Methaqualone	Propoxyphene

2.1.24 Criteria for Urine Drug Screens, Continued

7. THE DRUG SCREEN SHALL TEST FOR THE FOLLOWING:

Amphetamines Methaqualone

Barbiturates Phencyclidine

Benzodiazepines Propoxyphene

Cannabinoids Alcohol

Cocaine Meperidine

Opiates Drug of Choice: _Methadone

DRUG SCREENS WHICH DO NOT TEST FOR THE ABOVE WILL BE CONSIDERED NON-COMPLIANT WITH THE ORDER.

[1]Clinical Laboratory Improvement Act: Set of Federal Regulations which clinical labs must meet for certification.

[2]Gas Chromatography Mass Spectrometry

Adopted from Arkansas State Board of Nursing, January 1997.

2.2 Student Records

The registrar's office maintains records of all didactic and related courses attempted and/or completed by all students. The following records are kept in the Department of Health Professions and the Diagnostic Medical Sonography Program for a period of six years post-graduation except where noted:

- Attendance and clinical rotation records (maintained for 1-year post graduation)
- Clinical competency records
- Pre-admission high school and/or college transcripts
- Advising documents
- CPR card (maintained for 1-year post graduation)
- Proof of liability insurance (maintained for 1-year post graduation)
- Copy of health exam (maintained for 1-year post graduation)

- All tests taken throughout the program (maintained for 1-year post graduation)
- Signature documents (Student code of honor, Substance abuse compliance contract, Liability release, Confidentiality statement, Notice of physical requirements & standards for Sonography, Statement of understanding/agreement, Waiver of release of medical information)

2.2.1 Right to Inspect Records

Under the Federal Family Educational Rights & Privacy Act of 1974 (Buckley Amendment), students have the right to inspect and review any and all official records, files and data pertaining to them.

2.3 Student Counseling

The purpose of student counseling is to promote, assist, and maintain superior student performance. Feedback given in counseling persons may be used to identify areas of strength and weakness in student performance or behavior. All counseling sessions are documented and filed in the student's permanent folder.

2.4 Withdrawal from the Program

The following steps are necessary when withdrawing from the program.

1. The student should meet with the Program Director to discuss the withdrawal process.

2. The student should write a formal letter of resignation stating the reason for withdrawal. This letter will remain in his/her permanent file and will be considered in the event the student seeks readmission to the program at a later date.

3. The student will return any material that may be on loan.

4. The student will follow University guidelines for completing the withdrawal process, securing the appropriate signatures when necessary.

If a student withdraws from a professional course, the student must withdraw from the program because the student will be out of program sequence.

2.5 Dismissal from the Program

There are conditions that will necessitate consideration for dismissal from the Diagnostic Medical Sonography Program. These include, but are not limited to:

1. Failure to meet academic standards.

2. Failure to demonstrate suitable progress in clinical practice.

3. Patterns of behavior jeopardizing patient safety, individual or group progress, and/or contract agreement with the clinical affiliate.

4. Patterns of behavior indicating an attitude of irresponsibility to self, patient, profession, or University.

5. Violation of the Academic Integrity Policy (Student Policy 1.8.7)

6. Physical or emotional conditions affecting ability to attain curricular objectives.

7. Falsification of any records or knowledge of such (i.e., time sheets, competency evaluations, etc.) related to the Diagnostic Medical Sonography program.

8. Dismissal by a clinical education center.

- Dismissal will follow in this order:

1. Written documentation describing the offense and/or offenses.

2. Review of the student's performance records by the A-State faculty, and the Diagnostic Medical Sonography Program Director.

3. A recommendation will be made in writing and discussed with the student and will become part of the student's permanent record. Any student wishing to appeal must follow the appeal process stated in the A-State Student Handbook.

2.6 Readmission to the Program

A student wishing to be readmitted to the program must make formal application to the program and to the University, if not currently enrolled. Readmission is granted on an individual basis, based on the student's previous records and the availability of space.

