

# Diagnostic Ultrasound Technology (DUTECH) Student Handbook 2023-2024



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DIAGNOSTIC ULTRASOUND PROGRAM

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# Introduction to the Diagnostic Ultrasound Technology (DUTEC) Program

Welcome to Diagnostic Ultrasound Technology at Bellevue College! This student handbook provides important information related to your participation in the program as you prepare for entry-level employment as a sonographer. You are responsible for reading and following it carefully.

## Key information:

- Accreditation status: institutional and programmatic
- Program goals and curriculum
- Program and college policies
- Professional behavior and ethical standards for health care careers
- Bellevue College resources and services

Contact the DUTEC program chair or the Dean of the Health Science, Education and Wellness Institute for clarification or additional information.

## Links to Important BC information

- [Academic Calendar](#)
- [Library Media Center](#)
- [Financial Aid](#)
- [BC Tuition Payment Plan](#)
- [BFET: Basic Food Employment & Training](#)
- [BC Counseling Center](#)
- [Disability Resource Center](#)
- [BC Foundation Scholarships](#)

## Industry Links

Information on the scope of practice, code of ethics, accreditation, credentialing, and continuing education for diagnostic medical sonographers is available from the Joint Review Committee-Diagnostic Medical Sonography ([www.jrcdms.org](http://www.jrcdms.org)), the American Registry of Diagnostic Medical Sonography ([www.ardms.org](http://www.ardms.org)), the American Registry of Radiologic Technologists ([www.arrt.org](http://www.arrt.org)), and the Society of Diagnostic Medical Sonography ([www.sdms.org](http://www.sdms.org)).

## Locations

The curriculum consists of classroom, laboratory, library research, and clinical practical experience. Laboratory sections will be held in the program's ultrasound lab. The clinical education may take place in two or more affiliate hospitals or clinics.

## Accreditation Status

Bellevue College is institutionally accredited by the [Northwest Commission on Colleges and Universities](#), located at 8060 165<sup>th</sup> Avenue NE, Suite 200, Redmond, WA 98052, (425) 558-4224.

The Diagnostic Ultrasound Technology Program—Adult Cardiac concentration is programmatically accredited by the [Commission on Accreditation of Allied Health Education Programs](#) through the [Joint Review Committee on Education in Diagnostic Medical Sonographers \(JRC-DMS\)](#), located at 6021 University Boulevard, Suite 500, Ellicott City, MD 21043, (443) 973-3251.

## Program Goals

### **Overarching Program Goal**

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the concentrations it offers.

### **Goals of the Abdomen-Extended and Obstetrics and Gynecology Concentrations (Offered as Part of the General Track)**

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the abdominal sonography-extended sonography concentration.

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the obstetrics and gynecology sonography concentration.

### **Goal of the Adult Cardiac Concentration**

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the adult cardiac sonography concentration.

### **Goal of the Vascular Concentration**

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the vascular sonography concentration.

## Learning Outcomes

Degree recipients should possess the skills and abilities described below:

- Function in the capacity as an entry-level sonographer; acquiring diagnostic ultrasound images of the patient's anatomy to aid the physician in the diagnosis of various pathological conditions;
- Act in the best interests of the patient and the institution through the prudent use of safety measures, techniques, and equipment to prevent harm to the patient, facility, or oneself;
- Act within the Scope of Practice and Clinical Standards as outlined by the Society of Diagnostic Medical Sonographers;
- Exercise independent judgment and discretion in the technical performance of medical imaging procedures;
- Assimilate pertinent clinical information, ultrasound findings, and knowledge of normal and abnormal conditions into a cohesive and complete ultrasound examination for interpreting physicians.
- Communicate effectively with patients, family members, hospital staff, and the public, and demonstrate professionalism in all actions and communications.

## Curriculum Structure and Tracks

Diagnostic Ultrasound Technology is a full-time, two-year (8-quarter) program. The program is divided into two components: four quarters of full-time study in the classroom and lab and four quarters of full-time clinical education. Before entering the clinical education component, each student must successfully complete all classes in the didactic program with a “C” or better.

