GVSU

Diagnostic Medical Sonography





Student Handbook

Information regarding policies, standards and expectation of your behavior and performance as a student in GVSU's Diagnostic Medical Sonography Program.

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ACKNOWLEDGEMENT OF GVSU SONOGRAPHY STUDENT HANDBOOK

This page is to be signed by the student and returned to the Program Director upon receipt of this handbook.

STUDENT PHYSICAL EXAMINATION AND ASSOCIATED INFORMATION RELEASE

I hereby give my permission for the release of my physical examination and associated information (including but not limited to laboratory results and TB skin test results) to any GVSU Diagnostic Medical Sonography clinical education center to which I am assigned. I realize that I may rescind this permission by providing a written statement to that effect to the Diagnostic Medical Sonography Programs Director/Coordinator but understand that any information previously released with my permission may be retained by the clinical education center that received it.

----------_____ _____

Date student signature

FERPA NOTICE

Under the Federal Family Education 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. Adequate and reasonable notice of intent to inspect must be given and access may require the physical presence of a university official during normal operating hours.

CRIMINAL RECORDS

Individuals who have been involved in a criminal proceeding or charged with or convicted of a crime may not be eligible for national certification by the American Registry of Diagnostic Medical Sonographers. Because this certification is available to graduates of the diagnostic medical sonography programs as part of preparation for clinical practice, students to whom this may apply are strongly advised to work with the ARDMS for pre-application review of eligibility for certification from their website at www.ardms.org (Application Resources, Pre-Application Criminal). The ARDMS may be contacted by phone at 301-738-8401.

ACCREDITATION AND NATIONAL BOARD EXAMINATION

Students who receive a B.S. degree in Diagnostic Medical Sonography Programs from GVSU are eligible for the American Registry of Diagnostic Medical Sonographers examination. The ARDMS has established eligibility for students who complete the B.S. degree program under their prerequisites 3B (see their website at www.ardms.org for current information).

Institutional accreditation: Grand Valley State University is accredited by the Higher Learning Commission (HLC), 230 South LaSalle Street, Suite 7-500, Chicago, IL 60604-1411; phone 800-621-7440; www.hlcommission.org.

Programmatic accreditation: The Diagnostic Medical Sonography program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), 9355 113th St. N, #7709, Seminole, FL 33775; phone 727-210-2350; www.caahep.org; upon the recommendation of the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS), 6021 University Boulevard, Suite 500, Ellicott City, MD 21043; phone 443-973-3251; www.jrcdms.org.

The program adheres to the JRC-DMS Standards, which are posted on the JRC-DMS website. Students have the right to notify the JRC-DMS if they believe the program is not adhering to these standards.

GRADING STANDARDS

All students pursuing degrees in medical imaging and radiation sciences are required to attain a minimum of 80.0% (B-) competency in all courses required for the program (learning modules). Students who fail to achieve this level of competency will be required to repeat all courses not meeting this standard and may be restricted from additional clinical

courses until the deficiency has been corrected. In addition, other courses with pre or co-requisites may not be available to students until the deficiencies have been corrected.

ACCESS TO CLINICAL EDUCATION

Because the university has an obligation to assure clinical education centers that patient care standards will not be compromised by students, no student will be allowed to continue in clinical education if previous courses are not met. Note that this includes the achievement of satisfactory performance on clinical affective evaluations from self-assessment as well as from clinical practitioners, coordinators, instructors at educational sites and the demonstration of professional behavioral development. Failure to meet any of these objectives from the clinical course syllabi will result in a failing grade for the current clinical education course as well as being restricted from further clinical education experiences.

RECEIPT OF STUDENT HANDBOOK

I am aware that the Student Handbook is accessible all times online at gvsu.edu/dms and that it is my responsibility to be familiar with it and adhere to its standards. It is my understanding that if I have any questions concerning material in this handbook I may contact any of the Grand Valley State University Diagnostic Medical Sonography faculty for further clarification. I understand and agree to the specific clauses above but realize that I am responsible for all the information contained in this handbook as well as any subsequent additions, and I will be expected to conform to its procedures during my enrollment in the program, including all clinical education.

_____	_____	_____
Date	student signature	printed name

GRAND VALLEY STATE UNIVERSITY

Diagnostic Medical Sonography Program
Raleigh J. Finkelstein Hall, College of Health Professions, Suite 106
500 Lafayette Ave NE, Grand Rapids, Michigan 49503
Phone 616-331-3356, Fax 616-331-5632

STATEMENT OF UNDERSTANDING
REGARDING CLINICAL EDUCATION TRAVEL

By my signature below, I understand that my clinical education may include assignment to clinical education sites in the range of 3 hours one-way driving from GVSU's Raleigh J. Finkelstein Hall. An eight-hour day is expected at all clinical educational sites. This time does not include travel time.

It is the intent of the university to limit these assignments to one rotation. In addition, I am aware there are procedures in place to allow half days for snow and ice storms.

_____	_____	_____
Date	student signature	printed name

MISSION STATEMENT AND PROGRAM GOALS

Mission: To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the following concentrations it offers:
Abdominal Sonography–Extended
Obstetrics and Gynecology Sonography.

This includes equipping students to:

1. Demonstrate knowledge in appropriate didactic areas and integrate this knowledge into competency-based clinical experience.

2. Apply skills to exceed the standards of the profession.

3. Analyze clinical data.

4. Write effectively in more than one format as part of the writing across the professional curriculum initiative.

5. Provide excellent quality patient care

6. Enrich and support the community through engagement.

7. Engage and maintain local and national level professional relationships.

The program' provides students with opportunities to develop technical knowledge and personal skills necessary for a career in the sonographic sciences. The curriculum is designed to combine compassion with integrity in order to shape a student into a professional. The program provides a unique learning environment which includes state-of-the-art equipment. By recruiting the help of highly qualified sonography faculty, students acquire skills necessary to become successful diagnostic medical sonographers.

Program Goals and Student Learning Outcomes:

The graduate of the Diagnostic Medical Sonography program will be able to:
1. Perform beyond minimum entry-level diagnostic medical sonography skills according to the Society of Diagnostic Medical Sonographer's (SDMS) scope of practice for the diagnostic medical sonographer, ARDMS's content specifications for their various registry examinations, and the Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography and the SVU Standards for Undergraduate Educational Programs in Vascular technology.

This includes, but is not limited to the ability to:
1.1 Utilize oral and written communication with patients and colleagues.
1.2 Demonstrate knowledge and understanding of human gross and sectional anatomy.
1.3 Demonstrate knowledge of physiology, pathology, and pathophysiology.
1.4 Provide patient care and comfort.
1.5 Demonstrate knowledge and understanding of acoustic physics, Doppler ultrasound principles and ultrasound instrumentation.
1.6 Perform appropriate quality assurance testing and detect equipment malfunctions.
1.7 Recognize and identify the sonographic appearance of normal anatomic structures associated with each learning concentration.
1.8 Recognize and identify the sonographic appearance of abnormal anatomic structures associated with each learning concentration.

1.9 Provide patient education related to medical ultrasound and/or other noninvasive diagnostic vascular techniques and promote principles of good health.
1.10 Analyze diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.
1.11 Integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
1.12 Correlate topographical and sectional anatomy in localization of anatomical structures.
1.13 Provide basic patient care and cardio-pulmonary resuscitation.
1.14 Perceive patterns of physical and emotional stress exhibited by patients.
1.15 Recognize patient symptoms of disease progression, the complications, etiology, and prognosis
1.16 Consult with physicians as appropriate for total quality care of the patient.
1.17 Interact in a professional manner with other health care personnel involved in the care of the patient.
1.18 Communicate effectively and professionally both in writing and verbally.
1.19 Demonstrate knowledge of sonographically guided procedures and provide sonographic guidance for invasive procedures under the direction of a physician.

2. Meet professional specifications established for national registration by the ARDMS in the specialty areas of study.

3. Build upon sound principles of general education by learning how to communicate well, think analytically, be intellectual adaptive, integrate knowledge and experience form different disciplines, apply ethical standards and values to the practice of diagnostic medical sonography and appreciate social and cultural diversity.

4. Function as an active member of the health care team.

5. Participate in the advancement of knowledge through research.

6. Engage in lifelong learning and service.

ACADEMICS

1 Outside Employment

a. If a student plans to engage in employment in addition to participating as a sonography student, the program recommends a schedule of less than 25 hours per week. Students should remember that academic and clinical schedules will not be revised for their employment requirements.

2 Course Failure/Repeats

b. The minimum passing grade required in each course in the DMS program is a B- (80.0%).
c. Failure to achieve this standard in a single course may allow a student to continue in the program (depending on individual course pre-requisites).
d. Failure to achieve this standard in more than one course will result in the student being required to withdraw from the program and reapply for admission the next year.
e. 100% of the mandatory laboratory procedures established by faculty in the first laboratory procedures course must be completed at mastery level as a prerequisite to attending any clinical education course.
f. A DTS course may be repeated only once.
g. If any clinical education course must be repeated, a student may have to do so through means of an independent study course.
h. Clinical education independent study courses will be scheduled only when clinical positions are available at sites with university clinical affiliation agreements.

i. Independent study courses are offered at the discretion of the DTS faculty as a whole.

3 Readmission

a. Readmission to the program requires a new application according to the procedures and policies in effect at the time of the application.