2.6.1 Readmission will be denied if:

1. The cumulative grade point average is lower than 2.00.
2. Upon 2nd admission, if the student earns a final grade of below a “C” in the DMS course previously failed or violates any other circumstance outlines by section 2.5 concerning the dismissal from the program

3. If the student earns a final grade of below a “C” in any 2 or more DMS courses.
4. If the student is dismissed by the clinical education center.

2.7 Application for Registry Examination

The American Registry of Diagnostic Medical Sonographers (ARDMS) examination information, content outline and application process will be discussed by the Program Director prior to the completion of the program. The SPI exam is discussed at the beginning of the spring semester and the specialty exams are discussed at the end of the spring semester. More information concerning the ARDMS can be located at the following website: http://ardms.org/

2.8 Student Participation in College and Program Organizations

A student may be asked to serve on college and department committees. Participation is voluntary and will in no way affect the student's grades.

2.9 Program Non-Compliance

If, during the course of your professional education, you feel the A-State Diagnostic Medical Sonography Program does not comply with the Joint Review Committee on Education in Diagnostic Medical Sonography (see Appendix, Standards for an Accredited Educational Program in Diagnostic Medical Sonography) you have the right to notify the JRC-DMS. Their address is: Joint Review Committee on Education in Diagnostic Medical Sonography, 6021 University Blvd. Suite 500, Ellicott City, MD 21043 phone number 443-973-3251. http://jrcdms.org/

[1]The generic meaning of the term "drug" is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances

for non-therapeutic purposes. The substance alcohol, (ethanol) by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a physician licensed to practice medicine and surgery, as long as the drug is taken in accordance with the provider's instructions and do not impair the student's ability to perform his/her duties, are exempted from this policy.

Reference:

Reiss, B. & Melick M. (1987). Pharmacological Aspects of Nursing Care (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

CLINICAL POLICIES AND PROCEDURES

3.0 General Introduction

During each semester of the professional program in Diagnostic Medical Sonography at Arkansas State University the student will be enrolled in a clinical course that requires attendance in the clinical education center in order to:

Acquire expertise and proficiency in a variety of Diagnostic Medical Sonography clinical examinations and procedures that are related to the General Learning Concentrations.

Develop and practice work habits and appropriate interpersonal relationships with patients and other members of the health care team.

In the Clinical Education Center, the student will be representing Arkansas State University, the College of Nursing and Health Professions, and the Diagnostic Medical Sonography Program. The student is expected to conduct himself/herself in a professional manner at all times. **Failure to conduct one's self in a professional manner may result in dismissal from the DMS program.**

3.0.1 Clinical Assignments

Each student is assigned to a specific area in the Diagnostic Medical Sonography department at the Clinical Education Center (CEC). Assignments are arranged by the Clinical Coordinator and the assigned schedule must be followed closely by each student.

Students will be assigned to a variety of clinical centers throughout their program experience, so that they may have an equal opportunity to perform and actively participate in a variety of clinical settings such as:

Ambulatory care facilities

Emergence/trauma

Intensive/critical care centers.

A composite of all clinical assignments is maintained on each student to verify the equity of the assignments.

Clinical assignments:

DMSO 44501 (RSU 4511)	Summer I	Two days per week (July)
DMSO 44533 (RSU 4533)	Fall	Three days per week (MTW)
DMSO 44603 (RSU 4523)	Spring	Three days per week (MTW)
DMSO 44534 (RSU 4534)	Summer II	Four days per week (MTWR)

It is logistically impossible to assign all students to the same clinical activities at the same time throughout the program. Thus, it is the students' responsibility to coordinate clinical course competencies with clinical assignments. In this manner, students progress at their own rate and engage in procedures related to their specific clinical assignment.

3.0.2 Staff Replacement

Students may perform work service while enrolled in the program as part of their clinical experience; they may not take the responsibility or the place of qualified staff. However, after demonstrating competency, students may be permitted to perform certain defined activities under appropriate supervision and direction without monetary compensation.

3.0.3 Employment

Students may be employed in a clinical setting outside regular educational hours. The work must be non-compulsory, paid, and subject to standard employee policies. These hours will **not** count as clinical education hours.