The Diagnostic Ultrasound Technology program offers two distinct tracks: adult cardiac and general (which includes the abdomen-extended and OB/GYN concentrations). Students declare their interest in a track upon application to the program. This choice determines the classroom and lab courses required during the didactic portion of the program, and it shapes the placements during the clinical phase of the program:

- The adult cardiac track is structured in accordance with CAAHEP standards and prepares students to take the Adult Echocardiography (AE) exam offered by the American Registry of Diagnostic Medical Sonography (ARDMS) and earn the Registered Diagnostic Cardiac Sonographer (RDCS) credential.
- The general track is structured in accordance with CAAHEP standards and prepares students to take two ARDMS specialty exams, Abdomen (AB) and Obstetrics and Gynecology (OB/GYN), and earn the Registered Diagnostic Medical Sonographer (RDMS) credential.

## Society of Diagnostic Medical Sonography (SDMS) Resources

The [Society of Diagnostic Medical Sonography](#) is a professional membership organization that promotes, advances, and educates its members and the medical community in the science of diagnostic medical sonography. The DUTEK program follows:

- Code of Ethics for the Profession of Diagnostic Medical Sonography, and
- Scope of Practice and Clinical Practice Standards

### **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.noca.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 recertification.
  - F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
  - G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
  - H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
  - I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

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

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## Scope of Practice and Clinical Practice Standards (SDMS)

Information about these standards can be found at the [Society of Diagnostic Medical Sonography website](#).

### 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 / Endorsing 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.*

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*“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. Rev. 11/30/2015*

## 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:

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- 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:

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- 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:**

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- 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:**

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- 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.

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**STANDARD - EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:**

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- 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.

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**STANDARD - DOCUMENTATION:**

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- 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:

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- 2.1** Participation in quality improvement programs is imperative. The diagnostic medical sonographer:
- 2.1.1 Maintains a safe environment for patients and staff. Performs quality improvement procedures to determine that equipment operates at optimal levels and to promote patient safety.
  - 2.1.2 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.
  - 2.1.3 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence based literature, or accepted guidelines.

### STANDARD ---- QUALITY OF CARE:

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- 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:

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- 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:

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- 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:**

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

**Section 4****STANDARD – ETHICS:**

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- 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.

## DUTEC Program Course Requirements

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

# BC Diagnostic Ultrasound Technology Program Policies and Procedures Manual

## **Additional Standards, Policies, and Information**

Students enrolled in the DUTEC program are expected to know and follow the policies and procedures described in this student handbook. Students are also expected to comply with [Bellevue College Policies and Procedures](#), including [Policy 2050, Student Conduct Code](#), and other web-published information such as the [Bellevue College Catalog](#).

## **Academic Probation and Dismissal Policy**

*Effective date: August 2023*

### **Policy:**

Progression and good academic standing in the DUTEC program are based on academic and professional behavior standards, which are assessed by grades and by the professional behavior rubric (PBR). Students who don't meet the criteria established in the DUTEC Grading Policy or the PBR or who are found in violation of the BC Student Conduct Code, the DUTEC Professional Behavior Policy or the DUTEC Student Conduct Policy may be placed on academic probation or dismissed from the program.

### **Procedures:**

1. The BC Student Conduct Code and all DUTEC policies and procedures apply to both on campus grounds and facilities and clinical sites.
2. Students in violation of the BC Student Conduct Code will be notified in writing by the program chair that the matter has been referred to the BC Student Conduct Officer in student affairs. The process for addressing violations is established by BC Student Affairs.
3. DUTEC students are covered by BC Policy [3200](#) / [3200P](#) Academic Standing, which describes progressive interventions for students who struggle academically.
4. In addition to college-wide policies and procedures, DUTEC students have additional requirements (see DUTEC Grading Policy and DUTEC Professional Behavior Policy). Students in violation of DUTEC policies and procedures will be notified in writing by the program chair and may be placed on academic probation or be dismissed from the DUTEC program.
5. Students carrying a failing grade in a course at midterm are automatically placed on academic probation and must attend a mandatory advising session with the DUTEC program chair and the relevant faculty member to establish a performance improvement plan. In some cases, the dean of HSEWI will be notified.
6. All criteria in the performance improvement plan must be met for a student on academic probation to continue in the program.

## Accidents and Exposures Policy

*Effective Date: July 2007, revised August 2023*

### Policy:

If an accident occurs on campus that results in an injury, BC Public Safety should be contacted, and a [report filed](#) with BC Public Safety. If an accident occurs at a clinical site, the student should follow the process in place at that site.

BC has systems in place to address communicable diseases, other illnesses, and bloodborne pathogens exposure (see procedures below.) Students can refer to [BC Policy 4550](#): Policy on Life Threatening, Chronic, or Debilitating Illness. BC Public Safety maintains a [Flu Team Health Resource Page](#), and the college maintains a [COVID 19 Page](#) to provide students with up-to-date information.