4 American Registry of Diagnostic Medical Sonographers (ARDMS)

a. The university expects students to sit for the appropriate examinations of the ARDMS upon completion of the program. It is difficult to practice sonography without appropriate professional credentials. More information on these examinations and your eligibility is available at www.ardms.org.

b. The ARDMS has indicated that students who qualify for their examinations may take all examinations in their major and minor areas of study in DMS as soon as they meet specified qualifications, which is often before graduation occurs. This eligibility is extended in good faith that students will complete their baccalaureate degree in diagnostic medical sonography in a continuous manner. GVSU will notify the ARDMS if a student passes the ARDMS registry but does not complete their DMS degree. This will result in professional registrations being revoked by the ARDMS. GVSU's DMS program defines continuous registration as following the normal registration requirements for full-time students in the program, as outlined by the catalog. Specifically, students must register for all regularly scheduled courses with their cohort during fall, winter and spring/summer terms.

5 Curriculum Sequencing of Clinical Education, Laboratory and Didactic Content

Students take didactic and laboratory courses their first term in the program before they enter clinic. This assures clinical education sites that students are competent to perform clinical procedures the first day they attend clinical education, which is their second term in the program. Beginning with the second term all students attend didactic procedures courses, correlated laboratory courses, and clinical education simultaneously each semester with the exception of the summer term, which is clinical education and didactic classes only. The program is designed to place students in didactic and laboratories one day and clinical the next in an integrated manner throughout the program. We believe this makes both faculty and clinicians responsible for detailed information on a daily basis.

6 Clinical Education Correlation with Laboratory and Didactic Curriculum

Clinical education is correlated with didactic and laboratory courses each academic semester as currently outlined in the degree emphasis plan of the university (see Appendix B). This plan outlines each didactic course and their accompanying laboratories are prerequisites for each clinical course.

As defined by the Standards and Guidelines of the Joint Review Committee on Education in Diagnostic Medical Sonography, each clinical course is designed to place students into a clinical environment that will provide:

- Adequate patient clinical cases
- ARDMS registered sonographers
- Ultrasound equipment
- Experience consistent with instruction previously or concurrently provided in the procedures students are studying (i.e., abdominal, OB-Gyn).

Clinical correlation is achieved by requirements that students are expected to study, listen to lectures, provide feedback, and successfully meet didactic assessment standards at an 80.0% level for each didactic course.

Laboratories are held in the ultrasound scanning facilities at the university and are closely correlated with each didactic course. Students are expected to observe and question demonstration of each procedure by the faculty, practice under direct guidance, practice independently, and meet a 100% pass rate on

each laboratory competency (which is achieved using the identical evaluation instrument that will be used in the clinical courses, the Trajecsys system).

Students are required to utilize live laboratory subjects for scanning. No one can be subjected to scanning in the GVSU laboratories unless they have read and signed the GVSU DMS Programs Informed Consent and Liability Release prior to any scanning. All students planning on being scanned must comply with this requirement. The form must be on file with the Program Director before the subject can be used for any scanning (see Appendix C).

Students then take the didactic and laboratory information into their clinical courses where they are expected to gain mastery of skills using the following learning methods:

- Observation of a qualified sonographer performing each procedure
- Post-scanning patients after observation
- Pre-scanning patients before sonographer evaluation
- Scanning patients with guidance from a qualified sonographer
- Scanning patients independently with oversight from a qualified sonographer

Through utilizing these opportunities, they can gain the competency expectations of an ARDMS qualified sonographer, then request and pass at 100% level a competency as well as subsequent proficiency evaluations.

The program adheres to an education philosophy that recognizes that students do not learn in a linear or outline fashion. Constructivism is an approach to teaching and learning based on the premise that cognition is the result of mental construction in which students learn by fitting new information together with what they already know. We support this philosophy by making it possible for a student to learn how to perform a specific procedure in a clinical environment prior to its presentation in a course or laboratory at the university because there is a diverse range of procedures performed daily at the clinical sites. Students are permitted to achieve clinical competency before laboratory or didactic competency but are not excused from the course and lab follow up.

7. USE OF HUMAN SUBJECTS FOR EDUCATIONAL PURPOSES

a. Purpose. Laboratory courses require students to practice sonographic procedures on live subjects. This policy protects the health, safety, privacy and rights of everyone who serves as a scan subject, whether a GVSU DMS student or an outside volunteer.

b. Voluntary participation.

i. Serving as a scan subject is voluntary.
ii. A student's decision to serve, or not to serve, as a scan subject has no effect on course grades or evaluations.
iii. Students who choose not to be scanned will practice on other consenting volunteers, phantoms or simulation equipment and can still meet all course outcomes.
iv. Any subject may decline a particular examination or stop scanning at any time without giving a reason.

c. Informed consent.

i. No one may be scanned in GVSU laboratories until they have read and signed the Informed Consent and Liability Release form (Appendix C), including the attached AIUM statements on ultrasound safety.
ii. A parent or legal guardian must also sign for any volunteer under 18.
iii. The signed form must be on file with the Program Director before scanning begins. It remains in effect for the period stated on the form, unless the subject withdraws consent by telling a DMS faculty member.
iv. Verbal consent is also obtained before every examination.

d. Supervision and safe practice.

i. Scanning of human subjects takes place only under the supervision of DMS faculty.
ii. All scanning follows the ALARA principle ("as low as reasonably achievable"): it is limited to educational purposes, and scan time and output power are kept to the minimum needed.
iii. Restrictions for subjects who are or may be pregnant, and the examinations not performed on volunteers, are those stated on the consent form.

e. Privacy and professional conduct.

i. Subjects are appropriately draped, and their privacy, modesty and individual and cultural norms are respected.
ii. Faculty set clear expectations for operators and boundaries that protect each subject's comfort.
iii. Concerns about the conduct of faculty or students may be raised with any faculty member or the Department Chair.

f. Incidental findings.

i. Scanning in the laboratory is educational, not diagnostic, and faculty and students do not diagnose.
ii. If a possible abnormality is observed, the instructor tells the subject privately and advises them to consult their personal physician at their own expense.
iii. Such observations are kept confidential.

CLINICAL EDUCATION CENTERS

The Grand Valley State University Diagnostic & Treatment Sciences Department is currently affiliated with a number of Clinical Education Centers. Students change clinical site rotation throughout the program with expectations that each student should be assigned to at least three (3) different centers during the full series of clinical education courses. This procedure meets a major objective of the program, which is to increase learning experiences by including a wide variety of administrations, procedures and equipment.

Each clinical education course will provide each student with an adequate number of scheduled contact hours of clinical education at a sonography critical center under the direction of a registered sonographer as part of a total of scheduled clinical education hours. Students will be required to demonstrate satisfactory clinical competence through documentation of skills in the online performance tracking system Trajecsys.

For a list of clinical education sites, see Appendix A

Students attend clinical education 2-5 days per week depending on the course. Students are expected to adhere to a schedule consistent with the expectations of the clinical education center. Exact start and end times, lunch and break schedules, etc. are determined by the clinical education center. Clinical education centers are expected to schedule students for a 6 – 12-hour clinical day per semester hour of academic credit. Educational contact hours must **not** exceed 40 hours/week.

1 Clinical Rotation Master Plan

Semester	Rotation	Course	Semester Hour Credits	Total Scheduled Clinical Hours
1st Winter Junior Year	1st	Diagnostic Medical Sonography Clinical Education I	2	224
1st Spring/Summer Rising Senior Year	1st	Diagnostic Medical Sonography Clinical Education II	4	416
2nd Fall Senior Year	2nd	Diagnostic Medical Sonography Clinical Education III	3	336
2nd Winter Senior Year	3rd	Diagnostic Medical Sonography Clinical Education IV	3	336
TOTAL			12	1312

2 Clinical Placements

a. Students are informed in advance of the site of the next clinical rotation by the clinical coordinator after the clinical sites have been informed of student assignments.
b. Clinical instructors at the clinical education centers determine the student schedule at a particular institution with approval from the clinical coordinator.
c. Students cannot receive academic credit for clinical education performed while being paid.

CLINICAL EDUCATION SCHEDULES

a. Rotations
   i. The length and nature of clinical rotations will be determined solely by the university.
   ii. The university will determine the total number of clinical hours required of each student for each rotation and/or academic term

**Further detail will be provided in the "Clinical Attendance" section*

b. Scheduling
   i. Clinical Education will be scheduled only during university class sessions.
   ii. Clinical education schedules will follow the university calendar, including holidays, and breaks.
   iii. Clinical education is **not** scheduled during university finals weeks or between terms, unless specifically stated by the Clinical Coordinator or Program Director.

