



KENT STATE UNIVERSITY

SALEM CAMPUS

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

DIVISION OF HEALTH PROFESSIONS

COLLEGE OF APPLIED AND TECHNICAL STUDIES

STUDENT HANDBOOK

CLASS: 2021-2022

Fall 2021

- ◆ It is the student's responsibility to read the student handbook.
- ◆ The student will be held responsible for policies in this handbook.
- ◆ Rules and policies are subject to change.
- ◆ Disputes over interpretation should be brought to the attention of the Program Director who will seek the advice of the faculty of the program and/or the Diagnostic Medical Sonography Advisory Committee for a final decision.

Introduction to the Diagnostic Medical Sonography Program

Welcome to the Diagnostic Medical Sonography profession and to Kent State University Diagnostic Medical Sonography program. Students enrolled in the program will be responsible for observing all University rules and regulations. Both student life policies (Chapter 4) and procedures and material specifically related to the Regional Campuses (Chapter 8) are found in the [University Policy Register \(http://www.kent.edu/policyreg\)](http://www.kent.edu/policyreg) which contains a complete list of all the University's policies, rules, and regulations.

Students will also be responsible for observing all rules and regulations of the assigned Clinical Education Centers and all policies and procedures listed in this handbook. In the event the Clinical Education Centers and the Student Handbook policies and procedures differ, bring the matter to the attention of the Program Director of Diagnostic Medical Sonography so that the matter can be presented to Diagnostic Medical Sonography Advisory Committee for a decision at its October meeting. If a decision is required immediately, program personnel will consult with advisory committee members and render a decision to be conveyed to the students as soon as possible. Students will be notified in writing of any handbook amendments.

The Diagnostic Medical Sonography Program offers a Bachelor of Radiologic and Imaging Sciences Technology degree with a concentration in Diagnostic Medical Sonography. The program commences in Fall semester and is completed at graduation at the end of Fall semester of the second year of the program. Courses are in sequential order and build on each other with a correlation of didactic and clinical education courses.

Students sit for the American Registry of Diagnostic Medical Sonography (ARDMS) certification examinations in the areas of Sonographic Principles and Instrumentation (SPI) the final semester of the program. The graduates sit for the ARDMS Abdomen and Obstetrics and Gynecology examinations following graduation with the final authorization from the program director that the student has completed all academic and clinical requirements of the program.

History of the Program

The Associate of Applied Science in Radiologic Technology degree was first offered at Kent State University – Salem Campus in 1985. The Diagnostic Medical Sonography program accepted its first class in August 2002. The Diagnostic Medical Sonography program has increased its enrollment and has added clinical sites to enhance students' learning in all areas of general sonography. Other concentrations offered within the Bachelor of Radiologic and Imaging Sciences Technology degree at Kent – Salem include Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine (discontinued in 2015) and Radiation Therapy.

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KENT STATE UNIVERSITY

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**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
ADMINISTRATION and FACULTY**

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THE MISSION OF THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

The mission of the Diagnostic Medical Sonography program at Kent State University is to educate diagnostic medical sonography students in the knowledge, skills and attitudes to become qualified, professional practitioners who provide quality service and care to the community and to prepare students for the changing needs of the profession. We transform lives and communities through the power of discovery, learning and creative expression in an inclusive environment.

THE GOALS OF THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

1. Students will be able to effectively utilize critical thinking and problem-solving skills in the practice of Diagnostic Medical Sonography.
2. Students will be able to effectively communicate in oral and written form with patients, customers, and all members of the health care team.
3. Students will be able to successfully perform Diagnostic Medical Sonography procedures consistent with entry-level requirements.
4. Students will be able to determine the value of professional growth and development and conduct themselves in a professional manner.

Kent State University Course Sequence Diagnostic Medical Sonography

| Semester | Course Number | Course Name | Semester Hours | Days |
|----------------------------------|---------------|-----------------------------------|----------------|-----------|
| First Year Fall Semester | RIS 34040 | Patient Management in DMS | 3 | F |
| | RIS 34083 | Sectional Anatomy | 3 | T - TH |
| | RIS 34042 | Abdominal Sonography I | 3 | T - TH |
| | RIS 34044 | Ultrasound Physics | 3 | T - TH |
| | RIS 34045 | US Clinical Education I | 2 | M – W - F |
| | | Total | 14 | |
| First Year Spring Semester | RIS 34052 | Abdominal Sonography II | 3 | T - TH |
| | RIS 34060 | US Clinical Education II | 4 | M-W-F |
| | RIS 34062 | OB-GYN I | 3 | T – TH |
| | RIS 44083 | Pathophysiology | 3 | online |
| | RIS 44098 | Research in Medical Imaging | 3 | online |
| | | Total | 16 | |
| Summer (10 weeks) | RIS 34075 | US Clinical Education III | 2 | M-W-F |
| | | Total | 2 | |
| First Year Summer I | RIS 44072 | OB-GYN II | 3 | T- TH |
| | | Total | 3 | |
| First Year Summer III | RIS 34072 | Superficial Structures Sonography | 2 | T - TH |
| | RIS 44084 | Ultrasound Image Evaluation | 1 | T - TH |
| | | Total | 3 | |
| Second Yr. Fall Semester | RIS 44074 | Vascular Sonography | 2 | M |
| | RIS 44076 | US Clinical Education IV | 4 | T-W-TH-F |
| | RIS 44078 | Sonographic Techniques (elective) | 3 | M |
| | | Total | 9 | |

This program/course listing represents the courses available at the time this handbook was drafted and is subject to change. The catalog represents the official university record and is governing.

Revised 2018, 2019

Reviewed 2021

COURSE DESCRIPTIONS FOR DIAGNOSTIC MEDICAL SONOGRAPHY**RIS 34040 Patient Management in Diagnostic Medical Sonography (3 semester hours) Fall**

Methods of patient management in diagnostic medical sonography are examined with emphasis on patient communication, clinical assessment, medical legal aspects, medical records, emergencies, pharmacology, safety issues, ethics and critical thinking. Prerequisite: radiologic and imaging sciences (RIS) major.

RIS 34042 Abdominal Sonography I (3) Fall
Anatomy, physiology and pathology of the abdomen; instrumentation and scanning techniques; normal and abnormal sonographic appearances of abdominal structures will be presented. Prerequisite: radiologic and imaging sciences (RIS) major.

RIS 34044 Ultrasound Physics and Instrumentation (3) Fall
Ultrasound principles to include interaction of sound with matter, propagation of sound in tissue, physical units, transducer parameters, image storage and display, quality assurance, bioeffects, image artifacts and physical principles of Doppler. Prerequisite: radiologic and imaging sciences (RIS) major.

RIS 34083 Sectional Anatomy in Medical Imaging (3) Fall
Presentation of sectional anatomy of the body in the transverse (axial), sagittal and coronal planes as seen in medical images in CT, MRI and diagnostic medical sonography. Prerequisites: radiologic and imaging sciences (RIS) major; and BSCI 11000 or 11020 or 20020 and special approval.

RIS 34045 Ultrasound Clinical Education I (2) Fall
Provides clinical education and experience at a lab and clinical site to allow students the opportunity to practice skills necessary to obtain high quality sonographic images, to alter on patients and to identify image quality problems. Content includes sonography of liver, gallbladder, pancreas and spleen. Prerequisite: radiologic and imaging sciences (RIS) major. Corequisite: RIS 34042

RIS 34052 Abdominal Sonography II (3) Spring
Continuation of RIS 34042; anatomy, physiology and pathology of the abdomen; instrumentation and sonographic scanning techniques; normal and abnormal sonographic appearance of abdominal structures are presented. Prerequisites: RIS 34042 and radiologic and imaging sciences (RIS) major.

RIS 34060 Ultrasound Clinical Education II (4) Spring
Provides clinical education and experience in abdominal sonography at clinical sites to allow students the opportunity to practice skills necessary to obtain high quality sonographic images, to alter protocols based on patients and to evaluate image quality. Prerequisite: RIS 34045 and radiologic and imaging sciences (RIS) major.

RIS 34062 Obstetrics and Gynecology Sonography I (3) Spring
Anatomy and pathophysiology of the non-pregnant female pelvis; instrumentation and scanning techniques; normal and abnormal sonographic appearances; and findings of the female reproductive tract are covered. Prerequisites: RIS 34045 and radiologic and imaging sciences (RIS) major.

RIS 34075 Ultrasound Clinical Education III (2) Summer
Provides clinical education and experience at a clinical sites to allow students the opportunity to practice skills necessary to obtain high quality sonographic images, to alter protocols based on patients and to evaluate image quality. Content includes first, second and third trimester obstetric sonography. Prerequisite: RIS 34062. Corequisite: RIS 44072.

RIS 44072 Obstetrics and Gynecology Sonography II (3) Summer II
Embryonic and fetal development throughout gestation; fetal measurements, normal fetal anatomy and physiology; and abnormal sonographic appearances of the fetus will be covered as well as invasive obstetric procedures and antepartum testing. Prerequisite: RIS 34062.

RIS 34072 Superficial Structures Sonography (2) Summer III
Anatomy and pathophysiology of superficial structures; instrumentation and scanning techniques; normal and abnormal sonographic appearances of superficial structures; correlation with laboratory findings and other imaging modalities are presented. Prerequisites: RIS 34083 and radiologic and imaging sciences (RIS) major.

RIS 44084 Ultrasound Image Evaluation (1) Summer III
Presentation of sonographic findings in specific disease processes, with evaluation of image quality and emphasis on diagnostic features of pathologic entities. Prerequisites: 34065 and radiologic and imaging sciences (RIS) major.

RIS 44074 Vascular Sonography (2) Fall (2nd year)
Anatomy, physiology and hemodynamics of the cerebrovascular abdominal and peripheral vascular systems; normal and abnormal sonographic vascular appearances; Doppler instrumentation and scanning techniques are covered. Prerequisites: RIS 34075 and radiologic and imaging sciences (RIS) major.

RIS RIS 44076 Ultrasound Clinical Education IV (4) Fall (2nd year)
Provides clinical education and experience at a clinical site to allow students the opportunity to practice skills necessary to obtain high quality sonographic images, to alter protocols based on patients and to identify image quality problems. Content includes abdominal, pelvic, obstetrical, superficial structures and vascular sonography. Prerequisite: RIS 34075. Corequisite: RIS 44074.

RIS CORE COURSES**RIS 44083 Pathophysiology for Medical Imaging (3)****Spring**

Provides students with basic information on the causes of diseases and the body's response to disease, as well as the medical imaging modalities that will demonstrate them. Prerequisite: radiologic and imaging sciences (RIS) major.

RIS 44098 Research in Medical Imaging (3)**Spring**

(Repeatable for credit) Fundamental concepts and procedures for systematic collection, analysis, critique and application of qualitative and quantitative data in medical imaging. Prerequisites: radiologic and imaging sciences (RIS) majors only and senior standing.

RIS ELECTIVE COURSES (Electives, not required)**44096 Individual Investigation in Medical Imaging Directed Readings (3) Fall (2nd year)**

(Repeatable for credit) Student selects prescribed number of medical imaging journal articles, completes questions, paper and presentation. Prerequisite: radiologic and imaging sciences (RIS) major

44078 Sonographic Techniques (3)**Fall (2nd year)**

Course integrates diagnostic medical sonography concepts in preparation for certification exams. Prerequisite: radiologic and imaging sciences (RIS) major.

RIS INTRODUCTION COURSE (Required for Option 2 students only)**34001 Introduction to Sonography (1)****Summer (1st year)**

Provides an introduction to diagnostic medical sonography. The course orients new students to the profession. Topics covered include basic sonographic principles, scanning technique, and introduction patient management techniques. Prerequisite: Special approval.

TEACHING ASSIGNMENTS FOR DIAGNOSTIC MEDICAL SONOGRAPHY
August 2020 – December 2021

| SEMESTER | COURSE NUMBER | COURSE NAME | INSTRUCTOR |
|--------------------|----------------------|--------------------------------------|--------------------------------------|
| First Year | | | |
| Fall | RIS 34040 | Patient Management in DMS | Sheri Tilton |
| Fall | RIS 34042 | Abdominal Sonography I | Cyndi Peterson |
| Fall | RIS 34044 | US Physics and Instrumentation | Cyndi Peterson |
| Fall | RIS 34045 | US Clinical Education I | Sheri Tilton |
| Fall | RIS 34083 | Sectional Anatomy in Medical Imaging | Cyndi Peterson |
| Spring | RIS 34052 | Abdominal Sonography II | Cyndi Peterson |
| Spring | RIS 34060 | US Clinical Education II | Sheri Tilton |
| Spring | RIS 34062 | OB/GYN Sonography I | Cyndi Peterson |
| Spring | RIS 44083 | Pathophysiology for Medical Imaging | Cyndi Peterson |
| Spring | RIS 44098 | Research in Medical Imaging | Cyndi Peterson |
| Summer | RIS 34075 | US Clinical Education III | Sheri Tilton Cyndi Peterson (lab) |
| Summer II | RIS 44072 | OB/GYN Sonography II | Cyndi Peterson |
| Summer III | RIS 34072 | Superficial Structures Sonography | Cyndi Peterson |
| Summer III | RIS 44084 | US Image Evaluation | Cyndi Peterson |
| Second Year | | | |
| Fall | RIS 44076 | US Clinical Education IV | Sheri Tilton |
| Fall | RIS 44074 | Vascular Sonography | Cyndi Peterson |
| Fall | RIS 44078 | DMS Techniques | Cyndi Peterson |

Added: 2015; revised 2020

Code of Ethics for the Profession of Diagnostic Medical Sonography

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

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. **Any breach in the Code of Ethics could result in disciplinary action.**

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.

SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER

SDMS April 13, 2015

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.

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 nor 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

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

As included in SDMS Diagnostic Ultrasound Clinical Practice Standards
<http://www.sdms.org/pdf/2015SDMSScopeofPracticeandClinicalStandards.pdf>

ACADEMIC STANDARDS POLICY

1. Students are required to achieve a grade of at least a "C" or better in each "RIS" core course within the program curriculum.
2. If a final grade lower than "C" is earned in any required "RIS" course, the student will be dismissed from the program. Any student who receives a final grade lower than a "C" for a Clinical Education course will result in failure of that course and the student will be dismissed from the program.
3. Students are required to maintain a cumulative grade point average of at least 2.0 or better for all classes taken at Kent State University. See KSU Undergraduate Catalog for information on student probation and dismissal from the University.
4. Students are required to maintain a cumulative grade point average of 2.75 or better for all professional level (RIS) coursework.
5. If a student achieves a semester GPA of less than 2.75 in professional level (RIS) coursework, the student will be placed on probation. If a student fails to earn or maintain a cumulative professional level GPA of 2.75 or better for a second semester, the student will be dismissed from the program.
6. Students who are dismissed for unsuccessfully completing RIS courses in a given semester can request to re-enter the program the next time that course is offered (usually the next year since courses are offered only once a year).
7. Students who request re-entry should refer to the policy on re-entry into the program.
8. Students who are dismissed from the program will be assisted through referral for counseling and guidance in redirecting their program of study.
9. Grading scale for RIS courses:

| | | | |
|--------------|---|----|-----|
| 100 – 94% | = | A | 4.0 |
| 93% | = | A- | 3.7 |
| 92% | = | B+ | 3.3 |
| 91 – 86% | = | B | 3.0 |
| 85% | = | B- | 2.7 |
| 84% | = | C+ | 2.3 |
| 83 – 78% | = | C | 2.0 |
| 77% | = | C- | 1.7 |
| 76 % | = | D+ | 1.3 |
| 75 – 69% | = | D | 1.0 |
| 68 and below | = | F | 0.0 |

Policy: 2002, revised 2003, 2004, 2005, 2007, 2011, 2019

ACCIDENTS AND INJURIES

1. All accidents that occur while at the Clinical Education Center that result in personal injury, and/or patient injury, and/or hospital personnel injury, and/or damage to equipment must be reported immediately to the Clinical Instructor and the Clinical Coordinator. The Clinical Coordinator will then report the incident to the Program Director.
2. Students will be required to follow the proper procedure for documenting accidents in the Clinical Education Center where the incident occurred. (Students should see the Clinical Instructor or supervisor for the proper procedure.)
3. Kent State University and their affiliated clinical education centers are not responsible for any medical expenses related to disease or injury incurred during the program. In such cases, **students are responsible for their own health insurance** to cover any medical expenses that may occur unless otherwise stated in the policies of an affiliated clinical education center.
4. While students are attending the clinical education, they are not considered KSU employees and as such are not covered under worker's compensation.

Policy: 2002, revised 2011

ATTENDANCE FOR SONOGRAPHY COURSES ON SALEM CAMPUS

Due to the progressive nature of the individual courses and the program as a whole, timeliness and punctuality are seen as essential qualities for the health care profession. In addition to the rules and regulations stated in the KSU catalog the following will be enforced:

1. Regular and prompt attendance for Diagnostic Medical Sonography courses is essential to meet the educational challenges and accomplish the objectives of the Diagnostic Medical Sonography program.
2. Regular attendance in class is expected of all students at all levels in the University. Legitimate reasons for an "excused" absence include, but are not limited to, illness and injury, disability-related concerns, military service, death in the immediate family, religious observance, academic field trips, and participation in an approved concert or athletic event, and direct participation in university disciplinary hearings, as defined by the University's Administrative policy regarding class attendance and class absence #3342-3-01.2 (available at <https://www.kent.edu/policyreg/administrative-policy-regarding-class-attendance-and-class-absence>). Attendance policies for specific courses are at the discretion of the individual instructor.
3. An excuse must be turned in to an instructor within 1 week of the date the student returns to class. If the student fails to do this, the absence will be counted as an unexcused absence. Excessive excuses during a semester will be evaluated by the program faculty and subject to review.
4. It is the student's responsibility to obtain material missed in class.
5. Any test missed will have to be made up by the student. It is the STUDENT'S responsibility to contact the instructor concerning the appropriate time period to make up a test. **A student will not be permitted to make up a test during any class time.** A test is to be made up the next class day that the student attends unless special circumstances exist and the student has made special arrangements with the instructor. The student may be given an alternate test as the make-up test. If the student fails to make special arrangements with the instructor on the returning class day, the student will receive a grade of "0" for that test. The instructor reserves the right to limit the number of make-up exams in a semester.
6. Course instructors may also assess penalties in classes for tardiness. Students should be familiar with individual course syllabi in this regard. If a student has a tardy occasion that is unexcused during a testing situation, the student will receive only the remaining time to complete the test.

Reporting Absences from Diagnostic Medical Sonography Courses:

1. Students must phone or email the instructor prior to class time to report an absence from class. Faculty contact information is located on course syllabi.

Policy: 2002 , revised 2003, 2006, 2011, 2014, 2017, 2020

ATTENDANCE FOR CLINICAL EDUCATION ASSIGNMENTS

Clinical education is an integral part of the Diagnostic Medical Sonography program. The time spent in clinical education is invaluable in mastering scanning techniques. Clinical time permits the student to meet program learning outcomes and to become competent and proficient in the cognitive, affective, and psychomotor domains of learning. The clinical site provides the experience necessary to become a sonographic professional.

1. Attendance:

Clinical Education Course Attendance requirements (subject to change):

| | | | |
|--------------|--------|----------|---|
| First Year: | Fall | 15 weeks | 1 clinical day per week (last 9 semester weeks) |
| | Spring | 15 weeks | 3 clinical days per week |
| | Summer | 10 weeks | 3 clinical days per week |
| Second Year: | Fall | 15 weeks | 4 clinical days per week |

Course assignments, including attendance at both on campus classes and clinical courses, should not exceed forty (40) hours/week or eight (8) hours/day. The students can request to exceed this time limit in order to complete course requirements for the semester. Students must take a lunch according to the department policy at the clinical education site. Students **may not** forgo lunch in order to shorten the clinical day or to complete clinical education requirements.

Course requirements also dictate that a student rotate through all clinical areas at each site as assigned. Any student who has missed a rotation must make up the hours required in that site such as OB, vascular, etc.

Students are required to document their hours spent at the clinical education center on a daily basis. This attendance record must be signed by the clinical instructor and turned in at the end of each semester to receive a clinical grade.

2. Absences and Make Up Time: Students are **not permitted to miss any days** of clinical education (other than for bereavement or interviews as discussed on pages 23 and 53, respectively). Any clinical time missed must be made up.

All make-up time must be completed by the end of finals week to receive a clinical grade. If absent time is not made up by the end of finals week, the student will receive a grade of In Progress (IP) for the course. A grade of In Progress will only be given in extreme circumstances per University policy. Make up time shall be completed at a time agreed upon by the Clinical Instructor. For students attending more than one clinical education site during a semester, make up time must be completed at the site where it was missed. Student cannot make up time on holidays recognized by KSU. A Clinical Time make-up form must be completed, signed by the clinical instructor and returned to the clinical coordinator to receive credit for make-up time. A student may not make up time in anticipation of an absence; clinical absence time can only be made up following the actual absence occurrence.

3. Reporting Absences from Clinical Education: If a student is unable to attend clinical education, he/she must call and report the absence to the ultrasound department at least one hour prior to scheduled start time of clinical education. The student must also report the absence to the clinical coordinator by phone at least one hour prior to the scheduled start time of clinical education. Failure to do so will result in demerit in clinical grade.

4. Bereavement: A student will be granted 2 consecutive days off (class and/or clinical days) that do not have to be made up. This applies only to the following family members: spouse, parent, stepparent, in-laws, grandparent, sibling, child or stepchild. Students must bring in documentation (i.e., obituary) to program director within one week of absence. Any other time missed will need to be made up as part of clinical course requirements.

5. Tardiness:

- a. Students must be at the Clinical Education Center in their assigned area prior to the start of the assigned clinical time. Students who report to the assigned area at the Clinical Education Center 5 minutes after their assigned time (without a written excuse) will be considered tardy.
- b. Each time the student is tardy, that amount must be recorded on the student's attendance record. A student must meet the clinical education course requirements to successfully pass the course. The student must meet with the clinical instructor to assure this.
- c. Students are permitted 1 tardy occurrence per 30 day period but no more than 3 occurrences of tardiness during a semester.
- d. Repeated unexcused tardiness in one semester will have the following results:
 - i. A conference report between the student and the program director will result in a written warning for the 3rd unexcused occasion of being tardy.
 - ii. A lowering of the clinical grade if continued unexcused tardiness occurs. For every additional unexcused occurrence of tardiness, the final grade of the course will be lowered one letter grade. If the resultant grade is a C- or lower in the diagnostic medical sonography course, the student will be dismissed from the program.

Students should be aware of the fact that they may be considered for future hire at a clinical site, and that regular attendance at the clinical site may have an impact on the possibility of being hired.

Policy 2002, revised 2003, 2004, 2006, 2011, 2014, 2015, 2017, 2019

ATTENDANCE FOR CLINICAL EDUCATION ASSIGNMENTS**Clinical Education Course Requirements**

| | Clinical Education Center Requirements | Clinical Education Lab Requirements |
|----------------------------------|--|-------------------------------------|
| First Year Fall Semester | 9 weeks 9 days 72 hours | 15 weeks 21 days 63 hours |
| First Year Spring Semester | 15 weeks 45 days 360 hours | 15 weeks 17 days 25.5 hours |
| Summer Semester | 10 weeks 30 days 240 hours | 5 weeks 10 days 20 hours |
| Second Year Fall Semester | 15 weeks 60 days 480 hours | 15 weeks 13 days 32.5 hours |
| TOTAL | 1152 hours | 141 hours |

List does not include holidays

Policy: 2006, 2015, 2018

ATTIRE AND APPEARANCE

The student uniform is to be worn by all students in the Diagnostic Medical Sonography program while in attendance at the Clinical Education Center, unless the assigned area (i.e., surgery) requires something different. Street clothes are not to be worn at the Clinical Education Setting. Clothing is a form of non-verbal communication that reflects confidence in ability and judgment, personal behavior and sense of professional image.

Dress Code and Professional Appearance Rules at the Clinical Sites

1. Clean and well-pressed uniforms at all times. No jeans, stretch pants, or uniforms made of T-shirt material. Fabric for all uniforms should be of weight and weave so that undergarments are not visible. Appropriate undergarments (including socks) must be worn. Short or long sleeve white T-shirts are permissible under the scrub top but must be plain with no writing. The waistband of the scrub pants must be at the level of the student's natural waistline. Pants cannot be rolled or pegged and must be of proper length to the top of the shoe. Pants must not drag on the floor. Only scrub jackets or lab coats are acceptable as a cover. Clothing, including attached buttons/pins, will not include visible statements advertising commercial products or expressing controversial/divisive viewpoints.
2. Shoes must be clean and polished. White athletic tennis shoes with minimal color or markings, tennis shoes of same color as scrub pants, or white nursing shoes are acceptable. Shoes for all clinical education centers are to be either nursing shoes or white athletic tennis shoes (with minimal color or markings). Boots, sling back, high heeled or open-toed shoes are not permitted.
3. Hair clean, neat, and pulled out of the way and under control; no unnatural or unusual hairstyles (e.g., spiked), hair colors (e.g., purple, orange, blue, bright red) or hair accessories (e.g., flowers, etc.) are allowed. For males, beards and mustaches are permitted if neatly trimmed, and hair length should not touch collar.
4. Fingernails should be clean and cut short. Light pastel colored polish is permitted – single color. (No exotic colors such as black, green, purple, blue, etc.). Long nails should be avoided because they may injure patients. Artificial nails are prohibited for infection control reasons.
5. Make-up must be in moderation.
6. No heavy fragrance permitted. Effective deodorant is required.
7. Identification badges must be worn (these will be provided by the program).
8. Jewelry permitted:
 - No more than 2 earrings may be worn in each earlobe. No large or dangling earrings or hoops.
 - Any other areas of the body that are pierced must not have pierced jewelry that is visible. A pierced tongue is not permitted at the clinical site.
 - Wrist watch with a second hand recommended; however, smart watches are prohibited.
 - Wedding band &/or engagement ring or other rings but no more than two per hand
9. Tattoos must be covered.
10. All students will be required to follow the dress code. Any student with inappropriate appearance will be asked to leave the Clinical Education Center. The student must still meet clinical course requirements. Repeated violations of the dress code will warrant appropriate disciplinary action.