### Procedures:

1. The DUTEC program chair should be notified of any accidents involving a student. Any reports filed in response to an on-campus accident should be forwarded by the impacted student to the program chair. In the case of an accident at a clinical site, the onsite clinical instructor should notify the BC Clinical Coordinator and the DUTEC 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 a regularly scheduled clinical practicum should report this immediately, following the clinical site procedure or BC Policy [4600/4600P](#) Bloodborne Pathogens: Exposure Control.

## American Registry of Diagnostic Medical Sonography (ARDMS) Exam Policy

*Effective date: August 2015, Revised August 2023*

### Policy:

The DUTEC program expects all graduates of the Associate of Applied Science (AAS) Degree in Diagnostic Ultrasound Technology (DUTEC) to sit for the relevant credentialing examination. For the adult cardiac track, completion of the Associate of AAS Degree in Diagnostic Ultrasound Technology fulfills Prerequisite 2 criteria identified by the American Registry of Diagnostic Medical Sonography ([ARDMS](#)) adult echo examination. For the general track, completion of the AAS in Diagnostic Ultrasound Technology fulfills Prerequisite 3A criteria by the ARDMS abdomen and OB/GYN exams.

### Procedures:

1. Students are responsible for all registry fees and examination scheduling.
2. Upon completion of a DUTEC-approved physics course with a grade of “C” or better, students are eligible to take the ARDMS Sonography Principles and Instrumentation (SPI) examination. Sonography students must successfully complete this exam prior to beginning their clinical practicum.
3. Students covered by ARDMS Prerequisite 2 are eligible to sit for their specialty exam(s) 60 days prior to their graduation date.
4. Students covered by ARDMS Prerequisite 3A are eligible to sit for their specialty exam(s) upon graduation.
5. Students who want to take other professional examinations (i.e., American Registry of Radiologic Technologists [ARRT] examinations) can request eligibility paperwork from the DUTEC program chair.
6. Graduate letters of completion, which establish eligibility for the ARDMS exam, are valid for one year only after being electronically submitted by the program chair. Should the student fail to apply for, or take ARDMS exams within one (1) year of graduating, they will be subject to further qualification criteria, identified by the ARDMS.
7. DUTEC cannot renew or reissue the clinical verification providing access to ARDMS certification exams if the initial clinical verification has expired.
8. ARDMS exams are administered electronically at an approved testing site.
9. ARDMS credentials will not be released to the student until they have completed all graduation requirements.

## **Attendance Policy**

*Effective date: July 2007, revised August 2023*

### **Policy:**

Students accepted into the Diagnostic Ultrasound Technology program are expected to attend all course lectures and laboratories, clinical consortium days, clinical practicum days, and any other scheduled event that is part of the DUTEC curriculum. Students who arrive more than ten (10) minutes late or leave more than ten (10) minutes early may be marked absent. Repeated tardiness may result in academic probation or dismissal from the program.

### **First-year Students Attendance**

First-year students, who are enrolled in didactic courses, are permitted two absences per quarter. Instructors may include attendance as a part of course grades. Any student unable to attend scheduled classes or other required program activities must follow the procedure outlined below. Individual course attendance policies are described in all syllabi, and individual instructors may make attendance accommodations on a case-by-case basis. Missed attendance beyond two absences may result in a failing grade for the course(s).

### **Second-year students Attendance**

Second-year students, enrolled in their clinical practicum, are permitted two days of personal time off (PTO) per quarter if approved in advance. Students are also permitted 72 hours of sick time per year based on Guidelines from Seattle Safe and Sick Time. Students who exceed the allowed number of absences for clinical practicum in any given quarter may be required to take a leave of absence (refer to the Leave of Absence Policy). Students who arrive late to their clinical site or leave early may receive a negative evaluation on the Professional Behavior Rubric.

### **Procedures:**

#### **First-year Student Attendance Procedures**

1. Students are expected to be in the classroom before the start of class.
2. Students who will miss a class or required program activity must notify the course instructor of the absence before the class, using contact information on the syllabus.
3. Students are responsible for obtaining any information presented or handed out during their absence.