3.0.4 Dress Code

All students:

1. Gray scrub shirts, along with gray colored scrub pants will be the required uniform with the A-State DMS logo embroidered on the shirt. A solid white, red, gray, or black t-shirt may be worn under the scrub shirt if the student so desires.
2. White lab coats are required. Students may select any style they prefer. The student is required to wear their lab coat during all laboratory exams.
3. Shoes must be solid white, gray, or black non-porous material. Canvas on any part of the shoe is NOT acceptable.
4. Name badges obtained at the A-State ID center must be worn on the lab coats while the students are attending their clinical rotation and while in the laboratory.

3.0.5 General Appearance

1. The College of Nursing and Health Professions' name badges are to be worn in the clinical area at all times.

2. The College of Nursing and Health Professions' name badge **IS NOT TO BE WORN** when employed by a health care facility.

3. Hair should be neat/clean and of a natural occurring color. Long hair should be pulled back, away from the face.

4. Personal hygiene is to be maintained at all times.

5. Plain wedding bands and watches (with a second hand) are the only recommended jewelry to be worn. If ears are pierced, posts may be worn. Excessive body piercing is not allowed.

6. Uniforms must be kept clean and neat at all times. Shoes and laces should be kept clean and white.

7. Fingernails should be kept trimmed and neat, with no colored nail polish.

8. Regulations regarding appearance are intended to foster professionalism. Faculty reserves the right to regulate student appearance.

3.0.6 Attendance

A typical day in the clinical site is eight hours. Each affiliate has established departmental hours. Students are expected to be punctual and attend all planned learning experiences, both classroom and clinical. The student has professional accountability for meeting this standard. The student is expected to attend during the assigned hours (8am to 4:00pm or 7am to 3:00pm) of which are not to exceed eight hours per day and are determined by the clinical site. Any clinical hours other than the assigned hours must be approved by the clinical coordinator.

If a student will be absent from a clinical day they are required to notify the clinical instructor at the clinical site and the clinical coordinator prior to their assigned time.

The student will be allowed time away from their clinical assignment if they choose to utilize as a “professional/personal” day. The number of days will vary per semester. This can be used for attending job interviews, orientations, doctor/dentist appointments etc. Any additional days missed could result in a drop in one letter grade. Missed clinic days will need to be made up **before** grades are due for that semester. The day(s) missed should be made up at the clinical education center at which it was missed. It is the responsibility of the student to check with the clinical supervisor at that clinical education center to make sure the day they will make up is acceptable to that Clinical Education Center (CEC). Absence from the clinical site will make it difficult to complete the required competencies and proficiencies, which could affect their clinical grade. Failure to make up missed days by the end of the semester will result in an **incomplete** for the semester until the missed days are completed.

Extenuating circumstances will be at the discretion of the clinical coordinator.

3.07 Clock ins/outs

It is the responsibility of each student to record their time at their clinical by utilizing the Trajecsys system. The student must clock in upon arrival to and clock out upon departure from the clinical site. The Clinical Instructor must validate your time weekly.

Any student found guilty of falsifying time clock hours will be subject to immediate dismissal from the program. The accuracy of the information documented on the Trajecsys system is the responsibility of the student.

3.08 Daily Clinical Activity Sheets/Log Sheets

It is the student’s responsibility to complete daily clinical activity sheets/log sheets in the Trajecsys system. The information will be recorded as follows:

- Date of exam
- Supervising clinical instructor
- Type of exam
- Level of participation

- Pathology if present

This provides information to the student and the clinical coordinator as to the types of cases and quantity that are performed on a daily basis.

3.09 Cell Phones

All cell phones are to be **turned off** while the student is in the clinical site. Phones may be used during breaks ***away*** **from patient care areas**.

3.1 CLINICAL COURSE REQUIREMENTS

DMSO 44501, 44533, 44603, 44534 (RSU 4511, 4533, 4523, 4534)

Miscellaneous Policy Concerns and Proposals

The Clinical grade will be comprised of, goals (determined by the student and instructor) and proficiency objectives.

Example Clinical grade evaluation:

Clinical Proficiencies & Competencies 50%

Clinical Portfolio 10%

Clinical Evaluations 20%

Goals 10%

Discussion Board 10%

Evaluation criteria for Clinical Competency Objectives as well as Student Clinical Evaluations are clearly stated on the forms included in this handbook and will be discussed during orientation by the Clinical Coordinator.