Policy: 2002, revised 2006, 2007, 2010, 2011, 2013, 2015, 2016, 2017, 2018, 2019, 2020

ATTIRE AND APPEARANCE
Required Uniforms by Clinical Site

| | |
|--|---|
| Aultman Alliance Community Hospital | Pewter gray scrubs (Dickies brand), white pants permissible, white shoes |
| Aultman Hospital | Navy scrubs, white shoes |
| Cleveland Clinic Foundation - Akron General Health Systems | White scrub top or white scrub bottom with opposite color (blue) for pants/ top. No all white or all blue uniforms. Lab coat color same as top. White socks, solid white shoes |
| East Liverpool City Hospital | Red scrubs, white shoes |
| Mercy St. Elizabeth's Youngstown Hospital | Pewter gray scrubs, white shoes |
| Mercy St. Elizabeth's Boardman Hospital | Pewter gray scrubs, white shoes |
| Mercy St. Joseph's Warren Hospital | Pewter gray scrubs, white shoes |
| Salem Regional Medical Center | Galaxy blue scrubs, white top permissible-must have 2 articles of galaxy blue on, white shoes |
| Sharon Regional Medical Center | Black scrubs, white shoes |
| Trumbull Memorial Hospital | Black scrubs, white shoes |
| Union Hospital | Pewter gray scrubs, white shoes or white scrub top or white scrub bottom with opposite color (blue) for pants/ top. No all white or all blue uniforms. Lab coat color same as top. White socks, solid white shoes |
| University Hospital - Geauga | Gray scrubs, white shoes |
| University Hospital – Geneva | Dark colored scrubs (black, gray, navy), white shoes |
| University Hospital – Portage | Black, gray, red scrubs, white shoes |

Policy: 2002; revised 2003, 2004, 2006, 2007, 2011, 2012, 2013, 2015, 2016, 2017, 2018, 2019, 2021

BREAKS AT THE CLINICAL EDUCATION SETTING

Students enrolled in Clinical Education courses will be permitted to leave their assigned areas for breaks, lunch or dinner at the discretion of the Clinical Instructor or Supervising Sonographer. Lunch and dinner breaks when appropriated will be limited to the time established by the Clinical Education Center. Some clinical education sites do not take breaks but instead extend the lunch period.

Policy: 2002

CARDIOPULMONARY RESUSCITATION

Students enrolled in RIS courses are required to hold a current certification in cardiopulmonary resuscitation from the American Heart Association or its equivalent. This certification must be kept current for the duration of the program.

The CPR certification must be Healthcare Provider BLS and must include adult (one rescuer and two rescuer), child, and baby CPR and obstructed airway for the adult, child, and baby and AED. Online courses or courses without simulated chest compressions are not acceptable.

Students must upload a copy of their card to the Castle Branch website prior to Fall semester of the first year of the program, prior to entry into clinical education. Students without the appropriate certification will not be able to complete clinical education requirements for Diagnostic Medical Sonography courses.

Policy: 2002, revised 2011, 2015, 2016, 2019

CHEATING AND PLAGIARISM

CHEATING

Cheating is considered a serious offense by the university and program officials. Cheating will result in dismissal from the diagnostic medical sonography program. The official university policy regarding cheating can be found in the University Policy Register. Copying the work of another student from current or previous class work on assignments or exams constitutes cheating. Obtaining and studying from old examinations given to previous students in this program constitutes cheating.

Students in the diagnostic medical sonography program will encounter former students who may have in their possession copies of writing assignments, take home assignments, and extra credit assignments that constitute part of the final grade in RIS courses. Take home assignments and extra credit assignments may be completed as part of a group of students or with assistance of clinical instructor at the clinical education sites if deemed permissible in instructions given by course instructor. However, copying the work of a former student is dishonest and will be considered cheating.

All quizzes and tests, including final examinations, are the property of Kent State University and the Diagnostic Medical Sonography Program. Former students who may have copies of tests and final exams in their possession may be considered to be in possession of **stolen property** and will be prosecuted accordingly under the university policy regarding theft and stealing. Current students who accept the work or exam questions/answers of a former student will be considered guilty of both theft and cheating.

PLAGIARISM

To “plagiarize” means to take and present as one’s own material the ideas or words of another, or to present as one’s own an idea or work derived from an existing source without full and proper credit to the source of the ideas, words, or works. This definition includes using another student’s work as your own as well as inadequately referencing other sources in your work.

Throughout the educational program, students may be required, with or without prior notice, to submit an electronic form of their written work **in addition to** a hard copy of an assignment.

Plagiarism is considered a serious offense by the university and program officials and will result in dismissal from the diagnostic medical sonography program. The University Policy on Plagiarism is available in the University Policy Register. (URL on following page). Please read it.

CHEATING AND PLAGIARISM**Kent State University Administrative Policy 3-01.8**

- (A) Purpose. Students enrolled in the university, at all its campuses, are to perform their academic work according to standards set by faculty members, departments, schools and colleges of the university; and cheating and plagiarism constitute fraudulent misrepresentation for which no credit can be given and for which appropriate sanctions are warranted and will be applied.
- (B) Definitions. As used in this rule:
- (1) "Cheat" means intentionally to misrepresent the source, nature, or other conditions of academic work so as to accrue undeserved credit, or to cooperate with someone else in such misrepresentation. Such misrepresentations may, but need not necessarily, involve the work of others. As defined, cheating includes, but is not limited to:
 - (a) Obtaining or retaining partial or whole copies of examination, tests or quizzes before these are distributed for student use;
 - (b) Using notes, textbooks or other information in examinations, tests and quizzes, except as expressly permitted;
 - (c) Obtaining confidential information about examinations, tests or quizzes other than that released by the instructor;
 - (d) Securing, giving or exchanging information during examinations;
 - (e) Presenting data or other material gathered by another person or group as one's own;
 - (f) Falsifying experimental data or information;
 - (g) Having another person take one's place for any academic performance without the specific knowledge and permission of the instructor;
 - (h) Cooperating with another to do one or more of the above; and
 - (i) Using a substantial portion of a piece of work previously submitted for another course or program to meet the requirements of the present course or program without notifying the instructor to whom the work is presented.
 - (j) Presenting falsified information in order to postpone or avoid examinations, tests, quizzes, or other academic work.

Cheating and Plagiarism
Kent State University Administrative Policy 3-01.8

- (2) "Plagiarize" means to take and present as one's own a material portion of the ideas or words of another or to present as one's own an idea or work derived from an existing source without full and proper credit to the source of the ideas, words, or works. As defined, plagiarize includes, but is not limited to:
- (a) The copying of words, sentences and paragraphs directly from the work of another without proper credit;
 - (b) The copying of illustrations, figures, photographs, drawings, models, or other visual and nonverbal materials, including recordings, of another without proper credit; and
 - (c) The presentation of work prepared by another in final or draft form as one's own without citing the source, such as the use of purchased research papers.

Please review the remainder of the KSU Administrative Policy intent, sanctions, procedures and appeals on the website at:

<https://www.kent.edu/policyreg/administrative-policy-regarding-student-cheating-and-plagiarism>

Policy 2006, 2011, 2014, 2018

CLINICAL SUPERVISION OF STUDENTS

During the clinical education courses of the program, all students are under direct supervision until a student achieves and documents competency of a given procedure.

I. DIRECT SUPERVISION requires that:

1. a sonographer be present in the exam room during the sonographic procedure,
2. a sonographer review the request for examination and evaluate the patient's condition giving consideration to the student's achievement, and
3. a sonographer reviews and approves the images.

Students who have achieved and documented **COMPETENCY** of a given procedure may perform that procedure under **INDIRECT** supervision of a sonographer. Students should always have **DIRECT** supervision for transvaginal, breast and scrotal sonography.

II. INDIRECT SUPERVISION requires that: a sonographer be available for immediate assistance. Immediate assistance means that a sonographer is present in the room adjacent to where the procedure is being performed.

COMMUNICABLE DISEASE POLICY

I. Students who are exposed to a communicable disease

Students who are notified of an exposure to a communicable disease while attending clinical education courses must do the following:

- A. Notify the clinical instructor as soon as possible.
- B. Notify the program director of the diagnostic medical sonography program as soon as possible.
- C. Follow the guidelines and protocols set up by the Clinical Education Center they are attending.
- D. Complete a communicable disease form that will be placed in the student's file in the program director's office.
- E. A student, who is then diagnosed with the communicable disease, must follow part II, as seen below.

II. Students who are diagnosed with a communicable disease

- A. Students enrolled in the Diagnostic Medical Sonography program are required to notify the program director if they are diagnosed with a communicable disease. The student must complete a communicable disease form that will be placed in the student's file in the program director's office.
- B. The student's confidentiality will be protected to a certain degree, mainly to those on a need to know basis. This will depend on what the communicable disease is and if it will affect the health and welfare of others.
- C. The Program Director will in turn notify the Clinical Instructor and they will counsel with the infection control department of the Clinical Education Center. When necessary the student will attend a counseling session with the infection control department.
- D. Depending on the severity of the disease and the student's physician, the student may be required to withdraw from the clinical education course and/or the diagnostic medical sonography program.
- E. Failure to report a communicable disease to the program director may result in dismissal from the diagnostic medical sonography program, depending on the nature of the communicable disease.

Policy: 2002

CONDUCT AT CLINICAL EDUCATION CENTERS

The following is a list of reasons why a student may be subject to advisement, probation, suspension, or dismissal. The severity of the incident will determine the consequence, and the student has the right to appeal and due process. Students must abide by all rules and regulations of the clinical education setting to which they are assigned.

ALL STUDENTS:

1. Will report to the clinical assignment in the proper uniform, presenting a professional appearance.
2. Will report to the clinical assignment in an alert condition.
3. Will be free of any possessions of drugs or alcohol and will not be under the influence of any substance that could impair performance or comprise patient safety while at the clinical site.
4. Will not engage in immoral conduct.
5. Will not divulge any confidential information concerning the clinical site.
6. Will not engage in theft of any articles from the Clinical Education Center.
7. Will not show gross neglect of duty, including negligence or willful inattention or unkind manner toward a patient.
8. Will not accept any type of gratuity or "tip" from a patient or a patient's family.
9. Will not clock in or otherwise fill in attendance record of another student or staff member.
10. Will not study for other courses while on clinical assignments.
11. Will not smoke in areas where it is prohibited while on clinical assignments or will not smoke if restricted by the clinical site.
12. Will not leave the assigned areas unless instructed to do so.
13. Will not falsify records, reports, and/or information.
14. Will not fight or instigate a fight at the clinical site.
15. Will not use profane or abusive language toward anyone.
16. Will not willfully violate any safety regulations.
17. Will not create malicious mischief resulting in injury or destruction of property.
18. Will not operate ultrasound equipment without permission from clinical site personnel.

Policy 2002, revised 2003, 2019

CONDUCT REGULATIONS FOR STUDENT BEHAVIOR AT KENT STATE UNIVERSITY

ADMINISTRATIVE POLICY REGARDING REGULATIONS FOR STUDENT BEHAVIOR (3342-4-02.1)

(A) Purpose. The university attempts to provide for all students a university environment that is conducive to scholarship, social growth and individual self-discipline.

(B) Jurisdiction. The code of student conduct shall apply to conduct occurring on university premises, at university-sponsored activities, and to off-campus conduct that adversely affects the university community and/or the pursuit of its objectives. Each student shall be responsible for his/her conduct from the time of application for admission through the actual awarding of a degree, even though conduct may occur before classes begin or after classes end, as well as during the academic year and during periods between terms of actual enrollment. The code of student conduct shall apply to a student's conduct even if the student withdraws from the university while a disciplinary matter is pending. The vice president for enrollment management & student affairs maintains discretion to decide, on a case by case basis, whether the code of student conduct shall be applied to conduct occurring off campus.

(C) Scope. In pursuit of this goal, students are expected to abide by local, state, and federal laws, as well as to adhere to all university rules and regulations contained in the university register. Any student found to have committed or to have attempted to commit the following misconduct is subject to sanctions outlined in this document. Conduct violations include, but are not limited to:

(1) Academic misconduct.