#### **Second-year Student Attendance Procedures**

1. Falsifying clinical attendance, hours or absences is grounds for immediate dismissal from the program.
2. Personal Time Off may be used for any personal reason if approved in advance, with the exception of absences on clinical consortium days.
3. Students can request PTO by filling out a form available through Canvas, obtaining a signed approval from their on-site clinical instructor signature, and uploading the

completed form in Canvas.

4. PTO will accumulate and roll over to subsequent quarters.
5. Students cannot accrue overtime to be used as PTO.
6. If a clinical practicum day will be missed due to illness, the student must contact their BC Clinical Site Visitor or clinical coordinator and the clinical instructor on site at least two (2) hours prior to their scheduled start time.
7. All absences (for illness or PTO) in DUTEC Clinical Practicum courses (210, 220, 230, and 240) will be recorded in the Trajecsys Report System.
8. Students who are late reporting to their clinical site are required to file a time exception in the Trajecsys reporting system.

## Clinical Consortium Day (CCD) Policy

*Effective Date: July 2015, revised August 2023*

### Policy:

The DUTEC program **requires** students to attend and participate in regularly scheduled clinical consortium days. The program schedules approximately seven (7) CCDs per academic year. Students will be notified at least 24 hours in advance via email of any schedule changes or emergency cancellations. Participation in CCD is graded for the following courses: all lab courses and DUTEC 107, 210, 220, 230, and 240. Students are graded on attendance; presenting students are also graded on their presentations.

First-year students who miss a CCD will receive a grade of "0" and a recorded absence in their lab course. (Refer to the Attendance Policy.)

Second-year students who miss a CCD will receive a grade of "0" in their clinical practicum course and lose one of their PTO days. (Refer to the Attendance Policy.)

### Procedures:

1. All students are expected to conduct themselves professionally at CCD. Students should turn off cell phones and avoid disruptive behavior such as talking or leaving the room during a presentation.
2. Only students who are presenting may use laptops, with the exception of students with disability accommodations.
3. Students must arrive on time and remain for the duration of the scheduled day to avoid being considered absent.
4. Dress code is business casual. Students may be asked to leave CCD if dressed inappropriately, and their grade will be adversely affected.
5. Remote attendance at CCD is only permitted for students whose clinical site is more than a 90-minute commute from the BC campus.
6. Remote attendance for illness is not permitted. Students who are not able to attend due to illness will be counted against attendance in the corresponding lab or clinical practicum class.
7. Instructions for CCD presentations, including the evaluation rubric, can be found in Canvas.
8. First-year students are assigned a second-year student CCD mentor. Each mentor/mentee team works together to present examples of clinical cases, exams, and clinical experiences at least once during each academic year.

## **Clinical Performance Evaluations Policy**

*Effective date: November 2015, revised August 2023*

### **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 the clinical practicum. Each specialty requires completion of clinical competencies specified by CAAHEP. These are listed on all relevant syllabi.

Clinical evaluations 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 the clinical practicum.

### **Procedures:**

1. A clinical practicum grade will be determined through clinical evaluations by the BC Clinical Site Visitor or clinical coordinator and the clinical instructor for each site.
2. Students must notify their clinical instructor at least two (2) weeks prior to a required evaluation due date. If the clinical instructor is unable to meet the required due date, the student must notify the BC Clinical Site Visitor or clinical coordinator to arrange an accommodation.
3. A grade of "C" (78%) or better is required to pass DUTEC clinical practicum courses. (Refer to DUTEC Grading Policy.)
4. Students are responsible for uploading all materials specified in their clinical practicum course site to Canvas, according to the listed due dates. No hard copies will be accepted.

## **Clinical Placement Policy**

*Effective Date: September 2019, revised August 2023*

### **Policy:**

The DUTEC program places students at convenient clinical sites when they are available. In some cases, students are required to complete one or more of their clinical practicums at sites that require significant commuting time or temporary relocation.

Students who do not accept their clinical placements due to their locations may be asked to leave the program.

### **Procedure:**

1. Students with extenuating circumstances may request a different clinical site or temporary leave of absence from the program chair. However, these requests are solely at the discretion of the program chair and subject to clinical site availability and modifications to clinical placements are not guaranteed.
2. For students in the clinical practicum, if the clinical site requests that the student be removed 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 at another site as soon as possible. Due to limited clinical resources, the location or availability of any additional clinical sites, once a student has lost their original site, are not guaranteed. A student's graduation and eligibility to take the ARDMS exams may be delayed in these circumstances. BC is not 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.

