



DIAGNOSTIC ULTRASOUND PROGRAM

STUDENT HANDBOOK 2019-2020



Commission on Accreditation
of Allied Health Education Programs

JRC-DMS

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BELLEVUE
COLLEGE

(September 2019)

Bellevue College
Program of Diagnostic Ultrasound Technology
General Policies & Procedures
Student Handbook

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Statement of Equal Opportunity:

Bellevue College does not discriminate on the basis of race, color, national origin, language, ethnicity, religion, veteran status, sex, sexual orientation, including gender identity or expression, disability, or age in its programs and activities. Please see policy 4150 at www.bellevuecollege.edu/policies/. The following people have been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, 425-564-2641, Office C227, and EEOC/504 Compliance Officer, 425-564-2178, Office R130.

Bellevue College

Program of Diagnostic Ultrasound Technology

General Policies & Procedures

This student handbook is designed to provide the student with a clear understanding of the operations, policies and procedures of the Diagnostic Ultrasound Technology (DUTEC) Program. Because this program is a health care career path, and prepares students for entry level employment as a Sonographer upon graduation, there are guidelines, standards, policies and procedures that specifically relate to professionalism, medical ethics, and clinical practices.

This, in addition to official Bellevue College policies and procedures identified in the BC Student Handbook and other web based information, is available to students throughout the program.

Bellevue College is committed to student success, and provides many resources and support systems for students through other programs and college services.

Additional information for students and faculty is available at www.bellevuecollege.edu. This student handbook has been reviewed and approved through standard processes at BC and is in effect as an adjunct to the standard BC policies and procedures. Students are expected to comply with the policies and procedures contained within this handbook throughout their educational experience.

Further information on the scope of practice, code of ethics and credentialing for Diagnostic Medical Sonographers can be found at www.ardms.org, www.arrrt.org, www.jrcdms.org, and www.sdms.org. These organizations provide program accreditation standards and guidelines, professional credentialing and continuing education for Sonographers.

PROGRAM GOALS

The DUTEC Program goals are: "To prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains" and/or • "To prepare competent entry-level adult cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains" and/or • "To prepare competent entry-level pediatric cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains" and/or • "To prepare competent entry-level vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

BELLEVUE COLLEGE
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DIAGNOSTIC ULTRASOUND TECHNOLOGY PROGRAM

Welcome to the Diagnostic Ultrasound Technology Program! We, the faculty and staff, congratulate you on your acceptance to the program. We look forward to sharing our knowledge and experience in the field of diagnostic medical sonography with you.

This handbook is designed to serve as a reference and resource for information relating to student activities during your progress through the program. It is required that you take the time to read it carefully. If you have any questions that are not answered in this book, please contact the DUTEC program chair, or Dean of the Health Science, Education and Wellness Institute for clarification or additional information.

The program requires 8 consecutive quarters as a full-time student to complete. The curriculum consists of classroom, laboratory, library research, and clinical practical experience. Laboratory sections will be held in our ultrasound lab in room T213. The clinical education may take place in two or more of the affiliate hospitals/clinics.

The DUTEC program differs from most programs offered at Bellevue College, in that some of our classes extend beyond the standard start and end dates of each academic quarter. When classes within a program extend outside the standard quarter, the program is referred to as a "non-standard term program". Financial Aid cannot disburse federal financial aid funds at the start of each quarter for these programs, per federal regulation. Instead, the college disburses these funds in half-yearly increments.

For the DUTEC program, disbursement of federal financial aid funds occur on this schedule:

- * Year 1 - one-half at the start of fall quarter, the second half at the start of spring quarter.
- * Year 2 - one-half at the start of summer quarter, the second half at the start of winter quarter

You must plan to save funds from disbursements to cover your tuition and other expenses during the quarters you do not receive federal funding. You may wish to use the tuition payment plan for those quarters you do not receive sufficient aid: <http://www.bellevuecollege.edu/enrollment/financial/ppplan/>. Another option is to consider taking out a private student loan, or apply for available scholarships. The Financial Aid website has additional information regarding these options. The phone number for Financial Aid is 425-564-2227, and be sure to mention that you're in a non-standard term program.

(BC academic calendar available at www.bellevuecollege.edu)

As a student in the Diagnostic Ultrasound Technology Program, you represent Bellevue College and the medical profession. The highest ethical and professional standards of conduct will be expected of you at all times. These standards and expectations are identified in this handbook, as well as individual courses in the program. Medical professionalism and direct patient care practices are taught in class, and during clinical practicum.

We, the faculty, wish you success as you begin your health career.

WE THE FACULTY OF THE BELLEVUE COLLEGE DIAGNOSTIC ULTRASOUND PROGRAM BELIEVE THAT:

Learning is a common endeavor of instructor and learner--a process of acquiring skill, knowledge, understanding and appreciation through active participation, problem-solving, and application of scientific principles to real and simulated situations. Learning is facilitated when there is comfortable interaction among the learners and between the instructor and the learner, allowing for experiences and ideas to be shared.

The learning environment should be one that respects individuality and is unrestricted by considerations of age, sex, race, creed, social or economic status, sexual orientation, or disability.
(see www.bellevuecollege.edu)

Learning is enhanced by commendation for work well done, encouragement after failure, kind assistance whenever the need is indicated, and a display of confidence in the learner's ability. The program is rigorous, and involves a strong commitment of time and focus on behalf of the student. Students are expected to strive continuously to improve their knowledge and skills by participating in educational and professional activities. The educational objective of the program is to provide information, guidance and experience, encouraging the development of a self-motivated individual to become a competent, responsible, educated sonographer.

Consistent with the early foundations of the Diagnostic Ultrasound Technology Program, the educational philosophy and practicing attitudes are evolved from and shared, especially with those of nursing and radiologic technology. We emphasize respect for all 2 other medical, diagnostic and therapeutic disciplines and applaud the complimentary nature of their mutually supporting functions.

Code of Ethics for the Profession of Diagnostic Medical Sonography

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

PREAMBLE

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

OBJECTIVES

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

PRINCIPLES

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

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

F. Promote patient safety during the provision of sonography procedures and while the patient is in the care of the diagnostic medical sonographer.

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

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

B. Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the National Commission for Certifying Agencies (NCCA); <http://www.ncca.org/ncca/ncca.htm> or the International Organization for Standardization (ISO); <http://www.iso.org/iso/en/ISOOnline.frontpage>.

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

D. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.

E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and recredentialing.

F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.

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

H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.

I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

A. Be truthful and promote appropriate communications with patients and colleagues.

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

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

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

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SCOPE OF PRACTICE REVISION PROCESS

In May 2013, representatives of sixteen organizations came together to begin the process of revising the existing Scope of Practice and Clinical Practice Standards. Thus began a process that engaged the participating organizations in an unrestricted dialogue about needed changes. The collaborative process and exchange of ideas has led to this document, which is reflective of the current community standard of care. The current participants recommend a similar collaborative process for future revisions that may be required as changes in ultrasound technologies and healthcare occur.

PARTICIPATING ORGANIZATIONS

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

- American College of Radiology (ACR) *
- American Congress of Obstetricians and Gynecologists (ACOG) *
- American Institute of Ultrasound in Medicine (AIUM) *
- American Registry for Diagnostic Medical Sonography (ARDMS) *
- American Registry of Radiologic Technologists (ARRT) *
- American Society of Echocardiography (ASE) †
- American Society of Radiologic Technologists (ASRT) *
- Cardiovascular Credentialing International (CCI) †
- Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) †
- Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) *
- Society of Diagnostic Medical Sonography (SDMS) †
- Society of Radiologists in Ultrasound (SRU) *
- Society for Maternal-Fetal Medicine (SMFM) †
- Society for Vascular Surgery (SVS) †
- Society for Vascular Ultrasound (SVU) †
- Sonography Canada (formerly the Canadian Society of Diagnostic Medical Sonography) *

OTHER SUPPORTING/ENDORISING ORGANIZATIONS

Other organizations that have formally endorsed the document are identified with the “†” symbol. Other supporting organizations are identified with the “*” symbol.

- American College of Phlebology *

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

LIMITATION AND SCOPE

Federal and state laws, accreditation standards, and lawful facility policies and procedures supersede these standards. A diagnostic medical sonographer, within the boundaries of all applicable legal requirements and restrictions, exercises individual thought, judgment, and discretion in the performance of an examination taking into account the facts of the individual case.

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

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SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER

The purpose of this document is to define the scope of practice and clinical standards for diagnostic medical sonographers and describe their role as members of the healthcare team. Above all else, diagnostic medical sonographers act in the best interest of the patient.

DEFINITION OF THE PROFESSION

Diagnostic medical sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, obstetrics/gynecology sonography, pediatric sonography, phlebology sonography, vascular technology/sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer:

- Functions as a delegated agent of the physician; and
- Does not practice independently.

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence. Diagnostic medical sonographers use independent, professional, ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

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

DIAGNOSTIC MEDICAL SONOGRAPHER CERTIFICATION/CREDENTIALING

A diagnostic medical sonographer must be competent in any sonographic procedure they perform. Certification by a sonography credentialing organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute - International Organization for Standardization (ANSI – ISO) represents “standard of practice” in diagnostic sonography.

Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers in different areas of sonography specialization are markedly different. If performing procedures in any of the following primary areas of sonography specialization, a diagnostic medical sonographer must demonstrate competence in the specialty area(s) through appropriate education, training, and certification:

1. Abdominal Sonography
2. Obstetrical/Gynecological Sonography
3. Cardiac Sonography
4. Vascular Technology/Sonography

If the diagnostic medical sonographer specializes or regularly performs procedures in secondary area(s) of specialization (e.g., breast sonography, fetal cardiac sonography, musculoskeletal sonography, pediatric sonography, phlebology sonography, etc.), the diagnostic medical sonographer should demonstrate competence through certification in the area(s) of practice by a nationally recognized sonography credentialing organization. Employers and accrediting organizations should require maintenance of diagnostic medical sonographer certification in all areas of practice.

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

1. Students enrolled in an accredited educational program who are providing clinical services to patients under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider;
2. Sonographers who are cross-training in a new sonography specialty area under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider; and
3. Sonographers who are providing emergency assessment in an urgent care environment where an appropriately certified sonographer is not available in a timely manner.

DIAGNOSTIC MEDICAL SONOGRAPHY CLINICAL STANDARDS

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

SECTION 1

STANDARD – PATIENT INFORMATION ASSESSMENT AND EVALUATION:

- 1.1** Information regarding the patient's past and present health status is essential in providing appropriate diagnostic information. Therefore, pertinent data related to the diagnostic sonographic procedure should be collected and evaluated to determine its relevance to the examination. The diagnostic medical sonographer:
 - 1.1.1** Verifies patient identification and that the requested examination correlates with the patient's clinical history and presentation. In the event that the requested examination does not correlate, either the supervising physician or the referring physician will be notified.
 - 1.1.2** In compliance with privacy and confidentiality standards, interviews the patient or their representative, and/or reviews the medical record to gather relevant information regarding the patient's medical history and current presenting indications for the study.
 - 1.1.3** Evaluates any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination and associated procedures.

STANDARD – PATIENT EDUCATION AND COMMUNICATION:

- 1.2** Effective communication and education are necessary to establish a positive relationship with the patient or the patient's representative, and to elicit patient cooperation and understanding of expectations. The diagnostic medical sonographer:
 - 1.2.1** Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner that can be easily understood by the patient and other healthcare providers.
 - 1.2.2** Explains the examination and associated procedures to the patient and responds to patient questions and concerns.
 - 1.2.3** Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare professional.

STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION:

- 1.3** The most appropriate protocol seeks to optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the diagnostic objective of the examination. The diagnostic medical sonographer:
 - 1.3.1** Integrates medical history, previous studies, and current symptoms in determining the appropriate diagnostic protocol and tailoring the examination to the needs of the patient.
 - 1.3.2** Performs the examination under appropriate supervision, as defined by the procedure.
 - 1.3.3** Uses professional judgment to adapt the protocol and consults appropriate medical personnel, when necessary, to optimize examination results.
 - 1.3.4** Confers with the supervising physician, when appropriate, to determine if intravenous contrast is necessary to enhance image quality and obtain additional diagnostic information.
 - 1.3.5** With appropriate education and training, uses proper technique for intravenous line insertion and administers intravenous contrast according to facility protocol.

STANDARD – IMPLEMENTATION OF THE PROTOCOL:

- 1.4** Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. The diagnostic medical sonographer:
 - 1.4.1** Implements a protocol that falls within established procedures.
 - 1.4.2** Elicits the cooperation of the patient to carry out the protocol.
 - 1.4.3** Adapts the protocol according to the patient's disease process or condition.
 - 1.4.4** Adapts the protocol, as required, according to the physical circumstances under which the examination must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room, etc.).
 - 1.4.5** Monitors the patient's physical and mental status.
 - 1.4.6** Adapts the protocol according to changes in the patient's clinical status during the examination.
 - 1.4.7** Administers first aid or provides life support in emergency situations.

- 1.4.8 Performs basic patient care tasks, as needed.
- 1.4.9 Recognizes sonographic characteristics of normal and abnormal tissues, structures, and blood flow; adapts protocol as appropriate to further assess findings; adjusts scanning technique to optimize image quality and diagnostic information.
- 1.4.10 Analyzes sonographic findings throughout the course of the examination so that a comprehensive examination is completed and sufficient data is provided to the supervising physician to direct patient management and render a final interpretation.
- 1.4.11 Performs measurements and calculations according to facility protocol.

STANDARD – EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:

- 1.5** Careful evaluation of examination results in the context of the protocol is important to determine whether the goals have been met. The diagnostic medical sonographer:
 - 1.5.1 Establishes that the examination, as performed, complies with applicable protocols and guidelines.
 - 1.5.2 Identifies and documents any limitations to the examination.
 - 1.5.3 Initiates additional scanning techniques or procedures (e.g., administering contrast agents) when indicated.
 - 1.5.4 Notifies supervising physician when immediate medical attention is necessary, based on examination findings and patient condition.

STANDARD – DOCUMENTATION:

- 1.6** Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. The diagnostic medical sonographer:
 - 1.6.1 Provides timely, accurate, concise, and complete documentation.
 - 1.6.2 Provides an oral or written summary of findings to the supervising physician.

SECTION 2

STANDARD – IMPLEMENT QUALITY IMPROVEMENT PROGRAMS:

- 2.1** Participation in quality improvement programs is imperative. The diagnostic medical sonographer:
 - 2.1.1 Maintains a safe environment for patients and staff.

- 2.1.2 Performs quality improvement procedures to determine that equipment operates at optimal levels and to promote patient safety.
- 2.1.3 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.
- 2.1.4 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence based literature, or accepted guidelines.

STANDARD - QUALITY OF CARE:

- 2.2 All patients expect and deserve optimal care. The diagnostic medical sonographer:
 - 2.2.1 Works in partnership with other healthcare professionals.
 - 2.2.2 Reports adverse events.

SECTION 3

STANDARD – SELF-ASSESSMENT:

- 3.1 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge, and skills.
 - 3.1.1 Recognizes strengths and uses them to benefit patients, coworkers, and the profession.
 - 3.1.2 Recognizes weaknesses and limitations and performs procedures only after receiving appropriate education and supervised clinical experience in any deficient areas.

STANDARD – EDUCATION:

- 3.2 Advancements in medical science and technology occur very rapidly, requiring an on-going commitment to professional education. The diagnostic medical sonographer:
 - 3.2.1 Obtains and maintains appropriate professional certification/credential in areas of clinical practice.
 - 3.2.2 Recognizes and takes advantage of opportunities for educational and professional growth.

STANDARD – COLLABORATION:

- 3.3 Quality patient care is provided when all members of the healthcare team communicate and collaborate efficiently. The diagnostic medical sonographer:
 - 3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team.

- 3.3.2 Communicates effectively with members of the healthcare team regarding the welfare of the patient.
- 3.3.3 Shares knowledge and expertise with colleagues, patients, students, and members of the healthcare team.

SECTION 4

STANDARD – ETHICS:

- 4.1 All decisions made and actions taken on behalf of the patient adhere to ethical standards. The diagnostic medical sonographer:
 - 4.1.1 Adheres to accepted professional ethical standards.
 - 4.1.2 Is accountable for professional judgments and decisions.
 - 4.1.3 Provides patient care with equal respect for all.
 - 4.1.4 Respects and promotes patient rights, provides patient care with respect for patient dignity and needs, and acts as a patient advocate.
 - 4.1.5 Does not perform sonographic procedures without a medical indication, except in educational activities.
 - 4.1.6 Adheres to this scope of practice and other related professional documents.

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APPENDIX A. GLOSSARY

For purposes of this document, the following definition of terms applies:

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

Certification: Designates that an individual has demonstrated through successful completion of a specialty certification examination the requisite knowledge, skills, and competencies and met other requirements established by a sonography credentialing organization. Certification also is intended to measure or enhance continued competence through recertification or renewal requirements.

Credential: Means the recognition awarded to an individual who has met the initial (and continuing) knowledge, skills, and competencies requirements of a sonography credentialing organization.

Education: The process undertaken to gain knowledge of facts, principles, and concepts. Education encourages problem solving, critical thinking, and application of the facts, principles, and concepts learned.

Examination: One or more sonographic or related procedures performed to obtain diagnostic information that aids in the verification of health or identification of disease or abnormality.

Interpreting Physician: The physician (e.g., radiologist, cardiologist, gynecologist, obstetrician, vascular surgeon, etc.) who evaluates the results of the diagnostic examination and provides the final report of the findings that is included in the patient's medical record.

Procedure: A specific action or course of action to obtain specific diagnostic information; often associated with a reimbursement procedure code.

Protocol: A written, standardized series of steps that are used to acquire data when performing a diagnostic sonographic examination and its associated procedures.

Referring Physician: A physician who orders a diagnostic examination or refers the patient to a specialized facility for a diagnostic examination. In some clinical environments, the referring and supervising physician may be the same person.

Sonography Credentialing Organization: An organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute - International Organization for Standardization (ANSI – ISO) that awards sonography credentials upon successful completion of competency-based certification examination(s). Also known as a sonography “registry.”

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

Training: The successful completion of didactic and clinical education necessary to properly perform a procedure in accordance with accepted practice standards. While closely related to education, training is undertaken to gain a specific skill.