The policies in the course syllabus supersede any policy in the Student Handbook. All policies not covered by the syllabus will remain in effect.

31.1 CLINICAL OBJECTIVES

- The student is required to keep a personal clinical portfolio.
- The content will include:
  - Competencies: Exams completed with **NO** assistance from registered sonographer.
  - Proficiencies: Exams in which a competency has successfully been completed
  - Goals: Set by instructor and student at the beginning of clinical rotation RSU 4533, 4523, and 4534
  - Clinical Logs from each semester
  - Clinical Tally sheets from each semester (Trajecsys function)
  - Evaluations completed by sonographers of students
  - Evaluations of sonographers by students
  - Self-evaluations each clinical rotation

- **All** competencies listed below must be completed prior to graduation.

<u>Abdomen and Superficial Structures</u>

Abdominal Complete	Guided Procedure
Pancreas	Scrotum
Gallbladder/ Biliary System	Soft Tissue
Great Vessels	Spleen
Liver	Thyroid/Parathyroid
Non-Cardiac Chest	Urinary Tract

Obsterterics/Gynecology

Gyn/Transabdominal

Gyn/Transvaginal

OB - 1st Trimester

OB - 2nd Trimester

OB - 3rd Trimester

Biophysical Profile

3.1.1 CLINICAL OBJECTIVES, Continued

The following are **optional** competencies:

Neonatal Head	Lower Extremity Venous
Breast	Retroperitoneum/Peritoneum
Transplants	Neonatal Spine
Carotid Doppler	Twin Gestation
Abdominal Vasculature	Appendix

In addition to the transvaginal, Obstetrical and Scrotal competencies required for graduation, students are required to document direct scanning of 10 additional transvaginal and obstetrical examinations along with an additional 5 scrotal examinations.

Course grades are determined according to the following standards: Competency and Proficiency assignments may vary as needed. Check the course syllabus each semester.

3.1.2 DMSO 44501 (RSU 4511) Ultrasound Clinical Ed I

Sign-off assignments

3.1.3 DMSO 44533 (RSU 4533) Ultrasound Clinical Ed II

5 competencies

3.1.4 DMSO 44603 (RSU 4523) Ultrasound Clinical Ed III

8 competencies

10 proficiencies

3.1.5 DMSO 44534 (RSU 4534) Ultrasound Clinical Ed IV

8 competencies

14 proficiencies

3.1.6 It is the responsibility of the student to have all components of the portfolio completed and turned in to the instructor by the end of each semester. Failure could result in an incomplete for the course or a failing grade. A failing grade could result in dismissal from the program or late graduation.

-

3.2 Clinical Advising Program

All students enrolled in diagnostic medical sonography clinical education are evaluated and advised regarding their ability to care for patients in a professional and ethical manner. The advising program is conducted via several documents:

1. **Significant Incident Record** forms are to be utilized by anyone to document any positive or negative educational experiences of the student. In most cases students are expected to assist in obtaining positive records while negative experiences are usually documented by clinical education center staff or university faculty. (Appendix)

1. **Clinical Evaluation** forms are used by registered sonographers to give students and faculty an opinion of the students' trends in professional attitudes and behavior. Students may not see these actual forms but are supplied with a composite each semester. (Trajecsys & Appendix)

1. **Self Evaluation/Goal** Students complete the form prior to a scheduled advising session at the beginning of the next clinical course. The form requires students to assess their current skills in various procedures, professional abilities, overall ability, and recent progress. Students must establish **at least one clinical goal** to be discussed during the advising session. Only 1 goal is required per semester and only 1 goal is required per summer (Summer runs 10 weeks). The Clinical Coordinator will conduct the advising session, which is designed to ascertain that both student and faculty have similar perceptions of the ability of the student. Differences in these perceptions must be resolved. (Trajecsys & Appendix)

3.3 Clinical Supervision

Each clinical affiliate has at least one designated clinical instructor. This individual is a qualified sonographer (American Registry Diagnostic Medical Sonography- ARDMS) who has agreed to be responsible for providing instruction to and evaluation of the student at the clinical site.