CLINICAL EVALUATION SYSTEM

Registered Diagnostic Medical Sonographers must be competent in both the art and science of sonography. The Grand Valley State University Diagnostic Medical Sonography Programs will evaluate the student's skill in these arts through the Clinical Evaluation System.

a. **How to Earn Competencies**

i. Clinical grades are heavily based on how many competencies and proficiencies you earn each semester (see appendix D).
ii. Clinical competencies and proficiencies are achieved by preforming procedures on real patients during clinical education.
iii. A competency is earned when you have performed an exam for the first time.
iv. If a competency has already been earned for the exam type, you instead earn a proficiency.
v. To earn a competency or proficiency, you must meet the following minimum criteria:
    1. Imaging that is considered “diagnostic” by the sonographer assessing you
    2. Imaging that is obtained without assistance of any kind
    3. Approval from a sonographer (clinical instructor or university faculty) who holds an ARDMS or CCI credential in the specialty of the exam performed, and is physically present for the examination.
vi. 4 different types of competency can be achieved for any exam:
    1. Adult normal
    2. Adult pathology
    3. Pediatric (age 18 or under) normal
    4. Pediatric (age 18 or under) pathology

b. **Contract for Clinical Credit**
    i. Students may contract for clinical evaluation credit when they have completed 85% of all mandatory competencies. This option is designed to encourage more advanced students to explore procedures above and beyond mandatory minimums and clinical opportunities at prominent sonography sites.

c. **Competency Standards**
    i. Students will perform, under indirect supervision, ALL of the following 4 prerequisite competencies PRIOR to attempting ANY mandatory competencies:

PREREQUISITE CLINICAL COMPETENCIES

1.01 Patient Transfer
1.02 Aseptic Technique
1.03 CPR
1.04 Vital signs (blood pressure, pulse, respiration)

    ii. An equipment competency must first be earned for each piece of ultrasound equipment used before examination competencies can be earned.
    iii. All competency and proficiency evaluations are competency-based modified mastery learning evaluations. This means you must pass ALL objectives to receive credit. There is no partial credit available. There is also no penalty for failure other than you must continue to repeat each evaluation until you pass it at 100% level at least once.
    iv. Students are required to track their progress at clinic using the online system Trajecsys. The following items will be digitally recorded by the student in the system
        1. Attendance, including punching in and punching out
        2. Log of cases, including any patient study that was observed or scanned
        3. Competencies and proficiencies
        4. Self-evaluations (once per semester)
        5. Clinical Site evaluations (once per semester)
        6. Clinical Instructor evaluations (once per semester)
    v. Students must complete all prerequisite, mandatory, and basic patient care competencies and observations prior to graduation (see appendix D) and are strongly encouraged to complete as many proficiencies as possible.
    vi. All competencies are based on information taught during university courses.
    vii. All clinical competencies listed for the individual student specialty areas of study must be completed on patients at the clinical education centers as part of the clinical education course grades. The final clinical course cannot be passed until this requirement is met.
    viii. Additional clinical activities are included in the clinical grade. These activities include, but are not limited to case studies, rounds, proficiencies and clinical quizzes.

ix. Students should not expect to be evaluated on a procedure until they have demonstrated their ability to perform the procedure to an acceptable level.
x. Student competencies may be rejected by university faculty if deemed necessary due to failure of evaluators to note errors.
xi. Students failing a clinical course (grade of C+ or less) do not accumulate clinical competencies or hours from that course toward graduation clinical requirements.
xii. When students are unable to gain reasonable access to specific mandatory competencies, a limited number of simulated competencies may be permitted through faculty evaluation in the laboratory the maximum number of simulations is two for the general concentration. Simulations are restricted to those mandatory competencies indicated by (**). Simulations are case by case basis and at discretion of the program coordinator.

d. **Student Direct Supervision**

i. All diagnostic medical sonography students shall be under supervision of a registered sonographer of the American Registry of Diagnostic Medical Sonographers (ARDMS), American Registry of Radiologic Technologists (ARRT) or Cardiovascular Credentialing International (CCI) to the specific practice at all times.
ii. Indirect supervision is defined as an ARDMS registered sonographer or cardiac (CCI) sonographer specific to the practice area physically present in the same room or departmental area as the student and the patient.
iii. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified sonographer. The parameters of direct supervision are:
1. A qualified diagnostic medical sonographer reviews and approves all images prior to the patient leaving the institution.
iv. After demonstrating competency, students may perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified diagnostic medial sonographer immediately available to assist students regardless of the level of student achievement.

AMBIDEXTROUS SCANNING

i) Musculoskeletal Stress Injury (MSI) is currently approaching epidemic proportions among sonographers. Current research indicates that more than 90% of sonographers are scanning with some form of pain.
ii) Students are to scan ambidextrously in the laboratory and clinical sites
iii) 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
- Scanning with the non-dominant hand 5 cases/month

iv) Clinical sites are requested to support this policy

STUDENT RESPONSIBILITIES

a. All students are subject to the rules and regulations established by the affiliating Clinical Education Center as well as the university and program policy and procedures.

b. Students are responsible for their own transportation to and from the Clinical Education Center as well as all personal needs while at the institution. This includes parking expenses.

c. All students are required to have a valid basic CPR card (both adult and pediatric CPR) during clinical education.

d. All students are required to have physical examination information, according to university and clinical education center requirements, on file with the university prior to attending clinical education.

e. Students are responsible for all possible costs incurred for criminal background check, drug screening or other requests of clinical education sites, and prior to their attendance at such sites.

CLINICAL ATTENDANCE

1. Starting Time
   a) Start times for Clinical Education Centers are set by the Clinical Instructor for each institution. A clinical day is variable that consists of six to 12 hours between 6:30A and 11:00P.
   b) Special assignments may be required before or after these hours on occasional basis but assignments for these purposes must be acceptable to both the clinical education center and the student by advance agreement. Students who cannot make accommodation for these assignments may have their clinical grades reduced.
   c) No more than 12 hours of clinical time will be awarded in any one day. Students educational contact hours/week may **not exceed 40 hours**.
   d) Day-to-day scheduling and room assignments will be made by the Clinical Instructor at each Clinical Education Center, as best meets the educational needs of students according to the patient care schedule for that facility. **Students must remember that patients always come first at clinical sites.**
   e) It is logistically impossible to assign all students to the same clinical activities at the same time in order to perfectly correlate didactic and laboratory with clinical instruction. Therefore, it is the students' responsibility to work in good faith to coordinate competencies with assignments and university didactic and laboratory instruction. The best method of achieving this goal is to communicate details regarding which procedures have been taught to both clinical staff and university faculty as needed.
2. Make-Up Time
   a) With advance approval by both the Clinical Coordinator and the Clinical Education Center, and within the definitions of approved make up, as defined below, students may make up clinical education time outside the university schedule and this time will be considered part of the university clinical education schedule.
3. Changes in Clinical Schedules
   a) All changes in clinical schedules must be cleared in advance with the Clinical Instructor at the appropriate institution.
   b) Clinical schedules will not be changed to accommodate student work schedules.
   c) Clinical schedules may be changed to accommodate courses required for the diagnostic medical sonography degree or any previously approved courses at the university when advance notice of at least two (2) weeks is given the Clinical Coordinator.
   d) Students should be allowed the same time as staff sonographers in the institution for breaks and lunch.
   e) Banking of clinical hours may be used to complete clinical education requirements in advance of missing clinical education. This includes achievement of clinical competency credits.
      i) The banked hours may be used to replace only those hours missed from a clinical education course for a course required by the university for a Diagnostic Medical Sonography degree or previously approved courses and associated travel.
      ii) The banking option may be used to plan for pregnancy.
      iii) Banking may occur any time, but banking hours may not cause a student schedule to exceed 40 education contact hours in any one week.

iv) Students must have written permission from the Clinical Coordinator before establishing a banking schedule of clinical time with the Clinical Instructor.

4 Record of Clinical Education Time

a) Time records are used at all Clinical Education Centers.
b) Time of arrival and time of departure must be recorded appropriately in Trajecsys.
c) Clinical instructors may allow students to make up time that has been requested upon an excused absence along with approval of the Program Coordinator.
d) All students are required to be present in their assigned areas for clinical education during the hours established with the Clinical Instructor.
e) Students may not leave the Clinical Education Centers without notifying the Clinical Instructor or the Clinical Instructor's designee first.
f) Falsification of time records is considered cheating and is a breach of university and professional ethics and will merit appropriate disciplinary action.
g) Students may attend clinical education for only the number of days (semester hour credits) for which they are registered except for time voluntarily requested by the student AND pre-approved by the Program Director for specific learning objectives. No clinical grading requirements may be accumulated during clinical education time attended under this policy (e.g., competencies, proficiencies, etc. cannot be achieved during excess voluntary clinical education time).

5 Tardiness

a) Tardiness is defined as arriving more than 10 minutes late or leaving 10 minutes early. Clinical Instructors may define the exact place where arrival and departure is permitted.
    i) Tardiness of one hour or more (late arrival or early departure) is considered an unexcused absence.
    ii) Students are required to notify the clinical education center Clinical Instructor of tardiness the day it occurs. This notification may be made verbally to the Clinical Instructor. If the student does not see the Clinical Instructor that day, notification must be made by email.
    iii) Students are required to notify the Clinical Coordinator of tardiness as soon as the Clinical Education Center is notified. This notification may be made verbally to the Clinical Coordinator. If the student does not see the Clinical Coordinator that day, notification may be made by text or email.
    iv) Additional corrective action will be taken for repeated tardiness as outlined in the corrective action section of this manual. The basic actions are as follows:

- 2nd tardy per semester- verbal warning
- 3rd tardy per semester- written warning
- 4th tardy per semester- advising with Program Coordinator required
- 5th tardy per semester- failure of course with letter grade of "F"

6 Absence from Clinical Education

a) Students must notify their Clinical Education Center at least 1 hour in advance for all absences. This must be done with a telephone call to an employee at the site, making note of the name of the person you spoke to. Voicemail is not adequate.
b) Absences must be logged into the Trajecsys attendance log, noting the reason for absence and the name of the person at your clinical site that you notified in the comments of Trajecsys.
c) A call in should be followed up with a written email to both the Clinical Coordinator and the Clinical Instructor.
d) All clinical education absence and make up time is defined in half day (4 hour) increments. For example, leaving clinical education due to illness after 7 hours results in losing credit for 4 hours of the day.
e) All absence from clinical education is classified as excused, unexcused, or tardy.

f) Clinical grading deadlines will be extended only for cancellation of clinical education, funerals, jury duty, and military duty, and excused leave of absence for extenuating circumstances as approved by the Program Coordinator. The definitions below will be applied to these types of absences.

g) Excused absences, as listed below, do not have to be made up but may be if the student desires additional time for competency credit completions.

i) Upon approval by the Clinical Coordinator in advance, the following excused absences may be granted:

(1) Holidays are granted according to the Grand Valley State University academic calendar.