American Registry of Diagnostic Medical Sonographers Credentialing

www.ardms.com

Upon successful completion of the Associate Degree Program in Diagnostic Ultrasound, students will meet the criteria for Prerequisite #2 identified by the American Registry of Diagnostic Medical Sonographers examination. Each application is assessed individually for eligibility by ARDMS. This prerequisite category is one of several offered by the ARDMS, and students successfully completing the DUTEC program will be considered for authorization to take specific specialty exams based upon their clinical experience in the program.

The Joint Review Committee on Diagnostic Medical Sonography (www.jrcdms.org) has released new Standards and Guidelines taking effect September of 2007 that require programs to report ARDMS exam results to maintain accreditation status. In addition to recent changes in the JRCdms accreditation assessments of medical sonography programs, there may be ARDMS or ARRT sonography credentialing requirements set forth by employers upon graduation.

Although Bellevue College cannot require graduates to take the specialty credentialing exams, we are committed to preparing students to pass those exams, and perform at an entry level Sonographer level. Our accreditation status will be assessed annually with graduate credentialing results, and we will advise graduates to take the ARDMS exams within 60 days prior to completing the program, when they are best prepared, and eager to enter the workforce.

Examinations incur costs, (available at www.ardms.org) which are the responsibility of the student. Students are reminded that ability to hold a position as a sonographer may be dependent upon successful completion of credentialing examinations. The ARDMS credentials are recognized internationally, and sonographers must maintain continuing education credits to sustain active status.

Overview of the Diagnostic Ultrasound Program

Diagnostic Ultrasound Technology is a full-time, two year (8 quarter) professional health sciences program. The purpose of the program is to provide didactic education and practical experience as preparation for ARDMS credentialing and employment as an entry level sonographer in a medical imaging facility.

The program is divided into two components: four quarters of full-time classroom study and four quarters of full-time clinical education. Graduates of the program are awarded an Associate Degree in Diagnostic Ultrasound Technology.

The didactic portion of the program covers general sonography, echocardiography with an introduction to pediatric sonography and vascular technology. Students will declare their interest in a specialty (cardiac, abdomen, OB/GYN and/or vascular) upon admission to the program. These choices will determine the academic and clinical phase of the program for each student. The program cannot guarantee that you get your choice of clinical sites, since this is controlled by clinical availability, which is not entirely determined by the program.

Each student must successfully complete all classes (with a "C" or better) in the didactic program before entering the clinical education component.

During the two years of your educational experience, you will also undergo a professional behavior evaluation. This document will be filled out by your faculty including your clinical instructors. You must adhere to professional standards while a student and as a successful sonographer upon graduation. The rubric will be in each course syllabus of your DUTEC program.

DIAGNOSTIC ULTRASOUND PROGRAM COURSE REQUIREMENTS			
First Year			
Fall Quarter DUTEC 100 Introduction to Sonography 3 credits DUTEC 105 Pathophysiology I 3 credits DUTEC 107 Human Cross-Section Anatomy 7 credits DUTEC 125 Congenital Heart Disease 3 credits DUTEC 130 Small Parts/ Intraoperative Tech 3 credits DUTEC 170 Ultrasound Physics & Instrumentation I 3 credits	Winter Quarter DUTEC 110 Ultrasound I – Abdominal Scanning & Techniques (General only) 5 credits DUTEC 106 Pathophysiology II 3 credits DUTEC 150 Basic Echocardiography (Echo) 4 credits DUTEC 171 Ultrasound Physics & Instrumentation II 3 credits SPECIALTY LAB COURSE	Spring Quarter DUTEC 112 Pathophysiology III 3 credits DUTEC 120 OB/GYN Tech (General) 5 credits DUTEC 155 Echocardiography (Echo) 5 credits DUTEC 160 Peripheral Vascular Tech 3 credits DUTEC 200 EKG (Echo) 4 credits SPECIALTY LAB COURSE	Summer Quarter DUTEC 102 Practical Aspects of Sonography 3 credits DUTEC 113 Pathophysiology IV 3 credits DUTEC 180 Adv. Studies (Obstetrics) 3 credits DUTEC 181 Adv. Studies (Echo) 3 credits DUTEC 182 Adv. Studies (Vascular) 3 credits DUTEC 190 Pediatric Echocardiography 3 credits SPECIALTY LAB COURSE
Second Year			
Fall Quarter DUTEC 210 Clinical Practicum I 13 credits	Winter Quarter DUTEC 220 Clinical Practicum II 13 credits	Spring Quarter DUTEC 230 Clinical Practicum III 13 credits	Summer Quarter DUTEC 240 Clinical Practicum IV 13 credits

Bellevue College
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SUBJECT: **Accidents**

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Any accident occurring during scheduled clinical program time must be reported to the clinical supervisor. All incidents will ultimately be reported to the clinical coordinator and program chair.

Procedure:

1. Following any incident where a student is involved, (on campus, or in the clinical site) two incident report forms must be filled out by the student and clinical supervisor involved. A BC form as well as a site form needs to be completed. Copies of both incident forms are to be forwarded to the clinical coordinator and program chair.
2. Students who have been exposed to any hazardous substances, including blood or bodily fluids, (on campus in DUTEC courses, or off campus during regularly scheduled clinical practicum will report this immediately following the clinical site procedure, as well as file incident reports with the DUTEC program.

SUBJECT: **ARDMS Examinations**

EFFECTIVE DATE: August 2015

POLICY: DUTEC

Policy:

Registry fees are the student's responsibility; however, it is a program expectation that students will take the examinations in the specialties for which they qualify.

Procedure:

1. Upon successful completion of DUTEC 170 and DUTEC 171, students will be eligible to take the ARDMS SPI examination. Sonography students must successfully complete this exam prior to beginning clinical internship.
2. Within ninety days before successful completion of the DUTEC program, the program chair will submit documentation to the ARDMS for eligibility to take the specialty examinations. If the student would like eligibility to take other professional examinations (ex. ARRT) they can receive paperwork by requesting it from the program chair.
3. Graduate letters of completion electronically submitted by the Program Chair for the ARDMS are valid for one year only at the time of program completion. Should the student fail to apply for, or take ARDMS exams within a year of graduating, they may be subject to further qualification criteria, identified by the ARDMS.
4. No requests for a letter of extension for graduates to the ARDMS will be granted by BC.
5. Students will be counseled by the program director and faculty regarding studying for and successfully passing credentialing examinations.
6. The ARDMS may change their requirements annually. It is the student's responsibility to inquire about the requirements that are in effect. The ARDMS now has all examinations available on the computer. Students are not eligible to apply to take the specialty examinations until 60 days prior to graduation. Information and applications can be obtained from www.ardms.org or, ARDMS, 600 Jefferson Plaza, Suite 360, Rockville, MD 20852-1150, 1-800-541-9754 or (301) 738-8401.
7. A letter of authorization to the ARDMS on behalf of the student will be signed and submitted by the program chair 60 days prior to graduation. The credential will not be released to the student until successful completion of all program requirements for graduation.

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SUBJECT: **Attendance**

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Students accepted into the Diagnostic Ultrasound Program are expected to attend all course lectures, case study days, clinical internship days, and any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum. Any student unable to attend during the 1st or 2nd year of the program due to illness or an emergency must follow the procedure outlined below. Students will be responsible for obtaining any information presented and/or handed out during their absence. Instructors may include attendance as a part of course grades and performance. Individual course attendance policies will be described in the syllabus.

Procedure:

In the event of sickness or an emergency that prevents attendance at a course lecture, a case study day, a clinical internship day, or any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum, the student is required to do the following:

1. If a course lecture is to be missed, the student must contact the course instructor (by phone or email) before class and notify them of their absence.
2. If a case study day or clinical internship day is to be missed, the student must contact their BC Clinical Site Visitor / Clinical Coordinator, AND Clinical Instructor on site. Absences in DUTEC Clinical Practicum courses (210, 220, 234 & 240) will be recorded on the Clinical Attendance Record as required in the syllabus.
3. Falsifying clinical attendance, hours or absences is grounds for immediate dismissal from the program.
4. If a clinical internship day is to be missed, the student must contact BOTH the clinical instructor on site and the Clinical Site Visitor/Clinical Coordinator by phone. The Clinical Coordinator must receive an email documenting the absence at least 2 hours before the scheduled clinical shift begins at the assigned clinical site.

SUBJECT: Clinical Consortium Days

EFFECTIVE DATE: July 2015

POLICY: DUTEC

Policy:

The program requires students to attend and participate in Clinical Consortium Day(s) as part of their didactic and clinical practicum and involvement in clinical ultrasound. CCD requirements are included in all lab courses, DUTEC 107, DUTEC 210, 220, 230 and 240 syllabi, and are included in the grade. CCD days may constitute 5-10% of the student's grade and require full attendance.