- (a) Cheating by using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- (b) Facilitating academic misconduct – intentionally or knowingly helping or attempting to help another to violate any provision of this policy.
- (c) Plagiarism by intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise.

(2) Alcohol.

- (a) Use or possession of alcoholic beverages except as expressly permitted by law, university regulations; and/or public intoxication.
- (b) Distribution of alcoholic beverages except as expressly permitted by law and university regulations.
- (c) Residence hall policies pertaining to empty alcohol containers.

(3) Animals. Possession or accompaniment of animals in any university building at any time. Exceptions include laboratory animals or animals trained to assist persons with disabilities, and the residence services guidelines for pets.

(4) Arson. Causing a fire or explosion, or unauthorized use of any potential incendiary device / equipment

(5) Complicity. Presence during any violation of University policies or rules in such a way as to condone support, or encourage that (attempted or carried out) violation

(6) Computer misuse. Including but not limited to electronic materials, equipment, technological resources, and e-mail.

- (a) Unauthorized access into a file including but not limited to: using, reading, transferring, or changing the contents.
- (b) Use of another individual's identification and/or password.
- (c) Use of computing facilities to interfere with the work of another student, faculty

- member or University official.
- (d) Use of computing facilities and/or e-mail to send obscene or abusive messages.
 - (e) Use of computing facilities and/or e-mail to send unsolicited or unauthorized messages with the intention of reaching a mass of users.
 - (f) Violation of the Digital Millennium Copyright Act.
- (7) Controlled substances. Use, possession or distribution of narcotics, controlled substances, and/or related paraphernalia except as expressly permitted by law.
- (8) Destruction/misuse of property.
- (a) Destroying, defacing, tampering with, materially altering or otherwise damaging property not his or her own. This includes, but is not limited to, doors, windows, swipe card mechanisms, restroom equipment, vending machine equipment, University transportation equipment, etc.
 - (b) Creating a condition which endangers or threatens property not his or her own.
- (9) Discrimination. Discrimination of a person or group based on race, color, religion, gender, age, sexual orientation, national origin, disability or veteran status.
- (10) Disorderly conduct. Conduct which is disorderly, lewd, or indecent; breach of peace; or aiding, abetting, or procuring another person to breach the peace or obstruct teaching, research, administration, or University activities or functions.
- (a) Creating a risk of bodily harm to self/others.
- (11) Gambling. Gambling for money or other possessions on University property or in any University operated or managed facility.
- (12) General safety.
- (a) Failure to conform to University safety regulations, including, but not limited to residence halls policies outlined in the Hallways Handbook and campus laboratory guidelines.
 - (b) Tampering with, or misuse of, fire alarms and firefighting equipment, including but not limited to fire extinguishers, fire hoses, heat and smoke detectors, sprinkler systems, or other safety devices.
 - (c) Possession of flammable items, including, but not limited to, candles, incense, or other items which maintain a purpose of being used in a flammable way.
- (13) Harassment.
- (a) Threatening or intimidating a person creating a rational fear within that person.
 - (b) Engaging in a course of conduct or repeatedly committing acts directed at another person which would seriously annoy a rational person.
 - (c) Creating a condition which endangers or threatens the health, safety or welfare of another person.
 - (d) Physically restraining or detaining another person, or removing any person from any place where he or she is authorized to remain.
- (14) Hazing. Any action or situation intentionally created, whether on or off University premises, to produce mental or physical discomfort, embarrassment, harassment or ridicule.
- (15) Impaired driving. Operating a motor vehicle while under the influence of drugs or alcohol.
- (16) Judicial system.
- (a) Falsification, distortion, or misrepresentation of information before a judicial body.
 - (b) Disruption or interference with the orderly conduct of a judicial proceeding.
 - (c) Attempting to discourage an individual's proper participation in, or use of, the

- judicial system.
- (d) Attempting to influence the impartiality of, or intimidate, a member of a judicial body prior to, and/or during the course of, a judicial proceeding.
 - (e) Failure to comply with the sanction(s) imposed under the Code of Student Conduct.
- (17) Laws. Violation of federal, state or local law. NOTE: A finding of a violation under this rule does not require proof of a conviction in any off campus proceeding.
- (18) Misrepresentation. Knowingly distorting or altering the truth for personal gain or favor, including but not limited to: falsification of admissions application, possessing false identification, or falsification of documents provided to University faculty or staff.
- (19) Physical violence. Punching, slapping, kicking, or otherwise striking; verbal abuse, threats, intimidation, harassment, coercion and/or other conduct which threatens or endangers the health or safety of any person.
- (20) Reasonable request. Failure to comply with a reasonable request of a university official, including but not limited to: a person instructing a class, a librarian or designee in a library, a university / city police officer, any resident assistant, residence hall director, and members of the University staff carrying out their duties and responsibilities.
- (21) Residence hall policies. Failure to comply with residence hall policies outlined in the hallways handbook, including but not limited to: escort, room capacity, restroom, quiet/ courtesy hours, improper room change, odor of marijuana, illegal appliances, visitation.
- (22) Sexual assault. Coercing a person physically, verbally, or by deception, into any type of sexual conduct or act with another person whether the assailant is a friend, acquaintance or stranger.
- (a) Rape.
 - (b) With a minor.
 - (c) Without consent.
 - (d) While participant is intoxicated or under the influence of a controlled substance.
 - (e) While participant is incapable of providing consent.
- (23) Sexual harassment.
- (a) Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
 - (b) Unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive environment.
 - (c) Submission to or enduring such conduct when made either explicitly or implicitly a term or condition of instruction, employment, or participation in other University activity.
- (24) Smoking. Prohibited in all University buildings and vehicles, and where posting prohibits.
- (25) Theft. Using, taking, and/or possessing property or services that are knowingly not his or her own.
- (26) Trespass/unauthorized entry. Knowingly entering or remaining in a building, office, residence hall room or any other properties at any time without appropriate permission or authorization.
- (27) Weapons. Unauthorized possession, storage, or use of firearms, explosives, other weapons, or dangerous chemicals.

Effective: October 14, 2010

CONFERENCE SESSIONS

Students enrolled in the diagnostic medical sonography program will be scheduled for one conference session each semester with the Program Director in order to review both academic and clinical progress. This will be based on the following:

1. Clinical Instructor evaluations of the student.
2. Sonographer evaluations of the student.
3. Personal observations by the Clinical Coordinator and Program Director.
4. Consultations with the ultrasound staff.

The program director will schedule the conference at the campus and place the conference form in the student's file at the campus.

STUDENT SELF-EVALUATION

Students will also complete a self-evaluation each semester that will be reviewed at the time of the conference with the program director. The purpose of this self-evaluation is for the student to assess his/her own strengths and to address areas needing improvement.

Policy: 2002

Reviewed 2021

CONFIDENTIAL INFORMATION – ACADEMIC AND CLINICAL EDUCATION

1. All facility, personnel and patient records are confidential in nature. This includes all medical images, reports, spoken, paper and electronic information. Students shall comply with all federal and state rules and regulations regarding such information, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. Requests for information concerning a patient, personnel or the facility should be referred to the Supervising Sonographer or the Clinical Instructor.
3. Students are expected to maintain confidentiality in a professional manner.
4. Student files at the clinical education center are confidential and will be kept in a locked file cabinet. Only the clinical instructor and clinical coordinators have access to these files. A student will be able to view only his/her own file. This will be done under the supervision of the clinical instructor or clinical coordinator.
5. **Any break in confidentiality by a student will be cause for immediate dismissal from the program. If a student is accused of a confidentiality violation, an investigation will commence. The grievance policy will be followed.**
6. Students are to follow clinical site policies in identifying patients.

Policy: 2002, revised 2006, 2011, 2015

Reviewed 2021

DISCIPLINARY ACTION

Any violation of policy warrants disciplinary action. A written summary of the violation will be placed in the student's file. The written summary of the violation must be signed and dated by all parties involved. The action to be taken will be determined by the Program in accordance with the Due Process Policy of this Handbook, and/or the Student Conduct Policy of the University Life: Rules and Regulations. (www.kent.edu)

Note: Before disciplinary action is taken by the Program Director, the Program Director will meet with the Clinical Coordinator and RIS Faculty for the purpose of reviewing the circumstances leading to possible disciplinary action. The final decision will be based on this review. However, the Program Director will be responsible for the act of dismissal and proper documentation of the action.

The accused student is provided an opportunity to share his or her side of the story, including witnesses, of the incident that led to the disciplinary action being filed.

DISCIPLINARY STAGES:

Stage I: Written Conference Report (no disciplinary action taken)

A written conference report will be completed for any student who is experiencing a problem in the program that needs to be addressed. A diagnostic medical sonography faculty member will speak to the student and record the information on the conference form that will be placed in the student's file on campus.

Stage II: Probation (disciplinary action taken)

When a written conference has proven to be an inadequate solution to the problem, a student may be placed on probation. Length of probation will depend on severity of the disciplinary problem.

When put on probation, the Program Director must write a conference report stating the reasons for probation and how long it will last. Also the report will include the behavior or performance that is expected from the student during that time with the consequence for not fulfilling those expectations. This report will be signed and dated by the student and Program Director.

The behavior or performance will be monitored by the appropriate authority during the probationary period.

Stage III: Suspension:

When an offense is serious or previous disciplinary actions have not improved the behavior or performance of the student, the student will be suspended for three days from the clinical site. The student must still complete all clinical course requirements.

Stage IV: Dismissal:

After repeated disciplinary actions for the same violation, the student will be dismissed from the program by the Program Director.

A student will be immediately dismissed without going through any previous steps for:

1. breach of confidentiality,
2. falsifying information,
3. attending the Clinical Education Center or campus under the influence of alcohol, drugs, or any substance that could impair performance or compromise patient safety,
4. fighting or attempting to injure others on Clinical Education Center or campus property, including the use of a weapon with the intent to cause bodily harm,
5. unprofessional behavior,
6. stealing,
7. deliberately destroying property,
8. abusing a patient, fellow student, or Clinical Education Center employee, physically or verbally,
9. cheating on any examination,
10. not meeting the academic standards at the close of a semester,
11. violation of a Clinical Education Center policy which requires the Clinical Education Center to terminate services, and/or
12. any violation of policy requiring immediate dismissal as stated in the "Student Handbook," "University Catalog," and/or the "University Life: Rules and Regulations."

Policy: 2002, revised 2011, 2012, 2015, 2019

DUE PROCESS/ GRIEVANCE PROCEDURE

1. Policies regarding warning, probation, and dismissal are clearly spelled out in the student handbook, and student-adviser conferences are held on a regular basis. Accordingly, problems concerning these policies should occur infrequently, if at all.
2. If questions/problems do arise concerning implementation of clinical education policies, the due process procedure is as follows:
 - a. The student discusses the matter in question with the Program Director within 10 days of the occurrence of the problem in question, explaining the nature of the problem and proposing a suggested solution.

The Program Director will investigate the problem and confer with the faculty of the program and, if needed, with the diagnostic medical sonography advisory committee. A solution will be provided to the student within 10 days. In the event the Program Director fails to respond to the grievance within 10 days or if the student is not satisfied with the response, the student may proceed to the next step in the due process procedure.

- b. If the student is not satisfied with the ruling, the student may proceed with the Kent State University Student Complaint Process found at <http://www.kent.edu/policyreg/administrative-policy-and-procedures-student-complaints>
- c. The grievance process is non-retaliating, meaning the student will not be harassed, reprimanded, or punished by anyone for using this policy.

EARLY RELEASE FROM A CLINICAL EDUCATION COURSE

1. The clinical education courses of the Diagnostic Medical Sonography Program sponsored by Kent State University are completed upon documented achievement of defined objectives and competencies for each clinical education course.
2. Because each semester has its own separate clinical objectives, students may **not** request early release of a clinical education course.

Policy: 2011

FLASHES SAFE EIGHT – SAFETY DURING COVID 19 PANDEMIC

Kent State University's reopening committees continue to work for a safe return to our campuses this fall. To ensure an outstanding and safe experience for our students, faculty and staff, the Flashes Safe Seven principles have been established to guide the return to campus activity. Everyone on a Kent State campus must adhere to these operating principles to help create the safest environment possible. More information can be found at: <https://www.kent.edu/coronavirus/ashes-safe-eight>

Policy: 2020, revised 2021

EVALUATIONS

The following evaluations are completed in the diagnostic medical sonography program:

I. Evaluations by Students

A. STUDENT SELF-EVALUATION

Students will complete a self-evaluation each semester that will be reviewed by the clinical instructor and program director. The purpose of this self-evaluation is for the student to assess his/her own strengths and areas needing improvement.

B. CLINICAL INSTRUCTOR EVALUATION by the STUDENT

Students will evaluate the Clinical Instructor at the completion of each semester.

C. CLINICAL EDUCATION SETTING EVALUATION by the STUDENT

Students will evaluate the Clinical Education Center to which they are assigned at the completion of each semester.