## **Clinical Practicum Scheduling Policy**

*Effective date: March 2012, revised August 2023*

### **Policy:**

Students are scheduled to be at their clinical sites for 40 hours per week. Students are expected to complete any exam they have started before leaving. The clinical instructor may adjust the schedule to allow for compensatory time on a case-by-case basis. If the student would like to stay beyond the 40 hours to observe a special patient examination, authorization from the clinical instructor must be documented.

Students must be supervised by a clinical instructor with appropriate credentials at any time they are at the clinical site for BC clinical practicum.

Clinical practicum schedules are determined by the student and clinical instructor and recorded in Canvas within the first week of the clinical practicum for each quarter. The schedule must be approved by the clinical coordinator.

Any changes to the clinical practicum schedule **must** be approved by the clinical coordinator and the clinical instructor. Students may accumulate clinical internship hours on second shifts, holidays, and Saturday or Sunday **only** with the permission of the clinical coordinator and clinical instructor on site.

All clinical practicum hours will be approved by the clinical instructor in Trajecsys. All practicum hours, absences, personal time off, religious, or other holidays, and inclement weather days must be recorded by the student in Trajecsys.

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

## Confidentiality Policy

*Effective date: August 1995, revised August 2023*

### **Policy:**

Student records are managed according to [BC Policy 2550: Federal Privacy Act: Disclosure of Social Security Numbers](#)) and the Family Education Rights and Privacy Act (FERPA) of 1974 (see [BC Policy 2600P: Disclosure of Student Information – FERPA \[Procedures\]](#)). Student academic and performance records are stored in secure physical and electronic locations. Students may request a review of their records from the dean of health sciences, education, and wellness institute.

Information from patient records is highly confidential. Students must follow the U.S. Health Insurance Portability and Accountability Act (HIPAA), which sets the standard for protecting sensitive patient data. Students will be informed of their obligations under this act through coursework and clinical site policies. Any disclosure of confidential information regarding a patient, including release of pathology or diagnosis to a patient, could result in dismissal from the program.

## **Counseling Policy**

*Effective date: July 2007, revised August 2023*

### **Policy:**

Students who need support with mental health issues that could impact academic performance or assistance determining goals, values, or career choices are encouraged to contact the [BC Counseling Center](#). The program director, a clinical coordinator, or a faculty member may refer students in need of advice or counseling to the BC Counseling Center.

### **Procedures:**

1. Students on academic probation are strongly recommended to contact the BC Counseling Center for one or more appointments based on counselor recommendations.
2. All counseling sessions are confidential.

## Dress Code Policy

*Effective date: March 2012, revised August 2023*

### Policy:

Whether on campus or at a clinical site, students should dress in a way that is appropriate for a health care professional and that ensures their safety as well as that of their patients. Students are also required to maintain personal hygiene to avoid distraction in medical settings. Students may wear campus-appropriate clothing during didactic courses.

During their clinical placements, students are required to follow the dress code established for the clinical site. Students violating this policy may be asked to leave the clinical site for the remainder of the scheduled day or receive a reduction in their clinical grade—through the personal and professional attributes evaluation. Students violating this policy may be dismissed from a clinical consortium day (CCD) with a consequential lab / clinical grade reduction.

Students should dress appropriately for a medical professional during CCDs and lab courses. The items listed below are not acceptable attire at CCD and lab courses. Student grades in lab courses may be adversely affected if a student disregards the dress code policy.

The following items are **prohibited** for CCD and lab courses:

- Denim.
- Sandals or open-toed shoes.
- Low fitting tank tops or cropped tops, t-shirts, sparkly, jeweled, or sheer tops or pants.
- Shorts.
- Scented products, such as perfume, fabric softeners, or lotions.
- Long hair worn in a loose style (lab only).

### Procedures:

1. The program director, clinical coordinator, clinical instructor, or class instructor are responsible for informing students if they are out of compliance with the professional, safety, and personal hygiene 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 may be sent home and asked to return immediately or the next day more appropriately dressed.

## **Early Release Policy**

*Effective Date: August 2023*

### **Policy:**

In limited cases, students in their 8<sup>th</sup> (final) quarter of the DUTEC program may be eligible to begin working as a paid employee at their first or second clinical site based on the criteria listed below. Students who have secured full-time employment as a diagnostic medical sonographer, may petition the program director and program chair to accept the offer of employment. Students approved for release are excused from the remainder of their assigned coursework for which they will receive an “A” grade.