3.4 CLINICAL EDUCATION CENTERS and CLINICAL INSTRUCTORS

Arkansas Methodist Hospital

900 W. Kingshighway, Paragould AR, 72450 (870) 239-7820

Clinical Instructor: Justine Stickland RDMS (AB)

Maddie Miles RDMS (OB)

Baxter County Regional Medical Center

624 Hospital Dr, Mountain Home, AR 72653 (870) 508-1000

Clinical Instructor: Paige Fenske RDMS(AB) Ext 1166

Fiver Rivers Medical Center

2801 Medical Center Dr. Pocahontas, AR 72455 (870) 892-6000

Clinical Instructor: Becky Brown RDMS(AB, BR), RDCS, RVT

Paige Price RDMS (OB), RVT

NEA Baptist Hospital-Radiology

4800 E Johnson Ave. Jonesboro, AR 72401 (870) 936-1000

Clinical Instructor: Nisa Hinklin RDMS (AB)

NEA Baptist Clinic Imaging Center

4800 E Johnson Ave Jonesboro, AR 72401 (870)936-1000

Clinical Instructor: Rebecca Gill RDMS (AB, OB)

NEA Women's Clinic

4800 E Johnson Ave Jonesboro, AR 72401 (870) 936-8000

Clinical Instructor: Kaitlin Phillips RDMS (OB)

Poplar Bluff Regional Medical Center

2620 N Westwood Blvd (573) 686-5960

Poplar Bluff, MO 63901

Clinical Instructor: Sierra Pyle, RDMS (AB)

Haley Davis, RDMS (AB,OB)

St. Bernard's Imaging Center

1144 East Matthews Ave. Jonesboro AR 72401 (870) 336-4800

Clinical Instructor: Britney Johnson RDMS(AB,OB), RVT

St. Bernard's Medical Center

224 E. Matthews Ave. Jonesboro, AR 72401 (870) 207-4100

Clinical Instructor: Marla Mays RDMS (AB)

Shelby Wooldridge RDMS (OB)

St. Bernard's Medical Center-Noninvasive Cardiology

224 E. Matthews Ave. Jonesboro, AR 72401 (870) 207-4100

Clinical Instructor: Amanda Bradford RDMS(AB, OB), RVT, RDCS (AE)

St. Bernard’s Pregnancy Clinic

4334 E Highland Dr Suite B, Jonesboro, AR 72402 (870) 207-0421

Clinical Instructor: Lindsey Hooper (OB)

Unity Health-Harris Medical Center

1205 McLain St, Newport, AR 72112 (870) 523-8911

Clinical Instructor: Megan Benish RDMS (BR), RVT, RT(R)(S)

White County Medical Center

3214 E. Race Searcy, AR 72143 (501) 268-6121

Clinical Instructor: Bobby Scoggins RDMS (AB) Ext. 2156

White River Medical Center

1710 Harrison Street, Batesville, AR 72503 (870) 262-6092

Clinical Instructor: Amanda Carter, RDMS(Ob,B)

Rebecca Hopper, RDMS (AB, OB), RVT

3.5 OBJECTIVES FOR CLINICAL EVALUATIONS

The student will:

6. Check patient’s identification.

7. Obtains complete patient history including appropriate laboratory records/values when available.
8. Student to patient relationship:
9. Pleasant attitude
10. Shows caring and concern for the patient
11. Reassures the difficult patient
12. Attends to patient’s modesty and comfort
13. e) Utilizes proper head rest and supports if needed
14. f) Informs the patient what to expect before the scan evaluation begins
15. g) Informs the patient what to do during the evaluation scan
16. Maintains a professional and collaborative association with the physician/sonographer associated with the interpretation of the ultrasound procedure.
17. Manipulates equipment carefully and accurately. Maintains an understanding of the operation of each ultrasound machine at each facility.
18. Assists the sonographer with daily tasks:
19. Maintain room cleanliness by changing linens
20. b) Cleaning scanning probes and scanning tables
21. Stock room supplies
22. Transport patients

7. Student Attendance:

Students will attend the clinical site at the determined times and days unless previous arrangements have been made with the Clinical Coordinator and the clinical site. If the student will not attend clinic that day, the student is to notify the clinical coordinator and the clinical site of the absence prior to the assigned time (Policy 3.07).