(2) Funeral leave

(a) Any death in the immediate family.

(i) Immediate family is defined as spouse, child, parent, grandparent, brother, or sister, brother or sister-in- law, mother or father-in-law, nephew or niece.

(b) Jury duty

(c) Military duty

(3) Cancellation of clinical education

(a) Students are not required to attend clinical education on days when the university announces the cancellation of classes due to weather.

(b) Announcements are made on radio and television by 6:30AM. The detailed policy is available at www.gvsu.edu/publicsafety (emergency/weather).

(c) The Clinical Education Center should be notified of your absence due to weather.

(d) Inclement Weather

(i) Snow or icy weather leave may be taken up to 4 half days (2 days total absence).

(ii) Note that half days are allowed in order to permit students to go home early when weather deteriorates during a day in clinical education, or to stay home for part of a day until roads are safer for travel. This policy is designed to encourage students to avoid driving in poor weather conditions while granting a half day credit to students who are able to attend part of a clinical day due to improved or deteriorating weather conditions.

(iii) A half day is defined as 4 hours.

(e) Attendance at professional meetings or GVSU student activities when approved in advance by the
Program Faculty (Director/Clinical Coordinator).

(f) Pregnancy

(i) Any student who believes she may be pregnant may declare a pregnancy. Students also have the right to un-declare pregnancy at any time. All pregnancy declarations and un-declarations must be in writing to the radiation safety officer, must be dated and signed legibly, and shall be submitted to the program director's office.

(ii) Upon declaration of pregnancy, the student is required to present to the Program Coordinator a written statement from her physician that indicates the expected date of delivery and her fitness for clinical education. This statement shall address any concerns or limitations of physical activities during pregnancy and must be presented within the first month following diagnosis.

(iii) If the student continues her clinical education, she must present to the Department a written statement from her physician stating her fitness for clinical education at least every 2 months. Failure to do so will result in suspension from clinical education until all proper procedures have been followed.

(iv) The student may choose to take a leave of absence during her pregnancy or she may continue with her clinical education.
(v) If the student decides to continue her clinical education she will be expected to participate in all clinical assignments and/or duties.
(vi) A student will be allowed to make up any clinical time missed due to pregnancy or immediate post-partum care.
(vii) Made up time will be structured to compensate for loss of clinical experiences during pregnancy.
(viii) Students are allowed to bank time in anticipation of missing clinical time during pregnancy

(g) Excused leave of absence may also be granted to individuals in extenuating circumstance. These are determined by the Program Faculty (Director/Clinical Coordinator).
(h) For non-clinical (didactic and laboratory) courses, a student who must take a leave of absence during a semester follows the GVSU Incomplete Grade policy (GVSU Catalog, Academic Policies and Regulations, "Incomplete Grade").

7 Unexcused Absences

a) Clinic is considered a valuable privilege which students should be eager to attend. Students may choose to be absent, to their own detriment.

b) Two full days per term are permitted as unexcused absence without penalty and may be made up.

c) Illness is considered an unexcused absence unless extenuating circumstances are applied. Do not expect approval of extenuating circumstances for illness unless you have an extended, physician–documented absence. Normal illness, physician appointments, etc. should be handled within this provision as an unexcused absence.

d) Four unexcused 4-hour, half day absences per clinical course may be made up with clinical competency privileges by arrangement in advance with the Clinical Instructor. Use of this policy requires a minimum 4-hour period attendance.

e) Excessive or unwarranted unexcused absences will result in corrective action. Determination of excessive or unwarranted unexcused absences will be by the Program Coordinator.

f) Unexcused absences must be in 4-hour, half day increments. (A full day counts as 2 half day increments.)

g) Students suspended from clinical education, laboratory or didactic courses for any reason are **not** permitted to make up any of the time.

h) Vacations and other absences are strongly discouraged and are not eligible for make-up time with competency privileges.

8 Make-up Time

a) Make-up time is permitted only as defined above.
b) Make-up clinical time dates must be submitted for approval to the Clinical Instructor in writing in advance.
c) Make-up time may occur any time but may not cause a student schedule to exceed 40 educational contact hours in any one week or 12 hours in any one day.
d) Competencies and proficiencies and other grading components may be achieved during make up days if they completed more than 2 weeks before the end of an academic grading term.

9 Strike or Other Unanticipated Limitations to Clinical Attendance

a) Strikes or other unanticipated limitations to clinical attendance (such as tornadoes, other acts of God, etc.) obviously cannot be anticipated by the university.
b) The university will attempt to place all students affected by a strike or other unanticipated limitation to clinical attendance at another appropriately recognized clinical education center.
c) Students will not be allowed to reduce the total clinical education time due to a strike or other unanticipated limitation to clinical attendance. It is possible that students may have to make arrangements to attend clinical education during additional terms due to a strike and other unanticipated limitations to clinical attendance. All students are expected to achieve the same level of attendance in all clinical courses.

EXPECTATIONS OF STUDENT BEHAVIOR

The overall guideline for all clinical education rules is that students are expected to conduct themselves in a professional manner at all times during clinical education. The following rules simply indicate the exact elements of professional behavior and conduct for GVSU students.

1 Health Compliance

a) It is mandatory for all students to meet all the requirements of the GVSU College of Health Professions Health Compliance Officer. This includes:
   i) A physical examination
   ii) Immunizations titers
   iii) CPR
   iv) TB
   v) Criminal background checks
   vi) HIPAA online training
   vii) Any other requirement issued by the Health Compliance Officer
b) These requirements must be submitted through Blackboard.
c) No student will be allowed to attend clinical education until all health compliance requirements are met.

2 Clinical Conduct

a) Students must follow the rules and regulations established by their Clinical Education Center.
b) Students must follow the Society of Diagnostic Medical Sonographers Code of Ethics (see appendix F).
c) Follow HIPAA compliance guidelines, as outlined in the Health Compliance online training module.
   i) Consider all aspects of the Diagnostic Medical Sonography programs in the Clinical Education Centers and all information concerning patients to be totally confidential.
   ii) **THESE ASPECTS ARE NOT TO BE DISCUSSED WITH OTHER STUDENTS, FRIENDS OR FAMILY OUTSIDE OF THE CLINICAL EDUCATION CENTERS.**
   iii) Violation of this professional trust will result in charges of misconduct from the university and/or may result in legal action from victims of your actions. There are severe penalties for violating patient's right to confidentiality.
   iv) Students are responsible for their own actions under these laws (which include all HIPAA regulations).
   v) Students are strongly advised to adhere to generic descriptions of all patients, health care professionals, and other medical staff when completing assignments involving clinical experiences. Never use the name or a unique description of a patient or professional that is so specific it would violate their confidentiality rights.
d) Remember that students are not permitted in hospitals or other health care institutions during non-clinical education hours unless on specific business not related to university clinical education.
e) Phone Use

   For clinical education, personal devices are only to be utilized on personal time. This means that you should not be seen with your device at clinic, unless you are actively on a lunch break. Any use of a personal device reported by a clinical site will result in a reduction in participation points.

   i) Students are expected to handle any necessary communication in a professional manner.

ii) Personal telephone calls on institutional phones are prohibited except in case of emergency.
iii) Personal or public telephones are to be used for all non-institutional business.
iv) Personal cell phones must be turned off and put away during clinical education, but may be utilized during scheduled lunch breaks.

f) Prohibited Substances
   i) No smoking, alcohol, or non-prescription stimulant or depressant substance use is permitted during clinical education.
   ii) The use of prescription substances may also be restricted during clinical education courses.
   iii) Check with your Program Coordinator before attending any clinical assignments under the influence of anything.
   iv) Clinical education center policies and procedures apply to these rules in addition to all university policies and procedures.
g) Remember that your clinical education experience is designed to encourage responsibility in a professional and an ethical environment and this includes behavior such as cooperation, accepting constructive criticism, and dependability.
h) Patterns of behavior resulting in irresponsibility to self, patient, profession, university, or clinical site may result in actions directed at dismissing a student from the program.