### **Procedures:**

1. Students requesting early release must meet the following criteria:
  - All required competencies have been completed with a grade of “B+” or higher.
  - The student is in the final quarter of the program.
  - The student is in good academic standing with no concerns based on the professional behavior rubric submitted by the clinical instructors.
2. The petitioning student must arrange for the prospective employer to send a signed form (available on Canvas) indicating intent to hire to the program director and program chair.

## Grading Policy

*Effective date: March 2012, revised August 2023*

### Policy:

Bellevue College uses a 4-point grading scale (see [BC Policy 3000: Grading](#)). The DUTEC program has additional requirements to help students prepare for successful completion of their ARDMS exams.

All DUTEC courses must be taken for a letter grade. The DUTEC program requires a grade of “C” (78%) or better to pass any class (didactic or clinical).

Grade disputes and appeals are addressed through [BC Policy 3000P: Grade Dispute \(procedures\)](#).

### Procedures:

1. Student grades in didactic courses are based on a combination of quizzes, assignments, midterm, and final examinations, according to each course syllabus.
2. Student grades in clinical practicums are based on required clinical performance evaluations, self-evaluations, professional behavior evaluations, clinical consortium day presentations, attendance, competencies, and other assignments identified in Canvas.
3. A grade lower than “C” (78%) is considered a failing grade in any DUTEC course.
4. The cumulative grade point average (GPA) for each quarter of didactic instruction (1st year) must be 2.5 or higher. Any 1st year student receiving a cumulative GPA of less than 2.5 during a quarter will automatically be placed on academic probation by the program chair.
5. A student receiving a grade of “F” at any time in the DUTEC program will result in dismissal for poor academic performance. A student dismissed for poor academic performance may reapply for admission the following academic year.
6. Academic probation plans and terms will be determined by the program chair on an individual basis and presented in writing to the student.
7. A midterm grade will be given each quarter of DUTEC 210, 220, 230 and 240 Clinical Practicum. Any student who receives a grade of “C” or below for the midterm will be placed on academic probation by the program chair subject to the DUTEC Academic Probation, Progression, and Dismissal Policy.

### OFFICIAL DUTEC Grading Scale

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

## Graduation Policy

*Effective date: March 2012, revised August 2023*

### Policy:

Students completing the Associate in Applied Science Degree in Diagnostic Ultrasound Technology **must** [apply](#) for graduation through enrollment services. Students should check the [BC Academic Calendar](#) for application deadlines relevant to summer graduates.

Students are encouraged to participate in commencement exercises held at the end of the spring quarter. The DUTEC program also conducts a pinning ceremony for graduates at the end of August.

### Procedures:

1. Students who do not apply for graduation will not receive their degree. Graduation application procedures and deadlines are posted on the [graduation page](#) of the BC website.
2. Students must complete all Bellevue College requirements to graduate.
3. Students must complete all DUTEC program requirements to graduate, including successful completion of all required didactic and clinical practicum courses and submission of required clinical practicum documentation through Canvas.

## **Inclement Weather Policy**

*Effective date: January 2009, revised August 2023*

### **Policy:**

In the event of inclement weather, students enrolled in didactic courses (1<sup>st</sup> year) should follow Bellevue College's instructions for campus closures and guidance from their instructors. Students are encouraged to sign up for [BC Emergency Alerts](#) to receive text notifications of campus closures

Students enrolled in clinical practicums observe closures for local school districts along their travel routes to determine whether attendance at the clinical site is required.

### **Procedures:**

1. Students in clinical practicums should check the websites of relevant local school districts or local broadcasts for information regarding closures.
2. Students assigned to a clinical site who are affected by inclement weather must inform their clinical instructor and their clinical coordinator and record their absence through Trajecsys, noting inclement weather as the cause.
3. Absences based on inclement weather do not require use of a student's personal time off (PTO).

## Leave of Absence and Re-entry Policy

*Effective date: March 2012, revised August 2023*

### Policy:

Students may be required to take a leave of absence from the program if they are absent for ten (10) or more days. Students may also request a leave of absence for personal, family, or emergency issues.

Students who are absent, for any reason, for a period of ten (10) or more working days per quarter in a didactic course must request an official leave of absence from the program. Instructors in each of the courses in which the student is enrolled will submit a grade for work received up to the first day of the leave of absence, and the posted grade for each course will either be an "Incomplete," or another grade deemed appropriate by each DUTEC instructor. Students who miss, for any reason, ten (10) or more scheduled days in clinical practicum must officially request a leave of absence. If a student is absent for ten (10) or more days in either the didactic or clinical part of the program and does not request a leave of absence, they may be dismissed from the program.