D. INSTRUCTOR and COURSE EVALUATIONS by the STUDENT

Students will evaluate the instructor and course at the course completion.

II. Evaluation of Students

A. STUDENT EVALUATION by the CLINICAL INSTRUCTOR

All students are evaluated by the Clinical Instructor each semester to check on the student's progress in the program. This grade is part of the clinical education course grade.

B. STUDENT EVALUATION BY THE CLINICAL COORDINATOR

All students are evaluated by the Clinical Coordinator each semester to check on the student's progress in the program. This grade is part of the clinical education course grade.

C. STUDENT EVALUATION by the SONOGRAPHER

The student will be evaluated by at least one sonographer in addition to the Clinical instructor each semester. The Clinical Instructor will select which sonographer should evaluate the student, to ensure that the sonographer has spent enough time with that student to be properly evaluated. The Clinical Instructor will distribute the evaluation form to the proper sonographer. The evaluation is not given a grade but it is closely examined and reviewed by the Clinical Instructor and the Program Director to check student progress.

D. COMPETENCY EVALUATION

To evaluate the student's performance of specific sonographic examinations (abdomen, GYN pelvis, thyroid, etc.), it is the responsibility of

the student to select the competency evaluations required for each semester according to the list on the Competency Summary Sheet.

The Clinical Instructor or appropriate sonographer will complete this evaluation while observing the student's performance and after reviewing the resulting images. Exams on real patients should be performed whenever possible. Students may simulate some exams but the decision is up to the clinical instructor. The competency evaluations are graded and are part of the clinical education course grade each semester.

The Clinical Coordinator will also evaluate the student's continuing competence through clinical proficiencies. These proficiencies will be performed during Summer and 2nd Fall (one each semester), with the cases selected by the Clinical Coordinator.

At the successful completion of the program, the Program Director will sign the ARDMS Clinical Verification form stating that the student has successfully completed all required competencies as specified by the program. A student will be ineligible for program completion if all competencies are not completed successfully.

PROGRESS CHART

A progress chart is given to each student to keep at the clinical education centers so that all sonographers are aware of the competencies that each student has achieved in order to determine the level of supervision required.

III. Evaluation of the Program at Completion

A. EXIT EVALUATION by the STUDENT

Students will evaluate the program at the completion of the program.

B. GRADUATE SATISFACTION SURVEY

Approximately 6 months after graduation, Kent State University will send the student a Graduate Satisfaction Survey. The purpose is for the graduate to evaluate the diagnostic medical sonography program after the student has graduated and gone on the employment or additional schooling. The survey is used to assess outcomes of the program in determining its effectiveness and to search for information that could lead to programmatic improvement.

C. EMPLOYER SATISFACTION SURVEY

The employer satisfaction survey is sent at the same time of the graduate satisfaction survey. The graduate can indicate their employment status and employer information. The survey by the employer will evaluate the graduate's skills twelve months after employment. The purpose of this survey to the employer is to help the program determine its effectiveness from the employer's perspective to aid programmatic improvement.

Policy: 2002, revised 2003, 2004, 2006, 2010, 2018

Reviewed 2021

EXTENSION OF A CLINICAL EDUCATION COURSE

A. Required Extension of a Clinical Education Course

1. The diagnostic medical sonography program is based on a competency based system whereby a student must achieve a set number of competencies prior to the completion of the program.
2. Students achieve these in different time frames, depending on their progress, initiative and what they have been able to observe and perform at the clinical education center. Some students may require additional time in a clinical education course due to:
 - a. Inability to complete the required competencies by the end of a semester.
 - b. Documentation by program officials that shows evidence that the student is not ready to complete the clinical education course due to poor performance or insufficient knowledge of diagnostic medical sonographic procedures.
3. The length of time for the required extension would be decided by the faculty of the program after consulting with the student's clinical instructor.
4. The student would have to prove competency at the end of the extended time period before the extension was terminated.

B. Student request for an extension of a clinical education course

1. A student may request an extension of a clinical education course.
2. The purpose may be inability to complete attendance or academic requirements, or to enhance clinical education skills.
3. The student must have successfully completed all previous clinical education courses to make such a request.
4. The request must be made in writing to the Program Director no later than twenty (20) days before the close of the semester involved.
5. This extension is only applicable to clinical education courses; no other Diagnostic Medical Sonography course is eligible for extension.
6. All requests for extension will be considered on an individual basis. The maximum extension considered is four (4) weeks of additional clinical education.
7. Students will receive a grade of "In Progress (IP)" until course requirements are met. An IP grade is given only under extenuating conditions. The instructor will change the grade to a letter grade when requirements are met.
8. Graduation may be delayed if a clinical course is extended the final semester of the program.

Placement for clinical extension is based on clinical site availability and must not interfere with clinical education of any other student. Clinical extension may delay program progression and/or graduation.

Policy: 2002, revised 2011, 2019

GRADUATION REQUIREMENTS
OF THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

1. A student must successfully complete all diagnostic medical sonography core courses (RIS courses) with a grade of at least a “C” or better. A student must have a cumulative grade point average of at least 2.75 in the RIS core courses in order to graduate from the program.
2. A student must successfully complete all other course requirements that make up the Bachelor in Radiologic and Imaging Sciences Technology in Diagnostic Medical Sonography. The cumulative grade point average must be at least 2.00 for all courses taken at Kent State University.
3. A student must successfully complete all developmental courses prescribed as a result of Basic Skills Assessment Testing (ACCUPLACER/ ALEKS).
4. A student must successfully complete all required competencies as part of the clinical education courses.
5. A student must successfully complete all rotations assigned in the clinical education setting.
6. A student must successfully complete the Graduation Assessment Examination in the Clinical Education V course prior to the ARDMS examination. If a student does not pass the exam on the first attempt, the student will be required to do remedial coursework as deemed by the diagnostic medical sonography faculty. The student will be required to take up to two additional exams until successful completion. If the student is still unsuccessful, additional coursework may be necessary. This may delay the eligibility of the student to take the ARDMS specialty (OB/GYN and Abdomen) examinations.
7. A student must provide documentation of completion of the ARDMS Sonographic Principles and Instrumentation (SPI) examination in the final semester of the program.
8. A student must complete two (2) hours of professional development at a continuing medical education meeting with documentation submitted to clinical coordinator. (Campus capstone presentations cannot be used as credit.)
9. A student must complete four (4) hours of community service (with documentation submitted to clinical coordinator).
10. The student must complete all requirements of Kent State University prior to graduation.

Policy: 2002, revised 2003, 2006, 2010, 2011, 2014, 2019, 2021

Reviewed 2021

GUIDANCE POLICY

COUNSELING RESOURCES

The purpose for campus mental health and wellness services is to provide counseling, consulting and education to decrease student distress and enhance student performance. Many times stressors originate from outside pressures (relationships, parenting, family, work) & internal concerns (stress, overwhelming pressure, perfectionism, procrastination, poor time management, ineffective goal setting, test/speech anxiety, lack of confidence, poor study habits, mental illness, trauma, alcohol/drug misuse, sexual abuse, depression, anxiety, suicidal thoughts, etc.).

To make an appointment, go to: <https://www.kent.edu/columbiana/counseling-and-wellness-services> OR go to the Columbiana Campus KSU website, click on Campus Life and select Counseling and Wellness Services. Click on the request counseling services link, submit form and look in KSU email for correspondence and appointment time. The site also provides useful college student specific information & general crisis links. Services are FREE & CONFIDENTIAL. Contact Brenda McIntosh (bmcinto1@kent.edu), East Liverpool Campus office 212 G, Salem Campus office. 104-B.

LINK: Mental Health & Wellness Guide for Public Service Professionals:

<https://www.publicservicedegrees.org/resources/mental-health-in-public-service/> .

Other local resources:

Columbiana County Mental Health and Recovery Services Board

Family Recovery Center

Counseling Center of Columbiana County

Crisis/Emergency Services

Monday-Thursday 9 am - 9 pm and Friday 9 am to 5 pm at (330) 424-9573

Help Hotline (330) 424-7767 or 1 (800) 427-3606 (24/7)

Consumer/Family Support Links

Shining Reflections Support Group

PO Box 702

East Liverpool, Ohio 43920

Phone: (330) 385-0533

NAMI of Columbiana County

864 Franklin Street

Salem OH 44460

Phone: (330) 332-4284

Policy 2006, revised 2011, 2012, 2014, 2020

Reviewed 2021

HEALTH AND PROGRAM REQUIREMENTS

Students must be in compliance with all health requirements of Kent State University, the assigned clinical education site, and the Radiologic and Imaging Sciences program and to remain enrolled in the program. Continuance in the program is contingent upon successful completion and maintenance of these requirements. The completed Student Health forms will be uploaded into CastleBranch, and will be provided to the clinical education site (if needed).

1. All students must upload a completed copy of the Radiologic and Imaging Sciences Student Health form by the beginning of fall semester. Health admission requirements include physical examination, two-step TB testing (or negative QTF serum results), immunizations (dependent on immune status determined by titer): tetanus booster, MMR, Hepatitis B, varicella. The TB test must be kept current throughout the duration of the program (annually). Students must submit documentation of flu shot prior to the beginning of flu season. No student will be permitted to begin clinical education until all documentation has been uploaded and approved by CastleBranch.
2. Students must successfully complete required drug screening and background checks prior to entry into clinical education. Castle Branch will conduct the background checks on campus. Drug screening will be performed through Quest Laboratories. Students will not be assigned to a clinical education site with a positive or inconclusive drug screen, or without state and federal background check report satisfactory to the clinical site for placement. Additional background checks (PA clearances) will be required for Pennsylvania site(s) which may result in additional student cost.
3. Students must comply with the required health requirements of the individual Clinical Education Center. Failure to comply with the health requirements of the Clinical Education Center is cause for dismissal from the program.
4. Students are not employees of the Clinical Education Center, and are not covered by worker's compensation.
5. Students are required to provide their own health insurance coverage. Proof of coverage must be submitted to the program director prior to clinical placement. The University does not assume or provide free medical insurance coverage for students in the clinical areas or on campus. Students may purchase health insurance coverage by contacting University Health Services at the Kent Campus. Students are responsible for the payment of all bills incurred if an accident should happen at the campus or clinical site.
6. Due to the physical nature of the profession of sonography, a student may not be allowed to attend clinic if an injury requires them to have a cast, sling, crutches or any other apparatus that may interfere with the student's ability to perform procedures or puts a patient at risk. Students will be allowed to attend clinical education if they provide a full medical release and are able to meet ALL clinical objectives. All absent time will need to be completed as stated in the attendance policy.
7. Any illness, communicable disease, or other condition that might affect the health of the student, patients, or staff should be reported immediately to the program faculty and clinical instructor. The student may be asked to leave the campus or clinical site if the health condition may harm others.
8. It is the right of the program and/or clinical sites to request #1 and/or #2 above to be repeated at any time during clinical rotations. Positive drug screen will result in immediate dismissal from the program.

Policy: 2002, revised 2003, 2004, 2006, 2011, 2012, 2013, 2015, 2016, 2018, 2019, 2021

HEPATITIS B (HBV) VACCINE

The Occupational Safety and Health Administration (OSHA) has published standards addressing occupational exposure to blood-borne pathogens. The standards state there is an occupational hazard for health care workers, especially when dealing with blood-borne pathogens such as the hepatitis B virus (HBV). The standards require that employers make available the hepatitis B vaccine and vaccination series to employees. The standards cover all employees who come in contact with blood and infectious materials while working. The standards fail to specifically include students working in health care settings.

Students enrolled in the diagnostic medical sonography program may at an assigned clinical education site. The students must be aware that they are at risk of coming in contact with the HBV while obtaining clinical experience. The clinical education sites are complying with the OSHA standard by immunizing their employees against HBV; however, students will need to plan for their own vaccination if they desire this means of protection.

The diagnostic medical sonography program **recommends** (but at this time does not require) that students take part in a hepatitis B immunization program prior to starting clinical education. Vaccinations may be available through the health department, local hospital, physician or DeWeese Health Center at the Kent campus. The immunization will include three injections and a blood antibody test (with cost paid by student). Evidence of completion of the HBV vaccine series or the completed declination of vaccination form must be uploaded to CastleBranch.

Policy: 2002, revised 2017, 2021

IDENTIFICATION BADGE DURING CLINICAL EDUCATION

Students will wear identification name badges at the Clinical Education Center to which they are assigned. The identification name badge is to be worn during all clinical education assignments. Identification badges will be provided by the program. If the student loses or damages the ID badge, he or she will be responsible for the cost of replacement. Student may be required to obtain an additional identification badge from the clinical education site for a nominal fee (i.e., \$10 or less).