8. Students will observe demonstrations of various procedures on patients, and then perform the procedure under the direct supervision of a Registered Diagnostic Medical Sonographer.

9. Utilize appropriate equipment in a knowledgeable manner consistent with the production of high-quality diagnostic imaging.

10. Exercise independent judgment and discretion in the technical performance of diagnostic medical sonographic procedures.

11. Competently perform a full range of abdominal sonographic procedures in the following categories:

Abdominal Complete	Pancreas	
	Abdominal Vasculature	Scrotum
Gallbladder/ Biliary System	Soft Tissue	
	Great Vessels	Spleen
	Liver	Thyroid/Parathyroid
	Gyn/Transabdominal	Urinary Tract
Gyn/Transvaginal	OB - 1st Trimester	
OB - 3rd Trimester	OB - 2nd Trimester	
Non-Cardiac Chest	Biophysical Profile	

12. Display successful progress in the clinical education program including attainment of all goals.

13. Complete all required clinical education hours.

14. Complete all required clinical competencies and proficiencies.

15. Actively and effectively perform routine sonographic procedures associated with the specific clinical assignment.

16. During subsequent performances under direct supervision, students will be evaluated according to the competency-based clinical evaluation system standards.

AIUM STATEMENT ON IN VITRO BIOLOGICAL EFFECTS

Approved by the AIUM, March 1998

It is difficult to evaluate reports of ultrasonically induced in vitro biological effects with respect to their clinical significance. The predominant physical and biological interactions and mechanisms involved in an in vitro effect may not pertain to the in vivo situation. Nevertheless, an in vitro effect must be regarded as a real biological effect.

Results from in vitro experiments suggest new endpoints and serve as a basis for design of in vivo experiments. In vitro studies provide the capability to control experimental variables and thus offer a means to explore and evaluate specific mechanisms. Although they may have limited applicability to in vivo biological effects, such studies can disclose fundamental intercellular or intracellular interactions.

While it is valid for authors to place their results in context and to suggest further relevant investigations, reports of in vitro studies which claim direct clinical significance should be viewed with caution.

AIUM STATEMENT ON CLINICAL SAFETY

Approved March 1998, Reaffirmed 1992

Diagnostic ultrasound has been in use since the late 1950's. Given its known benefits and recognized efficacy for medical diagnosis, including use during human pregnancy, the American Institute of Ultrasound in Medicine herein addresses the clinical safety of such use:

No confirmed biological effects on patients or instruments operators caused by exposure at intensities typical of present diagnostic ultrasound instruments have ever been reported. Although the possibility exists that such biological effects may be identified in the future, current data indicate that the benefits to patients of the prudent use of diagnostic ultrasound outweigh the risks, if any that may be present.

5.0 EXHIBIT 2

AIUM STATEMENT ON SAFETY IN TRAINING AND RESEARCH

Approved March 1998

Diagnostic ultrasound has been in use since the late 1950's. No confirmed adverse biological effects on patients resulting from this usage have ever been reported. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendations:

In those special situations in which examinations are to be carried out for purposes other than direct medical benefit to the individual being examined, the subject should be informed of the anticipated exposure conditions, and of how these compared with conditions, and of how these compare with conditions for normal diagnostic practice.

When there is no direct medical benefit to a person undergoing an ultrasound exam (e.g. training or research), it is necessary to ***educate*** the person regarding the risks of the procedure and obtain his or her ***informed consent***.

The AIUM suggests the following:

C Do not perform studies without reason
C Do not prolong studies without reason
C Use the maximum output power and
Maximum amplification to optimize
Image quality.

_

It has been proved that, compared with a broad unfocused
beam, highly focused ultrasound is much less likely to cause bioeffects

6.0 EXHIBIT 3

IN VIVO BIOEFFECT INVESTIGATIONS

In vivo means Aobserved in living tissue@

The following are recent conclusions of in vivo bioeffects investigations:

When compared with unfocused beams, focused beams require higher intensities to produce bioeffects. This occurs because smaller beam area means less thermal build up and less interactions with cavitation nuclei.