3 Clinical Dress Code

a) Clothing
   i) The official Grand Valley State University DMS uniform shall consist of a ¾ length long sleeve white laboratory coat. This lab coat is to be available when engaged in clinical education as a member of the Grand Valley State University **unless** the clinical education center Clinical Instructor approves in advance an alternative professional dress. (i.e., scrubs).
   ii) Clothes worn under lab coat must adhere to usual, acceptable, and reasonable dress as defined by the clinical educations site's dress code for employees.
   iii) Students not adhering to institutional standards for dress may be removed from clinical education until their dress meets these requirements. Clinical education time lost as a result of dress code violations is considered an unexcused absence.
   iv) All non-professionals pins, badges, and other symbols are prohibited during clinical education. This includes holiday, spirit, political, and any other non-professional items. Accepted organization symbols (i.e., red heart ribbon) are considered professional and are therefore exempted from this policy.
   v) Students must wear enclosed shoes at all times.

b) HYGIENE RULES
   i) All clothing worn to clinic should be clean and pressed every day.
   ii) Cosmetics should be worn in moderation.
   iii) Scented products should not be used due to patient sensitivity.
   iv) Long hair should be tied back or put up. Facial hair should be kept neat.
   v) Loud or flashy jewelry should not be worn at any time; jewelry should be in moderation at all times. Jewelry that dangles or has protrusions that could harm yourself or a patient (especially delicate skin) is prohibited.
   vi) Students may be required to remove rings, other jewelry, or other items before being allowed into specific situations (i.e., surgery).
   vii) Undergarments should remain covered at all times. Wear clothing that does not expose the underwear when bending, lifting or sitting.
   viii) Acceptable personal hygiene must be maintained at a level that keeps body odor in check.
   ix) Fingernails should be kept trim and neat with no colored nail polish.

c) NAME BADGES
   i) Each student is required to wear an approved name badge stating name and the word "student," along with Grand Valley State University logo.

ii) Students must introduce themselves as a student to any patient they provide care for.
iii) Purchasing information is provided by the Clinical Coordinator. Students must purchase name badges from the vendor specified by the university.
iv) GVSU name badges are not to be worn outside of clinical education for the university.

4 Reportable Incidents

a) It is very important that hospitals have a record of all incidents in case of litigation. Such incidents may include:
i) Accidental needle stick
ii) Workplace injuries
iii) Any other incident that may have financial or legal ramifications

b) The prescribed format must be followed according to hospital policies for reporting incidents:
i) An institutional incident report and an appropriate university report must be filled out immediately.
ii) A copy of the institutional incident report must be requested to be sent to the university
iii) An appropriate university report (located in this handbook) must be forwarded to the Program Coordinator immediately.
iv) Students will be subject to corrective action for failure to follow this procedure.
v) Significant DMS incident form must be completed by a designated clinical instructor and is located in the back of this handbook.

5 Patients with Infectious Diseases

a) Students are required to follow the exact procedures established by our Clinical Education Centers (standard precautions, blood borne pathogen precautions, etc.) in caring for these patients.
b) Students are required to report any contact with communicable disease in accordance with the policies of the Clinical Education Center in which the contact occurs.
c) Following any exposure to bloodborne pathogens (e.g., an accidental needle stick), testing and follow-up are handled by the Clinical Education Center according to its exposure policy. The student must also complete a university incident report using the Incident/Injury form in this handbook and follow the reporting steps under Reportable Incidents.

6 Students with Infectious Disease

a) Students with an infectious disease (which may include a common cold) may not attend clinical education. They should inform both the Clinical Instructor and the Program Coordinator immediately upon diagnosis. They may not return to clinical education until a doctor's release has been presented to the Program Coordinator. Absence due to infectious disease is considered unexcused until extenuating circumstances are granted by the Program Coordinator.

7 Health Services

a) Emergency medical services will be provided by the Clinical Education Centers when needed but students are responsible for payment for all services rendered by the institution.
b) All students must have a current GVSU physical examination form on record with the university prior to beginning clinical education.

8 Notices

a) Students are responsible for all information posted in the following formats:
i) Class email list servers
ii) Verbal announcement in class
iii) Email communications from clinical and university faculty
iv) Postings to the 'Announcements' sections of Blackboard course pages.

9 Insurance

a) Malpractice
i) All students must be covered under a malpractice insurance policy prior to beginning clinical education.

ii) Grand Valley State University provides professional liability insurance for students while engaged in student clinical learning activities. The coverage ranges up to $3,000,000.00 depending on the incident.
iii) Student malpractice insurance is available privately should the student desire additional coverage.
iv) The university malpractice insurance plan does not cover a student who may work in institutions outside of scheduled clinical education time.

b) **Health**

i) Neither the Clinical Education Centers nor Grand Valley State University assumes responsibility for medical expenses that may be charged students for incidents occurring during clinical education (i.e., puncture wounds form contaminated needles, contagious diseases, etc.).
ii)It is recommended that all students obtain comprehensive personal health/accident insurance, for the duration of their program of study at Grand Valley State University.
iii) The student must inform the Health Compliance Office immediately should coverage be discontinued for any reason.
iv) If the student does not have comprehensive personal health/accident insurance, they will be prevented from participating in clinical training.

3 Clinical Advising Program

1) Diagnostic Medical Sonographers must have the ability to care for patients in a professional and ethical manner. To assist you in developing these skills, the Grand Valley State University DMS program conducts a Clinical Advising Program in conjunction with clinical education.

This program is designed to assess each student's personal progress toward achieving objectives consistent with professional clinical practice, including behavioral affective characteristics. Each student is required to set personal goals/objectives for each semester that are approved by program faculty.

a. Students are required to continue to make progress toward achieving personal goals as established by the clinical advising program each term.

b. Clinical grades are affected by advising results only when it is determined that the student has failed to make continued and regular progress toward achieving personal goals.

c. Students may be subject to corrective actions due to failure to comply with advising suggestions. This includes failure to achieve objectives for a clinical education course, which can cause a failing grade to be issued.

d. Students are required to track their progress at clinic using the online system Trajecsys. This includes clinical advising competencies, as listed below.

e. The required mandatory clinical advising competencies that are due each semester are listed below by academic term. (CA2 represents a competency due the 2nd academic term of the program-which is normally the winter semester of the junior year during the 1st clinical education course.) All evaluation sheets require the students to sign them to signify that they have seen them.

CLINICAL ADVISING MANDATORY COMPETENCIES (BY ACADEMIC TERM)

WINTER 1 – JUNIOR YEAR

CA2.01 Environment

CA2.02 Patient Management

CA2.03 Sonographer Safety

SPRING/SUMMER – JUNIOR YEAR

CA3.04 Compliance

CA3.05 Patient/Sonographer Interaction

FALL – SENIOR YEAR

CA4.06 Image Acquisition and Analysis

CA4.07 Professional Interactions

CA4.08 Time Management

WINTER 2 – SENIOR YEAR

CA5.09 Personal Growth and Development

CA5.10 Additional Student Functions

STUDENT CORRECTIVE ACTION

To insure Clinical Education centers that students do not compromise their high standards of health care corrective actions will be enforced according to the GVSU Code and undergraduate Catalog.

1. **DISMISSAL FROM CLINICAL EDUCATION**
   - **a)** A student may be dismissed from clinical education immediately (with recommendations for advising or charges of misconduct forwarded to the Program Coordinator later) by any clinical education center authority for any of the following reasons:
     i) Insubordination to institutional or university personnel.
     ii) Failure to comply with the policies, rules and regulations of the institution or university.
     iii) Unprofessional conduct.
     iv) Unauthorized schedule changes.
     v) Patient safety violations
   - **b)** Dismissal from clinical education for misconduct cannot be made up.
   - **c)** Students may not return to clinical education until they have received permission from the Program Coordinator or Director.
2. **STUDENT GRIEVANCE PROCEDURE**
   - **a)** Student who are unsatisfied with conditions or procedures during clinical education should first use the following chain-of-command to seek redress:
     i) The person who caused the problem
     ii) The sonographer who is directly supervising the student
     iii) The Clinical Education Center Clinical Instructor
     iv) The university Program Clinical Coordinator
     v) The university Program Director
     vi) The university Chair of Diagnostic and Treatment Sciences
   - **d)** For instances where the student cannot discuss the problem with the person who caused it or when the problem is with a person who is defined as #2-4 above, the student may go to the next person on the list. However, it is considered professional and polite to inform the person in advance that you are

"going over their head." You do not need to ask their permission to do this, but it is recommended that you inform them of your intentions in advance. In cases that might be considered harassment we do not recommend informing the person causing the problem.

e) Students who decide to file grievances must follow the guidelines and procedures of the GVSU Student Code and undergraduate Catalog (see links below). This provides review up through the office of the Provost.

GVSU Student Code: https://www.gvsu.edu/policies/category.htm?categoryId=2D0C8EF7-9959-9B01-959C403E725313F3

GVSU Catalog, Academic Grievance Procedures: https://www.gvsu.edu/catalog/navigation/academic-policies-and-regulations.htm

RADIATION PROTECTION

1 STATE OF MICHIGAN RADIATION PROTECTION RULES

a) Students are expected to conform to the Michigan Department of Environmental Quality Ionizing Radiation Rules, the Radiation Monitoring and Reporting rules of the Michigan Radiation Environmental Monitoring Program, the Michigan Radioactive Material and Standards Unit, and all other state standards, regulations, recommendations, and guidelines.