Policy: 2002, revised 2019

Reviewed 2021

INCLEMENT WEATHER/ EMERGENCIES/ DISASTERS

1. If Kent State University Salem Campus closes due to inclement weather or due to an emergency or a disaster, an announcement will be made as early as possible on area radio and/or television stations (as listed in the Kent Salem Schedule of Classes) and/or on the Kent State Salem web site (<https://www.kent.edu/columbiana>). Please note that radio and television announcements will specifically state Kent State Salem Campus.
2. Students are encouraged to sign up for FlashAlerts, to receive text messages of important information from the University.
3. When Kent Salem Campus AM classes are canceled, clinical education is also canceled. For “emergencies” that are specifically related to campus closings (i.e., power outages) or 2 hour delays of start of classes (for sidewalk clearances in the event of snow), students are expected to report to their clinical site for normal hours.
4. For classes on campus, students should follow prompts on FlashAlerts for class reporting times.
5. During times of inclement weather, emergencies or disasters, (as declared by a government official, campus dean, university official, and/or the Clinical Education Settings CEO) the student will not be charged for an absence and will not have to make up the clinical day. Any scheduled class exams would be postponed.
6. If the student does not attend clinical education due to weather when the Kent Salem Campus is open and operating normally, then the clinical day is counted as an unexcused absence and the student must make up that day to meet course requirements. Documentation of attendance or absence will be maintained by the Clinical Coordinator.
7. If the student does not attend class when Kent State Salem Campus is open and operating normally, then the class day is counted as an unexcused absence and the student is responsible for obtaining any notes missed that day and/or make up any exams that are missed. Documentation of attendance or absence will be maintained by the course instructor.
8. It is the student’s responsibility to notify his/her clinical education setting to inform the clinical instructor if he/she will not be attending clinical that day.
9. If a student is at the clinical setting when the announcement is made to close the campus, the student may make the decision to stay and finish the scheduled clinical time. If a student decides to do so, he/she will be given the appropriate time off at a later scheduled date within that semester.
10. Kent State University Emergency Plan/Emergency Preparedness:
<https://www.kent.edu/policyreg/university-policy-regarding-emergency-management-plan>

Policy: 2002, revised 2006, 2011, 2014, 2019, 2021

INTERVIEWS (CLINICAL RELEASE TIME)

Students will be granted up to eight (8) hours of release time from clinical education during the final semester of the program for job interviews, employee orientation or other issues related to employment within the profession. The student is responsible for notifying the clinical education center and the clinical coordinator prior to the absence, or it will be counted as an unexcused absence. Within one week following the interview, the student must submit documentation on original letterhead from the institution, including date of interview and signature of institutional representative. Failure to submit documentation during the allotted time results in an unexcused absence. Clinical hours missed for interviews without documentation or in excess of the 8 hours given must be made up prior to the end of the semester to receive a clinical grade. Any time missed must be made up at the clinical education center from which the time was missed.

Policy: 2004

Reviewed 2021

LOITERING AT THE CLINICAL SITE

Students are requested to be on the hospital premises only during clinical assignment hours. Visiting with employees or other students who are on assignment is prohibited. Students will not remain in the Ultrasound Department after regular working hours except while on clinical assignment. Students will not congregate in offices, halls, other rooms, or leave the clinical area unless instructed to do so.

Policy: 2002

Reviewed 2021

MALPRACTICE INSURANCE

Students are covered by the University policy for malpractice insurance while assigned to clinical education. There is no cost to the students for this insurance for academic year 2021-2022.

Students may choose to devote additional time at the clinical education site they are assigned to during the breaks between semesters, according to the company providing professional liability insurance for our students. The parameters of this policy are as follows:

- This time is extra time and is not part of the assigned clinical education hours required during each semester. This means students cannot use this as make up time for previous absences nor for future assigned clinical time.
- Students must still follow all of the policies within this handbook including the direct and indirect supervision.
- Students may perform competencies and proficiencies with registered sonographers as needed.
- Students must stay within the scope of practice of a student in the KSU Diagnostic Medical Sonography program.
- Students must provide a schedule of time to be spent at the clinical education site to the clinical instructor and the clinical coordinator one week prior to the time scheduled.
- Students must attend as indicated in their schedule given to the clinical coordinator. Failure to attend a scheduled time will result in disciplinary action. This includes tardiness and absence policies.

Policy: 2002, revised 2011

Reviewed 2021

PREGNANCY POLICY

If an applicant or an enrolled student suspects she is pregnant, she has the option of whether or not to inform program officials of her pregnancy. If the woman chooses to voluntarily inform officials of her pregnancy, it must be in writing and indicate the expected date of delivery. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.

If an applicant or an enrolled student chooses to disclose her pregnancy, she is allowed to make an informed decision based on her individual needs and preferences. The options include the following:

1. Continuing the educational program without modification of the rotation schedule.
2. Leave of Absence from the program.

Option for written withdrawal of declaration: A student may withdraw declaration of pregnancy at any time during the pregnancy.

The student may or may not be allowed to graduate at the scheduled date. This will be determined on an individual basis by the faculty depending on the student's capacity to complete course requirements.

Neither Kent State University nor the student's assigned Clinical Education Site will be responsible for injury to the student or the embryo/fetus if the student chooses to continue in the program during pregnancy.

Policy: 2002, revised 2011

PROFESSIONAL SOCIETIES in DIAGNOSTIC MEDICAL SONOGRAPHY

1. The local society is the **Northeastern Ohio Ultrasound Society (NEOUS)**.

Meetings are generally held as Saturday Symposia in spring and fall. Students are given a discounted rate on dues and/ or cost of meeting attendance.

2. The national society is the **Society of Diagnostic Medical Sonography (SDMS)**. Dues are \$45.00 for students annually. Membership includes the Journal of Diagnostic Medical Sonography (JDMS). An annual meeting is held each year in October. The location varies.

***Student membership in these organizations is strongly recommended.** This supports one of the goals of the program that states: Students will be able to determine the value of professional growth and development and to conduct themselves in a professional manner.

Students are required to attend a continuing education meeting/ seminar during their time in the program. The student must present the program director with a valid CME certificate for 2 hours of CME related to sonography. Failure to do so by the end of the program will result in lowering of Clinical Education IV grade by one letter grade. On-campus capstone presentations cannot be used to fulfill this requirement.

Students will be granted release time for clinical education for documented attendance at a professional meeting or educational seminar beyond the required 2 hours of attendance. The program director, clinical coordinator and clinical instructor must be notified in advance of the meeting. Within a week following the meeting the student must present of the program director documentation of the number of contact hours (CME hours) of the activity. Corresponding clinical release time will be granted. Failure of the student to provide appropriate documentation will result in unexcused absence from clinical education for the absence, and the time must be made up.

Policy: 2002, revised 2006, 2008, 2011, 2016

Reviewed 2021

PROGRAM COMPLAINT RESOLUTION POLICY

The Diagnostic Medical Sonography program at Kent State University is always willing to investigate any complaint against any aspect of the program and will try to resolve the complaint as soon as possible.

A. Resources: Complaints can be made to the following sources, depending on the content of the complaint:

1. Complaints at the Salem campus may be made to the diagnostic medical sonography program director, diagnostic medical sonography clinical coordinator, senior program director, assistant dean, campus complaint officer or the dean of the campus.
2. Complaints at the clinical education setting may be made to the clinical coordinator, clinical instructor, radiology department director or the program director at Kent Salem.

Complaints received from these sources will then be given to the program director or the advisory committee or to the Complaint Adviser for the campus.

Students should address the concern beginning at the program level whenever possible.

B. Methods:

1. Open Door Policy: The program director and the faculty have an open door policy that allows someone to discuss any problem they may be having or to make a complaint about the diagnostic medical sonography program.
2. Evaluations: Program evaluations are completed on a routine basis. These evaluations can provide an avenue for someone to make an anonymous complaint against the program. The program director and faculty analyze the information and make improvements as needed.
3. Meetings: Faculty meetings and advisory meetings provide avenues for someone to make a complaint against the program.
4. Student Complaint Process: Students may make a formal complaint to the Complaint Officer or the Assistant Dean about a problem they are unable to discuss with the faculty of the program. Information can be found in the Digest of University Rules and Regulations.

C. All complaints will be handled in a confidential manner.

D. Reasonable efforts will be made within the program or the institution to resolve a complaint within the recommended time limit as stated in the University Rules and Regulations of the Student Flash Guide.

E. The program and/or the institution will follow the due process policy in resolving any complaint.

Policy 2002, 2019

Reviewed 2021

STUDENT EMPLOYMENT

1. Students must exercise judgment in the number of hours of employment they work during the program as their education may be jeopardized by excessive hours of employment.
2. Work schedules must not conflict with the program curriculum or clinical education.
3. Students must not receive monetary compensation for work done in the Ultrasound Department during their assigned clinical education.

Policy: 2002, revised 2011

Reviewed 2021

STUDENT RECORDS

Student Records at Kent Salem

1. The University maintains accurate and confidential student records.
2. It is the right of the students to have access to their educational records, and it is the duty of the University to limit access by others in accordance with existing guidelines and relevant laws.
3. Student records, with certain exceptions, will not be released without prior consent of the student.
4. Students have the right to review and question the content of their educational records within a reasonable length of time after making a request for review.
5. If there are any questions concerning the accuracy or appropriateness of the records that cannot be resolved informally, an opportunity to challenge a perceived inaccuracy or violation of privacy will be provided through the appeal mechanism.
6. Kent State University maintains that the student records policy is in compliance with the Family Educational Rights and Privacy Act of 1974.
7. The detailed description of the student records policy can be found in one or all of the following: Flash Guide: University Register and University Life: Digest of Rules & Regulations.

Student Records at the Clinical Site

1. A student is to have access to only his/her records at the clinical site.
2. All records are to be kept in a locked file cabinet and students are to view their own records only while under the supervision of the clinical instructor or clinical coordinator.

Policy: 2002

Reviewed 2021

STUDENT RE-ENTRY POLICY

Students who leave or are dismissed from the Kent State Diagnostic Medical Sonography program have the right to request re-entry into the program. This may or may not be granted based on the condition of dismissal and the student's current academic record.

To request re-entry:

1. The student completes a new application to the program along with a letter requesting re-entry into the program and the requested date of re-entry.
2. The faculty meets to decide the student's re-entry into the program. The clinical instructor(s), radiology administrator from the student's previous clinical education site(s), and advisory committee may have input into the process. Factors considered before re-entry include the student's cause for leaving or dismissal as well as possible future success in the program.
3. The decision on re-entry will be sent to the student within two weeks of the decision.
4. The re-entry date is up to the diagnostic medical sonography faculty.
5. A student may or may not be re-entered into the same clinical education setting as before, depending on circumstances.
6. A student who re-enters the program must meet all of the requirements of the program and the American Registry of Diagnostic Medical Sonography certification examination, which includes both academic and clinical competencies.
7. The program has the right to deny a student re-entry into the program. A student who disagrees with the decision has the option of following the due process policy of the program.
8. A student who does NOT wish to re-enter the program is encouraged to seek advising with student services at the Salem Campus for an alternate career pathway.

Policy: 2002, revised 2005, 2011, 2021

Reviewed 2021

STUDENT RESPONSIBILITY GUIDELINES AND EXPECTATIONS FOR STUDENTS

The following are offered as guidelines to help you understand what is expected of you as Kent State University undergraduate students. Following them will not guarantee success, but ignoring them could result in problems. The listing presented is not comprehensive, but it should present a clear idea of how students should conduct themselves at this University and in the diagnostic medical sonography program.

- Do not come to class under the influence of any substance.
- Be observant of faculty office hours and keep appointments when made.
- Think critically and creatively.
- Take responsibility for self-discipline and motivation.
- Make up all missed assignments and exams.
- Act responsibly.
- Develop effective oral and written communication skills.
- Familiarize yourself with the syllabus.
- Keep questions or comments pertinent to class discussions.
- Do not come to class if your illness will affect others.
- Seek help as needed with academic courses.
- Do not disrupt class.
- Tolerate diversity.
- Notify the instructor of a long absence.
- Inform instructor if withdrawing from the program.
- Seek your adviser at appropriate times.
- Familiarize yourself with the *KSU Catalog* and Program Handbook.
- Make certain you have access to the course's books and supplies.

STUDENT SAFETY POLICY

- A. Students will follow all infection control policies and standard precaution policies when in the clinical education setting.
- B. Students will not put themselves in jeopardy when examining a patient that appears threatening or dangerous at the clinical education site. Students should always seek assistance from staff personnel when needed in a threatening situation.
- C. Students will seek assistance, if needed, from appropriate personnel (security guard) from the clinical education site when entering or leaving the clinical education site.
- D. Students will follow all rules of body mechanics when transporting or moving patients or equipment in order to prevent any injuries to self, staff or the patient at the clinical education site or in the lab at the university.
- E. Students will adhere to all policies concerning confidentiality of the patient, staff, or facility.
- F. Students will adhere to the professional code of ethics for diagnostic medical sonographers.
- G. All students will adhere to the Digest of Rules and Regulations of Kent State University, especially areas concerning student conduct regulations for student behavior that must be followed at the university and the clinical sites.