Students taking a leave of absence may be removed from their clinical site or be delayed in being placed at another suitable clinical site. A leave of absence for any reason may also delay a student's graduation and eligibility to take the ARDMS certification exams.

A student returning from a leave of absence after one or more academic quarters must submit a written request for reinstatement to the dean of health sciences, education, and wellness institute and the DUTEC Program Chair for approval before resuming the program.

Returning students must be in good academic standing before their leave of absence. Students must also meet classroom and clinical requirements established by CAAHEP accreditation standards, which may include making up lost classroom or clinical time. In some cases, reinstatement may require retaking the entire program, regardless of previous grades. Reinstated students must demonstrate entry-level scanning competency prior to clinical placement and may be required to repeat at least one quarter in a scan lab class to improve their scanning skills before clinical placement.

### Procedures:

1. Students enrolled in didactic and clinical practicum courses must request leave of absence from the DUTEC Program Chair in writing with the following information: reason for leave request, anticipated dates, and a plan of action for re-entry.
2. A request to be reinstated must be received in writing no later than June 15th of the year the student would graduate. In cases where this deadline is not met, the student must reapply for admission to the program with the incoming candidates for first year students
3. Additional fees and tuition may be required when re-admitted.
4. Reinstatement into **didactic courses** may be granted with the following requirements:

- Approval of the DUTEC didactic faculty and the program chair. A plan and date for re-entry into the didactic part of the program will be developed by the program chair and faculty, with approval from the dean of HSEWI.
  - The student may need to repeat one or more courses, delaying entry into clinical practicum.
5. Reinstatement into the **clinical practicum** may be granted with the following requirements:
- The request for reinstatement must be submitted within 6 months (180 days) of the first day of the approved leave of absence.
  - Approval of the program chair, clinical coordinator, and clinical instructor on a space available basis.
  - The student demonstrates competent scanning skills. Returning students will be asked to perform a set number of scans in the DUTEC scan lab and assessed by the program chair, instructor, or clinical site instructor. In some cases, a student will be required to repeat a DUTEC scan lab class to ensure adequate scanning skills before a clinical placement.
  - Students will be reinstated to clinical practicum on a space available basis. They may be placed at a different clinical site than they were previously assigned, and the new site may be further from their home.
  - Students that do not accept the clinical site offered upon reinstatement will forfeit their place in the program and must apply for admission the following year.
  - Students may be asked to undergo a scanning skills evaluation or a written exam to assess clinical knowledge before reassignment to clinical practicum.
  - A medical leave of absence requires a physician's release to return to clinical practicum.

## Membership in Professional Organizations Policy

*Effective date: March 2012, revised August 2023*

### Policy:

Student membership in a sonographic organization such as [Society of Diagnostic Medical Sonography \(SDMS\)](#), [Society for Vascular Ultrasound \(SVU\)](#), or [American Society of Echocardiography \(ASE\)](#) is required. Meetings sponsored by sonographic organizations are available locally, and many educational resources are provided with professional journals. Continuing medical education (CME) is available online. 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. Students who wish to attend meetings in the field of ultrasound may be absent from class or clinical practicum only with instructor permission.

## Physical Requirements Policy

*Effective date: July 2007, revised August 2023*

### Policy:

Bellevue College does not discriminate based on physical characteristics (see BC Policy [1440/1440P](#) Discrimination, Harassment, and Retaliation). However, because of the nature of the work, the program requires some physical demands.

### 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.
2. While performing their clinical training, the student will be required to:
  - Stoop
  - Stand for lengthy periods of time
  - Visually focus for extended periods of time on small image details.
  - Differentiate colors and audible signals
  - Climb stairs
  - Walk (smooth or uneven, level, or inclined surfaces)
  - Reach above and below the shoulder
  - Lift 50 lbs. and carry 25 lbs.
  - Push or pull equipment
  - Have near and far visual acuity
  - Hear ordinary conversation and both high and low frequencies, either aided or unaided
  - Perform repetitive hand coordination activities requiring both hands for gross and fine manipulation
  - Twist and grasp
  - Power grip and feel
  - Assist clients/patients to and from stretchers, exam tables, wheelchairs, and perform other transfers
3. Performing ultrasound scans 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. Students considering a career as a diagnostic medical sonographer should assess any tendencies towards these conditions with their health care provider.
4. Pregnant students must meet each of the physical requirements listed above.

## **Policy Change Policy**

*Effective date: August 1995, revised August 2023*

### **Policy:**

Students must follow BC Policies and Procedures and program-specific policies and procedures included in the DUTEC Student Handbook. Policy changes may occur at any time. Students are notified of changes to BC Policies and Procedures through emails sent to their BC email address. Students are notified of changes to DUTEC policies and procedures through the distribution of a revised DUTEC Student Handbook.

### **Procedure:**

1. The DUTEC program is responsible for promptly notifying students of policy changes or additions.

## **Professional Behavior Policy**

*Effective date: August 2023*

### **Policy:**

Students are expected to adhere to the professional behavior standards addressed in the DUTEC Program Professional Behavior Rubric (PBR), which is distributed in all DUTEC courses. Students must acknowledge receipt of the PBR for each course. During their clinical practicum, students are assessed at least once a quarter by their on-site clinical instructor using the PBR, and these assessments are part of their grade. Failure to adhere to professional behavior standards can result in a student being placed on academic probation or removal from the program.

### **Procedures:**

1. Professional Behavior Rubric evaluations can be found in the Trajecsyst reporting system.
2. Students are responsible for uploading their PBR assessments from Trajecsyst to the appropriate Canvas course.

## **Smoking/Vaping Policy**

*Effective date: October 2018, revised August 2023*

### **Policy:**

Smoking and vaping are prohibited in all medical facilities. Smoking and vaping are permitted only in designated areas on the BC campus (see [BC Policy 6350: Smoking on Campus.](#))

### **Procedure:**

1. Smoking or use of electronic cigarettes and tobacco at a clinical site may result in being dismissed from the site.
2. Students should refrain from smoking in situations where it might permeate clothing and expose faculty, students, or patients to odors.

## Student Conduct Policy

*Effective date: July 2007, revised August 2023*

### Policy:

Students enrolled in the DUTEC program are covered by and expected to adhere to [BC Policy 2050: Student Contact Code](#), both **on campus** and at **clinical sites**. The BC Student Conduct Code describes behavior that could lead to immediate probation, suspension, or dismissal from the college or the DUTEC program.

The BC Student Conduct Code prohibits the unlawful manufacture, distribution, dispensation, possession, use, sale, disposal, introduction or transfer of drugs, alcohol, narcotics, or any other regulated/controlled substance. Violations of this section of the code are 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 through didactic instruction in the classroom and at their assigned clinical sites.

### Procedures:

1. Students should adhere to BC Policy [1440](#) / [1440P](#) Discrimination, Harassment and Retaliation. Students should **not** use verbal and written language that intentionally excludes or demeans members of society.
2. Students convicted of any criminal drug statute must notify the program chair no later than five (5) days after such a conviction.
3. In compliance with [Title IX](#), sexual misconduct with a patient, staff, or student on campus or at a clinical site will result in disciplinary action.
4. Academic dishonesty or cheating is prohibited by the BC Student Conduct Code. 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 imposed on any student who engages in academic dishonesty or cheating:
  - A grade of zero will be given on the work (exam, assignment, lab, quiz, etc.) where the cheating occurred.
  - A final course grade of "F" will be given in the course where the cheating occurred.
  - A report of the incident will be sent to the BC Student Conduct Officer and dean of HSEWI. The incident may be noted in the student's permanent record, and it may lead to further disciplinary actions such as suspension or dismissal from the college.
  - Cheating is grounds for dismissal from the Diagnostic Ultrasound Program.

## **Supervision of Students in Clinical Practicum**

*Effective date: July 2007, revised August 2023*

### **Policy:**

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

### **Procedure:**

1. All clinical evaluations, including competencies, must be conducted by a sonographer with appropriate credentials for the evaluation's clinical specialty.
2. Students may work under the direct supervision of the interpreting physician.
3. 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.
4. Students are responsible for raising concerns or problems with the clinical practicum with supervising personnel.
5. A site visit report will be completed by the clinical site visitor, uploaded to Trajecsys, and signed electronically by the student and clinical instructor. The BC clinical coordinator or designated faculty will schedule the site visit(s) during each quarter.
6. Students must follow the rules of the clinical site regarding vaccinations, dress codes, name tags, and other matters.

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