PRE-CLINICAL COMPETENCE

In order to support patient safety in the clinical environment, students are required to demonstrate adequate interpersonal skills before being permitted to begin clinical education. The following pre-clinical evaluation will be completed in weeks 12 and 16 of semester 1 by each of your instructors to determine readiness for clinical education. If there are any areas evaluated as 'Inadequate for Clinical Education,' the student will be ineligible to start clinical education until the issue is resolved. If, at any point during clinical education, feedback is received from clinical sites that a student's behavior is inadequate, clinical education will be immediately paused to assess the situation and determine if a remediation plan can be created that will restore the clinical site's trust in the student.

PRE-CLINICAL ADVISING PROGRAM STUDENT SELF EVALUATION

_____ _____ _____

Date Semester & Year Student Name

INSTRUCTIONS: As students, you are constantly evaluated by your instructors in order to monitor your progress before and during clinical education. It is important for your perceptions of yourself match how others perceive your experience and ability. This evaluation asks you to candidly assess your current progress. Please check the appropriate column or columns which best describes your self-perceived level of proficiency at this point in your education in each of the following areas.

Each of your instructors will also complete this evaluation of your suitability for the clinical environment during finals week. If there are any areas evaluated as 'Inadequate for Clinical Education,' you will be ineligible to start clinical education until the issue is resolved.

Timeliness & Attendance (Dependability)	Excellent	Adequate for Clinical Education	Inadequate for Clinical Education
1. Assignments are completed and turned in on time			
2. Tests are taken when scheduled			
3. Arrives on time and ready to work for all labs/classes			
4. Attends class and is rarely absent			
5. Promptly notifies instructor of absence			
Professionalism and Attitude			
6. Projects a positive self-image			
7. Exhibits a genuine interest in learning and profession			
8. Takes initiative and seeks active involvement in program			
9. Demonstrates attentive participation manner			
10. Interprets constructive criticism in a positive manner			
11. Demonstrates respect for others			
12. Shows awareness of how behavior affects others			
13. Works well in team situations			
14. Assists in set up/clean-up of lab			
Communication			
15. Uses appropriate communications skills in the classroom and labs			
16. Uses language appropriate for the healthcare environment			
17. Uses appropriate volume and tone when communicating			
18. Uses appropriate body language and non-verbals when communicating			
19. Demonstrates ability to communicate concisely			
20. Refrains from discussing sensitive or overly personal information			
21. Responds to email promptly			
22. Demonstrates technical aptitude to navigate basic computer applications			

Additional Comments:

Appendix A - Clinical Education Sites

Bronson Healthcare

Bronson Advanced Radiology Services
524 S Park St
Kalamazoo, MI 49007

Bronson Lakeview Hospital
408 Hazen St
Paw Paw, MI 49079
269-657-1320

Bronson Maternal Fetal Medicine
601 John St, Suite N-1100
Kalamazoo, MI 49007

Bronson Methodist Hospital
601 John St
Kalamazoo, MI 49007
269-341-8450

Bronson Ob/Gyn Battle Creek
3238 Capital Ave SW
Battle Creek, MI 49015

Bronson Ob/Gyn Kalamazoo
2854 S 11th St
Kalamazoo, MI 49009

Corewell Health East

Beaumont Canton Imaging
2050 N Haggerty Rd, Suite 180
Canton, MI 48187

Beaumont Dearborn Hospital
18101 Oakwood Blvd
Dearborn, MI 48124

Corewell Health West

Betty Ford Breast Care Center

Blodgett Hospital
1840 Wealthy St SE
Grand Rapids, MI 49506
616-774-7896

Butterworth Hospital - Inpatient
100 Michigan St NE
Grand Rapids, MI 49503
616-391-8672

Butterworth Hospital - Outpatient
100 Michigan St NE
Grand Rapids, MI 49503
616-391-8672

Greenville Hospital
615 S Bower St
Greenville, MI 48838

Helen DeVos Children's Hospital
100 Michigan St NE
Grand Rapids, MI 49503

Lemmen Holton Cancer Pavilion
145 Michigan St NE
Grand Rapids, MI 49503

Ludington Hospital
1 N Atkinson Dr
Ludington, MI 49431
231-845-2323

Pennock Hospital
1009 W Green St
Hastings, MI 49058
269-945-3451, ext. 31380

Reed City
300 N Patterson Rd
Reed City, MI 49677

Zeeland Community Hospital
8333 Felch St
Zeeland, MI 49464
616-772-4644

Corewell Health West – Medical Group

Medical Group - Ada
7128 Fulton St E
Ada, MI 49301

Medical Group ICCB - East Beltline
2750 E Beltline Ave NE
Grand Rapids, MI 49525

Medical Group - Lake Drive
4069 Lake Dr SE, Suite 116
Grand Rapids, MI 49546
616-267-7800

Medical Group - OB/Gyn - 221 Michigan St.
221 Michigan St NE
Grand Rapids, MI 49503

Medical Group - OB/Gyn - ICCB
2750 E Beltline Ave NE
Grand Rapids, MI 49525

Medical Group OB/Gyn - Lake Michigan Dr.
3800 Lake Michigan Dr NW, Suite A
Grand Rapids, MI 49534

Medical Group OB/Gyn - Lakeshore Holland
588 E Lakewood Blvd
Holland, MI 49424

Medical Group OB/Gyn - Lakeshore Zeeland
8333 Felch St
Zeeland, MI 49464

Medical Group Rockford
8501 Meadow Creek Dr
Rockford, MI 49341

Medical Group Southwest Plaza

Medical Group West Pavilion

Detroit Medical Center

Harper Ultrasound
3990 John R St
Detroit, MI 48201
313-745-8828

Huron Valley Sinai Hospital
1 William Carls Dr
Commerce Township, MI 48382
248-937-3300

Hutzel Women's Hospital - Perinatology
3980 John R St
Detroit, MI 48201
313-993-4449

Holland Hospital

Holland Hospital
602 Michigan Ave
Holland, MI 49423
616-394-3196

Holland Hospital - Midwife Services
8300 Westpark Way
Zeeland, MI 49464

Holland Medical IC

McLaren Health

McLaren Flint
401 S Ballenger Hwy
Flint, MI 48532

Munson Healthcare

Foster Family Community Health Clinic
550 Munson Ave
Traverse City, MI 49686

Munson Hospital - Traverse City
1105 Sixth St
Traverse City, MI 49684

OB/Gyn Associates of Holland

OB/Gyn Associates of Holland (North)
3290 N Wellness Dr, Suite 120
Holland, MI 49424

OB/Gyn Associates of Holland (South)
664 Michigan Ave
Holland, MI 49423

Trinity Health Care

Cherry Street Ob/Gyn
245 Cherry St SE, Suite 306
Grand Rapids, MI 49503

Clinica Santa Maria
730 Cesar E. Chavez Ave SW
Grand Rapids, MI 49503

Hackley Ob/Gyn
2006 Holton Rd, Suite 200
Muskegon, MI 49445

Hudsonville Imaging
3925 32nd Ave, Suite 700
Hudsonville, MI 49426

Rockford Imaging
6050 Northland Dr NE
Rockford, MI 49341

Southwest Plaza - Grand Rapids
2373 64th St SW
Byron Center, MI 49315
616-685-3927

St. Mary's Hospital - Grand Rapids
200 Jefferson Ave SE
Grand Rapids, MI 49503
616-685-5909 (ultrasound)

Urgent Care - East Beltline - Grand Rapids
1471 E Beltline Ave NE, Suite 202
Grand Rapids, MI 49525
616-685-1415

Trinity Health St. Joseph

Chelsea Hospital
775 S Main St
Chelsea, MI 48118

University of Chicago Medicine

Center for Care and Discovery (CCD) - Inpatient
5700 S Maryland Ave
Chicago, IL 60637

Comer Children's
5721 S Maryland Ave
Chicago, IL 60637

Mitchell Hospital
5815 S Maryland Ave
Chicago, IL 60637

University of Michigan Medical West

Cedar Springs
14211 White Creek Ave NE
Cedar Springs, MI 49319
616-252-6320

Comstock Park
4200 Division Ave N
Comstock Park, MI 49321
616-252-1600

Lowell Plaza
2550 W Main St
Lowell, MI 49331
616-252-5660

Metro Health Hospital
5900 Byron Center Ave SW
Wyoming, MI 49519
616-252-7605

Metro Health Village OB/Gyn
2221 Health Dr SW, Suite 2100
Wyoming, MI 49519

Park East
4055 Cascade Rd SE
Grand Rapids, MI 49546

Park East OB/Gyn
4055 Cascade Rd SE
Grand Rapids, MI 49546

Appendix B – Cohort Course Schedule

Semester		Didactic Content		Lab Content	Clinical Rotation
1 – Fall	RIU 322 RIU 360 RIU 330 RIU 434 RIU 320	Principles of Radiologic Imaging Introduction to Sonography Abdominal Sonography I Breast Sonography Applied Physics I	RIU 331 RIU 321	Abdominal Sonography I Physics I Lab	None
2 – Winter	RIU 332 RIU 301 RIU 324 RIT 441 RIU 420	Ob/Gyn Sonography I Image Evaluation Applied Doppler US Physics Gross Human Sectional Anatomy Applied US Physics II	RIU 333	Ob/Gyn Sonography I Lab	Rotation I – Monday/Tuesday
3 – Spring/Summer	AHS 340	Health Care Management Issues course – student's choice		None	Rotation I – 4 days/ week
4 – Fall	RIU 430 RIU 436 RIU 435 RIT 458 RIU 302	Abdominal Sonography II Vascular Sonography I OB/Gyn Sonography II Neoplasms Image Evaluation	RIU 431 RIU 437	Abdominal Sonography II Vascular Sonography I	Rotation II – Wed/Thurs/Friday
5 – Winter	RIU 495 RIU 438 RIU 454	Advanced Clinical Problems Vascular Sonography II Advanced OB-Gyn	RIU 439	Vascular Sonography II	Rotation III – Wed/Thurs/Friday

Appendix C – Scanning Live Subjects for Educational Purposes Forms

Diagnostic Medical Sonography Program

Diagnostic & Treatment Sciences, College of Health Professions
Raleigh J. Finkelstein Hall, Suite 106
500 Lafayette Ave NE, Grand Rapids, Michigan 49503
Phone 616-331-5948

Informed Consent and Liability Release for Ultrasound Scanning

Students in the Grand Valley State University (GVSU) Diagnostic Medical Sonography (DMS) program practice scanning on live volunteers as part of their laboratory courses. This form explains what participation involves. Please read it, ask any questions you have, and sign only if you agree to participate.