Policy: 2002, revised 2021

Reviewed 2021

STUDENT ACCESSIBILITY POLICY

Kent State University is committed to inclusive and accessible education experienced for all students. University policy 3342-3-01.3 requires that students with disabilities be provided reasonable accommodations to ensure their equal access to course content. Students with disabilities are encouraged to connect with Student Accessibility Services as early as possible to establish accommodations. If you anticipate or experience academic barriers based on a disability (including mental health, chronic medical conditions, or injuries), please let the instructor know immediately.

The Salem Campus Student Accessibility Services coordinator is Danielle Baker-Rose. She can be reached at (330) 337-4124 or by email at dbaker13@kent.edu .

Policy 2002, revised 2005, 2006, 2007, 2011, 2015, 2020

Reviewed 2021

TECHNICAL STANDARDS - DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Clinical and laboratory assignments for the diagnostic medical sonography program require certain physical demands that are the technical standards. These technical standards are based upon the minimum tasks performed by graduates of professional programs in Radiologic and Imaging Sciences. Each applicant must meet these standards with reasonable accommodations and must continue to meet these standards throughout the educational program. The technical standards are not intended as a complete listing of behaviors required, but rather as a sampling of the types of abilities needed to meet program objectives and requirements. The Diagnostic Medical Sonography program or their affiliated clinical education sites may identify additional critical behaviors to meet program or clinical site requirements and reserves the right to amend this listing based upon the identification of additional standards for students.

| TECHNICAL STANDARDS FOR RADIOLOGIC & IMAGING SCIENCES | |
|--|--|
| STUDENTS SHALL POSSESS: | |
| 1. | Sufficient communication skills to communicate effectively and sensitively with patients, health care professionals and the public, including individuals from different cultural and social backgrounds and in stressful and emergency situations. Students must be able to understand and speak the English language at a level consistent with competent professional practice. |
| 2. | Sufficient sight to read requisitions & charts, observe conditions of the patient in low levels of light; to evaluate medical images on view boxes and on computer screens and to record information clearly and accurately. |
| 3. | Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment. |
| 4. | Ability to stand and walk while assigned to a clinical education setting so as to perform medical imaging procedures in an appropriate and effective manner. |
| 5. | Ability to lift, assist and maneuver patients in wheelchairs, carts and imaging tables without injury to patient, self or other health care workers and to respond to medical emergencies in an effective manner. Have sufficient motor skills to manipulate, lift, and reach equipment and to operate small controls on equipment. Ability to lift 50 pounds. |
| 6. | Ability to assimilate, analyze, synthesize, integrate concepts and problem solve that form the basis of medical imaging and to be able to distinguish deviations from the norm. |
| 7. | Have the intellectual and emotional skills to exercise discretion in handling confidential medical information. |
| 8. | Have the cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods. |
| 9. | Able to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation. |

Policy 2002; revised 2004, 2007, 2013, 2018

Reviewed 2021

TELEPHONE/ PERSONAL ELECTRONIC DEVICE USE

Classroom

1. Students are not allowed to use cellular phones, laptops, tablets, smart watches or any non-adaptive electronic equipment within the classroom setting. Use of these devices during classroom time, laboratory sessions or clinical rotations will be considered a violation of student conduct code as it relates to disruptive behavior.
2. Devices are to be powered off and stored during class. Cell phones are not permitted on the desktop or visible in student's hands at any time during class.
3. Individual instructors may assess penalties for use of electronic devices during class. Instructors may also confiscate electronic devices that are seen or heard during class. These devices will be returned at the end of class.
4. An exception will be made if a student has a family member who is ill and the student needs to be notified immediately. The instructor must be notified prior to the class. Students may also tell family members to call the campus at (330) 332-0361 in cases of emergency and a message will be given to the instructor.

Clinical Site

1. Personal telephone calls from the phones of the clinical education centers are not permitted. Students must step outside to use a cellular phone to make any personal calls. In accordance with hospital policy, cellular phones may not be used within hospital buildings.
2. Students may use personal cell phones only during lunch breaks.
3. Students should not receive calls at the clinical site except in an emergency.
4. Disciplinary action will be taken if a student is using a cell phone during clinical education rotation.

Policy 2002; revised 2004, 2006, 2008, 2011, 2013, 2016, 2018

Reviewed 2021

TEXTBOOKS

1. All textbooks and notes packets used in the Kent State University Diagnostic Medical Sonography Program are available for purchase in the Kent State University Salem Campus Bookstore.
2. Students are expected to purchase their own books for the courses, and will be tested on content from these textbooks.
3. Students are informed of estimated book expenses at the beginning of the program.
4. Many of the diagnostic medical sonography textbooks will be used for more than one course during the professional curriculum.

Policy: 2002, revised 2015

2021-2022 DMS TEXTBOOKS* *Text(s) required from a previous course****All books are approximate costs (2019 bookstore purchase new prices)*

| Course & Price | REQUIRED TEXTS | SEMESTER |
|--------------------------------|--|---------------|
| RIS 34040 (\$67.33) | Patient Management in DMS Penny, <u>Introduction to Sonography and Patient Care</u> ©2020, LWW ISBN 978-1975120108 | Fall |
| RIS 34042 (\$374.00) | Abdominal Sonography I Hagen-Ansert, <u>Textbook of Diagnostic Ultrasonography</u> , 8 th edition, © 2017, Mosby ISBN 978-0323353755 | Fall |
| (\$25.00) | Kapit and Elson, <u>The Anatomy Coloring Book</u> , 4 th Edition, © 2013, Benjamin Cummings ISBN 978-0321832016 | |
| (\$10.30) | Peterson – Notes Packet | |
| RIS 34044 (\$111.00) | Physics and Instrumentation Kremkau, <u>Diagnostic Ultrasound</u> , 10th edition, © 2021, Saunders ISBN 978-0323597081 | Fall |
| (\$9.95) | Peterson – Notes Packet | |
| RIS 34045 (\$105.00) | Clinical Education I Sanders, <u>Clinical Sonography, 5th Ed.</u> © 2015, LWW ISBN 9781451192520 | Fall |
| RIS 34083 (\$120.00) | Sectional Anatomy in Medical Imaging Lazo, <u>Fundamentals of Sectional Anatomy: An Imaging Approach, 2nd Ed.</u> , © 2014, Thomson Delmar Learning ISBN 1133960863 | Fall |
| RIS 34052 * | Abdominal Sonography II Hagen-Ansert | Spring |
| * (\$18.00) | Kapit Peterson – Notes Packet | |
| RIS 34055 * | Clinical Education II <u>Student Handbook</u> | Spring |
| * (\$15.00) | Sanders Peterson - Notes Packet | |
| RIS 34062 * | Obstetric-Gynecology Sonography I Hagen-Ansert | Spring |
| * (\$15.00) | Kapit Peterson - Notes Packet | |
| RIS 44083 (\$67.50) | Pathophysiology in Medical Imaging Damjanov, <u>Pathology for the Health Related Professions</u> , 5 th Ed. © 2017, Saunders ISBN 9780323357210 | Spring |

| | | |
|------------------|---|-------------------|
| RIS 44098 | Research in Medical Imaging TBA | Spring |
| (\$15.00) | Peterson – Notes Packet | |
| RIS 34075 | Clinical Education III <u>Student Handbook</u> | Summer |
| * | Sanders | |
| * | | |
| RIS 44072 | Obstetric-Gynecology Sonography II Hagen-Ansert | Summer II |
| * | Kapit | |
| (\$27.00) | Peterson – Notes Packet | |
| RIS 34072 | Superficial Structures Sonography Hagen-Ansert | Summer III |
| * | Kapit | |
| * | Sanders | |
| (\$18.00) | Peterson – Notes Packet | |
| RIS 44084 | Ultrasound Image Evaluation Hagen-Ansert | Summer III |
| * | | |

SECOND YEAR

| | | |
|------------------|---|-------------|
| RIS 44074 | Vascular Sonography Hagen-Ansert | Fall |
| * | Peterson – Notes Packet | |
| (\$8.50) | | |
| RIS 44076 | Clinical Education IV <u>Student Handbook</u> | Fall |
| * | Sanders | |
| * | | |
| RIS 44078 | Sonographic Techniques TBA | Fall |

+ *Subject to change based on instructor preference*

TRANSFER POLICY

Kent State University Admission Requirements state:

Students who have attended any educational institution after graduating from high school must apply as a transfer student. Generally, a transfer applicant who has taken 12 or more semester hours with a college cumulative grade point average of at least 2.0 on a 4.0 scale may be admitted. An applicant who has taken fewer than 12 semester hours will be evaluated on both collegiate and high school records.

Transfer applications are processed on a rolling basis. However, early application helps to ensure early consideration for class registration, residence hall preferences and financial aid. Therefore, the best time to apply is at least six months prior to the term you wish to enter Kent State.

Due to the selective admission process of the Diagnostic Medical Sonography Program, there are selective requirements for student transfers.

Kent State University Sonography Program Selective Requirements state:

Transfer between Sonography Programs outside the Kent State University System:

1. Apply online to Kent State University using the online application.
2. Submit official transcripts. Request an official transcript from each institution attended since high school graduation. Send one set directly to the Admissions office. Submit a second set of transcripts to the Program Director of the transferring institution along with a copy of all course descriptions and respective syllabi for course evaluation. Program reserves the right to accept all or none of the transferring student's sonography core courses. Program determines eligibility of the transfer based on the course sequence from the transferring program as compared to Kent State University Diagnostic Medical Sonography Program.
3. Student must transfer in to the sonography program with a minimum 2.75 GPA.
4. Student must obtain a letter of recommendation from his/her present Program Director stating the student is in good standing and thereby approving the transfer.
5. Student must obtain a letter of recommendation from his/her present Clinical Coordinator stating the student is in good standing and thereby approving the transfer.
6. Copies of all clinical documentation must be submitted to the transfer program for review.
7. Transfer program reserves the right to have the transfer student repeat all or a portion of their clinical competencies and or proficiencies as deemed clinically necessary.
8. Student must submit the following documentation as required by the program's clinical affiliations: proof of drug test, proof of state and federal background check, proof of immunization documentation, proof of physical examination, and proof of BLS certification.
9. Acceptance of transfer student will depend upon availability of clinical placement within the program capacity.
10. The transfer may be denied or student may need to apply to the program as a new student.

Policy: 2014

TRANSPORTATION

Kent State University Diagnostic Medical Sonography students will be responsible for providing their own transportation to attend all didactic and clinical education assignments.

The program and Kent State University is not responsible for any problems that may occur during a field trip or educational trip.

Policy: 2002, revised 2006

Reviewed 2021

ULTRASOUND EQUIPMENT USAGE

Students enrolled in the Diagnostic Medical Sonography program will receive hands-on education using ultrasound equipment throughout the length of the program. This scanning time will occur both on campus and at the clinical sites, under the direction of the Program Director, Clinical Coordinator, Clinical Instructor(s) and staff sonographers. Students attending open lab sessions offered by program faculty are required to sign in and out to document time spent in open lab. At no time is a student permitted to use the ultrasound equipment on campus or at the clinical site unless permitted to do so by one of the above-mentioned individuals. Students using ultrasound equipment without permission will be subject to disciplinary action.

Policy: 2003, 2014

Reviewed 2021

UNLAWFUL DISCRIMINATION AND HARRASSMENT

1. This policy sets forth the expectations and responsibilities for maintaining an educational and employment environment free of unlawful discrimination and harassment. This policy, (in accordance with rule [3342-6-02](#) of the Administrative Code, as well as state and federal law), prohibits unlawful discrimination based on race, color, religion, gender, sexual orientation, national origin, ancestry, disability, genetic information, age, military status, or identity as a disabled veteran or veteran of the Vietnam era, recently separated veteran, or other protected veteran. Harassment directed toward an individual or a group, through any means, including electronic, and based on any of these categories is a form of unlawful discrimination. The university encourages an atmosphere in which the diversity of its members is understood and appreciated, free of discrimination and harassment based on the above categories. Thus, all members of the university are expected to join in creating a positive atmosphere in which individuals can learn and work in an environment that is respectful and supportive of the dignity of all individuals.
2. It is the policy of the university to
 - Apply the federal and state definitions of unlawful discrimination and harassment in implementing this policy.
 - Communicate that unlawful discrimination and harassment are unacceptable and will not be tolerated.
 - Educate the university community regarding individual rights with regard to unlawful discrimination and harassment.
 - Investigate alleged incidents that are reported in the appropriate manner.
3. This policy is intended to promote the university's commitment to equal opportunity and diversity. It is not intended to censor first amendment right to express ideas and opinions on any topic provided that expression is not in the form of unlawful discrimination or harassment.
4. In accordance with all applicable state and federal laws including, but not limited to, the Civil Rights Act of 1964 and its amendments, this policy shall apply to all university programs and services including, but not limited to, the following: recruiting, admission, access to programs, financial aid, classroom instruction, academic progress/grading, and social, recreational and health programs.
5. In accordance with all applicable state and federal laws including, but not limited to, Title VII of the Civil Rights Act in employment this policy shall apply to, but not necessarily be limited to, the following: employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other compensation, and selection for training.