Note: An unfocused ultrasound beam causes a higher temperature elevation than a focused ultrasound beam at the same intensity.

Maximum intensities (SPTA): 100 mW/cm^2 - unfocused

1W/cm^2 - focused

CONCLUSIONS REGARDING IN VIVO MAMMALIAN

BIOEFFECTS

Approved by the AIUM, October 1992

In the low megahertz frequency range there have been (as of this date) no independently confirmed significant thermal biological effects in mammalian tissues exposed in vivo to unfocused ultrasound with intensities below 100 mW/cm^2, or to focused ultrasound with intensities below $1W/cm^2$ SPTA

IN VITRO BIOEFFECTS INVESTIGATIONS

In vitro means observed in test tubes in an experimentally controlled environment.

Advantage of in vitro studies: Careful measurements can be made under rigorous experimental conditions.

7.0 EXHIBIT 4

CONCLUSIONS REGARDING A THERMAL BIOEFFECTS

MECHANISM

Approved by AIUM October 1987

1. A thermal condition is one reasonable approach to specifying potentially hazardous exposure for diagnostic ultrasound.
2. Based solely on a thermal criterion, a diagnostic exposure that produces a maximum temperature rise of 1^o C above normal physiological levels may be used in clinical examinations without reservations.
3. An in situ temperature rise above 41^o C is considered hazardous in fetal exposures; the longer this temperature elevation is maintained, the greater is the likelihood for damage

to occur.

4. Analytical models of ultrasonically induced heating have been applied successfully to in vivo mammalian situations. In those clinical situations where local tissue temperatures are not measured, estimates of temperature elevations can be made by employing such analytical models.
5. Calculations of ultrasonically induced temperature elevation, based on a simplified tissue model and a simplified model of stationary beams, suggests the following: For examinations in fetal soft tissue with typical perfusion rates, employing center frequencies between 2 and 10 MHZ and beam widths less than 11 wavelengths, the computed temperature rise will not be significantly above1^{o} C if the in situ SATA intensity does not exceed 200 mW/cm^{2}. If the beam width does not exceed eight wavelengths the corresponding intensity is 300 mW/cm^{2}. However, if the same beam impinges on fetal bone, the local temperature rise may be higher.

8.0 Exhibit 5

Cavitation is not considered a clinically significant risk to patients because if harmful effects do occur, they are found only in a few cells.

CONCLUSIONS REGARDING CAVITATION

Approved by the AIUM, October 1992

1. 1. Acoustic cavitation may occur with short pulses and has the potential for producing deleterious biological effects. The temporal peak outputs of some currently available diagnostic ultrasound devices can exceed the threshold for cavitation in vitro and can generate levels that produce extravasations of blood cells in the lungs of laboratory animals.
2. A number, called the Mechanical Index, has been developed to predict the likelihood of cavitation induced bioeffects.
3. No confirmed biological significant adverse effects have been reported in mammalian tissues that do not contain well-defined gas bodies.

CONCLUSIONS REGARDING EPIDEMIOLOGY

Approved by the AIUM, October 1987

1. Widespread clinical use over 25 years has not established any adverse effect arising from exposure to diagnostic ultrasound.
2. Randomized clinical studies are the most rigorous method for assessing potential adverse effects of diagnostic ultrasound. Studies using this methodology show no evidence of an effect on birth weight humans.
3. Other epidemiologic studies have shown no causal association of diagnostic ultrasound with any of the adverse fetal outcomes studied.

9.0 *Ambidextrous Scanning Policy*

Rationale: Musculoskeletal Stress Injury (MSI) is currently approaching epidemic proportions among sonographers. Current research indicates that approximately 80% of sonographers are scanning with some form of pain.

Students are to scan ambidextrously in the laboratory and clinical sites.

Suggested methods include:

Scanning with the non-dominant hand one day/week

Scanning with the non-dominant hand 2 weeks/month

Scanning with the non-dominant hand 5 cases/day

Clinical sites are requested to support this policy.

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