Participant name (print last, first): _____

☐ GVSU DMS student, Class of _____ ☐ Volunteer (not a GVSU DMS student)

☐ I am 18 years of age or older. ☐ I am under 18 (guardian signature required below).

1. Participation Is Voluntary

Participation is entirely voluntary. You may decline any examination, and you may ask the scanner to stop at any time without giving a reason.

For GVSU DMS students: choosing to serve, or not to serve, as a scan subject has no effect on your grades or evaluations. Students who choose not to be scanned will practice on other consenting volunteers, phantoms or simulation equipment.

2. Purpose of the Scanning

Scanning is performed for education only. It is not a diagnostic examination, the images are not interpreted or reported by a physician, and you should not expect any medical benefit. Students scan only under the supervision of DMS faculty.

3. Risks and Safety

Diagnostic ultrasound has been in use since the late 1950s, and no confirmed adverse biological effects have been reported at the intensities used in diagnostic practice. The attached American Institute of Ultrasound in Medicine (AIUM) statements describe ultrasound safety in education and training.

The program follows the ALARA principle ("as low as reasonably achievable"): scanning is limited to educational purposes, and scan time and output power are kept to the minimum needed.

Please tell the instructor before scanning if you are or may be pregnant. Volunteers who are or may be pregnant will not be scanned with spectral Doppler.

Transvaginal, breast and scrotal examinations are not performed on volunteers. You will be appropriately draped, and your privacy and modesty will be respected. Verbal consent is obtained before every examination.

4. Possible Findings

Faculty and students do not diagnose. If the instructor observes a possible abnormality, the instructor will tell you privately and advise you to consult your personal physician at your own expense. Any such observation is kept confidential.

5. Release of Liability

By signing this form, I release from liability and hold harmless the Board of Trustees of Grand Valley State University, and its officers and employees, including the faculty and staff of the Diagnostic Medical Sonography program. I understand that the instructor serves as an information source and supervisor, not as a guarantor of safety, and that it is my responsibility to consult a physician about any possible effects of participation on my health.

6. How Long This Consent Lasts

For GVSU DMS students, this consent remains in effect for the duration of enrollment in the DMS program. For other volunteers, it applies to the current academic year. Any participant may withdraw consent at any time by telling a DMS faculty member.

Signatures

I have read this form and the attached AIUM statements, my questions have been answered, and I agree to participate.

Participant signature: _____ Date: _____

Parent/guardian signature (if under 18): _____ Date: _____

Received by DMS faculty (print and sign): _____ Date: _____

The signed form must be on file with the Program Director before any scanning. Attachment: AIUM Statements on Diagnostic Ultrasound Safety (Student Handbook, Appendix C).

I. AIUM Statements on Diagnostic Medical Ultrasound Safety

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 fundamentals 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, 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.

AIUM STATEMENT ON SAFETY IN TRAINING AND RESEARCH
Approved March 1998

Diagnostic ultrasound has been in use since the late 1950's. No 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**.

IN VIVO AND IN VITRO STUDIES:

IN VIVO BIOEFFECT INVESTIGATIONS

In vivo means "observed in living tissue"

The following are recent conclusions of in vivo bio effects investigations:

The AIUM suggests the following:

- Do not perform studies without reason
- Do not prolong studies without reason
- Use the minimum output power and maximum amplification to optimize

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.

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

Maximum intensities (SPTA): 100mW/cm² - unfocused 1W/cm² - 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/cm², or to focused ultrasound with intensities below 1W/cm² 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.

Appendix D– Clinical Evaluation System

Course	Total Course Grade Form																
	Class Participation	Competency Evaluations %									Proficiency Evaluations %						
	10%	70	65	60	55	50	45	40	35	0	20	18	15	12	10	5	0 %
RIU 361-DMS Clinical Education I	10%	1P & 6+	1P & 5	1 P & 4	1P& 3	1P& 2	1P &1	na	na	1P & <1	4	3	2	1	na	na	<1
RIU 362-DMS Clinical Education II	10%	15 +	14	13	12	10	8	6	4	<4	12 +	9-11	8	8-9	5-7	2-4	<2
RIU 460-DMS Clinical Education III	10% (Reseach included)	12 +	11	10	9	8	7	6	4	<4	11	10	9	8-7	5-6	3-4	<3
RIU 461-DMS Clinical Education IV see note	10%	8	7	6	5	4	3	3	<3	<3	14 +	13	12	9-11	7-8	4-6	<4
	Min Comp Level				Min Comp Level								Min Comp Level				

**1P+=1 Prerequisite mandatory competency (equipment competency).

Grades will be assigned as follows:

Passing Grades		Failing Grades		
100.0-94.0%	**A**	**79.9-78.0%**	**C+**	
93.9-90.0%	**A-**	**77.9-74.0%**	**C**	
89.9-88.0%	**B+**	**73.9-70.0**	**C-**	**C-**
87.9-84.0%	**B**	**69.9-68.0%**	**D+**	
83.9-80.0%	**B-**	**67.9-60.0%**	**D**	

Grades are taken to one decimal point and are not rounded up or down.

NOTE: All Mandatory Competencies must be completed to receive academic credit for RIU 461. Students not achieving all Mandatory Competencies before the end of this course will receive an incomplete, regardless of the percentage and/or letter grade earned.

Appendix E – Competencies

ABDOMINAL MANDATORY COMPETENCIES

- Abdominal Doppler**
- Breast
- Breast Path
- Gallbladder
- Great Vessels
- Guidance
- Liver
- Pancreas
- Scrotum
- Spleen
- Thyroid/Parathyroid
- Urinary Tract
- Retroperitoneal/Peritoneal & Pleural Cavity
- Abdomen Complete **

OB-GYN MANDATORY COMPETENCIES

- GYN / Transabdominal
- GYN / Transvaginal
- GYN / Pathology
- OB/1st Trimester
- OB/2nd Trimester - Fetal Environment
- OB/2nd Trimester – Measurement & Analysis
- OB/2nd Trimester – Head & Thorax Anatomy
- OB/2nd Trimester – Abdomen & Extremity Anatomy
- OB/3rd Trimester– Fetal Environment
- OB/3rd Trimester- Measurement & Analysis
- OB/3rd Trimester – Head & Thorax Anatomy
- OB/3rd Trimester – Abdomen & Extremity Anatomy
- Advanced Fetal Survey

ABDOMINAL OPTIONAL COMPETENCIES

- Transplants
- Appendix
- Adrenals
- Prostate
- Musculoskeletal
- Infant Spine
- Infant Hips
- Soft Tissue
- Invasive Procedures- Paracentesis
- Invasive Procedures- Thoracentesis
- Invasive Procedures- Breast Biopsy
- Invasive Procedures- Liver Biopsy
- Invasive Procedures- Surgical
- Liver Pathology
- Biliary Pathology
- Renal Pathology
- Thyroid/Parathyroid Pathology
- Scrotum Pathology
- Pancreas Pathology
- Spleen Pathology
- Pediatric Renal
- Pediatric Abdomen

Neonatal Renals/Bladder Neonatal
Neonatal Pylorus
Neonatal Head/Brain
Intraoperative Procedures

OB-GYN OPTIONAL COMPETENCIES

Invasive Procedures- Amniocentesis
Invasive Procedures- Cordocentesis
Invasive Procedures- Uterine
Sonohystogram- Uterine
3D Uterus/ Obstetrics
Pediatric Pelvis
OB Computer Program

Appendix F – SDMS Code of Ethics

Effective 9/24/2024

I. PREAMBLE

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

II. OBJECTIVES

1. Foster and encourage an environment where ethical issues are discussed, evaluated, and addressed.
2. Help the individual diagnostic medical sonographer identify ethical issues.
3. Provide ethical behavior guidelines for individual diagnostic medical sonographers and their employers.

III. PRINCIPLES

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

A. Provide information to the patient about role, credentials, and expertise.

B. Provide information to the patient about the purpose of the sonography examination, procedure, or associated task within the scope of practice.

C. Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure, or associated task according to the scope of practice.