6. The “office of equal opportunity/affirmative action”, or “EO/AA”, is the university department responsible for administering this policy. The office is located within the division of human resources.
7. Kent state university prohibits retaliation against any individual who makes a complaint of unlawful harassment. Similarly, any person who participates or cooperates in any manner in an investigation or any other aspect of the process described herein shall not be subject to retaliation. Retaliation is itself a violation of this policy and is a serious offense. Complaints regarding allegations of reprisal should be immediately reported to the equal opportunity/affirmative action office.

Definitions:

Protected category: Kent State University defines a protected category to include race, color, religion, gender, sexual orientation, national origin, ancestry, disability, genetic information, age, military status, and identity as a disabled veteran or veteran of the Vietnam era, recently separated veteran, or other protected veteran.

Unlawful discrimination: An intentional or unintentional act that adversely treats or impacts an individual in a protected category in employment, or in academic or non-academic decision making based on the protected category.

Unlawful harassment. Includes intimidation, ridicule or insults that are sufficiently severe, pervasive or persistent as to interfere with or limit the ability of an individual to participate in or benefit from the services, activities or privileges provided by the University; creates an intimidating, hostile or offensive working and/or learning environment; or otherwise adversely affects an individual’s work or learning opportunities, and is based on an individual’s race, color, religion, gender, sexual orientation, national origin, ancestry, disability, genetic information, age, military status, identity as a disabled veteran or veteran of the Vietnam era, recently separated veteran, or other protected veteran.

Please proceed to the following website to view specific details of the policy:

<https://www.kent.edu/policyreg/university-policy-regarding-unlawful-discrimination-and-harassment>

The program’s Technical Standards are essential requirements of the program for certification and are not an area of discrimination.

Policy 2006, revised 2007, 2011, 2014, 2018

Reviewed 2021

WEB BASED/ SOCIAL MEDIA COMMUNICATIONS POLICY

1. In order to promote professionalism, no student enrolled in the diagnostic medical sonography program at Kent State University – Salem shall post or share ANYTHING (including but not limited to photos, comments, links, or images) regarding faculty, students, clinical site personnel, clinical education settings, patients, patients' family or support system on any web based/social media platforms (such as, but not limited to, Facebook, message boards, personal blogs, Twitter, Instagram, Snapchat, TikTok etc.). No person (patient, patient's family member, clinical site personnel) can grant permission to override this policy. Posts regarding patients may be construed as a violation of HIPAA. Further information on HIPAA can be accessed at: <https://www.hhs.gov/hipaa/index.html>
2. Any student found to have posted, or supplied or forwarded materials which were posted on web based/ social media platforms may be subject to disciplinary action, including dismissal from the program. A clinical site also has the right to dismiss a student from their site for such an offense.
3. Students are expected to maintain professional relationships with patients, patients' family, support system, clinical site personnel, and KSU faculty/staff during the course of the program. However, having social media connections with the aforementioned individuals DURING the course of the program is highly discouraged. LinkedIn is a recommended professional networking site.
4. Please note that future employers routinely assess for professional qualities by viewing potential candidate's social media websites. Students are advised to review their site(s) for any unprofessional images or language, which could impact future employment opportunities.

Policy 2009, revised 2013, 2014, 2015, 2016, 2018

AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM) OFFICIAL STATEMENTS REGARDING BIOLOGICAL EFFECTS OF DIAGNOSTIC ULTRASOUND

Conclusions Regarding Epidemiology for Obstetric Ultrasound (*Approved 3/27/2010*)

Based on the epidemiologic data available and on current knowledge of interactive mechanisms, there is insufficient justification to warrant conclusion of a causal relationship between diagnostic ultrasound and recognized adverse effects in humans. Some studies have reported effects of exposure to diagnostic ultrasound during pregnancy, such as low birth weight, delayed speech, dyslexia, and non-right-handedness. Other studies have not demonstrated such effects. The epidemiologic evidence is based primarily on exposure conditions prior to 1992, the year in which acoustic limits of ultrasound machines were substantially increased for fetal/obstetric applications.

Statement on Mammalian In Vivo Ultrasonic Biological Effects (*Approved 11/8/2008*)

Information from experiments using laboratory mammals has contributed significantly to our understanding of ultrasonically induced biological effects and the mechanisms that are most likely responsible. The following statement summarizes observations relative to specific diagnostic ultrasound parameters and indices.

In the low-megahertz frequency range there have been no independently confirmed adverse biological effects in mammalian tissues exposed in vivo under experimental ultrasound conditions, as follows:

1. Thermal Mechanisms

No effects have been observed for an unfocused beam having free-field spatial-peak temporal-average (SPTA) intensities* below 100 mW/cm², or a focused** beam having intensities below 1 W/cm², or thermal index values of less than 2.

For fetal exposures, no effects have been reported for a temperature increase above the normal physiologic temperature, ΔT , when $\Delta T < 4.5 - (\log_{10}t/0.6)$, where t is exposure time ranging from 1 to 250 minutes, including off time for pulsed exposure (Miller et al, 2002).

For postnatal exposures producing temperature increases of 6°C or less, no effects have been reported when $\Delta T < 6 - (\log_{10}t/0.6)$, including off time for pulsed exposure. For example, for temperature increases of 6.0°C and 2.0°C, the corresponding limits for the exposure durations t are 1 and 250 minutes (O'Brien et al, 2008).

For postnatal exposures producing temperature increases of 6°C or more, no effects have been reported when $\Delta T < 6 - (\log_{10}t/0.3)$, including off time for pulsed exposure. For example, for a temperature increase of 9.6°C, the corresponding limit for the exposure duration is 5 seconds (=0.083 minutes) (O'Brien et al, 2008).

2. Nonthermal Mechanisms

In tissues that contain well-defined gas bodies, eg, lung, no effects have been observed for in situ peak rarefactional pressures below approximately 0.4 MPa or mechanical index values less than approximately 0.4.

In tissues that do not contain well-defined gas bodies, no effects have been reported for peak rarefactional pressures below approximately 4.0 MPa or mechanical index values less than approximately 4.0 (Church et al, 2008).

*Free-field SPTA intensity for continuous wave and pulsed exposures.

**Quarter-power (–6-dB) beam width smaller than 4 wavelengths or 4 mm, whichever is less at the exposure frequency.

Safety in Training and Research (Approved 4/1/2012)

Diagnostic ultrasound has been in use since the late 1950s. There are no confirmed adverse biological effects on patients resulting from this usage. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation: When examinations are carried out for purposes of training or research, ultrasound exposures should be as low as reasonably achievable (ALARA) within the goals of the study/training. In addition, the subject should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice. Repetitive and prolonged exposures on a single subject should be justified and consistent with prudent and conservative use.

Prudent Use and Clinical Safety (Approved 4/1/2012)

Diagnostic ultrasound has been in use since the late 1950s. Given its known benefits and recognized efficacy for medical diagnosis, including use during human pregnancy, the American Institute of Ultrasound in Medicine herein addresses the clinical safety of such use: No independently confirmed adverse effects caused by exposure from present diagnostic ultrasound instruments have been reported in human patients in the absence of contrast agents. Biological effects (such as localized pulmonary bleeding) have been reported in mammalian systems at diagnostically relevant exposures but the clinical significance of such effects is not yet known. Ultrasound should be used by qualified health professionals to provide medical benefit to the patient. Ultrasound exposures during examinations should be as low as reasonably achievable (ALARA).

Safety in Diagnostic Ultrasound Educational Activities Using Nonpregnant Participants (Approved: 05/19/2020)

Background: The American Institute of Ultrasound in Medicine has long advocated the prudent use of medical ultrasound and has developed safety recommendation statements. These include the following: (1) ultrasound should be used by qualified health professionals to provide medical benefit to patients¹; (2) ultrasound exposures should be as low as reasonably achievable (ALARA) within the goals of the study^{2,3}; (3) the participant should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice²; (4) repetitive and prolonged exposures on a single participant should be justified and consistent with prudent and conservative use²; and (5) infection control policies and procedures must be followed.^{4,5}

Statement: Ultrasound examinations conducted for the purpose of education and training require adherence to prudent and conservative use guidelines. Specifically, the guidelines below should be followed:

1. Demonstration scans on live, nonpregnant participants should be performed in a manner consistent with the ALARA principle, including limiting the thermal index (TI; ≤ 0.7 for neonatal transcranial and neonatal spinal examinations, ≤ 1.0 for ophthalmic examinations, or ≤ 1.5 for all other examinations)^{3,6} and mechanical index (MI; ≤ 0.23 for ophthalmic examinations, < 0.4 specifically for contrast-aided and lung examinations,

≤ 1.4 for intestine examinations, and ≤ 1.9 for other examinations such as liver ultrasound).^{4,6-8}

2. If higher exposure conditions or contrast agents are needed for the training, then either (a) a tissue-mimicking phantom should be used, or (b) the live participant should only be scanned once per day similar to the exposures experienced during clinical practice. The use of contrast agents should be in accordance with the product label and recommendations of relevant professional organizations, and dosage should be the minimum required to produce diagnostic-quality images.⁹⁻¹² In some cases, this might be considerably less than the dose specified in the product label.
3. All participants should provide appropriate informed consent for the ultrasound study after a discussion of the risks and benefits, including safety and potential biological effects. If an injectable contrast agent is used, the discussion and consent should also include details about vascular access, possible adverse reactions such as cardiopulmonary reactions consistent with labeling, and possible bioeffects of contrast imaging.⁶ Female participants should provide a statement to the best of their knowledge that they are not pregnant.
4. All equipment must be used in a manner consistent with its US Food and Drug Administration (FDA)-cleared indications for use. In particular, only equipment that has been FDA-cleared for ophthalmic indications should be used to scan the eye during training due to the sensitivity of the eye to heating, as reflected by lower FDA-recommended maximum output levels ($MI \leq 0.23$ and $TI \leq 1.0$).⁴

As Low As Reasonably Achievable (ALARA) Principle (*Approved: 05/19/2020*)

The potential benefits and risks of each examination should be considered. The as low as reasonably achievable (ALARA) principle should be observed when adjusting controls that affect the acoustic output and by considering both the transducer dwell time and overall scanning time. Practicing ALARA requires that users do all of the following:

1. Apply correct examination presets if built into the diagnostic ultrasound device. The review of manufacturer default presets for appropriateness is encouraged.
2. Adjust the power to the lowest available setting that provides diagnostic-quality images. If appropriate, reduce power at the end of each examination so the next user will start with the lowest acoustic output setting.
3. Monitor the mechanical index (MI) and thermal index (TI). Know the recommended upper limit of the MI, TI, and related duration limitations for the type of examination being performed.^{1,2}
4. Move/lift the transducer when stationary imaging is not necessary to reduce the dwell time on a particular anatomic structure. When possible, avoid fields of view that include sensitive tissues such as the eye, gas-filled tissues (lung and intestines), and fetal calcified structures (skull and spine).
5. Minimize the overall scanning time to that needed to obtain the required diagnostic information.

Official statements of the AIUM may be viewed at <http://www.aium.org>

KENT STATE UNIVERSITY DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**EDUCATIONAL SCANNING WAIVER**

I, _____, as a student of the Diagnostic Medical Sonography Program at Kent State University – Salem Campus give my permission to be scanned for educational purposes. I understand my participation is voluntary, and agree to indemnify and hold Kent State University, its trustees, agents, officers, employees and students harmless for any and all direct, indirect, special or consequential damages which I may incur or be held liable for as a result of my participation in this activity, even if caused by their negligence. I have been given the official statements from the American Institute of Ultrasound in Medicine (AIUM) regarding the bioeffects of diagnostic ultrasound. I understand there have been no confirmed biologic effects of diagnostic ultrasound. In the event that a suspected abnormality would be discovered, I will follow up with my personal physician. I agree that this waiver is binding on my heirs and assigns.

Student: _____

Date: _____

Program Director: _____

Date: _____

* Approved by University Counsel, James Watson
March 28, 2003

AGREEMENT OF POLICIES & PROCEDURES

I understand the policies and procedures that have been presented in the Student Handbook of the Diagnostic Medical Sonography Program at Kent State University – Salem Campus and I agree to abide by them. I also agree to adhere to policies at my assigned clinical education sites. I understand that any violation of these policies may lead to probation, suspension or dismissal.

I understand that these policies and procedures may be changed if found necessary by the Diagnostic Medical Sonography Program of Kent State University, and that I will be notified of changes in writing.

Student Signature _____

Date _____

Program Director Signature _____

Date _____