Procedure:

1. Second year students in their clinical internship are assigned a first year mentee at the Clinical Orientation.
2. First and Second year students work as a team (mentor and mentee) to present examples of clinical cases, exams, and clinical experiences to share at Clinical Consortium Day.
3. A Case Study outline is included in the course syllabus for Clinical Practicum to serve as a guide and basis for evaluation of the presentation.
4. All students are expected to conduct themselves professionally. There is to be no gum chewing, eating, or drinking during presentations.
5. Dress code is business casual. Students may be asked to leave CCD if dressed inappropriately, and their grade may be adversely affected as a result. (detailed CCD procedures included in syllabi for DUTEC 107, specialty lab courses, 210, 220, 230 and 240)
6. Students are expected to be on time to all lab courses and to remain the full length of the presentations and class meetings.
7. Students will not use Clinical Consortium Day(s) for personal use such as doctor's appointments, job interviews or employment.
8. If a student is ill, and cannot attend a CCD, the attendance policy and procedure of notification will be followed.

9. Students accepted into the Diagnostic Ultrasound Program are expected to attend all course lectures, case study days, clinical internship days and any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum. Any student unable to attend during the 2nd year of the program due to illness or an emergency must follow the procedure as outlined in the “Attendance” policy in this document.
10. Clinical Consortium Days are scheduled in advance (see syllabi for each year) and students will be notified 24 hours in advance via email, of any schedule changes or emergency cancellations.

Professional Behavior Rubric (PBR) DUTEC Program of Bellevue College

These indicators of professional behavior are intended as a means to assess student aptitude and fitness
for the profession of a Diagnostic Medical Sonographer.

Student's Name: _____ Course Number: _____

Evaluator Name: _____ Date: _____

Performance Managements	Needs Improvement (circle one)	Meets Expectations (circle one)	Comments/Examples
1. Gives adequate notice and explanation for absenteeism	Yes/No	Yes/No	
2. Demonstrates respect for the time of others	Yes/No	Yes/No	
3. Demonstrates time management skills	Yes/No	Yes/No	
Professional Interactions and Responsibility			
4. Demonstrates behaviors respectful to clients, colleagues, guests, instructors and preceptors	Yes/No	Yes/No	
5. Shows ability to balance own needs with the needs of clients, colleagues, guests, instructors and preceptors	Yes/No	Yes/No	
6. Contributes effectively as a team players	Yes/No	Yes/No	
7. Self-monitors appearance suited to classroom and or field work environment	Yes/No	Yes/No	
8. Shows respect for the dignity of others	Yes/No	Yes/No	
9. Prepared to interact and contributes in the classroom and/or fieldwork setting	Yes/No	Yes/No	
Communication			
10. Uses language and communication styles appropriate to the audience , including clients, colleagues, guests, instructors and preceptors	Yes/No	Yes/No	
11. Follows appropriate lines of communication	Yes/No	Yes/No	
12. Gives and receives feedback effectively	Yes/No	Yes/No	

Professional Behavior Rubric (PBR)

DUTEC Program of Bellevue College

Indicator Examples (please note: list is not exhaustive)

Performance Management

Gives adequate notice and explanation for absenteeism

- Provides notification ahead of time and in accordance with established school of Bellevue College policies

Demonstrates respect for the time of others

- Effectively manages time in meetings or consultations which shows courtesy towards the needs of others' time constraints

Time management skills

- Attends scheduled meetings, shows up for classes, placements, group meetings, etc. on time, plan and completes assignments/exams/appointments as scheduled.

Professional Interactions and Responsibility

Demonstrates behaviors respectful to clients, colleagues, guest and instructors

- Display behaviors that are not disruptive to others within the learning or work environment
- Enters a room in a non-disruptive manner, attends class/meetings, actively listens during lectures presentations or discussion, attends only to specific course work of the class they are attending, etc.

Shows ability to balance own needs with the needs of clients colleagues, staff, faculty, school guests

- Balances personal needs/wants with the consideration of others needs/wants or commitments
- Manages personal demands around Bellevue College established dates (e.g. refer to course outlines prior to booking trips), considers the needs of others (e.g. childcare) when establishing group meeting times

Contributes effectively as team player

- Works collaboratively within a group structure regardless of setting

Self-monitors appearance suited to classroom and work environments

- Adheres to the scent free policy, wears clothing appropriate to the learning or work environment (clothing should avoid sexualizing the learning/work environment)

Shows respect for the dignity of others in classes, in the school, in work environments and assignments

- SDMS Code of Ethics

<https://www.sdms.org/about/codeofethics.asp>

- Avoids language or behaviors that might reasonably be experienced as derogatory on the basis of race, class, gender, disability, sexual orientation and/or creates a hostile learning/work environment

Communication

Uses language and communication styles appropriate to the audience,

- Uses language to meet the expectations for the interaction with colleagues, staff, faculty, preceptors, clients, family members, guests, etc.

Follows appropriate lines of communication

- Resolves conflict with others (student, colleague, professor, staff etc.) by addressing the issue directly with the person first, rather than gossiping or complaining
- Communication is non-threatening, professional, and geared toward a positive outcome
- Maintains confidentiality

Giver and receives feedback effectively

- Uses strategies for giving and receiving feedback appropriate to the setting and ability of others

Professional Behavior Rubric (PBR) DUTEC Program of Bellevue College

Do you have any concerns regarding the professionalism of this student? (Circle one)
Yes/ No

Comments: (date and details of a challenge, or, areas of excellence)

Directions for future learning: (please record specific outcome requirements for success)

Evaluator's signature: _____ Date reviewed: _____

Student's signature _____ Date: _____ I have read the report: Yes/ No

Student Comments:

Program Chair Signature: _____ Date: _____
Program Chair Comments

SUBJECT:

Clinical Performance Evaluations

EFFECTIVE DATE: Nov 2015

POLICY: DUTEC

Policy:

The DUTEC program is a clinical competency based program. A combination of clinical performance evaluations, assignments, and attendance will be used to determine student progress in Clinical Practicum. Each specialty requires completion of specific exams to qualify for the ARDMS exams, and maintain JRCDS clinical education standards for accreditation.

Each quarter the Clinical Evaluations to be obtained, expected level of performance, and learning objectives will be identified in the course syllabi (DUTEC 210, 220, 230 and 240).

Clinical Evaluations will include Personal and Professional performance, clinical scanning skills, patient care and development of clinical independence and judgment. Additional course requirements are identified in the syllabi for clinical practicum.

Procedure:

1. A clinical practicum grade will be determined through clinical evaluations by the BC Clinical Site Visitor/Clinical Coordinator, and the Clinical Instructor for each site.
2. A grade of "C" (78%) or better is required to pass any/all DUTEC clinical practicum course.
3. It is the student's responsibility to ensure that all clinical evaluations and other supporting documents are submitted to the Clinical Coordinator according to the course syllabi requirements and timetable.
4. Students will keep all original copies of clinical evaluation records on site, at all times.
5. All clinical practicum documentation will be submitted via email (electronic files only) to the CANVAS website of each course, as specified in the course syllabi. No hand written, hard copies will be accepted as official documentation.
6. Students will maintain all records and keep originals for their files.
7. BC will maintain electronic copies of all student clinical files for JRCDS accreditation review.

Policies and Procedure Manual

SUBJECT: Confidentiality

EFFECTIVE DATE: August 1995

POLICY: DUTEC

Policy:

Material contained in the student record will not be released to outside parties without the student's written consent for release in accordance with the Federal Privacy Act and the Family Education Rights and Privacy Act (FERPA) of 1974. Details regarding these acts can be found in the BC Course Catalog.

Information from patient records is highly confidential and is not allowed to be discussed or passed on in any form for any purpose other than education. HIPPA, the Health Insurance Portability and Accountability Act, sets the standard for protecting sensitive patient data. Any company that deals with protected health information (PHI) must ensure that all the required physical, network, and process security measures are in place and followed.

This includes covered entities (CE), anyone who provides treatment, payment and operations in healthcare, and business associates (BA), anyone with access to patient information and provides support in treatment, payment or operations. Subcontractors, or business associates of business associates, must also be in compliance.

Procedure:

1. Student academic and performance records are kept in a locked file in the DUTEC offices. Students may review their records with program officials at any time.
2. Challenges to the student's record may be made only as to accuracy and not judgment, e.g. the accuracy of recording a grade but not the grade itself.
3. Program officials will provide only verification of attendance in the program to outside parties unless authorized by the student to do otherwise.
4. Any disclosure of confidential information regarding a patient, **including release of pathology or diagnosis to a patient**, could result in dismissal from the program.

Bellevue College
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SUBJECT: **Counseling**

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

The program director or clinical coordinator refers any student in need of advising or counseling to the BC Student Counseling Service or Dean of Student Services.

Procedure:

1. Students who are on probation for ANY reason are strongly recommended to go to at least one and maybe more counseling sessions with the designated counselor for the DUTEC program until they are released from probation.
2. The program director or clinical coordinator can require the student to attend counseling as part of the condition of probation. However, all counseling sessions are confidential.
3. Students may voluntarily seek counseling.
4. Students may voluntarily seek off campus counseling, but may also be required to attend on campus counseling if this is part of the probation.
5. Students seeking advice regarding their health will be referred to their personal physician.

SUBJECT: Dress Code-Clinical

EFFECTIVE DATE: March 2012

POLICY: DUTEC Program Classroom
and Clinical Practicum

Policy:

Students accepted into the program are required, as a minimum, to follow the dress code for the clinical site. Below are BC DUTEC program professional attire criteria that must be adhered to in addition to clinical site guidelines. As a health care professional, you are expected to dress for your safety, the patients' safety and to present a confident appearance.

You represent the DUTEC program and BC both on and off campus, we ask that you adhere to our standards of professional appearance.

Students may wear any appropriate clothes during didactic courses. Clinical interns are expected to serve as role models during Clinical Case Study Days.

The purpose of the dress code is to be professional in appearance at all times. ("Professional appearance" is at the discretion of the program chair.)

These are additional BC dress code requirements that may be enforced through dismissing the student from a clinical site for the remainder of the scheduled day, a reduction in their clinical grade through the personal and professional attributes evaluation and / or may be asked to leave a Clinical Consortium Day with consequential lab / clinical grade reduction.

These criteria are identified as clinical safety and professionalism traits and are part of the performance evaluations in clinical practicum. A student's grade in didactic courses may also be adversely affected if they disregard the dress code as provided the program chair and/or instructors.

Prohibited for Clinical Sites and CCD Days:

1. Denim or fleece.
2. Loud stripes, prints, floral or neon colors.
3. Colored or patterned hose.
4. Sandals or open-toed shoes or athletic footwear with contrasting colors, brand names, large logos or stripes.

5. No low fitting tank tops, T-shirts, sparkly, jeweled or sheer tops or pants, jeans, jean-styled slacks, denim, corduroy or fleece.
6. Excessively high heels, platform shoes or boots are not permitted.
7. Short skirts (more than 3" above the knee), shorts, stirrup pants, spandex.
8. No pedal pusher, Capri-style pants allowed.
9. Students may not wear more than one earring in each ear, jewelry in any face, neck, upper or lower extremity, or exposed belly button.
10. Only post earrings may be worn in one pierced ear hole.
11. Heavy makeup, cologne, perfume, after shave, nail polish, artificial nails are prohibited.
12. Students with long hair styles (long enough to put in a pony tail) must wear it up or tied back, and hair must not interfere with patient contact.
13. Nails must be short.
14. Students must be clean shaven. Facial hair, such as a mustache, or beard must be neat and well trimmed. You may be asked to shave off a mustache or beard at the request of your clinical instructor or BC faculty. This request would be to improve your professional demeanor and appearance in clinical practicum.
15. Men's hair must be short, groomed and pulled back.
16. Students wearing business attire (as opposed to a uniform) must wear appropriate street clothes under a lab coat. Pants must be of a dress style (no jeans, corduroy, low fitting waistlines, denim or western styled pants). Cowboy boots, flip flops, open toed shoes and multicolored athletic footwear are not acceptable.
17. Other clinically or professionally inappropriate wardrobe or personal hygiene issues may be identified by the clinical instructor, or BC faculty and enforced with this dress code list as needed to ensure the professional and safety standards of the DUTEC program.

Procedure:

1. The program director, clinical coordinator or instructor are responsible for informing students if they are out of compliance with the safety and professional standards of the dress code.
2. Students who are not in compliance will be informed privately and given specific requirements to become compliant.
3. Students will be given **one** warning and may be asked to leave the clinical site, or Clinical Consortium Day.
4. Students may be sent home and asked to return immediately or the next day more appropriately dressed.
5. Students that receive more than one warning may be placed on academic probation for failing in this area of medical professionalism.

Bellevue College
Diagnostic Ultrasound Technology Program
Policies and Procedure Manual

SUBJECT: **Grading**

EFFECTIVE DATE: March 2012

POLICY: BC & DUTEC

Policy:

Bellevue College uses a standard 4-point grading scale. (identified in the official BC Catalog, available at www.bellevuecollege.edu) Official Grades are posted on student transcripts in Enrollment Services.

All courses must be taken for a letter grade.

The official grading scale for the DUTEC program follows.

According to BC policy for the DUTEC program, a (78%) / "C" or better is required to pass any class (clinical or didactic)

Procedure:

1. Students are provided with opportunities to accumulate their grade through quizzes, assignments, midterm, and final examinations in each didactic course.
2. Students accumulate their grade in clinical practicum through required clinical performance evaluations, Personal and Professional Evaluations, Clinical Site Visit Evaluations, Case Study and Presentation, Attendance, professionalism and other assignments identified in the syllabus.
3. Students are provided regular feedback on progress in each clinical and didactic course, and will be given a midterm and final grade by the clinical instructor.
4. A grade point of less than 2.0 (78%) a "C" in any course is considered a failing grade.
5. The cumulative grade point average must also be 2.5 or higher each didactic quarter.
6. A first year student receiving a cumulative GPA of less than 2.5 in a quarter will automatically be placed on academic probation.
7. A student receiving a cumulative GPA of less than 2.0 will be automatically dismissed from the program for poor academic performance.
8. A student receiving an "F" at any time, in the DUTEC program will be dismissed for poor academic performance.
9. Academic probation plans and terms will be determined on an individual basis, and presented in writing to the student.
10. Students may appeal a DUTEC grade through the BC Academic Grievance Process, identified in the BC Student Handbook

(<http://bellevuecollege.edu/stupro/handbook/default.html>) and catalog (www.bellevuecollege.edu).

11. A midterm grade will be given each quarter of DUTEC 210, 220, 230 & 240 Clinical Practicum. Any student who receives a grade of “C” or below will be placed on academic probation for the remainder of the quarter.
12. Based upon areas of deficiency identified at midterm a Clinical Plan for improvement will be developed by the BC Clinical faculty in collaboration with the Clinical Site Instructor. Office of Instruction in (BC Student Handbook).

OFFICIAL DUTEC Grading Scale

A letter grade will be awarded for all DUTEC courses. Didactic and Clinical Practicum. A 78% or higher is required to pass. “C” or better is a passing grade and is required to maintain a student’s academic standing in the program. (See Policy “Grades”)
Grades are calculated by the following:

96%-100%	A	4.0
93%-95%	A-	3.7
90%-92%	B+	3.3
87%-89%	B	3.0
84%-86%	B-	2.7
81%-83%	C+	2.3
78%-80%	C	2.0
0% - 77%	F	0.0

Bellevue College
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SUBJECT: **Graduation**

EFFECTIVE DATE: March 2012

POLICY: BC & DUTEC

Policy:

Bellevue College conducts commencement exercises at the end of each Spring quarter. Students are encouraged to participate in these exercises. Because of the distance of travel required by many of the clinical sites, we do not require participation in this event. Those students who choose to participate in the commencement ceremony must apply for graduation <http://bellevuecollege.edu/enrollment/graduation/apply/>. DUTEC students are classified as SUMMER graduates, and apply for graduation through the office of Instruction. This is usually in March.

Summer graduation application deadlines are posted on the academic calendar at www.bellevuecollege.edu.

It is the student's responsibility to apply for graduation at the end of winter qtr.

The program assists the graduating class in conducting a pinning ceremony at the conclusion of the program. This is not mandatory.

Procedure:

1. Each student is strongly **encouraged** to attend the College commencement exercises.
2. Graduation application procedure and deadlines are posted at www.bellevuecollege.edu.
3. The program chair supervises and approves the content of the pinning ceremony.
4. The pinning ceremony will be held at Bellevue College at the end of summer quarter as arranged by the Program Chair.
5. Students must have completed all program and college obligations in order to graduate, and participation in the pinning ceremony is at the discretion of the program chair.

In addition to successful completion of all required didactic courses, all clinical practicum documentation, attendance records and Exam Log summaries must be on file in the DUTEC office, along with an updated resume', and updated contact information before graduation will be approved.

Bellevue College
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SUBJECT: **Grievance**

EFFECTIVE DATE: August 1995

POLICY: BC

Policy:

Students who are dissatisfied with the actions taken by the BC faculty may follow the BC Grievance Policy (academic and disciplinary) available through Student Services and at www.bellevuecollege.edu.

Academic Grievances are handled through the Office of Instruction. Disciplinary action and grievance is handled through the Dean of Student Services.

Procedure for filing a grievance is identified in the BC Student Handbook (<http://bellevuecollege.edu/stupro/handbook/default.html>).

SUBJECT: Inclement Weather Policy

EFFECTIVE DATE: January 5, 2009

POLICY: DUTEC

Policy:

In the event of inclement weather Bellevue College DUTEC clinical interns will abide by the same recommendations reported for local school districts encompassing their route to and location of their clinical site.

Procedure:

1. If the public broadcast system closes or delays the start of local school districts in the area the intern is practicing, they are to follow those recommendations.
2. The interns are to inform their clinical instructor of their conditions, and report their absence.
3. The intern is to contact their clinical coordinator by phone message or email of their conditions and report their absence.
4. The intern is to keep track of time missed as "inclement" weather on their attendance records.

SUBJECT: Leave of Absence

EFFECTIVE DATE: March 2012

POLICY: DUTEC

Policy:

Students who are absent, for any reason, for a period of ten or more working days per quarter in a didactic course, will be required to request an official leave of absence from the program. The instructor will submit a grade for work submitted up to the first day of the leave of absence, and the posted grade for the course will either be an “Incomplete”, or other grade deemed appropriate by the DUTEC instructor. If 10 days in one quarter in clinical practicum are missed for any reason, the student will be required to request a leave of absence. After absence of 10 days, if a student does not request a leave of absence, the student will be dismissed from the program.

This leave of absence may require the student to reapply for the program, be removed from their clinical site, and / or be delayed in being placed in another suitable clinical site.

A leave of absence for any reason may also delay the students' graduation, and eligibility to take the ARDMS certification exams.

A medical leave of absence requires a physician's release to return to clinical practicum. A leave of absence for any reason will require the student to submit a written Request for Reinstatement to the Dean of the HSEWI and DUTEC Program Chair for approval before resuming the program.

Procedure:

1. Students in didactic and clinical practicum courses must request leave of absence to the DUTEC program chair and faculty for each class in writing.
2. After a leave of absence, the student may submit a request for reinstatement in the program through the DUTEC program chair.
3. Reinstatement will be granted to students in didactic courses with approval of the DUTEC didactic faculty and the program chair.
4. Reinstatement may be granted to students in clinical practicum with the approval of the Program Chair, Clinical Coordinator, and Clinical Site Instructor on a space available basis.
5. A plan and date for re-entry into the program will be developed by the program chair and faculty, and approved by the Dean of HSEWI for didactic students.

6. This plan may result in courses having to be repeated in the next year, delaying entry into clinical practicum.
7. A request to be reinstated must be received in writing no later than June 15th of the year the student would graduate.
8. If the student does not reapply in a timely manner as specified in this policy, the student must reapply for admission to the program with the incoming candidates for first year students.
9. Students in their second year (clinical practicum students) on a leave of absence, must submit a request for reinstatement within 6 months (180 days) of the first day of the formal leave of absence.
10. Students reinstated to clinical practicum will be on a space available basis may not be the same clinical site they were assigned to at the onset of their leave of absence, and may be a site any distance from their home.
11. Students returning to clinical practicum after a leave of absence may be required to undergo a scanning skills evaluation (at a BC Clinical Affiliate Site and/or on campus in a laboratory setting).
12. Students returning to Clinical Practicum after a leave of absence may be required to take a written exam to assess clinical knowledge.
13. Students that do not accept the clinical site offered upon reinstatement will forfeit their place in the program and may apply for admission the following year.
14. Re-admission may require repeating the entire program, regardless of previous grades.
15. To be considered for re-admission to the program, students must be in good academic standing with the college. (meeting the minimum GPA per quarter at the onset of the leave of absence)
16. Additional fees and tuition may be required when re-admitted.

<p>SUBJECT: Membership in Professional Organizations</p> <p>EFFECTIVE DATE: March 2012</p> <p>POLICY: DUTEC</p>
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Policy:

Society student membership (SDMS, SVU or ASE) is required. Meetings sponsored by sonographic organizations are available locally, and many educational resources are provided with professional journals and online CME. Faculty may require attendance at local professional meetings, or use of professional society educational resources, if the subject matter is part of a course being taught. Other meetings in the field of ultrasound may also be attended by students with faculty permission.

Procedure:

1. A request to attend a professional meeting (or other outside activity such as a job fair or seminar) that requires a clinical or didactic absence should be submitted to the instructor, or Clinical Instructor and Clinical Coordinator, at least two weeks prior to the scheduled event.
2. All absences from clinical practicum to attend such events must be approved.
3. Students may be asked to share their experience from professional events and meetings to the class or clinical consortium day.
4. Faculty will provide current information and applications to students for the SDMS, SVU and ASE.
5. Faculty will make every effort to notify students of regional professional events and encourage students to participate.

SUBJECT:
**Legal, Moral and Ethical Behavior
and Cheating Policy**

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Immoral or unethical behavior will be cause for immediate probation, suspension, or dismissal. The unlawful manufacture, distribution, dispensation, possession, use, sale, disposal, introduction or transfer of drugs, alcohol, narcotics, or any other regulated/controlled substance will be grounds for immediate suspension and dismissal from a clinical site. Additional standards of professionalism, patient care and privacy, use of facilities and resources and interpersonal behaviors may be required by the clinical practicum site. DUTEC students are required to become familiar with these criteria at their assigned clinical site, and through didactic instruction.

Procedure:

1. Students are expected to use verbal and written language which does not intentionally exclude or demean members of society.
2. Students convicted of any criminal drug statute must notify the program director no later than 5 days after such a conviction. Note: This policy meets the requirements of the Drug-Free Workplace Act of 1988.
3. Sexual misconduct with a patient, staff, or student will result in disciplinary action. See Title IX at the bottom of the Bellevue College Home page.
4. You, the student, are expected to conduct yourself with integrity. If you cheat, or aid someone else in cheating, you violate a trust. Cheating includes, but is not limited to copying answers on tests or assignments, glancing at nearby test papers, sharing papers, stealing, plagiarizing, illicitly giving or receiving help on exams or assignments, using pre-marked tests or answer sheets, cribbing, or using texts, notebooks, copying, or any similar means to score an answer sheet. The following actions will be taken against anyone who engages in the above practices:
 - You will receive a grade of zero on the work (exam, assignment, lab, quiz, etc.) where the cheating occurred.
 - You will be assigned a final course grade of “F” in the course where the cheating occurred. A report of the event will be sent to the Dean of Student Success.
 - A report of the incident will be sent to the Diagnostic Ultrasound Program Chair, Dean of HSEWI and Dean of Student Success Services.

- Cheating is grounds for dismissal from the Diagnostic Ultrasound Program.
- A report of the Incident will also be sent to the Dean of Students. He/she may file a report in your permanent record or take further disciplinary action such as suspension or expulsion from the college.
- The DUTEC program adheres to all BC policies and procedures related to disciplinary action, the student code of conduct, and dismissal. Complete policy and procedure information may be found in the BC Student Handbook, and at www.bellevuecollege.edu.

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SUBJECT: **Name Tags/ID**

EFFECTIVE DATE: August 1995

POLICY: DUTEC

Policy:

Students are to wear name tags while in the clinical setting. Name tags are considered part of the dress code requirement for the DUTEC program. BC DUTEC students are required to carry official student identification while on campus, and attending school sponsored or supervised events off campus.

Procedure:

1. Once assigned to a clinical site, the student will adhere to the policies of the clinical site with regards to identification and security.
2. In clinical sites that do not provide name tags, students will wear BC Student name tags, or other name tag approved by the clinical site.
3. Students are to use the term "intern" on the badge unless instructed otherwise by the clinical site.
4. Students may use academic degrees earned on their name badge as long as their full name is included on the badge.

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SUBJECT:

Overtime - Clinical Hours

EFFECTIVE DATE: March 2012

POLICY: DUTEC

Policy:

In accordance with the JRCDS accreditation standards, students will not be in attendance at their clinical sites more than 40 hours per week. However, students are expected to complete an exam they are involved in at the end of a day in clinical. If the student would like to stay beyond the 40 hours to see a special exam, authorization from the Clinical Instructor must be documented.

Students are permitted to accumulate clinical internship hours on second shifts, holidays, Saturday or Sunday, only with permission of the clinical coordinator and clinical instructor on site.

Students will be supervised by a designated, qualified Clinical Instructor at anytime they are in the clinical site for BC clinical practicum.

Clinical practicum schedules will be determined at the pre-clinical "interview", signed by the student and clinical instructor, and faxed into the DUTEC office before the first day of clinical practicum for **each quarter**.

Any changes to the clinical practicum schedule **MUST** be approved by the Clinical Coordinator and the Clinical Instructor.

All clinical practicum schedules will be signed and submitted to the BC Clinical Coordinator, with a copy maintained in the Clinical Binder. All clinical practicum schedules will be at the agreement of the student, the clinical coordinator, and clinical instructor.

Students may not be paid for any scheduled clinical practicum time accumulated as a program requirement.

Procedure:

1. If a student is participating in a procedure which would be in excess of an 8 hour period for that day, it is expected that the student will complete the exam and patient

care responsibilities. Should the student be required to stay in excess of 45 minutes of the day's schedule, the student should receive compensatory time off the next scheduled day.

2. Compensatory time off will not be accumulated or used at the student's discretion.
3. Compensatory time will not transfer to subsequent quarters.
4. Compensatory time will not be used to complete the program clinical requirements early.
5. ANY change to the student clinical schedule during or between quarters must be approved by the clinical instructor, and the clinical coordinator must be notified of these changes immediately. Students will submit a "revised clinical practicum schedule" via fax to the DUTEC office. (425) 564-4193.

SUBJECT: Mental, Emotional and Physical Requirements

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Students are required to maintain their physical, and mental health throughout the DUTEC program so they will be successful meeting in the didactic and clinical aspects of the program requirements.

Procedure:

1. Students suffering from any disabilities, such as arthritis, hearing loss or any other condition that might impact their ability to successfully complete the program, are urged to seek medical advice before entering the program. Students who have a communicable disease are advised to seek medical advice before entering the program.
2. Students are strongly encouraged to have the hepatitis B vaccination. If they choose not to do so, they would be required to sign a waiver.
3. Students who sign a waiver or who do not get all their immunizations completed on time may lose their clinical site. Clinical sites must be notified if the student's immunizations are not completed. The clinical site may choose to deny the student a clinical rotation.
4. While performing their clinical training, the student will be required to:
 - Stoop
 - Stand for long periods of time
 - Visually focus for extended periods of time on small image detail and subtly.
 - Differentiate colors and audible signals
 - climb stairs
 - walk (smooth or uneven, level or inclined surfaces)
 - reach above and below the shoulder
 - lift 100 lbs, carry 50 lbs
 - be able to push or pull equipment
 - have near and far visual acuity
 - have depth and color perception
 - hear ordinary conversation
 - hear both high and low frequencies
 - perform repetitive hand coordination activities requiring both hands for gross and fine manipulation
 - twist and grasp
 - power grip and feel

- maintain emotional and mental stability in stressful situations on a regular basis
 - assist clients/patients to and from stretchers, exam tables, wheel chairs and other transfers
5. Ultrasound has been known to cause such conditions as rotator cuff and shoulder tendonitis, elbow pain as in tendonitis, and tennis elbow, wrist neuromas, carpal tunnel and repetitive stress syndrome, and numbness in the fingers. Tendencies towards these conditions should be reviewed with your health care provider as to the appropriateness of this career.
 6. Resources for services related physical and mental health are available through BC student services, and students are encouraged to seek support and assistance provided by the college at any time.
 7. Pregnancy is a naturally occurring condition. Pregnant students must meet each of the physical requirements as listed above in item 4.

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SUBJECT:
Personal Time OFF (PTO) - Clinical

EFFECTIVE DATE: May 2018

POLICY: DUTEC

Policy:

Students enrolled in clinical practicum during the second year of the program are allotted 2 days (8 hrs/day) per quarter to use for illness or personal business.

Students using more than 2 days (16 hrs total) per quarter for illness, or other personal reasons must make up the time during the break before the next quarter starts.

PTO will accumulate and roll over to subsequent quarters.
Personal Time Off may be used for emergencies, or scheduled personal business.

All Personal days used must be recorded on the Attendance Log / Record each quarter. Falsifying the attendance record by not recording Personal days used is grounds for dismissal from the program.

Students that exceed the allowed number of absences for clinical practicum in any given quarter may be required to take a leave of absence. (refer to "Leave of Absence" policy DUTEC Student Handbook)

Procedure:

1. Students who are sick MUST phone BOTH the clinical site and the DUTEC clinical coordinator prior to the start of their shift on the day they are sick.
2. Students are required to email the Clinical Coordinator of their PTO used for illness or emergency.
3. Students are required to enter the PTO used on their attendance sheet each quarter.
4. Students cannot accrue overtime to be used as PTO.

5. Students are reminded about program requirements established by the JRCDMS concerning clinical hours.
6. Students are not to compromise the health of patients and hospital staff by coming to clinical with contagious conditions.
7. Students missing more than 3 consecutive days of clinical due to illness may require a physicians release (at the discretion of the clinical coordinator) to return to clinical practicum.
8. Students using PTO, for any reason, that does not notify the clinical instructor and email the clinical coordinator EACH DAY OF ABSENCE, will receive a reduction in their clinical grade and may be placed on academic probation for unprofessional conduct.
9. Students that do not record their PTO accurately may be subject to disciplinary action based upon falsifying records.

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SUBJECT: Policy Change
EFFECTIVE DATE: August 1995
POLICY: DUTEC

Policy:

Change in policy may take place during the program.

Procedure:

Due to a number of reasons, changes in DUTEC or BC policy may occur.

It may be necessary to institute new policies, or revise existing policies at anytime.

The student is expected to adhere to all policy and procedure revisions during their term as a DUTEC student. This includes all / any changes or additions in policy at the time they are incorporated.

The program is responsible for notifying the students of these changes or additions in a timely fashion.

Current Policy and Procedures are available in the DUTEC Student Handbook, BC Student Handbook, BC College Catalog and online at MyBC.

Updated policies and procedures will be sent to students in the form of a revision to the student handbook.

BC policy and procedures are available at www.bellevuecollege.edu anytime.

SUBJECT: Progression & Dismissal

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

The program director may require action, including dismissal of a student from the program, for a variety of reasons. Immediate dismissal from the program may be indicated, based on the nature and severity of the infraction. Progression and dismissal may be based upon academic and/or disciplinary actions. The following may be considered criteria for academic performance in the clinical setting as a part of professionalism and standards of patient care.

Grounds for immediate dismissal from the DUTEC program include (but are not limited to) the following:

- Disregard of program rules and regulations
- Unsatisfactory performance
- Insubordination
- Misconduct
- Neglect of duty
- Breach of medical, legal or moral ethics.
- Chronic absenteeism or tardiness.
- Unexcused absence from clinical practicum.
- Theft of or unauthorized use of clinical site or BC property, at the hospital or on college premises.
- Substance abuse (drugs, medications, alcohol etc.)
- Use of, possession of, or intent to deliver controlled substances
- Possession of or use of a firearm on hospital or college grounds
- Failure to maintain the minimum required passing grade in all course work including clinical practicum
- Breach of confidentiality
- Willful destruction of/or defacement of property
- Willful abuse of/or neglect of a patient, visitor, employee or other persons
- Inappropriate verbal or non-verbal behavior

Procedure:

- The nature and severity of the infraction will be reviewed by the program chair, clinical instructor or other faculty, and presented to the Dean of HSEWI.
- The program chair, director, clinical coordinator and faculty involved will inform the Dean of Student services that a disciplinary action plan and advising session is requested.
- The findings and recommendation of the director, program chair, clinical coordinator and faculty involved will be submitted to the Dean of Student Services for review.
- A meeting with the student, the director, the program chair, clinical coordinator and faculty involved will be scheduled as soon as possible.
- The student will be notified of the disciplinary infraction, either verbally or in writing, and asked to meet with the BC representatives and a student advocate.
- The meeting will serve to gather more information about the infraction, discover the student perspective on the infraction, and determine a plan for disciplinary action, if any. The student will be notified of the college disciplinary action grievance process at the meeting. (BC Student Handbook)
- A written summary of the meeting and decisions regarding disciplinary action will be given to the student, a copy placed in their permanent record and the plan/action will be implemented immediately.

**SUBJECT: Progression & Dismissal
Academic**

EFFECTIVE DATE: March 2012

POLICY: DUTEC

Policy:

All DUTEC students must earn a minimum academic grade point of 2.0 in each course, and a minimum overall GPA of 2.5 each didactic quarter to maintain acceptable academic status in the DUTEC program.

Procedure:

1. Students carrying a failing grade in a course at midterm are automatically placed on academic probation.
2. A mandatory advising session with the program chair and a plan for improvement will be developed for any student with a failing grade at midterm in any DUTEC course.
3. If the final grade in any DUTEC course is below a "C" (78%) 2.0, the student is automatically dismissed from the program.
4. All criteria in the academic plan must be met for the student to pass, and continue in the DUTEC program.
5. Students who have a GPA for any quarter of less than a 2.0 will be automatically dismissed from the program.
6. Students may not receive a "W" for any course and continue in the program.
7. Students who receive an "F" in any DUTEC course will be dismissed from the program. The student may reapply to the program.
8. Other reasons for dismissal: Refer to the Bellevue College Student Code of Conduct.
9. Students may appeal their grades through the academic grievance process identified in the BC Student Handbook.

**SUBJECT: Progression & Dismissal
Clinical / Academic**

EFFECTIVE DATE: March 2012

POLICY: DUTEC

Policy:

The program permits only full time clinical students. The program requires a minimum clinical grade of (78%) 2.0 ("C") to pass.

Students earning less than a "C" at midterm in clinical practicum are put on academic probation.

All clinical practicum course requirements for personal and professional behaviors, scanning skills, patient care, scope of practice, attendance, ethical practices, technical knowledge and judgment comprise many, but not all of the categories of learning objectives. Clinical grades are awarded through collaboration of the Clinical Instructor and the Clinical Coordinator, and are derived from points earned during clinical practicum, which are identified in each clinical practicum syllabus.

Procedure:

1. Students that receive a midterm clinical practicum grade of less than a "C" are automatically put on academic probation, and are advised by the BC clinical coordinator and clinical instructor on site regarding areas of weakness.
2. A plan for improvement is developed based upon individual student needs, and a written version of this plan is signed by the student and the clinical coordinator. This becomes a part of the student record.
3. Should the student fail to meet the criteria of the plan for improvements by the end of the quarter, they will receive a failing grade and may be dismissed from the program for poor academic performance in the clinical setting.
4. Students on academic probation for clinical performance will receive weekly evaluations to monitor progress.
5. Students that do not meet the didactic knowledge, scanning skills or technical skills requirements at any given time during the quarter, may be required to undergo a standard "clinical performance assessment".
6. The Clinical Performance Assessment includes one or more of the following:

A standard written exam testing their didactic knowledge base in the specialty area in question – students will need an 80% to pass this exam to be allowed to continue in the clinical portion of the program.

A scanning skills evaluation in the DUTEC lab in campus observed and evaluated by the clinical coordinator and program chair. The student will be evaluated using the standard clinical evaluation forms. – students will need an 80% or better to continue in the clinical portion of the program.

A third party, neutral evaluation of clinical skills and knowledge at a BC clinical affiliate for 1-2 weeks. – students will need an 80% on each evaluation to continue in the clinical portion of the program.

7. All assessments will be reviewed, and the student advised and counseled on the results.
8. A plan for continuation or dismissal for poor academic performance will be generated, and submitted for approval to the Dean of HSEWI, within 3 working days of this review and advising session.
9. Students may be reinstated to their current clinical site, or placed in another clinical site appropriate to the students learning needs.
10. If the current clinical site requests that the student be removed from the site for any reason, and the student is found to be qualified to remain in the program, every effort will be made to place the student in another site as soon as possible. Due to the limited clinical resources, we cannot guarantee the location or availability of any additional clinical sites once a student has lost their original site. This may delay student graduation and eligibility to take the ARDMS exams. BC is not held responsible for procuring a second clinical site within the same quarter that a student is removed from a clinical site at the request of the clinical site.
11. Additional grounds for dismissal can be found by referring to the Bellevue College Student Code of Conduct.

SUBJECT: Smoking/Vaping

EFFECTIVE DATE: October 2018

POLICY: DUTEC

Policy:

Smoking and vaping are prohibited in all medical facilities. Smoking and vaping are permitted only in designated areas on BC campus.

Procedure:

1. Compliance with all BC and clinical site smoking and vaping policies is expected.
2. Failure to comply in clinical sites may result in being dismissed from the site.
3. Students also need to be mindful of the odors associated with smoking and vaping, and the impact this may have on patients.

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**SUBJECT: Supervision
1st Year Students**

EFFECTIVE DATE: August 1995

POLICY: DUTEC

Policy:

General supervision of students in the first year of the program is provided by the program chair, clinical coordinator and designated faculty for each class.

Procedure:

1. Direct supervision will be provided by the faculty for each class the student is required to take in the program.
2. Students having issues or suggestions regarding course content, grades, exams, classroom management, or lab activities should first discuss the matter directly with the faculty teaching the class.
3. In addition, if there is a consensus amongst students in a particular class, the class representative may bring the issue to the program chair for resolution.
4. Students may grieve the issue to the program director only after they have spoken with the faculty member.
5. Students may grieve the decision of the program chair through the office of the Dean of the HSEWI and Dean of Student Services.
6. Students are expected to adhere to BC policies with regards to classroom conduct, mutual respect for other students, faculty and BC facilities.
7. Students and faculty are encouraged to contact security at (425) 564-2400, or call 911 in the event of an emergency or threatening situation in the classroom or DUTEC lab if needed.

**SUBJECT: Supervision
2nd Year Students**

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Direct and indirect supervision of students in the second year of the program is provided by the clinical instructor, qualified sonographers and the BC clinical faculty member assigned to the student.

Procedure:

1. Direct supervision of clinical performance in the clinical areas will be provided by the clinical instructors. Qualified staff sonographers may also provide direction.
2.
 - a) supervising individuals will make judgments with respect to the capability of the student to perform an examination with reasonable success; or
 - b) to determine if the content of the examination is beyond the scope of the student's progress in the program; or
 - c) to be physically present in the room if any doubt is present as to the student's ability to perform the examination;
 - d) all clinical evaluations must be conducted by a qualified Sonographer, registered in the clinical specialty for which they are providing a clinical evaluation. For example, a carotid must be evaluated by an RVT, an OB by an OB GYN registered Sonographer.
 - e) Students may work under the direct supervision of the interpreting physician.
2. Students will receive one to two site visits per quarter by the BC clinical faculty member assigned to them. A video or conference call in lieu of a physical site visit may be completed when necessary.
Students are expected to be prepared and communicate any issues or problems they are experiencing at the time of these visits.
3. A Site Visit Report will be completed by the clinical site visitor, and signed by the student, clinical instructor and site visitor.

4. The BC clinical coordinator or designated faculty will schedule the site visit during each quarter.
5. Students and their Clinical Instructors are expected to be at the site at the time of the visit.
6. If a student, or their clinical instructor will be absent on a scheduled clinical site visit day, it is the STUDENTS responsibility to contact the clinical site visitor in person, by phone and email at least 24 hours before the scheduled visit. (great expense and effort goes into each site visit, especially out of the immediate Seattle/Bellevue area)
7. Date and time conflicts are to be communicated immediately after the list is received.

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SUBJECT: **Tardiness**

EFFECTIVE DATE: August 1995

POLICY: DUTEC

Policy:

Students are required to be punctual for both didactic and clinical training.

Procedure:

1. Students who are late reporting to their clinical site will be warned once verbally.
2. The second time they are tardy the clinical site will document the tardiness on the students attendance form for the quarter.
3. The third time the student is put on probation, and this may lead to program dismissal.
4. Students are expected to be in the classroom before the start of class. Students who are more than ten minutes late for class may be asked to leave.
5. Students who arrive late and/or leave early may be marked absent.
6. Quizzes or exams are not lengthened for students who are tardy.

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SUBJECT: Returning to Program after Absence

EFFECTIVE DATE: January 2018

POLICY: DUTEC

Protocol:

Students who have requested temporary leave and are absent from the program for one or more academic quarters will be allowed to re-enter the program with Program Chair approval. This leave may include personal, family, or emergency issues requiring the student to take an extended leave from the program.

When the student is ready to come back into the program, per Program Chair approval, they will be required to meet the classroom and clinical standards and make up any lost classroom time or clinical time to meet the DUTEC accreditation standards. This includes showing competency in scanning ability prior to clinical placement.

Because ongoing scanning labs are essential for preparing students for success at their assigned clinical site, it is the responsibility of the program to make sure the student has competent entry level scanning skills before beginning their clinical rotation. Before the student's return or placement to a clinical site, the student must demonstrate entry-level scanning competency. Students who do not demonstrate competency will be required to repeat at least one-quarter in a scan lab class to develop and improve their scanning skills before clinical placement.

Procedure:

1. Students in didactic and clinical practicum courses must request temporary leave from the program to the DUTEC Program Chair in writing with an end and expected return date.
2. The student will contact the DUTEC program chair in writing of their request to return to the DUTEC program.
3. The student will be required to return to the DUTEC scan lab and scan a set, determined number of patients with the Program Chair, instructor, or Clinical Site Instructor present.
4. Upon completion, the Program Chair, Instructor, or Clinical Site Instructor will determine if the student's scanning skills are competent for clinical placement, or will recommend the student repeat or enroll in a DUTEC scan lab class for development of entry level scanning skills before clinical placement.

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SUBJECT: Limited Resources – Clinical Sites

EFFECTIVE DATE: September 2019

POLICY: DUTEC

Protocol:

Students who have not received clinical placement due to limited clinical sites can choose to delay their entrance to clinical internship by 2 quarters at maximum. One other option is to continue in the lab with lab instructors until we have you clinically placed.

When the student is ready to come back into the program, per Program Chair approval, they will be required to meet the classroom and clinical standards and make up any lost classroom time or clinical time to meet the DUTEC accreditation standards. This includes showing competency in scanning ability prior to clinical placement.

Because ongoing scanning labs are essential for preparing students for success at their assigned clinical site, it is the responsibility of the program to make sure the student has competent entry level scanning skills before beginning their clinical rotation. Before the student's return or placement to a clinical site, the student must demonstrate entry-level scanning competency.

Students who do not demonstrate competency will be required to repeat at least one-quarter in a scan lab class to develop and improve their scanning skills before clinical placement.

Procedure:

1. Students who do not receive an immediate clinical placement request temporary leave from the program to the DUTEC Program Chair in writing with an end and expected return date.
2. The student will contact the DUTEC program chair in writing of their request to return to the DUTEC program.
3. The student will be required to return to the DUTEC scan lab and scan a set, determined number of patients with the Program Chair, instructor, or Clinical Site Instructor present.
4. Upon completion, the Program Chair, Instructor, or Clinical Site Instructor will determine if the student's scanning skills are competent for clinical placement, or will recommend the student repeat or enroll in a DUTEC scan lab class for development of entry level scanning skills before clinical placement.

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SUBJECT: Infection Control and Disinfection of Fiberoptic Probes

EFFECTIVE DATE: January 2018

POLICY: DUTEC

Protocol:

Infection prevention and control in hospitals and hospital clinics is required by the Joint Commission's recommendations and guidelines. This includes proper handling and disinfection strategies for all vaginal probes, endocavity probes, and transesophageal probes. Based on the device and product, it is expected that the listed organizations follow the manufacturer's recommendations to ensure safe effective use.

Procedure:

1. As the Joint Commission expects the listed organizations to follow evidence-based national guidelines in disinfection, it is the responsibility of said institution to follow these established guidelines.
2. Students are expected to learn and follow all guidelines and protocols regarding proper disinfection of all vaginal, endocavity, and transesophageal probes.
3. Students can participate and be included in these disinfection protocols, but should not be the sole individual responsible for these disinfection protocols, as they are not hospital or hospital clinic employees.

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SUBJECT: Student Performing Service
EFFECTIVE DATE: January 2019
POLICY: DUTEC

Policy:

The Bellevue College Diagnostic Ultrasound program strongly recommends that enrolled students not be employed during the duration of their time in the program. While we do not prohibit them from holding employment, their work should not affect their academic performance.

It is the policy of the Bellevue College Diagnostic Ultrasound program that students cannot be used as staff or substitute for staff during their clinical rotation. If an employer chooses to hire a student who is still enrolled in the program, no employment (paid) hours can be counted or applied toward required clinical hours.

Bellevue College
Diagnostic Ultrasound Technology Program

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