D. Ensure patient safety when the patient is in the sonographer's care.

E. Respect the patient's autonomy and the right to refuse the examination, procedure, or associated task.

F. Recognize the patient's individuality and provide care in a non-judgmental, non-discriminatory, and equitable manner.

G. Promote the patient's privacy, dignity, and well-being to ensure the highest level of patient care.

H. Maintain confidentiality of acquired patient information per national patient privacy regulations and facility protocols and policies.

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

A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.

B. Achieve and maintain specialty-specific sonography certifications/credentials. Sonography certifications/credentials must be awarded by a national sonography certifications/credentialing body that is accredited by a national organization that accredits certifications/credentialing bodies (i.e., Institute for Credentialing Excellence (ICE)/National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI)/ANSI National Accreditation Board (ANAB)).

C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review and institutional research.

D. Maintain continued competence through lifelong learning, which includes ongoing education and acquisition of specialty-specific credentials.

E. Perform medically indicated sonography examinations, procedures, and associated tasks ordered by a licensed physician or their designated healthcare professional per the supervising physician, facility policies and protocols, or other requirements of the jurisdiction where performed.

F. Protect patients and study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

G. Maintain professional accountability and standards by committing to self-regulation through adherence to professional conduct, self-assessment, and peer review, ensuring the highest patient care and safety standards.

H. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for actions.

I. Be accountable and participate in regular assessments of sonography protocols, equipment, examinations, procedures, and results. Note: This may be accomplished through facility accreditation.

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

A. Be truthful and promote appropriate communications with patients, colleagues, healthcare professionals and students

B. Respect the rights of patients, colleagues, students and yourself.

C. Avoid conflicts of interest and situations that exploit others or misrepresent information.

D. Accurately represent experience, education and credentialing.

E. Promote equitable access to care.

F. Communicate and collaborate with fellow sonographers and healthcare professionals to create an environment that promotes communication, respect and ethical practice.

G. Understand and adhere to ethical billing and coding practices, if applicable.

H. Conduct all activities and agreements legally and transparently in compliance with federal and state laws and rules/regulations, as well as facility policies and protocol

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

See more at: http://www.sdms.org/about/who-we-are/code-of-ethics#sthash.uJ7ogWgg.dpuf

GRAND VALLEY STATE UNIVERSITY

Diagnostic Medical Sonography Program
Raleigh J. Finkelstein Hall, College of Health Professions, Suite 106
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Phone 616-331-3356, Fax 616-331-5632

INDEPENDENT STUDY COURSE AGREEMENT

Independent study courses are available in 1, 2, and 3 credit options. You may propose any topic relevant to the study of medical imaging and radiation sciences but must have this form completed and signed by the faculty member responsible for your course grade. You should expect to propose approximately 42 hours of activity for 3 each academic credit. This is based on a 14 week semester expectation of a didactic course meeting 1 hour per week per credit plus 2 hours per week of preparation and study.

_____	_____	_____	_____
Date	Course #	Semester & Year	Student Name

I propose the following for _____ academic credits with RIS faculty member

The title of my independent study is:

List each activity and approximate number of hours you plan to devote to achieve your objective/s.

Hours Activity

I realize I must acquire the signature of a faculty member on this form and in addition, must register for the appropriate course before this proposal can be completed.

Student_____

Upon satisfactory completion of the above proposal, I will award a grade appropriate for this course.

Signature of Faculty _____

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Advanced Placement Agreement:

The GVSU B.S. degrees with a major in:

Diagnostic Medical Sonography – General (Abdominal and Obstetrics-Gynecology) is available by advanced placement to ARDMS registered graduates of other diagnostic medical sonography programs located in regionally accredited institutions. GVSU will attempt to transfer the maximum number of academic credit hours based on currently existing university policies and procedures.

Students accepting this option are required to sign a statement of understanding as follows:

I understand that upon admission to one of the GVSU Diagnostic Medical Sonography emphases, I may become eligible for the national examinations of the American Registry of Diagnostic Medical Sonographers (ARDMS) based on GVSU's documentation of 1680 hours of ultrasound education (which includes didactic, laboratory, and clinical education contact hours). I also realize that ARDMS has notified GVSU that this eligibility may be rescinded if the students discontinues progress toward the B.S. degree at any point. I am aware that rescinded examinations may require me to repeat the entire ultrasound program experience to meet ARDMS eligibility requirements.

Signature_____ Date_____

Witness_____ Date_____

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CONTRACT FOR CLINICAL CREDIT

After 85% of mandatory clinical competencies have been completed, a student may propose any topic relevant to the study of diagnostic medical sonography for competency and/or proficiency credit. You must have this form completed and signed by the faculty member responsible for your course grade.

_____	_____	_____	_____
Date	Course #	Semester & Year	Student Name

I propose the following for _____ competency credits and/or _____ proficiency credits an with RIS faculty member

My proposal for Clinical Credit is:

List each activity and approximate number of hours you plan to devote to achieving your objective/s.

Hours Activity

I realize I must acquire the signature of a faculty member on this form and in addition, must register for the appropriate course before this proposal can be completed.

Student _____

Upon satisfactory completion of the above proposal, I will award a grade appropriate for this course.

Signature of Faculty _____

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GRAND VALLEY STATE UNIVERSITY
Significant INCIDENT / INJURY REPORT FORM

STUDENT

Last Name	First Name	
Date of Birth	Social Security Number	
Street Address		
City	Zip	Phone:

INCIDENT/INJURY

Date of incident	Date reported	Course in which injury occurred
Place of incident		Type of injury ('strain', 'cut', etc.)
Describe how incident/injury happened		
Names of witnesses		
Name of doctor (if known)		
Signature		Date

INSTRUCTOR'S REPORT

What caused this accident? (please be explicit)	
How was the injury treated? Or how was the incident addressed?	
How can a recurrence be prevented?	
Has preventative action been taken? If not, please explain	Has a report been completed at the institution where the incidence occurred?
Comments by student regarding injury or incident	
Signature	Date

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GRAND VALLEY STATE UNIVERSITY
Diagnostic Medical Sonography Programs
Recognition
-Above and Beyond-

If you observe a Grand Valley student performing above and beyond expectations, please take a moment to complete the form below:

Student Name:	Name of person that observed performance:
Date:	Clinical Educational Center:
Description of the performance that is above and beyond expectations:	
Clinical Instructor comments:	
Clinical Instructors Signature:	Date:

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Clinical Site Evaluation **Clinical Site:** _____ **Term:** _____

INSTRUCTION: Before completing this form, give an honest and candid answer to this question:
Did I make every possible effort to take advantage of the educational opportunities available during this rotation?

☐ ABSOLUTELY ☐ POSSIBLY NOT

All results are given to the clinical sites so that you cannot be personally identified. Honest and candid answers will be most helpful.
DO **NOT** SIGN YOUR NAME TO THIS EVALUATION.

REGARDING THE SONOGRAPHER/S I believe they made every attempt to:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. recognize that my role was primarily to learn with the resulting service being secondary in nature				
2. show a positive attitude toward all students				
3. encourage and answer my questions				
4. ask me questions that helped me think and learn				
5. point out alternative methods for me to accomplish a task				
6. permit me to correct my own mistakes				
7. allow me to do things on my own				
8. encourage me to perform at an appropriate level of confidence				
9. assist me in finding answers to my questions				
10. discuss my performance with me				
11. permit me to do as many patients as my skill level would permit				
12. evaluate me according to my clinical experience				
13. display professionalism				
14. is a professional role model for me				
REGARDING THE RADIOLOGISTS/PHYSICIANS I believe they made every attempt to:				
1. recognize that my role was primarily to learn with the resulting service being secondary in nature				
2. encourage and answer my questions				
3. ask me questions that helped me think and learn				
4. point out alternative methods for me to accomplish a task				
5. permitted me to correct my own mistakes				
6. allow me to do things on my own				
REGARDING MY PERSONAL FEELINGS As a result of this rotation, I now am:				
1. more advanced in clinical knowledge due to clinical experience at the affiliate				
2. more interested in sonography as a profession				

Please add any additional comments on the back of this form:

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CLINICAL INSTRUCTOR EVALUATION

The student is requested to complete this form after they have finished a clinical rotation. These remain anonymous and then all evaluations are sent to the respective clinical sites at the completion of the students university experience.

The purpose of this questionnaire is to evaluate the clinical instructor. Please be objective when considering your responses to these questions. Please read each statement and rate your response using a 1 to 5 scale, with 5 = strongly agree, 4 = agree, 3 = no opinion, 2 = disagree, 1 = strongly disagree.

Clinical Instructor: _____ Clinical Site: _____

1. Helps me to apply classroom knowledge to the clinical situation.	1	2	3	4	5
2. Is willing to provide clinical supervision and guidance as required by the student handbook.	1	2	3	4	5
3. Discusses my performance with me, if necessary.	1	2	3	4	5
4. Corrects me in a constructive and professional manner when necessary.	1	2	3	4	5
5. Appears interested in me and my learning experience.	1	2	3	4	5
6. Is a professional role model for me.	1	2	3	4	5
7. Helps me develop my problem-solving skills.	1	2	3	4	5
8. Encourages me to perform at an appropriate level of confidence.	1	2	3	4	5
9. Evaluates me according to my clinical performance.	1	2	3	4	5
10. Available for assistance when needed.	1	2	3	4	5
11. Assists me in finding answers to my questions.	1	2	3	4	5

Comments: