# Diagnostic Medical Sonography Student Handbook Certificate and Bachelor of Science Programs 2026-2027

**(Update 8/2026)**

***Great Basin College is regionally accredited by the Northwest Commission on Colleges and Universities (NWCCU) which is a postsecondary accrediting agency recognized by the US Department of Education and the Council for Higher Education Accreditation (CHEA) 8060 – 165th Avenue N.E., Suite 100, Redmond, WA 98052 (425-558-4224)***

**The Great Basin College Diagnostic Medical Sonography Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS).**

**Commission on Accreditation of Allied Health Education Programs**
**www.caahep.org**

**9355 113th St N, #7709**

**Seminole, FL 33775 727-210-2350**

**Joint Review Committee on Education in Diagnostic Medical Sonography**

**P.O. Box 2050**

**Ellicott City, MD 21041**

# WELCOME!

***Welcome to Great Basin College's School of Health Sciences and Behavioral Health. The programs offered by this department are dynamic professions that offer almost unlimited opportunities and challenges. They play a key role in the delivery of healthcare. The roles continually diversify and the need for more healthcare providers will be greater than ever in the coming decade. You will be joining more than 400 GBC graduates who are making a difference in the health of their patients and in the dramatic changes taking place within the healthcare system!***

***The School of Health Science and Behavioral Health faculty support the Mission of Great Basin College to enrich lives through student-centered educational programs. We are committed to enriching your life and those you care for in the future by preparing you to provide high quality health care and to engage in life-long learning.***

***Staci Warnert, PhD, RN***
***Dean, Health Sciences and Behavioral Health***

## Purpose of the Student Handbook

The purpose of this handbook is to assist you in understanding more fully the policies, practices, and procedures of the School of Health Sciences and Behavioral Health of Great Basin College. This handbook serves as the source of information about the policies and procedures in the programs offered in the School of Health Sciences and Behavioral Health (nursing, medical imaging, paramedic, and behavioral health programs). You are required to sign a statement indicating you understand and agree to abide by these policies and guidelines each year that you are in the program. Because policies and procedures are continuously subject to change by external and internal sources, the faculty review and modify these policies and practices as necessary. Students will be notified in writing of any changes made during the academic year.

This handbook is not all-inclusive, nor does it replace the Great Basin College *General Catalog* or the Nevada System of Higher Education (NSHE) Board of Regents Code Title 2, Chapter 6 which addresses misconduct. The provisions of this document are not to be regarded as an irrevocable contract between the student and the GBC HSBH programs.

**IMPORTANT NOTE: In most cases where a conflict may exist between the guidance in this handbook and the GBC Catalog, the GBC Catalog shall take precedence. However, some unique aspects of healthcare education require policies different from those for other GBC students, for example, student health requirements.**

### Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in Berg Hall, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775-327-2366

**GREAT BASIN COLLEGE**
**SCHOOL OF HEALTH SCIENCES AND BEHAVIORAL HEALTH PROGRAMS**
**STUDENT AGREEMENT FOR THE 2026-2027 ACADEMIC YEAR**

_____ *(initial)* I have read, understand and agree to abide by the policies and guidelines stated in the Great Basin College Diagnostic Medical Sonography Program 2026-2027 Student Handbook.

_____ *(initial)* I understand that as a condition of enrollment in Great Basin College's Diagnostic Medical Sonography Program, I agree that a clinical facility/agency may, at any time, require a "for cause" drug and/or alcohol screen. I agree to execute a consent for release of the results of the drug and/or alcohol screening information to the clinical facility/agency should they request such information.

_____ *(initial)* I understand and acknowledge that once admitted to the Great Basin College's Diagnostic Medical Sonography Program, failure to maintain the professional and/or ethical standards of the program may result in dismissal from the program. I also understand that the School of Health Sciences and Behavioral Health Admissions and Progression Committee may at any time request information from the Administrative Officer of Great Basin College to determine whether I have ever violated NSHE (Nevada System of Higher Education) Code.

_____ *(initial)* I understand and acknowledge that no resources or information from any sonography course can be shared outside the classroom or lab.

_____ *(initial)* I understand the importance of clinical experience and agree to follow my assigned clinical schedule and acknowledge clinical experiences cannot be arranged to accommodate outside factors such as work, family requirements, etc. I also recognize clinical placement can only be altered by program faculty and clinical sites and will not be negotiated with the student. I agree to accept the clinical location assigned to me.

My emergency contact person(s) are listed below. I understand that this individual or individuals are responsible for ensuring that I am transported home in the event one of my faculty or the School of Health Sciences and Behavioral Health Dean determines that I am not able to continue being present in the classroom, lab, or clinical setting.

| Name | Phone # | Relationship |
|---|---|---|
| Name | Phone # | Relationship |

| Printed Name | Student Signature | Date |
|---|---|---|

Witness: (Faculty/ Dean) _____ Date _____

***Keep this copy in this handbook for future reference and return a signed copy to GBC School of Health Sciences and Behavioral Health.***

**GREAT BASIN COLLEGE**

**School of Health Sciences and Behavioral Health**

**Agreement to Participate in Practice Lab Procedures**

**2026-2027 Academic Year**

During my enrollment in one of the GBC School of Health Sciences and Behavioral Health Programs, and under the direct supervision of a faculty member, I understand I will have the opportunity to model for sonography students. I understand that my grade will not be affected by my decision to participate as a lab model. Please select the appropriate box pertaining to your interest in opting in or out of this opportunity.

_____I would like to **opt in** to serving as a model. _____I would like to **opt out** of serving as a model

Sonographic Imaging

I agree to hold harmless and waive the liability of the student and/or students performing the procedure(s), the supervising instructor and Great Basin College for any injuries incurred as a result of my agreeing to have these procedures performed on my person. I understand that ultrasound images produced in the student scanning lab will not be reviewed by a licensed physician and will not be used for diagnostic purposes.

I, for myself and on behalf of my heirs, personal representatives and next of kin, release all employees, students and administrators of Great Basin College from any responsibility for all future and current diagnostic concerns arising from negligence or otherwise.

It is understood that ARDMS credentialed supervising sonography faculty and/or students may incidentally discover or miss potential areas of diagnostic concern during the scanning lab. It is not within the ARDMS registered supervising faculty's scope of practice to diagnose abnormalities.

I understand that I can opt in or out of any scanning procedures, including in the midst of an exam.

_____

**Printed Name Student Signature** **Date**

_____

**Witness: (Faculty / Dean)** **Date**

***Keep this copy in this handbook for future reference and return a signed copy to GBC School of Health Sciences and Behavioral Health.***

# CONFIDENTIALITY AGREEMENT AND CONSENT FOR PHOTOGRAPHY AND VIDEO RECORDING

During your participation at the Great Basin College Practice Lab, you will be an active participant and observer of the performance of other individuals in the management of acute medical, surgical, and other health care events in simulated experiences.

The objective of the simulation experience program is to educate pre-licensed and licensed health care practitioners to better assess and improve their performance in evolving health care situations. Simulations are designed to challenge a healthcare professional's response and judgment in stress environments.

Due to the unique aspects of this form of training, you are required to maintain and hold confidential all information regarding the performance of specific individuals and the details of the scenarios.

There may be continuous audiovisual digital recording during all simulations which will be used for educational purposes. This video recording is considered a QUALITY ASSURANCE TOOL and is protected by Federal Law.

By signing this agreement, you agree to maintain strict confidentiality regarding both your and others' performance, whether seen in real time, on video, or otherwise communicated to you. Failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants.

To maintain optimal simulation experiences for other learners who will be following you in the center, you are to maintain strict confidentiality regarding the specifics of the scenarios. A breach of confidentiality may result in loss of privileges in the Practice Lab.

By signing below, you acknowledge you have read and understand this statement and agree to maintain the strictest confidentiality about the performance of individuals and the simulation scenarios you observe.

_____ I agree to maintain strict confidentiality about the details of the scenarios and the performance of other participants during scenarios at Great Basin College Practice Lab.

I authorize the Great Basin College Practice Lab to use the video recording(s) and photographs made in the Practice Lab for the following purposes:

_____ 1) Debriefing scenario participants,
_____ 2) Administrative review,
_____ 3) Educational research,
_____ 4) Commercial purposes, which can include public relations, promotional advertisements, and/or fund-raising activities. I understand that, unless otherwise approved by me, I will not be specifically identified.

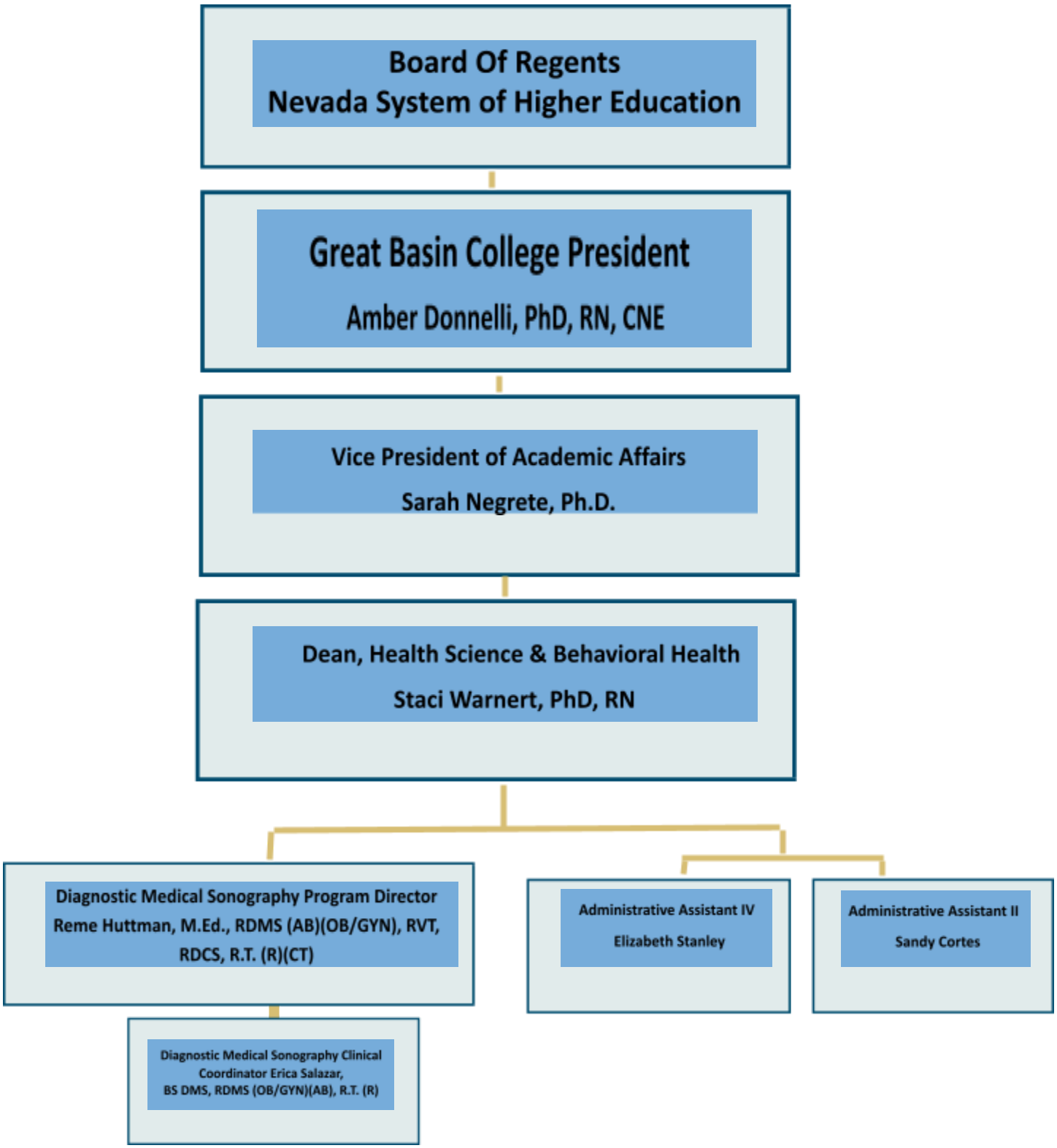
_____ _____
Last Name, First Name(*Please Print*) Date

_____ _____
Signature Witness

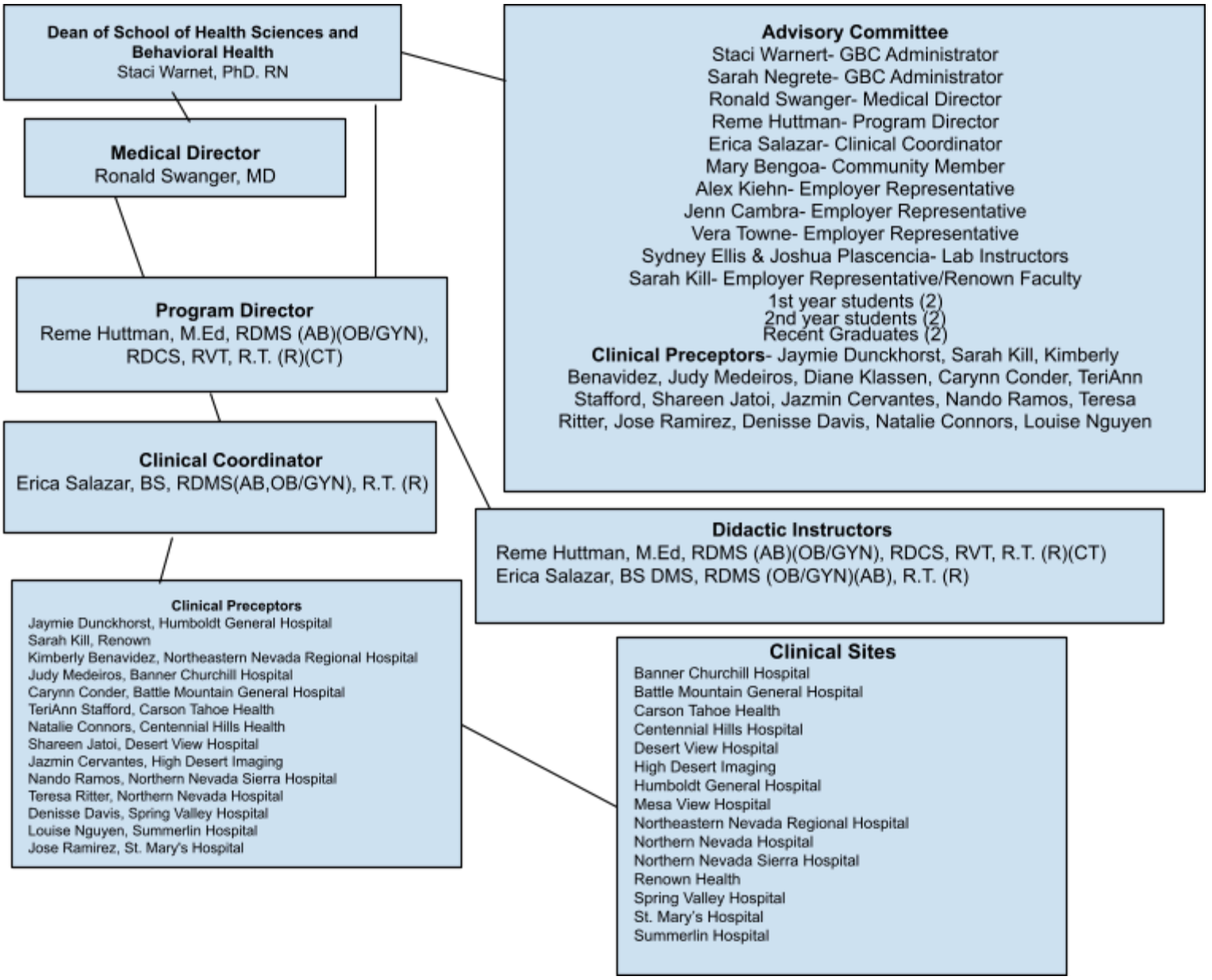
***Keep this copy in this handbook for future reference.***
***The Agreement at the back of this handbook should be signed and returned to the GBC School of Health Sciences and Behavioral Health***

# DIAGNOSTIC MEDICAL SONOGRAPHY

## Organizational Chart



# Great Basin College & Renown Hospital
# Sonography Program Organization



| Advisory Board Members | |
|---|---|
| Member Role | Member Name |
| Administration Representative | Sarah Negrete, Associate Vice President |
| Administration Representative | Dr. Staci Warnert, HSBH Dean |
| Medical Advisor | Dr. Ronald Swanger, MD |
| Program Director | Reme Huttman, M.Ed. RDMS |
| Clinical Coordinator | Erica Salazar, BS, RDMS |
| Student Representative (per cohort) | Varies by year |
| Student Representative | Varies by year |
| Student Representative | Varies by year |
| Student Representative | Varies by year |
| Public Member | Mary Bengoa, MS(PT) |
| Graduate Representative | Varies by year |
| Program Representative | Sydney Ellis, BS, RDMS |
| Program Representative | Joshua Plascencia, BS RDMS |
| Clinical Affiliate Representative | Jenn Cambra, BS |
| Clinical Affiliate Representative | Kelli Holt |
| Clinical Affiliate Representative | Nando Ramos, RDMS |
| Clinical Affiliate Representative | Diane Klassen |
| Clinical Affiliate Representative | Vera Town, RDMS |
| Clinical Affiliate Representative | Judy Medeiros |
| Clinical Affiliate Representative | Sarah Kill |
| Clinical Affiliate Representative | Alex Kiehn, MBA |
| Clinical Affiliate Representative | Kimberley Benavidez, BS, RDMS |
| Clinical Affiliate Representative | Cheryl Harvey |
| Clinical Affiliate Representative | Jose Ramirez, RDMS |
| Clinical Affiliate Representative | Denisse Davis, RDMS |
| Clinical Affiliate Representative | Shereen Jatoi, RDMS |
| Clinical Affiliate Representative | Teresa Ritter, RDMS |
| Clinical Affiliate Representative | TeriAnn Stafford |

**School of Health Sciences and Behavioral Health**
**Contact Information**

**Dean, Health Sciences and Behavioral Health**
Dr. Staci Warnert, PhD, RN
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staci.warnert@gbcnv.edu

**Diagnostic Medical Sonography Program Director/Faculty**
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**Diagnostic Medical Sonography Program Clinical Coordinator/ Faculty**
Erica Salazar, BS DMS, RDMS (OB/GYN)(AB), R.T. (R)
775-327-2324 (Office)
erica.salazar@gbcnv.edu

**Administrative Assistant IV**
Elizabeth Stanley
775-327-2322 (Office)
elizabeth.stanley@gbcnv.edu

**Administrative Assistant II**
Sandy Cortes
775-327-2317 (Office)
sandy.cortes@gbcnv.edu
hshs@gbcnv.edu

| | |
|---|---|
| **Help Desk** | 775-327-2170 |
| **Registrar** | 775-327-2059 |
| **Bookstore** | 775-753-2270 |
| **Student Financial** | 775-327-2095 |

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Photo Release Form
Application for Paid Internship Approval for Clinical Hours

# GBC Building Facilities

## Building Hours

Building hours vary based on classes and locations. Health Science faculty offices close at 5 pm.

## Building Use Guidelines

Great Basin College maintains open centers available to faculty, staff, students and the local community during normal hours. During those days and hours classes, meetings and special events are scheduled, security will have staff on site to provide assistance.

Open access to site facilities is provided with the understanding that:

- All persons will be treated with courtesy and respect;
- All buildings and equipment are used in the manner originally anticipated;
- All persons will comply with any posted signage;
- All persons will follow normally accepted safety and behavior standards.

The offer of open access may be revoked should any person be found to cause damages to any Great Basin College property or be involved in harmful, unsafe or illegal behavior while on GBC property.

## Security

Security and law enforcement on all Great Basin College centers is dependent upon GBC personnel working well with their respective local law enforcement agencies. Knowledge of any crime or emergency should be reported to the center security or center director immediately. Any crime or emergency requiring immediate assistance should be reported immediately to the police or sheriff by dialing 911 on any center phone.

Security may be contacted by dialing the Elko site operator (Dial "0") from any extension and requesting assistance. On the Elko site assistance may be obtained by activating any of the call boxes located on the pathways or phoning the security cell phone at 934-4923. If the police department, fire department or ambulance are required, dial 9-911 from any extension and tell the dispatcher of the emergency.

## Fire Evacuation Plan

**Before a fire happens know the following:**

- Know the location of the exit nearest your area (evacuation maps posted).
- Know the location of the fire alarm pull box nearest your area.
- Know the location of fire extinguishers in your area.
- Know how to use a fire extinguisher.

**Upon discovery of a fire:**

1. Pull the fire alarm and give verbal warning.
2. Call **911**.
3. Follow evacuation procedures.
4. Close doors to contain fire and smoke.
5. If it is safe to do so, and you have been properly trained, you may attempt to extinguish the fire.
6. Determine if it is safe to re-enter the building.
7. On the Elko site, notify your respective Vice President. On all other sites, notify the Director and the Vice President of Academic Affairs.

## Food and Beverages in Classrooms

According to State Health Department regulations, anything placed in any refrigerator in the Dorothy Gallaher Health Science Building must be dated and removed within one week. Open food items left longer or that are not dated will be discarded.

Food and beverages will be allowed in the classroom with instructor approval. Food and drink will not be allowed in any laboratory.

Microwaves are available in the Leonard Center. Similar appliances may be available in other centers. Please request assistance from the Center Director or other center personnel.

### Personal Computer Use

GBC is not responsible for loss or damage to personal property owned by faculty, staff, or students, including personal computers, which are used or left in the building. The college is also not responsible for any thefts or damages done to vehicles parked on the premises. Most areas of the parking lot and the interior of the building are under video surveillance. If a student's personal computer is used in one of the buildings, a multi-dimensional surge protector (common and transverse spikes) should be purchased and utilized to prevent electrical damage. All students are encouraged to have a laptop or iPad available for in class activities.

### Children and Non-Students in Campus Facilities

Great Basin College is committed to providing a place of instruction that is conducive to learning; and that is, to the greatest extent possible, free from distractions. Only enrolled students should be present in classrooms, field trips, fitness center(s) and lab facilities.

### Pets

The only pets (dogs, cats, birds, rabbits, ferrets, etc.) that are allowed anywhere on our campus and inside the buildings are those trained and licensed as service animals. Please do not bring any type of animal into any GBC building or clinical-related facility you enter. We will have Security help you remove your animal if needed. Please be courteous to our faculty, staff and students and leave your pets at home.

### Tobacco Use/Smoking

Tobacco use and smoking is prohibited in GBC buildings. Please use outdoor designated areas only. In addition, students must comply with all clinical agency policies regarding use of tobacco and smoking while on site

# DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM FOUNDATIONS

## Great Basin College Mission Statement

Transforming lives through education.

## Mission of the Diagnostic Medical Sonography Programs (DMS)

The mission of Great Basin College's Diagnostic Medical Sonography Program is to provide quality education that prepares the diagnostic medical sonography student for practice in a variety of health care settings, improving health care in the community in which they practice.

## Diagnostic Medical Sonography Program Learner Goals and Outcomes

### Program Goal:

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains in the following concentrations:

Abdominal Sonography (extended) Obstetrics and Gynecology Sonography

At the end of the Program, Students will be able to meet the following learner outcomes:

1. Provide basic patient care and comfort to all patients.
2. Employ professional judgment and communication.
3. Demonstrate competence in the use of acoustic physics principles, Doppler ultrasound principles, and ultrasound instrumentation through proper equipment operation and transducer selection.
4. Evaluate the interaction between ultrasound and tissue and the probability of biological effects in clinical examinations.
5. Produce and assess ultrasonographic images of normal and abnormal anatomy and physiology.
6. Identify, document and develop differential diagnosis of abnormal sonographic and Doppler patterns.
7. Students will be clinically competent.

## Admission

Admission to the Diagnostic Medical Sonography Program is a separate process from admission to Great Basin College. Enrollment to the program is limited. Qualified applicants must hold an associate degree or higher awarded by a regionally accredited college and have completed all required prerequisites with a 76% or higher.

Great Basin College's Diagnostic Medical Sonography (DMS) Programs consist of a prescribed set of Sonography and co-requisite courses which must be completed in sequential order and may be taken only by those students who have been accepted into the DMS program, with the exception of CMI 376.

The annual application deadline is May 1 each year. The application process and selection of students is completed by the HSBH Admissions and Progression Committee. Students are informed of acceptance in the summer and begin the Sonography program at the beginning of the fall semester. The program is 16 consecutive months in length, including winter and summer semester clinical and didactic coursework. No additional application process is required to continue from the first to the second year of the program.

Students must meet all functional requirements as outlined in the Appendix of this handbook..

Student admission is based on a prescribed set of selection criteria, available for viewing on the Great Basin College DMS Program website.

## Student Time Commitment

The student's time commitment to the program will be approximately 40 hours per week. Students should plan on a minimum of 3 hours per credit per week of outside-of-class study time for didactic courses, and up to 40 hours per week of scheduled clinical time for clinical courses.

## Curriculum

**Bachelor of Science**

**Five Semester Curriculum Pattern – All Courses**

| Prerequisite Courses- Some prerequisites may also be fulfilled by an Associate degree or higher, meet with an advisor for specific evaluation | | | Credits |
|---|---|---|---|
| ENG | 101 | Composition I | 3 |
| ENG | 102 | Composition II | 3 |
| COM | 113 | Oral Communication | 3 |
| MATH | 126 | Precalculus I **or** | 3 |
| STAT | 152 | Introduction to Statistics | 3 |
| BIOL | 190 | Introduction to Cell and Molecular Biology | 4 |
| BIOL | 223 | Human Anatomy and Physiology I | 4 |
| BIOL | 224 | Human Anatomy and Physiology II | 4 |
| PHYS | 100 | Introductory Physics | 3 |
| HMS | 200 | Ethics in Human Services | 3 |
| PSC | 101 | Introduction to American Politics | 3 |
| Humanities | | | 3 |
| Fine Arts | | | 3 |
| NURS | 130 | Certified Nursing Assistant | 6 |
| NURS | 140 | Medical Terminology **or** | 3 |
| RAD | 112 | Patient Care and Medical Terminology | 2 |
| Electives | | | 14 |
| **First Semester- Fall** | | | |
| CMI | 350 | Ultrasound Physics and Instrumentation | 4 |
| CMI | 351 | Abdominal Ultrasound | 3 |
| CMI | 353 | Gynecologic Ultrasound | 3 |
| CMI | 376 | Sectional Anatomy in Medical Imaging | 1 |
| NURS | 337 | Pathophysiology | 3 |
| CMI | 354 | Vascular Ultrasound | 2 |
| **Second Semester- Winter** | | | |
| CMI | 400 | Introduction to Clinical Experience | 2 |
| Third Semester- Spring | | | |
| CMI | 352 | Obstetric Ultrasound | 3 |
| CMI | 486 | Diagnostic Medical Imaging Clinical Experience I | 9 |
| HMS | 200 | Ethics in Human Services | 3 |
| CMI | 366 | Abdominal Ultrasound II | 3 |
| CMI | 378 | Small Parts Ultrasound | 1 |
| HSC | 300 | Statistics for Health Sciences or other Mastery Course | 3 |
| **Fourth Semester- Summer** | | | |
| CMI | 487 | Diagnostic Medical Imaging Clinical Experience II | 7 |
| **Fifth Semester- Fall** | | | |
| CMI | 488 | Diagnostic Medical Imaging Clinical Experience III | 10 |
| CMI | 491 | Review of Sonographic Topics | 1 |
| CMI | 492 | Capstone Medical Imaging Capstone | 3 |

## Program Course Descriptions

***Please note all DMS classes are internet enhanced or online in a password protected learning environment through WebCanvas (GBC Distance Education Platform).***

**CMI 350- Ultrasound Physics and Instrumentation (4 Credits)**

This course will cover the principles of acoustical physics, Doppler ultrasound, and ultrasound instrumentation.

**CMI 351- Abdominal Ultrasound (3 credits)**

This course will cover the recognition and identification of the sonographic appearances of normal anatomical structures, disease processes, pathology, and pathophysiology of the abdomen.

**CMI 352- Obstetric Ultrasound (3 credit)**

This course will provide the student with recognition and identification of the sonographic appearance of normal maternal, embryonic, and fetal anatomical structures and obstetric disease processes, pathology, and pathophysiology.

**CMI 353- Gynecologic Ultrasound (3 credits)**

This course will cover the recognition and identification of the sonographic appearance of normal anatomical structures of the female pelvis and gynecological disease processes, pathology, and pathophysiology.

**CMI 354- Vascular Ultrasound (2 credits)**

Students will learn basic anatomy, physiology, pathophysiology and Doppler patterns of the human vascular system as it relates to basic sonographic vascular imaging. Prerequisite: Must be admitted into the Sonography Program.

**CMI 366- Abdominal Ultrasound II (3 credits)**

Continue development of skills in recognition and identification of the sonographic appearance of normal anatomic structures, disease processes, pathology, and pathophysiology of the abdomen. Prerequisite: Must be admitted into the Sonography Program.

**CMI 376- Sectional Anatomy in Medical Imaging (1 credit)**

This on-line course will cover transverse, coronal, and sagittal anatomy of the head, neck, thorax, abdomen, pelvis, and extremities. Areas of discussion include skeletal, muscular, circulatory, respiratory, nervous. lymphatic, and visceral anatomic relationships. ***Fully Online***

**CMI 378- Small Parts Ultrasound (1 credit)**

Recognize and identify sonographic appearance of normal anatomic structures, disease processes, pathology, and pathophysiology of anatomic small parts including, thyroid, scrotum, breast and other. Prerequisite: Must be admitted into the Sonography Program.

**CMI 400- Introduction to Clinical Imaging Experience *(2* Credits)**

Students will be oriented to the clinical site and begin participating in basic sonographic scanning procedures under sonographer supervision. 120 hours of clinical experience will be required at an assigned clinical site. Prerequisite: Must be admitted into the Sonography Program.

**CMI 486- Diagnostic Medical Imaging Clinical Experience I (9 credits)**

Clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer.

**CMI 487- Diagnostic Medical Imaging Clinical Experience II (7 credits)**

Continuation of clinical hours to build clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer

**CMI 488- Diagnostic Medical Imaging Clinical Experience III (10 Credits)**

Continuation of clinical hours to build clinical applications of instrumentation, quality control, patient care and performance of diagnostic medical sonography procedures under the direction or observation of a clinical sonographer.

**CMI 491- Sonography Review Topics (1 credit)**
Review sonographic concepts, scanning techniques, imaging procedures, anatomy, pathology and pathophysiology. Prerequisite: Must be admitted into the Sonography Program.***Fully Online***

**CMI 492- Comprehensive Medical Imaging Capstone (3 credits)**
This course utilizes knowledge and experience gained from comprehensive medical imaging and general education courses to develop links between scholastic and professional experiences. This course will emphasize leadership, fiscal and personal responsibilities, and prepare students for a successful transition into the professional workforce. ***Fully Online***

**NURS 337- Pathophysiology (3 credits)**
Explores the pathophysiologic processes associated with common chronic and acute health problems across the lifespan. Incorporates the influence of age, ethnicity and cultural patterns on illness development and resolution. The evidence base supporting current knowledge of disease processes and common health problems is explored. ***Fully Online***

***OR***

**EMS 204- Principles of Anatomy & Pathophysiology (4 credits)**

This course prepares the student to understand basic medical terminology, microscopic and gross anatomy and physiology. The course is designed to go beyond what is covered in the anatomy and physiology review of each section in the national standard curriculum. This course will be offered for 4 credits (3 credits of Lecture and 1 credit of Skills Lab) ***Fully Online***

**HMS 200- Ethics in Human Services (3 credits)**

Real life applications for personal and professional boundaries, beliefs, ethics, values, morals and codes of conduct in human relationships using ethical decision-making, problem-solving and critical thinking activities are emphasized. This course may be repeated up to three times for continuing education credit. ***Fully Online***

***HSC 300*- Statistics for Health Sciences (3 credits)**

Introduction to quantitative methods in the analysis and interpretation of data from research in the health and human sciences. Emphasis on conceptual understanding,appropriate application of tests, and interpretation of results. Prerequisite: Must have completed MATH 120 or higher with a grade of ‘C’ or higher. ***Fully Online***

***or* Other Mastery Course**

## GBC Academic Regulations

All faculty and students are responsible for following the Great Basin College regulations and guidelines as printed in the Great Basin College Catalog.

> **Academic Honesty** (According to the GBC 2026-2027 Catalog)
> Students must comply with student conduct and academic honesty policies in the GBC catalog and NSHE Code as well as the stated academic honesty policies of instructors; incidents of student misconduct and/or academic dishonesty will be reported to the vice president for student and academic affairs and the program supervisor. Disciplinary actions may include a written warning, reprimand, college probation, suspension, or expulsion from the program. Disciplinary actions will be determined by the nature and severity of the misconduct and may be imposed in any order. In the event the student's status changes to probationary, a plan of misconduct will be created for reinstatement to the program. Failure to follow this plan will result in expulsion from the program.

## Academic and Professional Dishonesty

Academic dishonesty ("cheating") involves all methods or techniques that enable a student to gain unfair advantage in the clinical or classroom setting (see above catalog statement). Cases of academic dishonesty ordinarily result in a grade of F for the assignment and/or the course, in accordance with published course policies. The violation may lead to the student's dismissal from the Great Basin College HSBH Programs and, in some cases, dismissal from Great Basin College. Students who are dismissed from the program for violation of academic integrity are not eligible for readmission into the program. The student will also be referred to the Vice President of Student Services for appropriate disciplinary action.

GBC and NSHE policies and procedures related to student conduct and academic honesty will be followed. Academic and/or professional dishonesty may occur in a variety of situations, including but not limited to the following:

> **Individual Assignments, Quizzes, Tests, and Examinations:** copying from a peer during an exam (quiz or test); talking or sharing information during an exam; discussing exam questions with a student who has not yet taken the exam, using crib notes, resources, AI or electronic devices when taking a quiz or examination; utilizing AI glasses during an exam, arranging for another person to substitute in taking an examination; giving or receiving unauthorized information when taking an examination, utilizing notes/resources quizzes/exams or other behaviors demonstrating lack of ethical educational prudence.
>
> **Plagiarism:** is knowingly representing the work of another as one's own, without proper acknowledgement of the source. The only exceptions to the requirement that sources be acknowledged occur when the information, ideas, etc., are common knowledge. Plagiarism includes, but is not limited to, submitting as one's own work the work of another person or work obtained from a commercial writing service; quoting directly or paraphrasing closely from a source **(including the Internet)** without giving proper credit; using figures, graphs, charts, or other such material without identifying the sources. Utilizing Artificial Intelligence (AI) to create or substantially change submitted work with or without citations.
>
> Faculty expects that students will demonstrate professional and academic integrity at all times. Faculty will explain their course expectations and students are expected to ask questions when clarification is needed.

## Artificial Intelligence

All work submitted in this program must be your own. Contributions from outside sources, including AI , must be properly cited for each individual use. Failure to do so constitutes an academic integrity violation. Use of Grammarly or other grammar correction software is allowed, but should only be utilized to address punctuation/spelling errors. Reliance on these programs may cause high detection rates with AI detection software. In situations where this occurs, the student must be able to provide evidence of version history with Revision History in Google Docs or allow faculty to review a Word document's Version History by saving documents to one drive or share point. If a student cannot provide this evidence the document will be graded/assessed based on the AI detection provided by GBC provided AI detectors.

**See HSBH Academic Dishonesty Policy.**

## Policies and Guidelines for Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in the Leonard Center, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775-327-2336. (See GBC Catalog for more details)

### Disability Accommodations

All of the rules, expectations, and procedures stated herein may be subject to reasonable accommodation upon the submission of an appropriate request based on a recognized disability. However, because of the critical health and safety concerns in the DMS Program, GBC cannot guarantee any specific accommodation will be granted.- See pregnancy specific accommodations under Pregnancy Policy.

### Procedure for Accommodation on the Basis of Disability

The ADA Officer will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids and services.

Questions regarding appropriate accommodations should be directed to the GBC's ADA Officer in Elko at 775-327-2336.

## Sexual Harassment

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

The sonography program requires each student accepted into the program to complete the GBC sexual harassment seminar before or within the first semester or when made available by NSHE. This will be an online course students will complete at their convenience. This must be completed prior to the stated due date.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect. Refer to the GBC general catalog for the entire policy. Each case of accused sexual harassment will be reviewed on a case by case basis.

## Great Basin College Student Conduct Policy

All students are held accountable for their behavior under GBC's Standards of Conduct for Students located in the college catalog and NSHE Code, Title 2, Chapter 6. Section 6.2.2 regarding misconduct. Nursing, Paramedic, and Medical Imaging students are also responsible for additional standards of conduct (see Appendices Section).

### Expectations of Student Conduct

Conduct consistent with professional standards of ethical, academic, and clinical behaviors must be exhibited at all times, including within classrooms and clinical sites.

Any violation of the following could result in a verbal warning, Behavior Modification Plan, referral to the Dean or Vice President, or immediate dismissal from the program.

a. In a clinical course, if a student's performance is determined by faculty to be unsafe, the student may be removed from the clinical setting and given a failing grade for the course prior to the end of the semester. This may be due to a single significant event or a pattern of unsafe behaviors.
b. If the student is determined to be unable or unwilling to perform or behave appropriately and he/she is requested to leave by the clinical site or instructor they must do so immediately. If he/she does not readily leave the clinical site, the student's emergency contact or security will be notified. An investigation of the situation will be completed by GBC faculty and further

steps taken as the situation warrants. The student must notify the program director within 1 hour of the incident.

c. If the student is notified of discontinuation of their clinical placement by faculty or the clinical site during off shift hours, they must immediately notify the program director and refrain from contacting any clinical site staff or returning to the clinical site for any reason.
d. If a student has concerns with the program, faculty, fellow students, schedules, clinical site or specific preceptors, etc., they should first contact GBC faculty. These concerns should not be discussed directly with the clinical site or clinical site staff.
e. All paperwork including immunizations, lab, physical, etc., required for clinical placement must be authentic and original.
f. Students partaking the in the following behaviors will be considered in breach of conduct expectations:

    1. Discriminating against other students, faculty, patients or technologists on the basis of race, religious creed, color, national origin, age, disability, ancestry or sex in the rendering of medical services.
    2. Performing acts beyond the scope of the practice
    3. Assuming duties and responsibilities without adequate training.
    4. Assigning or delegating functions, tasks or responsibilities to unqualified persons.
    5. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
    6. Practicing sonography while, with or without good cause, his/her physical, mental or emotional condition impairs his ability to act in a manner consistent with established or prudent sonography standards, or both.
    7. Practicing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the student as determined by a test of the blood, saliva, breath or urine of the sonography student while on duty. The student will be tested if there is suspicion of a violation of drug or alcohol policies.
    8. Failing to respect and maintain a patient's right to privacy.
    9. Violating a patient's or other student's confidentiality.
    10. Soliciting services, money, materials or other property, from a:
        (a) Patient
        (b) Family member of a patient
        (c) Person with significant personal ties to a patient
        (d) clinical site employee
    11. Diverting supplies, equipment or drugs for personal or unauthorized use.
    12. Inaccurate recording, falsifying or otherwise altering or destroying records including time logs, patient logs, evaluations, competencies or student clinical documentation
    13. Leaving a clinical assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
    14. Failing to respectfully collaborate with other members of a health care team as necessary to meet the health needs of a patient.
    15. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
    16. Failing to perform sonography functions in a manner consistent with established or prudent standards.
    17. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
    18. Engaging in sexual contact with a patient or client.
    19. Engaging in inappropriate public displays during clinical hours or at the clinical site.
    20. Showing up at a clinical affiliation site without being scheduled or without approval from GBC faculty in regard to the program.
    21. Attempting to negotiate or manipulate clinical scheduling at the clinical site.
    22. Attempting to arrange clinical placement at a clinical site without explicit permission from the Program Director.
    23. Attempting to convince clinical site employees to adjust or reconsider grades or decisions to approve a competency.
    24. Failing to be transparent regarding student status to patients.

In addition, dismissal can result from misconduct in either or both of the following areas:

**Academic misconduct** - cheating, fabrication, plagiarism, interference with the work or progress of another student, violation of course rules, and academic dishonesty.

**Personal misconduct** - false accusation against other students, clinical personnel or faculty, sexual or other harassment of students, faculty, clinical personnel or patients, including but not limited to: repeatedly requesting schedule or grade changes, aggressive or disrespectful communication or false accusations), release of computer passwords, physical or verbal abuse, damage to university or clinical property, failure to comply with GBC regulations, possession or distribution of illegal drugs, and possession of weapons against university regulation.

**Also see the GBC General Catalog for Student Conduct Policy.**

## Civility in the Classroom

Successful learning experiences are enhanced by mutual respect and courtesy. As a member of the larger college and healthcare communities, GBC faculty expects students to keep this in mind in their interactions with other students, faculty, patients and clinical staff. Communications must be professional at all times. Failure to comply with these expectations will result in counseling with a Behavioral Modification Plan on the first offense and disciplinary action including the possibility of dismissal for continued misconduct.

For more specific GBC Conduct Policy information, see https://gbcnv.edu/security/studentconduct.html

## Classroom Dress Code

The maintenance of good personal hygiene and clean, well-fitting clothes is necessary for effective functioning in the classroom and hands-on experiences. Uniform order instructions will be provided to students after receiving the student's letter of intent to enroll in the sonography program.

## Classroom Taping

No classroom content of any type may be videotaped, audiotaped, recorded, or transmitted in any manner without the written permission of the instructor and each member of the class. Any content recorded becomes the property of the course instructor. This is for the protection of the confidentiality of patients, students, instructors, and GBC staff. Students in the class will be required to sign a release form to allow recording in the course. Recordings must be destroyed at the end of the semester.

Students with academic accommodations requiring recordings must view the recordings on campus during campus hours.

## Critical Behaviors

**Accountability** is the state of being responsible for one's individual behaviors and their outcomes when assuming the professional role. Accountable means being attentive and responsible to the health care needs of the individual, family, or group. It includes taking responsibility for one's own actions, behaviors and consequences without directing blame elsewhere. Initial groundwork for accountability is laid during the first semester and continues throughout the student's professional career. Educational experiences strengthen the student's ability to unbiasedly, explore, analyze, and test one's accountability.

**Collaboration** is defined as the intentional act of professionals working together toward a common goal. In successful collaboration, mutual respect for each professional's background and commitment to respond to problems as a whole are essential. Fundamental to the concept of collaboration is the ability to independently communicate and make decisions in support of the individual, family or group.Collaboration begins in the classroom with faculty and fellow students. It is the students' responsibility to collaborate with peers in a positive manner. Failure to do so impedes learning, clinical progress and professional progress. As adults students are expected to overcome differences and address challenges with peers and clinical staff in a respectful proactive manner.

**Self-leadership** can be described in terms of an individual having a positive self-regard which consists of knowing one's strengths and weaknesses, allowing oneself to be challenged and strengthened through goal setting, and understanding the fit between one's ability to contribute to the organization and the organization's needs. Self-leadership is also the influence that individuals have over themselves to regulate, manage, direct, and/or control their own behavior.

## Grading

The following grading scale will be applied to *all* HSBH Programs coursework:

| | | | |
|---|---|---|---|
| 100-94% | A | 93-90% | A- |
| 89-87% | B+ | 86-84% | B |
| 83-80% | B- | 79-77% | C+ |
| 76% | C | 75-70% | C- |
| 69-67% | D+ | 66-64% | D |
| 63-60% | D- | Below 59% | F |

1. Criteria for grading is provided on every course syllabus. ***All course <u>groups in each course</u> (ex. Quiz/exam, Assignments, Lab, Clinical) grades must be completed with an average grade of 76% or higher. If one or more course groups are below the 76% grade requirement, the course grade given for the overall course will be the grade of the lowest grading group and the student will be dismissed from the program.*** Each course syllabus will outline the specific expectations and course groups of that particular course.
2. Ten percent (10%) of a grade will be deducted per day from any assignment turned in later than the scheduled time.
3. After an assignment is 10 days late, the student will receive a 0 on the assignment, but MUST turn the work in to complete the course.

## Exam Proctoring

All Unit, Midterm and Final exams will be completed as closed book examinations at an in person proctoring center. Students are responsible for arranging their proctoring appointments at a GBC or UNR campus location.

## Drop/Withdraw Policy

According to GBC policy, if you do not complete the course and do not formally withdraw by the set drop deadline, your instructor will automatically assign you a grade of "F" for the course. The drop deadline for each course will be stated in the GBC Catalog and online calendar. If you are dismissed or withdraw from the program after that date, this rule will also apply. Further Drop/Withdraw information is available on the DMS and GBC web pages.

## Distance Learning

All courses in the School of Health Sciences and Behavioral Health are internet enhanced. Some are completely online or a hybrid of live, internet and interactive video. It is the intent of all programs to keep access to student information private. The sign-on to the course content is available through www.gbcnv.edu and is password protected for student confidentiality. It is the student's responsibility to have compatible internet access to the GBC website to complete the courses. If you are having problems with the access or have concerns about privacy and security, please contact the Help Desk at (775)327-2170. Do not view lecture or other program content online where others may be able to see/hear. Ensure privacy of the classroom and your fellow students at all times.

## Modification Plans

All medical imaging students are subject to Academic or Behavioral Modification Plans. The purpose of these plans is to provide early interventions to students whose academic performance or behavior is not in alignment with the Diagnostic Medical Sonography program expectations and practices.

**<u>Academic Modification Plan:</u>** Students demonstrating academic challenges may receive an Academic Modification Plan (see Academic Counseling Form in Appendix). The intent of this plan is to provide early intervention to improve student performance.

**<u>Behavioral Modification Plan:</u>** Students who demonstrate limited ethical judgment, rude, intrusive or unkind behavior will receive a Behavior Modification Plan (See Behavior Counseling Form in Appendix). GBC Faculty will create this plan and discuss it with the student. In the plan, the student will be provided a plan for improvement and given a follow-up date to monitor for change. Failure to improve could result in extension of the plan, and if indicated due to conduct breach, dismissal from the program.

Clinical instructors are encouraged to contact GBC faculty regarding student behavioral or academic/skill concerns in the clinical site. The Instructor and GBC Faculty will evaluate the behavior and may determine to proceed with a warning, Academic/ Behavior Modification Plan, or other action as warranted by the behavior.

## Voluntary Withdrawal

Students who, for personal reasons, voluntarily withdraw from the program must immediately notify their instructor(s) and the Admissions and Progression Committee in writing. Students have the option of withdrawing from a course prior to completion of 60% of that course (specific date disclosed in college calendar). It is the student's responsibility to formally withdraw at the Registrar's office from a course. Program instructors/directors cannot complete this task. After the official withdrawal date, a grade of "F" will automatically be assigned as per Nevada System of Higher Education Board of Regents Policy, Chapter 6.

## Dismissal and Readmission to the Program

Students who have failed any program course, received less than a 76% in the quiz/exam portion or other course group of any didactic course or failed 3 clinical evaluations in a course will be dismissed from the program and may request readmission through the Admissions and Progression Committee one time. If readmission is requested, the student will be entered into the next year's applicant pool and considered by the same points system as the rest of the applicants. Readmission is NOT guaranteed.

The student must complete the following procedures for appealing to the A & P Committee for re-entry.

1. Notify the Admissions and Progressions committee of desire for readmission by May 31.
2. If accepted, complete any required placement testing by August 15.
3. Follow all Re-entry requirements listed below.
4. Completion of an online application is NOT necessary.

Students who have been out of the program for more than one year must reapply and if accepted, begin the program as a new student. Readmission is NOT guaranteed.

First Semester Re-entry- For students who were dismissed or withdrew after successful completion of the first semester

1. Students may choose to challenge the final exams for CMI 353 and CMI 354
    a. If finals are completed with a 76% or higher, the student does not need to remediate the course. If the score is less than a 76% for either challenged exam, the student must enroll in RAD 198 for 1 credit for each course needing remediation and attend all lectures and exams for the required course.
2. The student must enroll in RAD 198 (4 credits) for remediation of content from CMI 350 and CMI 351. If the student has successfully completed their ARDMS SPI exam, the student does not need to remediate CMI 350 if the course was passed on their first attempt at the program. The student must attend and participate in all CMI 350 (if applicable) and CMI 351 course lectures, exams and labs and will be graded on a Satisfactory/Unsatisfactory scale. A satisfactory grade must be obtained to proceed in the program.

Second Semester Re-entry- For students who were dismissed or withdrew after successful completion of the second semester

1. Complete all First Semester Re-entry requirements ***and***
2. Students must enroll in RAD 198 for three credits to remediate CMI 352, CMI 366 and CMI 378. The student must participate in lectures, exams and labs for each course. The student will be graded by Satisfactory/Unsatisfactory. A satisfactory grade must be obtained to proceed in the program.

Third-Fifth Semester Re-entry- For students who were dismissed or withdrew after successful completion of the second-fourth semesters: Only allowed if clinical placement is available.

1. Complete all Second Semester Re-entry requirements
2. Student situations will be evaluated by the Program Director, Clinical Instructor and Dean. Some or all of previously completed clinical hours may need to be repeated based on the situation and student proficiency. The student will be graded by atisfactory/Unsatisfactory. A satisfactory grade must be obtained to proceed in the program.

***Students who have been dismissed for any reason 2 times, will not be considered for readmission.***

***Students who have been dismissed from the program due to academic or professional misconduct, students who have demonstrated academic/professional misconduct in response to their dismissal, and those who have been dismissed from more than one clinical site will not be considered for re-entry into the program.*** These behaviors may also prevent entry into other GBC HSBH programs.

Most dismissals will proceed through the admissions and progression policies. ***Please see the HSBH Admissions and Progression Committee information for complete details of the process***.

## Withdrawal and Readmission to the Program

Students withdrawing from the program for personal reasons may request readmission to the program once, the following year by submitting a letter of request for readmission to the Admissions and Progression Committee. Students will follow the same processes, policies and procedures as outlined above in the Dismissal and Readmission Policy. Students who previously withdrew are NOT guaranteed readmission, but will be added to the admission pool and evaluated based on the posted scoring system. If accepted, they will follow the First or Second Semester Re-entry procedures outlined in the Dismissal and Readmission policy according to their time of exit from the program.

## Student Appeal of Admissions and Progression Committee Decision

Decisions of the Admissions and Progression Committee may be appealed directly to the Dean in writing within 3 working days after written notification of the decision is received. If the issue is not resolved after appealing to the Dean, the student may proceed to Step III of the Grievance Procedure described in the next section.

## Student Progress Policy

Students who are admitted to a HSBH Program must maintain their status as a student in good standing in both academic and academic-related areas based on the following criteria:

a. Must maintain a minimum average of 76% in each grading group in each course.
    - If the overall course grade is greater than a 76%, but a grading group is less than the required 76%, the student will receive a course grade reflecting the lowest grading group grade and be dismissed from the program.
b. Must meet expected performance, safety, or conduct standards.
c. Must complete each course (including General Education needed for the degree) with a C or higher.

Failure to meet these criteria will result in a failing grade for the course and dismissal from the program. ***In cases of severe breach of safety or conduct standards students may be immediately dismissed from the program and receive an F in the course.***

## Grievance Procedure

The procedure described here differs from and supersedes the GBC procedure described in the college catalog. The divergence from GBC policy is justified by the sequential nature of the program curriculum and the safety and well-being of patients a student may care for.

Students who wish to explore issues that have not been resolved to their satisfaction can initiate the appeal process described below. Because faculty have an obligation to safeguard patients and other individuals, a student in the appeal process might not be allowed to continue in the clinical component of a course until the issue is resolved. All grievances are expected to be completed in a professional and respectful manner.

**Grievance Procedure Steps**

**Step I**:
Request an appointment in writing to discuss a clearly specified issue with faculty member(s) within 3 working days of the alleged occurrence. Within 3 working days of the scheduled meeting, the faculty member(s) shall issue a written decision. The decision may be delivered to the student by email, U.S. Mail, or personally delivered.

□

Resolution □ Stop

No resolution  Proceed to Step II

**Step II:**

If the student is aggrieved by the resolution made in Step I, the student may file a written appeal with the Dean within seven (7) working days of receiving the written decision in Step I. The Dean shall meet with the student within seven (7) working days of receiving the appeal unless the student requests more time and this request is approved by the Dean. The Dean may invite the faculty member(s) to this meeting. The Dean may permit the student to bring someone to advise the student at this meeting. The Dean shall issue a written decision within seven (7) working days of the meeting. The decision may be delivered to the student by email, U.S. mail, or personally delivered.

Resolution  Stop

No resolution  Proceed to Step III

**Step III**:

If the student is aggrieved by the resolution made in Step II, then the student may file a written appeal with the Vice President for Academic and Student Affairs. The Vice President shall schedule a meeting with the student within ten (10) working days of receiving the appeal unless the student requests more time and this request is approved by the Vice President. The Vice President may invite the Dean and the faculty members to this meeting. The Vice President may permit the student to bring someone to advise the student at the meeting. The Vice President shall issue a written decision within ten (10) working days. The decision may be delivered to the student by email, U.S.

Resolution

(Note: Dates given in this procedure may be adjusted if the Dean is not available due to absence or semester break.)

## Lunches and Breaks

Diagnostic Medical Sonography students are allowed two, 15-minute breaks (one in the morning and one in the afternoon) and a 30-minute lunch. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break is required for all students. Breaks and lunch CANNOT be saved throughout the day to leave early. Students do not need to clock out for their lunch break. At the end of the semester, 30 minutes for each clinical day will be subtracted from the semester hours to adjust for lunch breaks throughout the semester. Lunches and breaks extending beyond the provided time will result in a Behavior Modification Plan on the first incident and will lead to an overall grade reduction of 2% per occurrence for any subsequent incidents. **If a student chooses to "skip" lunch, the lunch break time will still be deducted from their clinical hours.**

## Tardiness

Program faculty is committed to starting class sessions on time. The student's obligation is to be punctual for scheduled clinical, classes and lab sessions. Tardiness is inconsiderate, disruptive to the class and will be dealt with individually. Information covered during the student's absence will be up to the student to obtain. It will not be repeated. If tardiness is a continual problem the student will receive a Behavior Modification Plan and if adequate improvement is not made, grade deductions may be applied.

Students that are tardy for clinical experience will not receive credit for time missed. Time missed will be deducted from Personal Leave Time (PLT). Students who are tardy are not allowed to make up the time missed at lunch or the end of the clinical day without approval from the clinical coordinator. Weather is not an excuse for tardiness (see weather under Cancelled Classes). After one late arrival, during a clinical rotation, a verbal official reprimand will be given. After a total of two late arrivals, a Behavior Modification Plan will be given. After three total late arrivals at clinical sites, the student will receive a 1% clinical grade deduction for each late arrival.

### Test Queries
Students are provided in-class review for all exams/quizzes counting toward the quiz/exam group of their grade. Outside of this review, exams will be locked and can only be reviewed by the student with faculty. If a student determines a test item's answer is inaccurate, they can submit a test query to their instructor within 3 days of the exam/quiz review. Upon receipt of the test query, the instructor will have 3 working days to respond to the query in writing. If the student would like additional explanations, they should arrange a meeting with the instructor. Test queries should be written in an objective, respectful manner. The student should provide concise supportive information detailing the reasoning for alternative answers to an item. The student must provide a minimum of one text reference from a program text for the query to be considered.

### Personal Leave Time
Personal leave time (PLT) is designed for students in the sonography program to be able to schedule time off from clinical work in order to take care of personal needs or circumstances which may arise that are not able to be scheduled outside of program parameters (also see clinical absences). **PLT will be used to cover sick days, and other circumstances requiring missed clinical time.** No additional PLT will be allowed once the allotted time per semester is used. Students whose absences exceed their allotted PLT will receive a 2% overall clinical grade deduction per day and will be required to make up the time. Refer to the Clinical Absence section for details. PLT allotted for each semester will be clearly stated in the course syllabus.

Students who are NOT in Complio compliance during clinical are not allowed to attend clinical until the issue is resolved. All PLT will be applied to these circumstances. Please refer to unacceptable absences policy in depth policy description. Policy regarding exceeded PLT will be followed.

### Bereavement Leave
Upon the notification to the program faculty, and presentation of documentation, the student will be allowed a maximum of three consecutive clinical days leave of absence for death in the immediate family. The immediate family is considered parents, grandparents, spouse, siblings, or child. This time is not required to be made up and will not be deducted from Personal Leave Time (PLT).

### Make-Up Schedule
Students should not plan to make up missed time. Students should not exceed PLT. In the rare occurrence a student misses time due to an absence excused by the Program Director due to extenuating circumstances (surgery, severe illness, etc.), the Program Director and the clinical site will arrange make up time at the clinical site's convenience. If not all make up time is able to be scheduled by the end of the semester, the student will receive an incomplete for the course until the time is made up. Grade deductions for exceeding PLT will be in effect unless the situation is reviewed and determined unavoidable by the Program Director and Dean.

### Professional Meetings
Students may be offered compensatory time or extra credit for attending scheduled professional meetings, conferences, field trips or seminars as identified by the program faculty. During the professional meetings all conduct policies apply as the student is a representative of Great Basin College and the sonography program.

On occasion, Student Government Funds or Student Group funds may be provided to help students cover travel expenses. If a student receives compensatory time or funding, the student is expected to meet minimum attendance expectations at the meeting as outlined by their Program Director. If this is not done, students will be responsible for forfeiting or returning the funding or comp time.

### Faculty Evaluation
Students have an important function in faculty evaluation. The Nevada System of Higher Education Bylaws requires each faculty member be evaluated annually to assess the quality of professional performance for each area of academically assigned responsibilities.

Students participate in the evaluation process by objectively rating the faculty's teaching effectiveness in the classroom and clinical settings. Excellence in performance in specific professional responsibilities is a requirement for tenure and merit recognition. Students should be aware of the importance of their role in the faculty evaluation process.

### Gifts
DMS Faculty is not allowed to accept gifts from students during the DMS program.

# COMMUNICATIONS & STUDENT SERVICES

## Breaks and Holidays

Students do not attend classes or clinical assignments on:

1. college holidays
2. during Spring Break

Students should not attend clinicals on these holidays and breaks. Breaks can not be “exchanged” for other weeks off.

If a college holiday falls on a day of the week that the student is normally scheduled in clinical, time will not have to be made up. **It is up to the student to be familiar with which holidays GBC acknowledges and notify their clinical site prior to the holiday. These can be found on the GBC website and in the GBC catalog.**

It is the policy of the Nevada System of Higher Education (NSHE) to be sensitive to the religious obligations of its students. Religion is one area of diversity recognized by GBC. Any student missing class, quizzes, examinations or any other class or lab work because of observance of religious holidays, shall, whenever possible, be given an opportunity during that semester to make up for the missed work. The make-up will apply to the religious holiday absence only. It shall be the responsibility of the student to notify the instructor in writing, on the first day of class or no later than ten days in advance, of his or her intention to participate in religious holidays which do not fall on state holidays or periods of class recess. Examples of such holidays are Rosh Hashanah and Yom Kippur.

## Cancelled Classes

**Faculty Illness:** A notice will be posted on the classroom door or online in WebCanvas to notify students of classes cancelled due to faculty illness. In addition, staff will make an effort to contact students living outside the Elko area by telephone or email.

**Weather and class:** When the GBC President closes the Elko campus due to inclement weather, all campus and Zoom classes will be cancelled or moved to Zoom.

**Weather and clinical:** Students in clinical will follow campus closures of their nearest NSHE institution as follows:

Elko rotations- GBC Elko

Winnemucca rotations- GBC Winnemucca

Las Vegas rotations- GBC Pahrump

Carson City/Fallon/Reno rotations- University of Nevada Reno (UNR)

Up to 20 hours of missed clinical time due to weather/environmental closures do NOT have to be made up but the course instructor may require assignments or at home scanning in lieu of the experience. Due to the loss of learning that may occur for missed time exceeding 20 hours, these hours would have to be made up in accordance with clinical site availability.

## Catastrophic Event Plan

GBC DMS program has developed a catastrophic event plan to direct functions of the program if environmental, social, health or other unforeseen disasters affect normal program operations. While comprehensive, this plan may not address all unforeseen events and will be adjusted as necessary if the need arises. This plan is maintained in the GBC HSBH group drive and can be reviewed upon request.

## Cellular Telephones

Use of cellular phones including calling, texting or online activity **is not acceptable in the classroom/lab or clinical setting.** Cellular phone ringers must be silenced during class and clinical. Unauthorized use of these devices in both settings will result in the following:

1. Verbal warning for first offense,
2. Behavior Modification Plan second offense
3. Behavior Modification Plan extension third offense

4. 2% overall grade deduction fourth offense
5. Dismissal on fifth offense

Due to the sensitive privacy nature of the clinical site, cellular phones must be stowed away during clinical shifts. These can be accessed on official student breaks but **should not be on the student's person at any other time**. Clinical personnel is encouraged to notify faculty if/when this policy is breached. This policy **MUST** be adhered to by students regardless of clinical site policy and/or practices

### Change of Name, Address, or Telephone Number

Any change of name, address, or telephone number should be reported to the Program Director, HSBH Administrative Assistant and the Admissions and Records Office in a timely fashion. It also must be updated in the Peoplesoft system (MyGBC).

### Email

Because GBC has many rural clinical sites, email is an important form of communication. All students must have email access and are required to check their e-mail frequently and regularly because it is the primary route used for official departmental and course communications. Changes to email addresses must be reported to the department, faculty and Admissions and Records immediately.

Students must access their GBC email for confidential internal correspondence. Access to this email address can be obtained via the GBC Helpdesk.

### Multifactorial Authentication (MFA)

NSHE and GBC require the use of MFA to access webcanvas, school email and other essential documents/programs to ensure privacy and security. Students will need to maintain access to a phone to utilize the MFA.

### Student Messages- General Emergency

Great Basin College, in compliance with the Clery Act, will issue timely warning notices in the event a situation occurs on one of our centers or in the areas adjacent to our centers that constitutes a potential ongoing or continued threat to students, faculty and staff. Timely warning notices will be issued upon the recommendation of the Director of Environmental Health, Safety & Security (EHS&S), the Center Director or the local Police agency. Timely warnings will be issued on a case-by-case basis when approved by the GBC Executive Administrators based on the available facts, the risk to the center community, and the risk of compromising law enforcement efforts.

Timely warnings will be issued via the GBC email system, posted on the homepage of the GBC web site, posted via video signage, printed notices and personal contact. Warnings will include the date, time and reported location of an incident, a brief summary of the incident, a description of the suspect(s) and vehicles if known. Warnings will include safety information specific to the type of incident and contact information to obtain additional information. It is the student's responsibility to maintain up to date phone and email records with GBC to ensure timely notifications.

#### Terrorist Attack

If the State of Nevada's Office of Homeland Security places the Elko area or any other city where clinical experience is taking place, in a level red alert, students in clinical education within that and only that area will be released from clinical until the red alert has been lifted. GBC faculty or staff approval to leave the clinical education site is not required.

### Social Media and Online Communication – Ethics and Legal Liability

Students are reminded that they are legally liable for anything they write or present online. Students can be disciplined by GBC for commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment. Students can also be sued by GBC employees, clinical agencies, and any individual or company that views their commentary, content, or images as defamatory, pornographic, proprietary, harassing, libelous or creating a hostile work environment.

To avoid negative impacts resulting from unwise or inappropriate use of social media, be aware of the following:

- If you post anything about GBC or the Health Science and Behavioral Health programs, make it clear that you do not represent the college or any of the programs, nor their views.
- Be aware not only of the content you post, but of any content that you host (e.g. comments others post on your site). Content you host can have the same effect as content you post.
- Potential employers may use social media to evaluate applicants. Inappropriate content may eliminate job opportunities.
- Once you have posted via social media, it is out of your control. Others may forward it, save it, repost it, etc. It is almost impossible to retract after it is posted.
- If you disclose confidential information about patients, other health care providers, fellow students, or faculty, the college and/or health care facility may take legal action against you. Disclosing patient confidential health information is a violation of HIPAA and can result in severe fines and dismissal from the DMS program.

The faculty recognizes that social media sites –Facebook, Twitter and others offer alternative ways to reach and communicate with friends and other students. The responsible use of social media strengthens our programs' reputation within the community and expands public awareness of our varied educational options.

***The following policies and procedures must be adhered to in all use of social media that in anyway relates to or mentions GBC and/or the Health Science and Behavioral Health programs:***

1. The social media site content must not replicate information that is available on the college web page.
2. Material and content from classes may not be copied and placed on social media sites, including personal information regarding patients, students, instructors, or other GBC staff.
3. Personal blogs should have a clear disclaimer that the views expressed by the author in the blog are the author's alone and do not represent the views of GBC or the School of Health Sciences and Behavioral Health.
4. Information with GBC affiliation should only be information that could be contained in a resume.
5. Information published on a blog should comply with HIPAA, FERPA, and GBC confidentiality policies.
6. Students must be respectful of all persons and their right to privacy.
7. Do not reference GBC faculty, staff, or students without their written consent. Do not use their images or likeness without consent.
8. Respect copyright laws and cite sources appropriately. Plagiarism still applies to on-line content. GBC logos may not be used without written consent from the Department Chair.
9. Any press or media contacts should be referred to Social Media Specialists at 775-327-2149.
10. All requests for social media development should include its purpose and objectives, name of the social media site, and the name of the moderator, with request forwarded to the Dean of the School of Health Sciences and Behavioral Health at 775-327-2320.
11. Students must not be friends with faculty on Facebook until such time as the student has graduated or left the college.

## Student Advisement and Counseling

1. Each student has access to a faculty advisor from the sonography department. The advisor is available to the student for academic counseling. The student is requested to see his/her advisor at least one time per semester. Faculty office hours are posted each semester.
2. Students are responsible for scheduling their own advisement/counseling appointments.
3. Any student taking a non-GBC course during the final semester of the sonography program must have the course work completed and an official transcript to the Student Services Office not less than one month prior to final examinations.
4. Students are responsible to have all official transcripts sent to GBC Admissions for articulation. For classes to articulate, the transcript must be obtained from the college of the course's origin, not a college the course was already transferred to. When courses are not articulated as expected, students should work with the admissions office to address any issues.
5. It is the student's responsibility to make certain all graduation requirements are met. Failure to do so will result in a delay in the student's graduation. The Office of Admission and Records uses the year of admission to the sonography program to determine catalog year and course requirements for graduation.
6. If a student displays physical, mental or emotional problems which require professional care, he/she will be referred for help outside the HSBH department.

| Program Director | Medical Imaging Instructor | Dean of Health Sciences & Behavioral Health |
|---|---|---|
| Reme Huttman<br>Office: 775-327-2319<br>Email: reme.huttman@gbcnv.edu | Erica Salazar<br>Office: 775-327-2324<br>Email: erica.salazar@gbcnv.edu | Dr. Staci Warnert<br>Office: 775-327-5869<br>Email: staci.warnert@gbcnv.edu |

## Student Government Association (SGA)

Sonography students are encouraged to be an active part of the SGA. A variety of activities are provided throughout the school year. Students have the opportunity to participate individually or as a group.

Students in the sonography program are encouraged to participate in the SGA sanctioned RAD Group. This group is to promote the medical imaging profession, fundraise and provide community service. The RAD Group is supervised by the Radiology Program Director and Radiology Clinical Coordinator and guided by Bylaws. Each year, officers are elected to facilitate the Group mission with guidance from the group faculty supervisors and within accordance with the group bylaws.

## Learning Resources

Students must purchase required texts and other learning resources (e.g., online access codes and other learning resources). The GBC bookstore will have a link to the required texts for each course. These can be purchased through the GBC Bookstore or through another source. Students should be very careful that all components needed for their classes are included if they purchase from an outside source.Some resources contain access codes necessary for successful completion of the course and which are not available on some used purchases. Students will be notified if additional learning resources are required prior to the beginning of each subsequent semester.

## Library Services

All students at every center have access to online library materials.The physical library is located at the Elko Center. Library faculty and staff are available to help all students regardless of location. Students can locate resources by visiting the library webpage: https://www.gbcnv.edu/library/ or contact library staff by calling 775-327-2122 or walking into the library during business hours. Library Physical and Staff Hours:

Fall and Spring Semester:
Monday - Friday 9:00 am to 5:00 pm

Winter and Summer Semester
Monday - Friday 9:00 am to 1:00pm

### Copying

Copying can be done at the library. Additional copies of assignment and clinical forms are the student's responsibility. Copies of powerpoints and other course materials may be printed at a GBC computer lab.

## Technology Assistance

GBC offers a Help Desk for students experiencing problems with WebCampus access. The Help Desk is available by phone (775-327-2170) or by email (helpdesk@gbcnv.edu).

| Summer Hours: | Fall and Spring Hours: |
|---|---|
| Weekdays: 7:00 am to 4:00 pm | Weekdays: 7:30 am to 9:00 pm |
| | Saturday: 12:00 pm to 5:00 pm |

## Tutoring

The Academic Success Center (ASC) is located at the Elko, Ely, Pahrump, and Winnemucca Centers. Visit the academic success center page: https://www.gbcnv.edu/asc/ or contact the ASC at 775-327-2275

**Brainfuse**
Brainfuse is a free tutorial service offered by GBC through the student's WebCampus account. Students are encouraged to take advantage of 24/7 tutoring opportunities, practice testing, student study groups and more.

## Student Records

The Admissions and Records Office maintains official GBC files for all students who apply to the college. A cumulative, confidential file of program documents is kept for each student in the School of Health Sciences and Behavioral Health. The confidential file contents may include the following, but not limited to: application materials, immunization/clinical compliance records, transcripts, student agreements, test scores, clinical assignment and performance forms, competencies, student counseling forms, communications between students, faculty and preceptors, and action plans..

Class work, tests, quizzes and projects may also be included in this file. Records of individual student conferences and clinical evaluation conferences will be read and signed by the student and faculty prior to becoming a part of the student's cumulative record. If a student chooses not to sign, these documents can still be maintained within the student records. Records are retained in the School of Health Sciences and Behavioral Health for a minimum of 5 years..

All student files are maintained in designated, locked file cabinets or password protected computers. Student files are protected under the Family Educational Rights and Privacy Act of 1974 (FERPA). For further information, refer to the section on Family Educational Rights and Privacy Act in the GBC catalog.

## Student Representative

Student representation is requested and appreciated at all DMS department committees and advisory board meetings. Two representatives from each class are selected as volunteers. They will attend the two Health Sciences board meetings and two DMS advisory board meetings annually. These students are asked to bring questions, comments and concerns of their class and take information back to the group. Student representatives have both a voice and vote in making decisions on issues discussed in faculty meetings. These representatives also act as spokespersons for their student group.

## Physical Examination

Students must provide evidence of a satisfactory physical examination. Please see the "Functional Abilities" document and the physical form in the appendix of this handbook. The physical examination validates that the student is able to meet the physical demands of the program without compromising the safety of the patient, clinical environment or themselves. As part of this evaluation, the following psychomotor requirements must be validated and documented:

1. Manipulate equipment necessary to assist the individual, family and/or group to desired outcomes.
2. Lift and move individuals to provide safe care and emergency treatment.
3. Perform cardiopulmonary resuscitation.
4. Perform independently of others.
5. Possess cognitive abilities to, reason and analyze situations. This can be documented on the physical form provided for you in the back of this handbook.
6. Some clinical sites require annual physicals. If you are located at these particular sites your annual physical must be completed prior to the 1 year anniversary of your last physical.

## Immunizations

The following immunizations must be current and maintained in compliance throughout the program with NO lapses. You can obtain any required immunizations from your physician/physician's assistant or nurse practitioner. Any immunizations that are still current do not have to be repeated. If a student is unsure of the currency of an immunization, titers can often be drawn. Appropriate documentation must be provided to Complio to ensure compliance in each of the following:

1. **Quantiferon or a Two-step tuberculosis (TB) skin test** the required TB test is a two-step Mantoux or PPD. (This base line is valid for 12 months.)

   **Step One:** Go to your physician's/physician assistant's/nurse practitioner's office or a clinic and have the skin test done; return 48-72 hours later to have it read.

   **Step Two:** One week later, go back and have the skin test done again; return 48-72 hours later to have it read.

   A tine test and the one-step TB test is not acceptable. If you have had a positive skin test in the past, you must have documentation of a negative chest x-ray.

   *Note: Some clinical sites may require a Quantiferon or a 2 step TB annually

2. **Measles/mumps/rubella (MMR)** (Series only to be done once in a lifetime.)
   a. If you were born in 1957 or after and have no serological evidence of immunity, no physician-diagnosed measles or mumps disease, or prior vaccination evidence, obtain two doses of MMR vaccinations.

   b. If you were born before 1957, show proof of one of the following:
      - history of physician-diagnosed measles and mumps disease
      - laboratory evidence of measles and mumps immunity
      - laboratory evidence of rubella immunity
      - MMR or Rubella vaccination evidence

3. **Tetanus, Diphtheria, Pertussis**
   A Td booster is required every 10 years following the completion of the primary 3-dose series. A 1-time dose of Tdap to those younger than 65 years of age who have direct patient contact is required.

4. **Hepatitis B series**
   The Hepatitis B series is a series of three immunizations. If you have not been previously immunized, the first immunization must be completed by the end of May, the second completed one month after the first, and the third immunization completed five months after dose #2. Check

with your health care provider if you have questions.

***Note:*** Hepatitis A series: Currently, many clinical facilities do not require immunization for Hepatitis A; however, it is highly recommended due to exposure at various clinical sites. This is a series of two immunizations. If you have not been previously immunized, the second attendance dose should be completed 12-18 months after the first. If the combined Hepatitis A and Hepatitis B vaccine (Twinrix) is used, 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21-30 followed by a booster dose at month 12.

5. **Influenza**
   Proof of immunization with vaccine(s) recommended for health care providers by CDC for the current year. Most clinical sites will require flu shots for students to perform clinical rotation in that facility. If the student does not want the flu vaccine, they will be required to put this in writing with the reason why. It is up to the affiliated clinical site whether or not the student will be able to attend clinical at the site. If the student is denied attendance at the scheduled site, every effort will be made to place the student at another location, if one is available. This will be a case by case basis and depends on available clinical sites.

6. **Varicella**
   Students must provide proof of varicella exposure through a titer or with proof of immunization.

7. **COVID**
   Some clinical sites may require COVID vaccination for students to perform clinical rotation in their facility. If the student does not want the COVID vaccine, they will be required to submit a declination form on Complio. Individual sites may require additional declination/exemption forms and will make the ultimate decision as to placement of the student. If the student is denied attendance at the scheduled site, every effort will be made to place the student at another location, if one is available. This will be a case by case basis and depends on available clinical sites.

### Immunization Exemptions

There are two types of exemptions to the immunization requirements.

- Medical- this exemption requires a licensed physician to provide a signed statement that a medical condition prevents the student from complying with this regulation.
- Religious- this exemption requires a statement from the student that the vaccines are contrary to his/her religious beliefs.

***The HSBH Department and clinical facility reserves the right to restrict clinical placements of students who are not fully immunized for any reason.***

***Students not having completed all immunizations may be denied access to required clinical sites.***

In this situation, alternative student placement would be attempted. Placement of other students will not be disrupted to place a student who is denied placement at a site due to refusal of immunization. If no alternative placement is available, students may be dismissed from the program due to the inability for the student to meet program objectives..

## Infection Control Processes in Scanning lab:

Mission: To eliminate or minimize the spread of antigens in GBC student Lab Experiences.

1. Transducers
   a. External transducers
      1. Thoroughly remove gel with a clean cloth, cleanse with T spray and wipe transducer, handle and cord clean with a washcloth between each patient/model.
      2. Gloves should be worn for this process.

   b. Internal transducers
      1. GBC policy probits endocavitary use of any transducer, therefore these may be cleaned by the same protocols as external transducers.
2. Gel

a. Single packet and multidose gel containers may be utilized.
b. Multiuse containers should be disinfected each day or if otherwise soiled.
c. Once empty the container should be discarded.
d. All gel warmers should be disinfected weekly or when recognized to be soiled.
e. Gel container tip should not make physical contact with the patient/model or the transducer.

3. Equipment
   a. The keyboard and touch screen should be disinfected between each patient/model.

## Insurance

1. GBC DMS students are covered by the Nevada System of Higher Education's liability insurance for malpractice but NOT health.
2. Students are ***not*** covered by the SIIS (Workman's Compensation) in any of the clinical facilities.
3. Students are required to have health insurance.Yearly proof of medical insurance is required during clinical assignments. Documentation is maintained in Complio.

## Background Reports and Drug Testing

Certain clinical agencies mandate criminal history background checks for all individuals engaged in patient care or prior to presence on hospital campuses. All students must undergo criminal history background checks at their own expense. These checks are conducted by an external vendor and the information is sent to the clinical agency requiring this information. Agency personnel will evaluate the information they receive and in their sole discretion, make the final determination as to each student's ability to participate in patient care in their agency. If a student is denied clinical placement by any clinical agency, due to unacceptable criminal history information, that student may be placed at an alternate site, if available, or may be dismissed from the diagnostic medical sonography program.

***Some clinical sites may require their own background check as part of their on-boarding process.***
***In this case, students are responsible for the additional fee. Students will be notified of which sites have such requirements when clinical site assignments are made.***

If a student's criminal status changes at any time throughout the program, it is the student's responsibility to provide documentation of the criminal conviction to the DMS Program Director. At that time, the program director will make a determination if the criminal convictions eliminate the student from the program due to ethical requirements of the profession. The Program Director may require the student to consult the ARDMS for pre-evaluation as part of this decision-making process.

If requested by the clinical facility/agency, Great Basin College students may be asked to submit to "for cause" drug and/or alcohol screening in a similar manner and under policies similar to those affecting employees of the participating clinical facility/agency. The results of the drug and/or alcohol screening may be disclosed in the event of a claim against the clinical facility/agency arising out of the acts of the student

**Substance use:**
Great Basin College maintains a zero-tolerance position with regard to the use, sale and possession of any illegal drug. Violation of any state or federal drug laws will subject the student to disciplinary action, which may include legal action concurrently. Illegal use or abuse of legal and/or prescription drugs will subject the student to similar disciplinary action.

**Philosophy:**
Faculty believe safety for the student and patient is of the utmost concern. Faculty believe personal and health problems arising from substance use can affect academic and clinical performance, making students a danger to self and patients. Faculty are committed to confidential handling of recognition and treatment of substance use/abuse.

**Illegal Drugs:**
For purposes of this policy, 'illegal drugs' means illegal use of controlled or illegal (i.e. prohibited) substances: any drug defined as such under the regulations adopted pursuant to Nevada Revised Statutes 453.146. Many of these drugs have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack." They also include "legal drugs" which are not prescribed by a licensed physician. The definition of illegal drugs does not mean prescription drugs that are lawfully being taken by a student as prescribed by a licensed healthcare professional; the student must be under the direct medical care of the

licensed health care professional and must not be using any substances that impair judgment while in the clinical environment. Although marijuana is legal in the State of Nevada, marijuana is a Schedule 1 substance under federal law and continues to be an illegal substance for purposes of this policy; thus, its use is prohibited. In addition to other illegal drugs as described above, the overuse and/or abuse of alcohol is also prohibited under this policy.

**For Cause/Reasonable Suspicion Testing:**
If requested by the clinical facility/agency, Great Basin College students may be asked to submit to "for cause" drug and/or alcohol screening in a similar manner and under policies similar to those affecting employees of the participating clinical facility/agency. The results of the drug and/or alcohol screening may be disclosed in the event of a claim against the clinical facility/agency arising out of the acts of the student.

If faculty has a reasonable suspicion that a student is using illegal drugs or is demonstrating signs of impairment while engaged in college-related activities, faculty must immediately remove the student from the classroom, laboratory, or clinical environment. If reasonable suspicion exists faculty may ask the student to submit to "for cause" drug and/or alcohol screening at the student's expense. Great Basin College is responsible for identifying and providing safe travel to and from a designated vendor for the testing/screening. If a student refuses to submit to a reasonable suspicion drug and alcohol screening test, the refusal will be considered a presumptive positive/ admission of impairment, which poses a risk of harm to self and patients.

Students who have a medical condition, injured, or taking any substance that impairs judgment (including prescription medications, medical marijuana, and alcohol) are not suitable for and cannot be present in the patient safety clinical environment where patient safety is the topmost concern.

**Impairment:**
To determine reasonable suspicion, the following factors may be considered, but are not an exclusive list of factors justifying a drug or alcohol screening:

1. The physical symptoms or manifestations of drugs or alcohol use and impairment such as altered or slurred speech or repeated incoherent statements, disorientation, chronic drowsiness and/or sleepiness, dilated or constricted pupils, flushed skin, excessive sweating, tremors of the hands, excessive drowsiness or loss of consciousness;
2. Unexplained, abrupt or radical changes in behavior such as violent outbursts, hyperactivity, extreme suspiciousness, frequent and/or extreme fluctuations of mood swings without explanation, deteriorating hygiene/ appearance;
3. Inability to walk steadily or in a straight line, or perform normal manual functions essential to clinical treatment without reasonable explanation;
4. Accident or "near misses" in a clinical environment that appear related to unexplained sensory or motor skill malfunctions;
5. Perceived odor of alcoholic beverages or marijuana.
6. The direct observation of drug use or alcohol use immediately prior or during program related activities.

*Faculty must document student characteristics that warrant reasonable suspicion.

**Positive Drug Test Results/Sanctions:**
All students must satisfactorily pass any required drug test at the time of admission as well as when requested by program for cause/reasonable suspicion". A refusal to undergo a drug screening test will be considered a presumptive positive.

Students who do not pass a required drug test will face disciplinary action, including rescinding of their admission, administrative withdrawal from courses, placement on a leave of absence, or dismissal from the academic program. Students should be provided with resources for counseling services for evaluation and treatment. Any costs incurred or required as part of a treatment program or ongoing monitoring are the responsibility of the student.

**Program Re-Entry after Drug/Alcohol Disciplanary Action:**
Students re-entering the program after receiving disciplinary action for a positive drug and/or alcohol screening test will be required to submit to a drug screening test prior to re-entry.
Documentation or counseling and/or physician acknowledgement of prescribed medications and presumed safety in the clinical setting may also be required.

NSHE Code Title 2, Section 10.2.1 Prohibited Conduct (c), (s), (t) & (ee). Any violation will also become a GBC/NSHE Student Code of conduct violation in addition to any program/department action.

References
American Association of Colleges of Nursing (1998). Policy and guidelines for prevention and management of substance abuse in the nursing education community. Retrieved from http://www.aacnnursing.org/News- Information/Position-Statements-White-Papers/Substance- Abuse
Nevada System of Higher Education (2017). Bylaws of the Board of Regents. Retrieved from https://nshe.nevada.edu/leadership-policy/board-of-regents/handbook/
University of Colorado (2017). University of Colorado College of Nursing Student Handbook. Retrieved from http://www.ucdenver.edu/academics/colleges/nursing/students/Pages/handbooks.aspx Western Nevada College (2017). Associate of Applied Science Nursing Student handbook.

## Bloodborne Pathogen Training

Students are required to complete Bloodborne Pathogen training prior to the beginning of their first semester in the DMS program. Students will complete this on their Clinical Preparation Dashboard class and upload the acknowledgment form on Complio by the set due date.

## Complio

Complio is an online processing and documentation tracking company. GBC HSBH department utilizes Complio to complete student drug and alcohol screening, background checks and clinical/lab documentation paperwork. Students will receive a link to Complio and must register and pay the required fees to initiate their account. Complio will provide instructions on how to complete the background check and drug screen. Students will be able to upload all clinical paperwork such as immunizations, CPR cards, TB documentation, and more. Complio will evaluate these uploads and approve or deny submissions. It is up to the student to ensure all documentation required by Complio is within compliance by the due date set by the Program Director. Hospitals and clinical sites will not allow students to attend on-site labs or clinical until the student's Complio status is compliant, including but not limited to, passing a background check without any flags . Student's failure to meet Complio compliance by the date of clinical rotation request may delay student clinical or lab start date. This may affect the student's ability to meet outcomes/hours and can result in student dismissal.

***Students failing to stay in Complio compliance at any time within the program will NOT be allowed to attend clinicals or lab (if held in the hospital). See Unacceptable Absence Policy.***

Students are responsible for completion and maintenance of Complio records. If a student's Complio account is not in compliance at the time clinical rotations are requested, the student will utilize PLT until it is depleted, then receive an Academic Modification Plan for 1 missed day and a 2% overall grade deduction for subsequent missed days. The student will not be allowed in the clinical site until he/she proves compliance. Refer to the unexcused absence policy for further details.

Complio fees are covered at the student's expense. Students will have to renew their Complio access one year from initial purchase to cover their second year of the program.

Faculty is happy to assist students with Complio after the student has completed the following:

1. Verified all documents have been uploaded and named correctly.
2. Assigned all documents to the correct categories.
3. Entered all dates accurately.
4. Followed all renewal schedules and adhered to the reminders you received from Complio.

Students must renew their Complio subscription annually while in the program at their own expense.

## CPR Card

Proof of current adult, child, and infant CPR certification for the Healthcare Provider must be in the student's record prior to the student beginning clinical or hospital site lab rotations. It is the responsibility of the student to attend an ***American Heart Association (AHA)*** health care provider certification and produce a recent CPR card to program faculty by the stated due date. Students will be required to locate and pay for his/her own CPR course. Students will be financially responsible for CPR courses and maintenance. If a student renews his/her CPR during the course of clinicals, it is the responsibility to update the card in Complio and furnish a new copy to his/her current clinical site.Active CPR is a requirement for Complio compliance. Please see Complio policy for actions if compliance is lost due to CPR expiration.

## Health Policies and Information

The HSBH programs require clinical work performed in hospitals and other facilities that involves providing direct care or exposure to clients with a variety of illnesses and diseases, including the handling of and/or contact with human body fluids. Therefore, students should understand that they may or will be exposed to disease-carrying bacteria and microorganisms and come in contact with patient situations that could be hazardous to individuals who are pregnant or immunocompromised. See ***Bloodborne Pathogen Policy***

- Students who have a latex allergy must inform their instructor at the beginning of each semester so arrangements can be made to protect the student from exposure.
- **After an ER visit, hospitalization, surgery, serious illness, injury, childbirth, etc. a student must submit a release statement from a health care provider indicating their medical clearance to return to full time status to the program. A copy of this medical release statement will be placed in the student's file.**

## HIPAA

The National HIPAA regulations apply in all school settings and students must demonstrate knowledge of the regulations prior to entering the clinical setting. This is the security and privacy accountability for healthcare information. Some items in didactic and all of clinical rotation are considered confidential and the health care worker/student will be held accountable for release of the patient's information. HIPAA training will be maintained with documentation in each student file.

## N95 Masks

Clinical sites may require students to have professionally fitted N95 masks. Students requiring these can be supplied a mask and fitted at the GBC Elko campus. If the student is unable to complete this on campus, they will be responsible for the costs associated with the mask purchase/fitting process.

## Student Injury

In case of student injury:

1. Notify the immediate supervisor.
2. Fill out appropriate forms for the clinical site.
3. Notify the instructor.
4. Fill out the student injury form located in Appendix of this book.

## Pregnancy and Pregnancy-Related Condition Policy

In accordance with Title IX of the Education Amendments of 1972, applicable state law, and college policy, GBC provides reasonable modifications and accommodations to ensure that students who are pregnant or have pregnancy-related medical conditions have equal access to educational programs and activities. Disclosure of pregnancy is strictly voluntary. Students seeking reasonable modifications or accommodations due to pregnancy or a pregnancy-related condition should contact Arysta Sweat, Title IX Coordinator:
Arysta Sweat
Director of Accessibility / Title IX Coordinator
Email: arysta.sweat@gbcnv.edu
Phone: 775.327.2336

Students are encouraged to make their requests as promptly as possible. Retroactive modifications may be available in limited circumstances. Modifications and accommodations are voluntary, and a student may accept or decline them. Students experiencing pregnancy-related conditions that manifest as a temporary disability under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act are eligible for reasonable accommodations, just like any other student with a temporary disability.

Students are permitted to take a voluntary leave of absence for a reasonable period of time, as deemed medically necessary by their healthcare provider, because of pregnancy and/or birth. To initiate a leave of absence, the student must contact the Title IX Coordinator at least 30 calendar days prior to the start of the leave, or as soon as practical. The Coordinator will assist the student in completing any necessary paperwork.

In situations such as clinical rotations, performances, labs, and group work, the institution will work with the student to devise an alternative path to completion, if possible. In progressive curricular and/or cohort-model programs, medically necessary leaves are sufficient cause to permit the student to shift course order, substitute

similar courses, or join a subsequent cohort upon returning from leave. The Title IX Coordinator will work with students, their faculty members, and the Recipient's support systems to develop a plan to address the student's needs as pregnancy progresses, anticipate the need for leave, minimize the academic impact of any absence, and support the student's return as efficiently and comfortably as possible.

Supporting documentation for modifications and accommodations will be required only when necessary and reasonable under the circumstances to determine which modification or accommodation to offer, or to identify specific actions needed to ensure equal access. Information regarding a pregnant student's request for modifications will be shared with faculty and staff only to the extent necessary to implement the reasonable modification.

## Health Policies and Information

- The HSBH programs require clinical work performed in hospitals and other facilities that involves providing direct care or exposure to clients with a variety of illnesses and diseases, including the handling of and/or contact with human body fluids.
- Students must understand that they may or will be exposed to disease-carrying bacteria and microorganisms and come in contact with patient situations that could be hazardous to individuals who are pregnant or immunocompromised.
- Students who have a latex allergy must inform their instructor at the beginning of each semester so arrangements can be made to protect the student from exposure.

### Communicable Diseases

A communicable disease is a disease that can be transmitted from one person to another and are caused by microorganisms. These transmissions may occur through direct physical contact, ingestion or injection, a vector or air. Examples of common Communicable Diseases include, but are not limited to: Conjunctivitis, Herpes simplex, HIV/AIDS, Measles, Mumps, Rubella, Vericella, Tuberculosis, Methicillin-reistant Staphylcoccus Auresus (MRSA), Meningococcal infections and streptococcal infections. For a more comprehensive list, please visit www.cdc.gov

### Guidelines for Prevention in Clinical Setting

While it is not possible to prevent exposure to all communicable disease, the following precautions can reduce risk:

1. Use Universal Precautions at all times, including in lab and clinical settings
2. Utilize the Complio tracking system to stay in immunization compliance at all times, as required by program policies
3. Utilize proper hand washing techniques and practice good personal hygiene including sleep hygiene.
4. Do not perform patient care when experiencing symptoms of a communicable disease.

### Managing a Potential Infection

Any student who has been exposed to a potential infection before, during or after a clinical experience should report that exposure to his/her Preceptor and Clinical Site immediately and to the Coordinator of Clinical Education. If an exposure is related to a bloodborne pathogen, follow the bloodborne pathogen policy immediately and report the exposure to the clinical site and program faculty

# DMS SPECIFIC ACADEMIC & CLINICAL POLICIES

### American Registry of Diagnostic Medical Sonographers (ARDMS) Credentialing Eligibility

Successful completion of the Diagnostic Medical Sonography program does not guarantee credentialing by the ARDMS. All students applying to sit for an ARDMS examination must pass the ARDMS ethical requirements to test in addition to all program requirements.

To be credentialed by the ARDMS and considered "registered" by most employment sites, a sonographer must complete a minimum of the ARDMS SPI (Physics) exam ***and*** one additional specialty (typically abdomen or OB/GYN). Students can apply to test with the ARDMS under Prerequisite 2 for CAAHEP accredited programs. The application process will require the following:

- Copy of a diploma from an ultrasound/vascular program or copy of an official transcript indicating the date the degree was conferred.
- Letter signed by your Program Director and/or medical director indicating your date of graduation or successful completion of the program
- The CV form is not required if the application is submitted and received within one year after successful completion of the program.
- Otherwise a signed and completed CV form for each appropriate specialty area(s) must be submitted. CV forms are available at ARDMS.org/CV.
- Copy of a non-expired government-issued photo identification (ID) with signature

The ARDMS examination application process requires the graduate to declare previous felony or misdemeanor convictions. Students who have had previous convictions are encouraged to complete an application for pre-screening by the ARDMS to establish ethical eligibility status. ***Students may obtain the pre-application request at*** http://www.ardms.org/search/Pages/results.aspx?k=criminal. ***There is a $125 cost associated with obtaining pre application clearance for criminal matters.***

Medical Imaging Program Faculty having knowledge of infractions of the ARDMS Code of Ethics are required to inform the ARDMS.

### Attendance and Absenteeism

A student who has worked a night shift *will not be allowed* to follow that shift with a student clinical experience. A student who has worked a day shift may not be allowed to follow that shift with an evening student clinical experience.

1. Because of the critical relationship between time and learning, students must make full use of clinical and classroom experience. Students are expected to meet all class and clinical requirements. Assignments not completed will reflect in the course grades.**Students who do not complete all coursework will receive an incomplete until all work is submitted with a reduced grade.**
2. Student progress is monitored throughout the program. Content missed during an absence is still the responsibility of the student to know. The instructor will not review missed material in class.
3. Students missing more than 2 didactic classes in one semester without communication to the instructor will be given a Behavior Modification Plan.
4. ***Students are expected to report on time for scheduled didactic and clinical experiences. Students must be willing, capable and prepared to participate in assignments. Failure to do so will result in a Behavior Modification Plan.***
5. ***In case of clinical absence, the clinical instructor should be notified BEFORE the scheduled clinical experience. The instructor on record must be notified of an absence one hour prior to the beginning of the scheduled shift. It is the student's responsibility to notify the instructor AND the clinical site. An email is not acceptable. Failure to follow this policy results in a Behavior Modification Plan and an unacceptable absence. (See Unacceptable Absences).***
6. Students who are absent from the clinical area for health reasons, such as an injury, surgery, or childbirth, are not allowed to return to the clinical until a written medical release is obtained from his/her physician.
7. If the student requires a leave of absence for any extenuating circumstances, they may submit the absence request form in the appendix of this handbook. Excusable absence may be permitted in extenuating circumstances after review by the Program Director and Dean.
8. If a student is requested to leave the clinical site for any reason, or is notified of clinical dismissal by the

clinical site either during a clinical experience or during off hours, the student should leave immediately if currently on site. The student should contact the Program Director and Clinical Coordinator within one hour of the dismissal. At no time should the student contact the clinical site or employees of the clinical site after a dismissal. Failure to comply with this policy will result in immediate program dismissal. The initiating incident will be carefully reviewed by the Program Director, faculty, and Dean. After the review, a decision will be made whether or not the student will be allowed to return to the clinical site (if allowed) assigned to another clinical site, if available, or dismissed from the program. If allowed to return to the clinical site or alternate site, the student will be required to make up all missed time as schedule by program faculty.

*****At no time should a student visit a clinical site regarding the GBC program without being scheduled to work or with permission from GBC faculty. This may lead to program dismissal.***

### Authority and Clinical Responsibility

1. Students are legally responsible for their actions as a student in clinical settings. The professional working with a student is legally responsible for the patient.
2. Students are subject to the rules and regulations defined in the personnel policies of the facilities with which the GBC HSBH Program affiliates. It is the student's responsibility to be aware of the facility's policies. If policies are not followed, clinical rotation experiences will be discontinued until there is evidence that the student's progress meets the criteria for competent clinical performance.
3. **Students are guests at the clinical sites and are overseen, guided and evaluated by clinical staff. Due to the organization of the medical imaging department, the student is expected to maintain a professional level of personal distance with clinical staff during clinical rotations. This ensures unbiased evaluation, and education.**
4. There is no early release from the clinical setting.
5. Students should be participating in all patient care activities available through their entire shift, and refrain from outside distractions at the clinical site.

### Completing Exams for Other Imaging Modalities

It is acknowledged that GBC DMS students will often have a background in other healthcare or imaging professions. However, during DMS clinical rotations, it is *NOT ACCEPTABLE* for the GBC DMS student to partake in non-sonography related patient care activities during clinical experience shifts (ex. taking x rays, completing nursing procedures, etc.). The DMS program clinical time is required for building sonography and the associated patient care skills only. Any other use of a DMS student's time distracts from the student's primary focus. Students working outside the constraints of DMS training will receive a Behavior Modification Plan on the first offense and a 10% overall grade deduction on the second offense. If a clinical site is encouraging/requiring this behavior, the Program Director should be informed immediately.

### Contrast Examinations Policy

Students are only allowed to participate in a contrast enhanced sonographic exam with direct supervision from a credentialed sonographer experienced with sonographic contrast administration and associated imaging.

### Critical Care Area/Patients

Students are not allowed to ***complete the following without direct supervision:***

1. perform examinations outside the department or in the Operating Room,
2. image patients in critical care areas or critical condition without direct technologist supervision
3. If a clinical site requests the student do any of these activities, the supervising technologist should be reminded by the student of this policy.
4. If the supervising technologist demands the student do this, the student is responsible for contacting GBC faculty immediately so the situation can be addressed.
5. If the student chooses to not follow this policy, they may be removed from the clinical site and dismissed for a breach of patient safety practices.

### Lambda Nu Honor Society

Lambda Nu is the only national honor society for medical imaging students. GBC proudly hosts the Nevada Gamma Chapter of Lambda Nu. For induction, medical imaging students must have completed

at least 1 semester of full-time education in the GBC sonography or sonography program and have a cumulative GPA of 3.5 or higher. Induction into Lambda Nu provides students the opportunity to demonstrate educational excellence on resumes and applications. It provides networking opportunities and access to scholarships. Lambda Nu offers special graduation regalia for members available at their website.

### Portable Scanning Equipment

GBC DMS program maintains portable sonographic units for student use. Students will check out these units to practice scanning at home. In doing so, the students must adhere to the following requirements:

A. Wireless transducer units must be checked out by an appropriate GBC representative.
    1. The student is financially responsible for return of the unit in working order in its entirety by the stated return date.
    2. The student is responsible for replacement of the unit if damaged or unusable.
    3. The student must NOT utilize the equipment to diagnose disease in any model.
    4. The student must obtain written consent from each model they scan and provide a copy of said consents to GBC.
        a. If a student does not obtain appropriate consent, the student understands they are entirely responsible for the scan and any legal liability that may be a product of the scan.
    5. GBC will not be held responsible for any non-educational use of the equipment or diagnosis performed by a student.
    6. GBC students found to misuse this equipment will be immediately dismissed from the program.

### Scanning Lab

Hands-on lab scanning is essential in building skills necessary for clinical success. To provide access to lab scan time, we must have volunteer "models" consent to act as patients and undergo live scanning evaluations. Students must take part in scanning opportunities in lab, and ***may*** participate as models if desired. Students are expected to take initiative in scanning opportunities and may have lab points deducted if demonstrating a lack of participation.

Students must sign the ***Agreement to Participate in Practice Lab Procedures*** in the appendix of this handbook, to provide consent to act as a model. Student grades will not be affected by their decision to opt in or out of modeling opportunities.

### Scanning Models

According to the AIUM statement on Utilizing Human Subjects for educational purposes, "Live scanning of human subjects should be permitted only when risk is minimized and there is a medical or public health benefit. The education of health care specialists in the latest ultrasound technologies, their capabilities, and how they are best used by these individuals is a critical exercise for skill development. At the present time, this benefit is very difficult to obtain in any other way, and ultimately benefits future patients (https://www.aium.org/resources/official-statements/view/live-scanning-for-educational-purposes, 2022).

In recognition of the necessity of experience in the educational journey, and with consideration of the AIUM statement, GBC allows scanning of living human subjects for educational purposes. To reduce the possibility of any harm to the living model and provide the students with access to a variety of body types, students and faculty should attempt to identify a variety of scanning models. Students must follow as low as reasonably achievable (ALARA) practices to limit the possible biological effects of ultrasound on the human body. Models are free to opt in or out of the procedure at any time, and may withdraw consent at any time. Rectal and vaginal scans on live models will not be performed in any GBC lab.

### Sonography Principles and Instrumentation (SPI) Exam

Students will complete their sonography physics course in the Fall semester of their first year. In the midpoint of the Fall semester, students should register for their ARDMS SPI exam. Once approved, students should complete this exam as soon as possible. **Students must ATTEMPT the SPI exam before the beginning of their first Spring semester. If the first attempt is unsuccessful or the student does not complete the test in time, the student will receive an Academic Modification Plan, but may retest.**

**The SPI Exam must be SUCCESSFULLY completed prior to students beginning the Summer semester**. If this is not accomplished, the student will be dismissed from the program.

### Specialty ARDMS Exams (Abdomen and OB/GYN)

Students in their final semester of the program are required to attempt a minimum of one specialty ARDMS exam within the 60 days prior to graduation.

### Time Tracking

Clinical time is reported on the Trajecsys tracking system. Students must log on to a clinical site computer and clock in when they are prepared to work. A 30-minute lunch will be allowed for each student. Students ***will not*** clock in and out for lunch. In the event a clock in or out is missing, a student can enter an addendum to their time or request their clinical instructor or faculty member to make a time correction. A student who habitually misses or

addends time records may receive an Academic Modification Plan. A student who provides inaccurate documentation will receive a Behavior Modification Plan and may be dismissed from the program for unethical behavior.

### Trajecsys

Trajecsys is an online time and record tracking system. Diagnostic Medical Sonography lab funds pay for one, one-year subscription to this system for each student. Students are expected to register on the Trajecsys system by the due date provided by program faculty, usually in the 30 days preceding the first clinical rotation. Trajecsys will be used to track student time records, exam logs, competencies and evaluations. It is the student's responsibility to maintain a working username and password throughout their clinical rotations. Students must maintain logs of all examinations completed in the clinical site on a weekly basis. These logs should be entered outside of the clinical site on the student's free time at least once a week. Grade deductions will be taken if exam logs are not up to date. If logs are not up to date at the conclusion of the semester, the student will receive an incomplete for the clinical course until the logs are complete. If the course is incomplete at the time the next rotation commences, the student will not be allowed to progress and will be dismissed from the program.

Clinical Instructors will submit competencies and evaluations in Trajecsys. It is the student's responsibility to remind clinical instructors when their midterm and final evaluations are due a minimum of 5 working days prior to the evaluation due date.

Trajecsys offers students and faculty easy access to track program progress. It is up to the student to familiarize themselves with this program and be able to evaluate their own time, and competencies to ensure course success.

Students utilizing Trajecsys must follow the following guidelines:

1. Enter time exceptions ONLY for missed clock in's and clock out's.
2. Refrain from entering any of their PLT or Holidays in Trajecsys.
3. Review all competencies regularly to ensure the clinical staff has entered each course competency by the established deadline.
    a. Verify all course competency numbers and types have been fulfilled for the course and graduation.
    b. Regularly monitor their competencies to ensure their own progress.
    c. When students note a delay in competency entry, they should discuss the importance of this requirement with their on-site clinical instructor or technologists.
        i. If a site continues to delay or decline entry, faculty must be notified immediately.
4. Clock in and out from the clinical site computer only.
    a. IP addresses will be regularly assessed by faculty to ensure compliance with this policy.
    b. Failure to follow this policy will result in the following:
        i. When 5 or more non-site IP addresses are noted, without faculty permission, the student will receive an Academic Modification Plan for failure to follow time log ethics.
        ii. If an additional non-site IP clock in or out is noted, the student will receive a 5% overall grade deduction.

### Working as a Technologist Aide or Unregistered Technologist

The program faculty will not provide a written or verbal reference for a student seeking employment in a technologist aide position. Work schedules must not jeopardize the student's status in the program by working excessive hours and/or shifts that prohibit the student from attending scheduled classroom or clinical experience. While working as a technologist aide or unregistered technologist, the college is not responsible for the actions of the student. The student uniform cannot be worn while working outside of clinical hours. No working hours may be scheduled at the same time as class or clinical experiences.

### Clinical Absences

Students who are unable to attend an assigned clinical session are required to report this information to the clinical education facility AND report that information to the instructor of record for the clinical course PRIOR to the beginning of the scheduled clinical experience. It is the responsibility of the student to make the call and not a representative. Students failing to notify the program faculty and their clinical instructor of an absence prior to their shift, will be considered an unacceptable absence.

**GBC DMS program does not schedule clinical rotations (time or location) around non DMS student coursework, family restraints, work restraints or personal requests**. If a student chooses not to report to a clinical shift for these reasons, regardless of whether they notify appropriate staff, it will be considered an unacceptable absence. Trading or "making up" shifts without a formally approved absence excuse request will not

be allowed. Missed shifts must only be covered by PLT. If PLT is exceeded for a semester, without an approved leave of absence, the student will be subject to a Behavior Modification Plan and an overall 10% course grade reduction.

GBC DMS does not allow make-up time outside of extraordinary, Program Director approved, circumstances. If you will miss clinical time, you must have the PLT time available to cover it.

**Definitions:**

**Absence:** An absence is one missed clinical day where notice is given to the clinical site and GBC faculty at least one hour prior to the scheduled beginning of the shift. This will be covered by the student's available Personal Leave Time (PLT).

**Personal Leave Time (PLT):** An absence for illness or other circumstances where all the appropriate contacts were notified in the required time frame will be covered by PLT. At no time should a student exceed PLT in absences. If this occurs for a non approved reason, they will receive a Behavior Modification Plan and a 10% overall grade deduction.

1. Students are allowed 5 hours of PLT in CMI 400
2. Students are allowed two 10-hour PLT days in CMI 486
3. Students are allowed two 10-hour PLT days in CMI 487
4. Students are allowed two 10-hour PLT days in CMI 488

**Scheduled Absence:** Absence outside of or beyond PLT where prior arrangements have been made and approved with the clinical site and program officials and documented on the appropriate form at least 24 hours in advance. (See Appendix) These are utilized in instances of significant impact only (unexpected injury, surgery, etc.) and cannot be utilized more than once within the program without Admissions and Progression approval.

**Unacceptable Absence** - If the clinical site and the course instructor are not notified before the scheduled start of the clinical shift or an absence occurs exceeding the student's available PLT, without Program Director approval,or they are required to abstain from clinical because of Complio non-compliance, it is considered an unacceptable absence.

An unacceptable absence will result in the student receiving an Academic Modification Plan for the first occurrence. A subsequent occurrence will result in an extension of the Academic Modification Plan. A group of days missed due to Complio non compliance will be considered one occurrence and result in one Academic Modification Plan.

Students whose absences exceed their allotted PLT for any reason are at risk of not being able to fulfill course hour requirements by the last scheduled day of their rotation. In adherence with the course rubric, this may cause the student to fail the course, causing dismissal from the program. If a student passes a course but is still short of hours, they MUST make up all hours prior to completion of the program. Any make up time during a course or to meet program requirements MUST be approved and arranged by the Program Director or Clinical Coordinator at the convenience of the clinical site. The ability to make these accommodations is not guaranteed.

### Lab Absences

One lab absence a semester is allowed, but must be made up with the instructor or with an assignment provided by the lab instructor. Absences exceeding this will result in a Behavior Modification Plan or 2% overall grade deduction for each subsequent missed lab.

### Communication with Clinical Sites and Their Employees

The DMS program maintains open channels of communication with clinical sites. Students are expected to adhere to the chain of command in respect to clinical site communications and adhere to the following requirements:

1. Do not contact unaffiliated clinical sites to arrange clinical affiliations.
2. Do not contact any clinical sites regarding the possibility of scheduling time at their facility.
3. Do not contact a clinical site or clinical staff to change a grade or schedule, question an evaluation, or otherwise influence their decisions in any way.
4. Do not privately call, text or otherwise communicate with supervising clinical staff. These forms of communication may only be used to notify clinical staff of absences, if specifically requested by the

clinical site. Any communications requiring further discussion should take place during clinical hours. Failure to follow these policies will result in an investigation of the situation and administration of a Behavior Modification Plan or immediate dismissal based on the investigation findings.

### Clinical Competencies

Within their clinical and/or didactic experience, students are required to complete the following **overall clinical competencies** as outlined in the appendix of this handbook.

1. **6 mandatory patient care procedures**
2. **5 mandatory scanning techniques**
3. **2 mandatory equipment care activities**
4. **11 elective sonographic procedures (with 3 specific category exams required)**
5. **21 mandatory sonographic procedures**
6. **1 clinical skill competency**

The syllabus for each clinical course will articulate the number of competencies required in that course. Competencies exceeding the required competencies for a particular semester can be completed and count toward overall competency completion for graduation. However, these competencies cannot be rolled into another semester to fulfill a different semester's competency requirements.

Students not completing the required number of competencies in any course, as outlined in the course syllabus, will receive an overall course grade deduction of 5% for each missing competency.

All competencies must be completed by the end of CMI 488. If this is not accomplished, the student will be required to appear in front of the Admissions and Progression Committee who, based on the situation may: dismiss the student or require the student to develop an acceptable plan for completion of competencies, course, and program and allow them to progress if clinical placement is available. .

A list of all clinical competencies can be found in the Appendix of this handbook or in Trajecsys.

### Clinical Education Experiences

Clinical instruction is provided in conjunction with classroom theory. A student's clinical experience should be for educational purposes only. Sites must be cognizant of the student's role and limited experience.
Clinical sites must provide students with guided clinical experience and not expect him/her to fulfill staffing requirements. This is essential for the health and safety of patients and students.

Clinical instruction takes place in various locations, such as hospitals and clinics. Although most clinical experiences take place during the day, the student may be scheduled for other shifts outside the hours of 5am to 7pm. Each student will be provided equitable clinical learning experiences. The opportunity to work weekend or evening shifts will be available to all upon request.

## Clinical Site Assignments

Clinical site assignments are based on the following:

a. Type of facility/agency and accreditation status.
b. Adequacy of staffing and staff preparation for their roles.
c. Number of students who can be accommodated at one time.
d. Site selection is completed by GBC faculty and based on student location of residence, location of lab assignment and the student's personal ranking of location when they submitted their application.
e. Every attempt will be made to keep students as close to their home location as much as possible, but due to limitation of sites this is not always possible.
f. GBC is not responsible for arranging student housing for students on out of town rotations.
g. Students are financially responsible for travel and housing during out of town rotations.
h. If any student does not have evening, night or weekend shifts available at their clinical site or a rotation scheduled at an outpatient clinical site, a written request should be made to the clinical coordinator and placement in a site offering these opportunities for a minimum of 2 weeks will be arranged.
i. On occasion, clinical sites are unable to place students as scheduled. In this instance, GBC will attempt to place the student at an equally convenient location, however, due to circumstances beyond the college's control, this is not always possible. In this rare case, GBC reserves the right to place students at any open clinical site if necessary.

j. By signing the handbook agreement, the student is agreeing to attend clinicals where assigned and not hold GBC accountable for unforeseen or undesired clinical placements. If a student is unable or unwilling to attend clinicals at their assigned location, they have the option to withdraw from the program and re-enter. (See re-entry policies)
k. To maintain fairness, determination of clinical placement cannot be considered based on individual students' personal circumstances, such as work, family or home situations.
l. Special assignments/considerations:
    a. Clinical facilities provide the opportunity to apply newly acquired skills and knowledge into practice. Every effort will be made to provide concurrent experiences. It is the responsibility of the student to utilize each learning opportunity available in the clinical facility.
    b. Students may be required to relocate for clinical experiences. Some areas of concentration, such as OB are less available at certain clinical sites. ***Students must be prepared to attend these concentration rotations at any available site, regardless of location or relocation challenges.***
    c. Students are subject to the rules and regulations defined in the personnel policies of the facilities with which the GBC program affiliates. It is the student's responsibility to be aware of the facilities' policies.

***The student is responsible for assuring that their individual work and personal schedule does not conflict with clinical and didactic commitments. The program will NOT make adjustments to the clinical or didactic schedules to accommodate the student work, non-DMS classes or personal schedule or transportation needs.***

**Schedule Changes:** Changes to the posted student schedule without the permission of the site clinical instructor and instructor of record are not allowed. The final site clinical rotation schedule must be approved by the GBC Clinical Coordinator and/or Program Director. ***Students must not discuss personal schedule desires with the clinical site directly and should not request the clinical site adjust their schedule***. These attempts will be addressed with a Behavior Modification Plan. If attempts continue, the student will appear in front of the Admissions and Progressions committee. The committee will determine if the student intends to adhere to the aforementioned rules or if they should be dismissed. If allowed to continue and the student attempts to negotiate scheduling with the clinical site again, the student will be dismissed from the program immediately.

**Shift Trading:** Shift trades with other students are not allowed. Schedules are carefully developed to ensure students meet time/shift requirements and to ensure comparable student experience. Shift trading can compromise this.

## Clinical Examination Obligations

Students are not permitted to leave a patient during the course of an examination even if such completion requires remaining at the clinical site beyond the end of the clinical day. The student is required to complete the examination (this includes all applicable paperwork, and dismissal of the patient). Students remaining longer than the scheduled clinical day may be given compensatory time (see compensatory time). Students that are tardy for clinical experience will not receive clinical time past the scheduled end of the clinical day regardless of the circumstances.

## Clinical Expectations

**Dress Code:**

1. GBC students must wear the approved DMS program uniform at all times in the clinical site and during other required activities. Shoes will be clean, white shoes. Shoes with colored decorations, canvas or open toed shoes are not acceptable. The maintenance of good personal hygiene and clean, well-fitting uniforms is necessary for effective functioning in the clinical areas.

2. Uniform
    a. Standard Uniform—gray (pewter) color with a GBC patch on the left sleeve. No rolling of sleeves or pant legs (above top of the shoe) will be allowed. Students are required to wear only the GBC selected brand of uniform.
        - The GBC insignia patch is to be sewn two inches below the shoulder seam of the left sleeve, centered on the seam on uniform and lab coat.
        - The name badge is a required part of the uniform. It is worn on the left side of the uniform. It is to be worn for every clinical rotation unless otherwise stated on the uniform requirements. Lanyards

are not acceptable due to safety risks.

- GBC uniforms are to be worn each day to the clinical area. GBC uniforms should not be worn in any capacity unrelated to the DMS program.
- If a clinical site has further dress code requirements, they must be followed in addition to the GBC requirements.
- If students are required to wear surgical scrubs as part of their clinical experience, they cannot remove the scrubs from the clinical site. They must report to and leave the clinical site in their GBC uniform.

3. Hygiene
   a. **Hair:** Hair must be worn away from the face. If hair is longer than shoulder length, it should be tied back or put up. It must be clean and neat.
   b. **Deodorant:** Students work closely with patients. Deodorant is a requirement for these intimate interactions.
   c. **Earrings:** For safety reasons, no dangly or loop earrings or visible body piercing rings or objects are to be worn in any clinical area. One earring per ear may be worn.
   d. **Facial Hair:** Facial hair must be neatly trimmed.
   e. **Nails:** Due to the risk of harboring pathogens, artificial nails are not to be worn in the clinical areas at any time.
   f. **Perfume:** Strong smelling lotions, perfume or cologne must be avoided as some patients/ staff are sensitive to these scents
   g. **Tattoos:** This policy will be up to each clinical site's corporate policies. These may need to be covered during clinical working hours.

**General Information:** Cleanliness and good grooming are essential. All students are expected to have uniforms and shoes clean and in good repair. If a student does not comply with the stated dress code in this handbook, he/she will be considered unprepared and may not participate in the clinical experience. The student will be released to correct the situation and will be docked for the time missed from their PLT.

## Clinical Rotations

Students attending lab in Elko, Fallon and Pahrump

GBC has affiliation agreements with clinical sites throughout the state of Nevada. Each student must rotate through a minimum of two different clinical sites. Students will receive clinical assignments during their first semester of the program. Occasionally, clinical site availability changes after assignments are made. If this occurs, all efforts will be made to place the affected student in a location close to their original assignment. However, if this is not possible the student will be offered the next available site. There are four clinical rotations spanning the Winter, Spring, Summer and Fall semesters. It is up to the student to secure and cover the cost of travel and housing for all clinical rotations regardless of their location.

GBC and/or the clinical site will develop the student clinical schedule based on patient workload. Students should be prepared to work any schedule, and varying shifts.

Students attending lab at Renown

Students assigned to the Renown Lab will complete all clinical rotations in Renown facilities. Students must rotate through a minimum of two different sites.

## Documents Required for Lab and Clinical Participation

The following are required from students prior to attending any lab or clinical rotation. Copies must be submitted in digital format and approved through Complio.

1. Documentation of current health physical. Document is provided under forms in this handbook. Signing physicians need to reference the ability to lift. This document will be used to verify functional abilities.
   a. If the student physically indicates the student does not meet functional abilities stated for this program, the student should immediately meet with the Program Director to discuss options.
2. Documentation of all immunizations discussed in the immunization policy: See **Immunizations.**
3. Documentation of current American Heart Association (AHA) CPR certification (health care provider status).
4. Documentation of HIPAA orientation.

5. Documentation of Background Check.
6. Documentation of 10 panel drug screen.
7. Documentation of TITLE IX Training (when available).
8. Documentation of Bloodborne Pathogen training
9. Emergency Contact Information.
10. Proof of Student Health Insurance.
11. A passport Photo.

*All paperwork is required by the stated due date which will typically be the first week of school.

### Students are responsible for:

1. Completing all documents in the timeline set by GBC faculty
2. Reviewing all training videos, etc., before signing acknowledgement forms
3. Uploading all documents to Complio ***AND*** entering all dates
4. Maintaining a personal file of this information, and
5. All expenses associated with obtaining this documentation
6. Maintaining compliance in Complio

**The above needs to be completed at the student's expense.

Documentation checklist and forms are located in the Appendix section of this handbook.

***All documents must have clearly written dates and signatures. They must clearly state the name of the facility where procedures were done. The name of the student must match the name registered into Complio. If any of these requirements are lacking, the student MUST reach out to the ordering doctor or facility to have these items corrected. This cannot be overridden.***

### Early Release from Clinical Setting

There is no early release from the clinical setting. If a student has accumulated additional semester hours of clinical experience by staying late or coming in early, it is considered their choice and they are not excused from any scheduled clinical days.

### Internet/Personal Electronic Equipment

***At no time is it acceptable to be on the internet or personal electronic equipment at a clinical site.*** Since this is an internet enhanced program it is up to the student to maintain internet access at all times during the program. However, this should not be accessed at the clinical sites.

### Mandatory In services

Students may be required to attend trainings including mandatory blood borne pathogens, OSHA, AND HIPAA in-service sessions required by different clinical sites. This will be scheduled prior to, at the beginning of your clinical rotations, or completed online. There may be additional mandatory in service at each facility and this may be completed as the clinical site requests.

### My Clinical Exchange

My Clinical Exchange is an onboarding process required by Banner Churchill Hospital and Lakeview Hospital. This process must only be completed by students rotating through these 2 respective sites. Students can access this program at myclinicalexchange.com. Students will register for this program at the direction of the Program Director.

This program has a document upload component, a training/quiz component and a background check. This background check is ***required in addition*** to the one completed by all students through Complio. Students complete this additional background check at their own cost (about $35).

The onboarding process should be started 5-6 weeks prior to the beginning of the scheduled rotation. If the process is not complete prior to the beginning of rotation, the rotation may be delayed or cancelled.

### Safe and Unsafe Practice Policy (See HSBH Department Policy)

If ***an agency refuses*** to allow a student to continue in clinical rotation, the student may not self-drop, he/she will be assigned a grade of F and will fail the course.

## Student Clinical Schedule

No student clinical assignment or hours can be changed without the consent of GBC faculty. All hours and days are assigned to provide each student equal learning opportunities. Students may not request specific schedules from their clinical sites.

## Student Clinical Supervision

**Definitions**:

**Direct Supervision:** indicates a credentialed diagnostic medical sonographer reviews the imaging request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgment or actions are evident, AND reviews and approves the exam.

**Indirect Supervision:** is defined as that supervision provided by a credentialed sonographer immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified sonographer adjacent to the room or location (same department) where the procedure is being performed. This availability applies to all areas where imaging equipment is in use.

# DMS PROGRAM SPECIFIC COSTS AND GRADUATION

## Program Costs (Estimated)

The costs over the two years will vary from year to year. Fees are added to courses utilizing lab supplies.

## Approximate Program Related Costs (for DMS program excluding prerequisites):

| | |
|---|---|
| Estimated Total Program Tuition | $12,100.00 |
| Textbooks & Online Access Fees | $1,200.00 |
| Uniform and Supplies | $300.00 |
| Complio | $140.00 |
| Differential Fees (per credit) | $120.00 |
| Immunizations | Individual Cost |
| Physical Examination | Individual Cost |
| Health Insurance | Individual Cost |
| Clinical Support Items | Individual Cost |
| Housing and Travel to Clinical Facilities | Individual Cost |

## Graduation and Pinning Approximate Costs:

| | |
|---|---|
| Graduation Fee | $25.00 |
| GBC Graduation Announcements | Variable |
| Cap and Gown | $50.00 -$60.00 |
| ARDMS Certification | $275.00 - $300.00 each exam |

## Application for Graduation

The GBC graduation is the ceremony that celebrates graduation from the college. It is a cap and gown ceremony held at the Convention Center. **You MUST submit an application for graduation before the set deadline** in order to participate and receive a degree. Please refer to the Great Basin College catalog for further information.

## Graduation Requirements

Students must complete all program courses by the end of the fifth semester to be eligible for graduation. If a program course is taken out of sequence, there is no guarantee it will be taught at a time that does not conflict with other required program courses.

Students are responsible for ensuring that Admissions and Records receives an official transcript for transfer courses prior to acceptance into the program. It is also each student's responsibility to know and to meet all course requirements and to maintain a 2.5 or higher GPA throughout the program.

The Office of Admissions and Records uses the year of your admission to the program to determine catalog year and course requirements for graduation.

It is the student's responsibility to make certain all graduation requirements are met. Failure to complete requirements will delay your application to take the American Registry of Diagnostic Medical Sonography (ARDMS) – See Appendices Section. Each situation will be dealt with on an individual basis by the faculty.

## Pinning Ceremonies

Upon successful completion of a Great Basin College School of Health Sciences and Behavioral Health Program, there is a pinning ceremony.. In order to participate in the pinning ceremony, a student must have completed all program requirements. Because the pinning ceremony is a tradition, certain guidelines regarding student appearance, program format, and reception activities are followed.

## Scholarships & Financial Aid

Financial Aid is intended to help students pay for their education after high school. Scholarship/Grant criteria varies for each program. The aid available at Great Basin College includes grants, loans, employment and scholarships, some of which are specifically designated for HSBH students. Awards are made in the fall and spring semesters. Only students who have completed the application will be considered for a scholarship.

Federal Student Aid Programs become available after you complete the FAFSA application. Submit a Free Application for Federal Student Aid (FASFA) at www.fafsa.ed.gov.

Students are encouraged to contact Student Financial Services at 775-327-2095 for further information. Specific Program Costs can be found in the Program Specific section of this handbook.

# APPENDICES

| | |
|---|---|
| Vasculature (e.g., Hepatic, Renal, Aortic Branches) | 199 |
| Venous Lower Extremity Doppler | 201 |
| Venous Upper Extremity Doppler | 204 |
| Verification of Informed Consent | 206 |
| Vital Signs | 207 |

## Functional Abilities (Technical Standards)

The School of Health Sciences and Behavioral Health Programs, specifically the Diagnostic Medical Sonography Program, require the following functional abilities with or without reasonable accommodations:

1. Visual acuity must be adequate to assess patients and their environments, accurately evaluate sonographic images in detail, and implement care plans developed from assessments. Examples of relevant activities (nonexclusive):
   a. Discern fine detail within minimal gray scale variations.
   b. Evaluate color shape and texture on ultrasound images.
   c. Detect changes in skin color or condition.
   d. Evaluate and produce electronic data on computerized systems.
   e. Detect a fire in a patient area and initiate emergency action.
   f. Draw up the correct quantity of medication into a syringe.

2. Hearing ability must be of sufficient acuity to assess patients and their environments and to hear and assess subtle changes in Doppler ultrasound. Examples of relevant activities (nonexclusive):
   a. Detect sounds related to bodily functions using a stethoscope.
   b. Detect audible signals generated by mechanical systems that monitor bodily functions.
   c. Communicate clearly in telephone conversations.
   d. Communicate effectively with patients and with other members of the healthcare team.
   e. Detect subtle changes in audible Doppler sounds indicating anatomic/physiologic changes in the patient's/fetus's body.

3. Olfactory ability must be adequate to assess patients and to implement the care plans that are developed from patient assessments. Examples of relevant activities (nonexclusive):
   a. Detect foul odors of bodily fluids or spoiled foods.
   b. Detect smoke from burning materials.

4. Tactile ability must be sufficient to assess patient and to implement the care plans and examples of relevant activities (nonexclusive):
   a. Detect changes in skin temperatures.
   b. Detect unsafe temperature levels in heat-producing devices used in patient care.
   c. Detect anatomical abnormalities, such as subcutaneous edema, or infiltrated intravenous fluid.
   d. Perform techniques that require palpation for identification of superficial anatomy/pathology.

5. Strength and mobility must be sufficient to perform patient care activities and emergency procedures. Examples of relevant activities (nonexclusive):
   a. Safely transfer patients in and out of bed and assist them with ambulation using appropriate assistive devices.
   b. Safely control the fall of a patient, by slowly lowering the patient.
   c. Perform cardiopulmonary resuscitation.
   d. Move from room to room and maneuver self, patient and equipment in small areas.
   e. Squat, bend, crawl.
   f. Reach above shoulder level, balance standing and climb stairs.
   g. Lift and carry up to 50 pounds and push or pull up to 100 pounds.
   h. Walk or stand for extended periods of time.
   i. Use hands repetitively.

6. Fine motor skills must be sufficient to perform psychomotor skills integral to patient care and imaging. Examples of relevant activities (nonexclusive):
   a. Safely dispose of needles in sharps containers.
   b. Manipulate multiple sizes of transducers in very small to large motions for long periods of time.
   c. Maintain grip on a transducer and sustain continuous pressure over moderate periods of time.

7. Physical endurance sufficient to complete assigned periods of clinical practice and to function effectively under stress in acute health care situations.

8. Ability to speak, comprehend, read, and write English at a level that meets the need for accurate,

clear and effective communication.

9. Emotional stability to function effectively under stress, to work as a part of a team and to respond appropriately to supervision; to adapt to changing situations, to respond appropriately to patients and families under stress, and to follow through on assigned patient care responsibilities; even when fears or phobias make such responsibilities challenging. These challenges may be evaluated by the ADA compliance officer to determine if accommodations are appropriate. Due to the patient centered nature of this profession, there is no guarantee accommodations will be possible.

10. Cognitive ability to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes. Examples include but are not limited to:
    a. Quickly obtain patient history, identify appropriateness of procedure.
    b. Obtain and evaluate all images in real time.
    c. Assess the need for additional images, measurement, Doppler, etc. according to the findings.
    d. Respond to emergencies.
    e. Adhere to infection control.
    f. Use prudent judgment and precautions.
    g. Organize and prioritize.

11. Behavioral ability to follow policies and procedures, accept constructive criticism, and adhere to college and clinical site codes of conduct and abide by HIPAA regulations.

12. Other abilities sufficient to demonstrate competencies such as the ability to arrive at a clinic on a timely basis; to meet the demands for timely performance of duties; to meet the organizational requirements to perform these duties in a professional and competent manner.

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**PRIOR CONVICTION STATEMENT OF UNDERSTANDING**

I,_____, understand that graduation from the GBC Diagnostic Medical Sonography program does not guarantee certification as a Diagnostic Medical Sonographer. Certification is granted by the American Registry for Diagnostic Medical Sonography (ARDMS) and they have the final determination of eligibility or ineligibility to take the ARDMS examinations for sonographers.

I also understand that prior felony or misdemeanor conviction(s) may affect my eligibility status and that it is my responsibility to request and submit a pre-application screening by the ARDMS regarding prior felony or misdemeanor conviction(s).

_____ _____

Student Signature Date

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**RELEASE FORM**

I,_____, give the DMS program permission to do the following:
(Please print name)

- Release my training information (OSHA, HIPAA, Blood Borne Pathogens), immunization information, CPR, and insurance verification to the clinical education facilities as mandated by the facility contract.
- Release my name and social security number to the clinical education site when needed for clinical site security access.
- Post clinical schedules in the clinical site which will include my name, initials, and clinical hour.
- Include my name with other students on clinical education site schedules which will be released to other DMS program students, program clinical sites, and program faculty.
- Include my name and contact information for class information contacts.

_____

Student Signature Date

_____

Program Director Signature Date

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**CLINICAL DOCUMENTATION CHECKLIST**

All of the below must be completed, uploaded and compliant prior to the start of clinical rotation.

Name: _____ Date: _____

FILES:

_____CPR: Copy of AHA BLS CPR Card. Expiration Date: _____
_____Background and Drug Screening Reports Completed
_____Immunization Record:
- _____2 Step TB
- _____MMR
- _____Tdap
- _____Varicella
- _____Annual Flu Vaccine
- _____COVID 19 Vaccine
- _____Hepatitis B Series

_____ Copy of Health Insurance
_____ Health Physical Form
_____ Title IX Training (when available)
_____ HIPAA Acknowledgement Form
_____ MRI Safety Acknowledgement Form
_____ Emergency Contact Information Form
_____ Individual Hospital Requirements *(example MyclinicalExchange Requirements is applicable)*
_____ Small Passport Photo
_____ Bloodborne pathogen Training Certificate

All required information must be uploaded to Complio and deemed compliant for all students prior to hospital based lab attendance or clinical rotations.

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**EMERGENCY CONTACT FORM**

**Primary Contact:**

**Name:** _____

**Relationship:** _____

**Phone Number:** _____

**Address:** _____

**Alternative Contact:**

**Name:** _____

**Relationship:** _____

**Phone Number:** _____

**Address:** _____

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**STUDENT HEALTH FORM**

To Be Completed by Student:

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If you answ**er 'yes' to any of the following, please give an explanation.**

| **DO YOU *NOW* OR HAVE YOU EVER HAD:** | **NO** | **YES** | **EXPLANATION** |
|---|---|---|---|
| Alcoholism or drug dependency | | | |
| Allergies | | | |
| Back disorder | | | |
| Chronic headaches or migraines | | | |
| Communicable disease | | | |
| Diabetes mellitus | | | |
| Heart disease | | | |
| Hepatitis | | | |
| Hernia | | | |
| Hypertension or hypotension | | | |
| Psychiatric illness or mental health issues | | | |
| Seizure disorder | | | |
| Skin disease | | | |
| Smoking habit | | | |
| Tuberculosis or positive skin test | | | |

**I consider my general health status to be:** □ **Excellent** □ **Good** □ **Fair** □ **Poor**

**STUDENT'S SIGNATURE:** _____

STUDENT NAME _____DOB _____

***To be completed by Physician:***

If you answer 'yes' to any of the following, please give an explanation.

| **Does this patient now have or ever had the following?** | **NO** | **YES** | **Explanation** |
|---|---|---|---|
| Alcoholism or drug dependency | | | |
| Allergies | | | |
| Back disorder | | | |
| Chronic headaches or migraines | | | |
| Communicable disease | | | |
| Diabetes mellitus | | | |
| Heart disease | | | |
| Hepatitis | | | |
| Hernia | | | |
| Hypertension or hypotension | | | |
| Psychiatric illness or mental health issues | | | |
| Seizure disorder | | | |
| Skin disease | | | |
| Smoking habit | | | |
| Tuberculosis or positive skin test | | | |

***The following requirements must be validated:***

**Note to physician:**

By completing this physical you are **not validating the student's skill** in completing these procedures. Your answers will describe the student's physical ability to accomplish these tasks.

| **Is able to:** | **NO** | **YES** | **Explanation** |
|---|---|---|---|
| Assess clients through auscultation, percussion, palpation, and other diagnostic maneuvers | | | |
| Manipulate equipment necessary to assist the individual, family and/or group to desired outcomes. | | | |
| Lift and move individuals to provide safe care and emergency treatment. (50 pounds minimum) | | | |
| Perform cardiopulmonary resuscitation | | | |
| Perform independently of others | | | |
| Possess cognitive abilities to measure, calculate dosages, reason, analyze and synthesize. | | | |

**Comments:** _____

_____

**PHYSICIAN'S SIGNATURE:** _____ **DATE:** _____

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**DECLARATION OF PREGNANCY**

I,_____
(Print Name of Student)

have informed Great Basin College Diagnostic Medical Sonography Program instructors of my pregnancy on

_____
Estimated delivery date is (Date)

_____
(Date)

I have met with program faculty to plan for successful completion of the DMS program in conjunction with the pregnancy.

I acknowledge receiving a copy of said policy and understand what is expected of me. I do understand that I can withdraw this declaration at any time, and I may continue in the program without any modification to the schedule if I so choose.

_____
Student's Signature and Date

_____
Clinical Coordinator Signature and Date

_____
Program Director Signature and Date

***Three copies should be made. One for the clinical site, one for the student's records, and one for the student.***

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**
**SCHEDULED ABSENCE REQUEST FORM**

Name_____Date of Request_____

Assigned Clinical Site_____Dates of expected absence_____

**Reason for request:**

Medical_____Family Circumstances_____

Other (provide explanation/documentation)_____

**Plan for completing missed hours:**_____

_____

_____

**Documentation:** (Attach any documentation to support your request (ex. Physician's note, letter explaining circumstance, etc.).

**Approval:**
*Approved by clinical site*
**_____Yes_____No**

*Approved by GBC Program Director and/or clinical coordinator*
**_____Entire absence approved**
**_____Partial absence approved**
**_____Beginning of absence approved with re-evaluation required in_____wk.(s)**
**_____Absence denied**

**Other Comments:**_____

_____

_____

_____

**GREAT BASIN COLLEGE**

**School of Health Sciences and Behavioral Health**

**Agreement to Participate in Practice Lab Procedures**

**For the 2026-2027 Academic Year**

During my enrollment in one of the programs offered by the GBC School of Health Sciences and Behavioral Health and under the direct supervision of a faculty member, I agree to allow a student classmate to perform the following procedures on my person:

a. Intravenous catheterization (peripheral)
b. Sonographic imaging

I agree to hold harmless and waive the liability of the student and/or students performing the procedure(s), the supervising instructor and Great Basin College for any injuries incurred as a result of my agreeing to have these procedures performed on my person. _____(initial)

I do not agree to allow students to perform (procedure #)_____on me._____(initial)

_____

Printed Name Student Signature Date

_____

Witness: (Faculty / Dean) Date

**Complete this copy of the Agreement and return to the GBC School of Health Sciences and Behavioral Health.**

**GREAT BASIN COLLEGE**

**School of Health Sciences and Behavioral Health**

**Sonographic Imaging Agreement**

**2026-2027 Academic Year**

During my enrollment in one of the GBC Health Science and Behavioral Health Programs, and under the direct supervision of a faculty member, I understand I will have the opportunity to model for sonography students. Please select the appropriate box pertaining to your interest in opting in or out of this opportunity.

_____I would like to **opt in** to serving as a model

_____I would like to **opt out** of serving as a model

1. Sonographic Imaging

I agree to hold harmless and waive the liability of the student and/or students performing the procedure(s), the supervising instructor and Great Basin College for any injuries incurred as a result of my agreeing to have these procedures performed on my person. I understand that ultrasound images produced in the student scanning lab will not be reviewed by a licensed physician and will not be used for diagnostic purposes.

I, for myself and on behalf of my heirs, personal representatives and next of kin, release all employees, students and administrators of Great Basin College from any responsibility for all future and current diagnostic concerns arising from negligence or otherwise.

It is understood that ARDMS credentialed supervising sonography faculty and/or students may incidentally discover or miss potential areas of diagnostic concern during scanning lab. It is not within the ARDMS registered supervising faculty's scope of practice to diagnose abnormalities.

I understand that I can opt in or out of any scanning procedures, including in the midst of an exam.

_____

**Printed Name Student Signature** **Date**

_____

**Witness: (Faculty / Dean)** **Date**

***Keep this copy in this handbook for future reference.***
***The Agreement at the back of this handbook should be signed and returned to the GBC School of Health Sciences and Behavioral Health.***

**PHOTO RELEASE FORM**

**Great Basin College**

**1500 College Parkway Elko, NV 89801**

I_____give Great Basin College permission to publish my photograph[s] on its website or printed materials for the purpose of promoting and illustrating activities at Great Basin College. I understand that photographs of me will be used for educational, promotional, and recruitment purposes. My name will not be published or otherwise released to the public without my express permission in writing.

This release is to discharge any and all claims and demands arising out of or in connection with the above- stated use of the photograph[s], including any and all claims for libel and invasion of privacy. I hereby grant Great Basin College the ownership and use of said photograph[s].

Signature Date

Printed Name

Witness Date

## Bloodborne Pathogen Exposure and Prevention Policy

The HSBH Programs have developed a Bloodborne Pathogen Exposure and Prevention Policy to be in compliance with Occupational Safety and Health Administration (OSHA) Standards. The policy is intended to provide direction to students and faculty to help prevent exposure to bloodborne pathogens and guidance should such exposure occur.

The purpose of this policy is to reduce the risk of student exposure to air and body substance pathogens such as, but not limited to, Tuberculosis, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

### HIV Screening

The GBC HSBH programs will not undertake any program of screening faculty or students for **antibodies** to HIV. Any student or faculty wishing to be tested will be referred to his/her private physician.

### Standard Precautions

Standard Precautions is an approach to infection control that requires the application of blood and body fluid precautions for all patients and patient specimens regardless of diagnosis. Standard precautions will be the minimum standard of practice throughout courses offered in the HSBH programs at GBC where bloodborne pathogen exposure could occur.

### Methods of Compliance

Students must become familiar and comply with the GBC HSBH Pathogen Exposure and Prevention Policy. Students must also become familiar and comply with the exposure plan (needle stick policy) of the clinical sites to which they are assigned.

### Prevention of Bloodborne Pathogen Exposure

- Students are required to participate annually in Bloodborne Pathogen Exposure Prevention and Control Class. The student must also have satisfactorily demonstrated skill in using protective equipment and procedures before receiving a patient care assignment.
- Students must have documented immunity to hepatitis B, Measles, rubella, varicella, and diphtheria prior to going to any clinical site.
- The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course.
- All students must have medical insurance upon entering and throughout their enrollment in the HSBH programs. It is the student's responsibility to obtain and pay for this insurance, as well as to understand the benefits and limitations of any insurance they maintain or is maintained on their behalf.

### Occurrence of Exposure or Incident

#### Student

A student in the GBC HSBH programs who has exposure to blood, body fluid or other potentially infectious material to non-intact skin or mucous membranes from a needle stick, sharps injury or other cause must immediately:

- Wash needle stick and cuts with soap and water
- Flush splashes to the nose, mouth or skin with copious amounts of water
- Irrigate eyes with clean water, saline or sterile irrigants
- Remove soiled personal protective equipment and/or clothing as soon as possible.

After washing, flushing and/or irrigating the exposed area, the student must immediately:

- Notify the appropriate registered nurse at the clinical facility AND
- Notify clinical faculty who will then implement the process below. (If there is a witness to the incident, have them do this immediately if possible.)

#### Faculty

The clinical faculty will be responsible for coordinating the following procedures:

- Identify the source of the exposure.

- Obtain consent from the source client, if not in the chart.
- Determine who will be the health care provider for the student for counseling and treatment if needed.
- Send the student to their health care provider to obtain medical evaluation and post-exposure follow-up within 1 to 2 hours of the exposure.
- Students should bring a copy of the documents with as much completed information as possible related to the incident to their health care provider. They should also have the contact number for source information (such as employee health office) so that the health care provider may obtain results.
- Initiate the documentation needed for GBC and the clinical agency.

**Note**

The National HIV/AIDS Center provides a PEPline, a Clinicians' Post-Exposure Prophylaxis Hotline which offers up-to the minute advice on managing occupational exposures (needlesticks, etc.) to HIV, hepatitis and other blood borne pathogens. It is offered 24 hours a day, 7 days a week at 1- 888-488-4911.

## Documentation and Follow-up

**Student and Faculty**

- Notify the Dean of Health Science and Behavioral Health of the incident as quickly as possible
- Complete an incident report at the clinical facility, if required; and be aware of and follow any reporting and follow-up requirements of the clinical facility.
- Complete a GBC HSBH Exposure to Bloodborne Pathogens form.
- It is the student's responsibility to make his/her healthcare provider aware of the result of any blood panel drawn as a result of an exposure.

***The National HIV/AIDS Center provides a PEPline, a Clinicians' Post-Exposure Prophylaxis Hotline which offers up-to the minute advice on managing occupational exposures (needle sticks, etc.) to HIV, hepatitis and other blood borne pathogens. It is offered 24 hours a day, 7 days a week at***
***1-888-488-4911***

**GREAT BASIN COLLEGE**
**SCHOOL OF HEALTH SCIENCE AND BEHAVIORAL HEALTH**
**EXPOSURE TO BLOODBORNE PATHOGEN FORM**

**Complete the following form and return it to the Dean of Health Sciences and Behavioral Health.**

Student Name:_____Faculty Name: _____

Exposed Individual's Name:_____Date of Birth:_____

Address: _____

Telephone number Home:_____Cell: _____

Source of exposure (state name of person if applicable): _____

Date of occurrence:_____Time occurred:_____Time reported: _____

Name and title of person initially notified: _____

Location of occurrence: _____

Check the following that apply to the occurrence:

_____ Percutaneous exposure (break in the skin that causes bleeding)
_____ Mucous membrane contact (eyes, mouth, nose)
_____ Chapped skin, abraded skin, dermatitis
_____ Exposure to chemical
_____ Other, explain: _____

_____

_____

Were bloodborne pathogens (blood, saliva, body fluids, contaminated solutions, etc.…) involved?

**(circle 1)**
**Yes** **No**

Explain:_____

Describe the incident precisely:

_____

What did you do after being exposed?

How do you feel this incident can be prevented in the future?

Signature of person making report: _____ Date: _____

Signature of faculty if applicable:_____ Date:_____

Dean of Health Science& Behavioral Health: _____ Date: _____

**GREAT BASIN COLLEGE**
**SCHOOL OF HEALTH SCIENCE AND BEHAVIORAL HEALTH PROGRAMS**
**INJURY REPORT**

**Name of Person(s) Injured:** _____

**Person Completing this Form (if different from above):** _____

**Date & Time of Incident/Accident:** _____

**Exact location of the Incident/Accident:** _____

**Description of the injury**_____

_____

**Were there witnesses to this accident? If yes, list below:**_____

_____

**Describe the circumstances in which the incident/accident occurred:**_____

_____

**Describe follow-up care:**_____

_____

**Was the person injured referred for follow-up care? If yes, which facility?** _____

_____

**Any further comments:**_____

_____

_____ _____

**Signature of Injured/Person Completing Form** **Signature of Dean**

***NOTE: Emergency first aid treatment may be given by the clinical faculty. However, neither the affiliated clinical agencies nor the college assumes the cost of the treatment and students should report to their own physician for care as needed.***

## SCHOOL OF HEALTH SCIENCES AND BEHAVIORAL HEALTH PROGRAMS
## ADMISSIONS AND PROGRESSION COMMITTEE

**Membership**

2. Six (6) Faculty:

   a. One (1) teaching in the AAS Nursing Program, one (1) teaching in the RN-BSN Program, one (1) teaching in the Radiography and Sonography program, one (1) teaching in the EMS/Paramedic Program, one (1) teaching in the Behavioral Health Program, and one (1) at-large School of Health Sciences and Behavioral Health faculty member.

   b. At least one of the faculty must be tenured.

   c. Faculty members of the committee will be elected in the spring semester at the last departmental faculty meeting.

   d. In the event that a committee member cannot attend an Admissions and Progression meeting, that member shall find a representative from within their program, if possible, to serve as proxy for that meeting. If there are no student appearances expected for the meeting, a written proxy of vote(s) on the issues addressed on the agenda for that meeting is also an acceptable substitute.

3. The Dean will serve as an ex-officio member of the committee with voting privileges.

4. The Administrative Assistant for the department will serve as an ex-officio member of the committee without voting privileges and will coordinate staff support for the committee.

### Term of Service

1. Faculty serve a two-year term and may serve additional terms.

### Functions

1. Make recommendations to the School of Health Sciences and Behavioral Health faculty regarding policies and procedures for student admission to department health science degree programs.

2. Review applications and select students for admission to departmental health science degree programs, including review of appeals for admission.

3. Review and make decisions related to progression or reinstatement of individual students in health science degree programs.

4. Assure the collection and dissemination of formative and summative data for evaluation of admissions and progression; use relevant data admission and progression decisions.

**GREAT BASIN COLLEGE**

**DIAGNOSTIC MEDICAL SONOGRAPHY**

**Student Academic Counseling Form**

| | |
|---|---|
| Student Name: | Click or tap here to enter text. |
| Course: | Click or tap here to enter text. |
| Meeting Location / Method: | Click or tap here to enter text. |

Observed Behavior:

Student Response: Click or tap here to enter text.

Plan for Academic Modification:

Follow up:

Time Frames for Plan: Immediately

Student Response: Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

**ADDENDUM**

**STUDENT COUNSELING REPORT**

| | |
|---|---|
| Student Name: | Click or tap here to enter text. |
| Dated: | Click or tap here to enter text. |
| For Course: | Click or tap here to enter text. |

| | |
|---|---|
| This Addendum Date: | Click or tap here to enter text. |
| Follow-Up / Evaluation: | Click or tap here to enter text. |

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

**GREAT BASIN COLLEGE**

**DIAGNOSTIC MEDICAL SONOGRAPHY**

**Student Behavioral Counseling Form**

| | |
|---|---|
| Student Name: | Click or tap here to enter text. |
| Course: | Click or tap here to enter text. |
| Meeting Location / Method: | Click or tap here to enter text. |

Observed Behavior:

Student Response: Click or tap here to enter text.

Plan for Behavior Modification:

Follow up:

Time Frames for Plan: Immediately

Student Response: Click or tap here to enter text.

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

**ADDENDUM**

**STUDENT COUNSELING REPORT**

| | |
|---|---|
| Student Name: | Click or tap here to enter text. |
| Dated: | Click or tap here to enter text. |
| For Course: | Click or tap here to enter text. |

| | |
|---|---|
| This Addendum Date: | Click or tap here to enter text. |
| Follow-Up / Evaluation: | Click or tap here to enter text. |

The following signatures acknowledge meeting details as described above. This meeting is being held for the student's benefit and does not represent a disciplinary action.

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form will be given to the student and a copy will be placed in the student file.

## Writing Expectations for Great Basin College
## School of Health Sciences and Behavioral Health Students

### Expectations for Written Assignments:

All written assignments are to be in APA 7th Edition format and submitted by *Word* document by the due date, unless otherwise specified by faculty. Writing competencies to be demonstrated by students are as follows:

- Use terminology, sentence construction, citation style, formatting, grammar, and punctuation consistent with scholarly writing.
- Write content that is purposeful, logically sequenced, organized, and, derived from evidence-
- based materials such as peer reviewed journals, course textbooks, best practice guidelines, outcomes management reports or other scientifically based literature.
- Reference scholarly content consistent with APA 7th Edition; refrain from using web sites intended for layman, medical consumers, marketing sites, or references less rigorously reviewed for scientific merit,
- unless appropriate for specific purposes such as patient education. Deviation from required APA formatting will be indicated by faculty when warranted.
- Document reflective thought, thinking, reasoning and judgment when responding to specific questions and assignments such as patient education, journaling, and peer evaluations.
- Pursue academic writing in a manner consistent with the standards of academic integrity adopted by Great Basin College. This includes scrutinizing written materials to assure that authors, sources and websites are properly cited.
- Acknowledge late assignments will not be accepted or will be penalized unless prior arrangements are made with faculty.
- If the writing requirements are not met for an assignment then points may be deducted, the assignment may need to be rewritten, or the assignment may receive a failing grade.

**GREAT BASIN COLLEGE**
**SCHOOL OF HEALTH SCIENCES AND BEHAVIORAL HEALTH**
**STANDARDS OF CONDUCT FOR STUDENTS**

All HSBH students are held to the GBC and NSHE Student Conduct Policies as published in the GBC Catalog.

It is expected that HSBH students will come to class, practice lab, clinical assignment and/or testing sessions in a condition conducive to competent and safe performance. Faculty are held legally and professionally accountable for taking prompt, appropriate, and decisive action if a student is unable to perform the essential functional abilities required for satisfactory completion of all aspects of the program.

Examples of physical, cognitive, behavioral problems and lack of competency which may be questioned include, but are not limited, to:

- Frequent absenteeism and/or tardiness (no documented medical reason for absence).
- Drowsiness or sleepiness.
- Smell of alcohol on the breath/body.
- Increased inability to meet schedules and deadlines.
- Slurred/incoherent speech or speech pattern different from normal speech.
- Unusually aggressive behavior.
- Unexplained change in mood.
- Change in appearance.
- Lack of manual dexterity.
- Lack of or decreased coordination in body movement.
- Inappropriate responses to stimuli.
- Unexplained work-related accident or injury.
- Inattentiveness to work.

Students who arrive to class, practice lab, clinical assignment and/or testing sessions who are considered by their instructor to be unable to safely or effectively carry out required program related activities may be subject to:

1. Having their work performance and behavior witnessed and documented.
2. Questioning in private as to the nature of the problem.
3. Meeting with the Dean.
4. Referral to the appropriate GBC administrative staff member.
5. Receiving a failing grade and dismissal from the program.
6. Possible ineligible for readmission.

## SDMS Code of Ethics for the Profession of Diagnostic Medical Sonography

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

### PREAMBLE

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

### OBJECTIVES

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

### PRINCIPLES

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

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

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

- **A.** Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.
- **B.** Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the National Commission for Certifying Agencies (NCCA) or the International Organization for Standardization (ISO).
- **C.** Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- **D.** Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.
- **E.** Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and recredentialing.
- **F.** Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
- **G.** Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
- **H.** Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- **I.** Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

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

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

**Any student acting individually or in concert with others, who violates any part of the code of ethics, shall be subject to disciplinary procedures, including possible termination from the program.

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY**
**STUDENT ORIENTATION**

It is the student's responsibility to use this tool when starting a new clinical rotation. It is to be completed in Trajecsys by the second week of clinical rotations.

| EVALUATION | DATE | STUDENT INITIALS | COMMENTS |
|---|---|---|---|
| **Equipment:**<br>a. Telephone<br>b. Sonography rooms<br>c. Wheelchairs/Stretchers<br>d. Other: | | | |
| **Scheduling/Procedures:**<br>a. Protocol book location<br>b. Scheduling requirements/instructions<br>c. Knows where to find preps<br>d. Knows where to locate orders and what has to be on a patient's order to be valid<br>e. Patient:<br>Confidentiality/HIPAA Guidelines<br>f. Procedure for obtaining previous exam results, films, etc. | | | |
| **Introduction of Personnel:**<br>a. Dept. Director<br>b. Radiologist<br>c. Front Office Staff<br>d. Technologists<br>e. Other: | | | |
| **Helping Families & Public:**<br>a. Nearest public restroom location<br>b. Nearest public telephone<br>c. Nearest public waiting area<br>d. Directions to public elevators<br>e. Directions to the main entrance<br>f. Directions to the cafeteria<br>g. Other | | | |
| **Department:**<br>a. Nearest fire alarm & extinguisher<br>b. Describe emergency evacuation route<br>c. Location of the oxygen & medical gas shut-off valve<br>d. Shortest route to stairwell<br>e. How to call a code or procedure for medical emergencies<br>f. Policy & procedure location<br>g. MQSA information location<br>h. Substance abuse information | | | |
| **Facility Specific Areas:** | | | |

**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY**
**STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT (S) registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam?
( )Yes ( )No

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | 4. Calipers were correctly set |
| | | | 5. Dopplers were obtained when necessary |
| | | | 6. All images were obtained according to protocol standards |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History was appropriately documented |
| | | | 3. Findings were properly documented |
| | | | 4. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation |
| | | | 1. Student assessment of anatomy and pathology was accurate |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

## GBC DIAGNOSTIC MEDICAL SONOGRAPHY COMPETENCY REQUIREMENTS

| Mandatory Patient Care Procedures | DATE COMPLETED | VERIFIED BY |
|---|---|---|
| CPR Certification | | |
| Vital Signs (blood pressure, pulse, respiration) | | |
| Monitoring Level of Consciousness and Respiration | | |
| Standard Precautions | | |
| Sterile Technique | | |
| Verification of Informed Consent | | |
| **Mandatory Scanning Techniques** | | |
| Gray Scale (2D) | | |
| Color Doppler | | |
| Power Doppler | | |
| Spectral Doppler | | |
| M-Mode | | |
| **Mandatory Equipment Care** | | |
| Prepare Transducer for Intracavitary Use | | |
| Clean and Disinfect Transducer | | |
| **General Clinical Skills** | | |
| Clinical Skills Competency-Mandatory each semester | | |

## PROCEDURE COMPETENCIES

***Note: A single exam cannot count for more than one competency.**

| Abdomen | Mandatory | Elective | Date Completed | Verified By |
|---|---|---|---|---|
| Abdominal Wall | | X | | |
| Adrenals | | X | | |
| Aorta | X | | | |
| Bladder | X | | | |
| Complete Abdomen | X | | | |
| Gallbladder, Biliary Tract/CBD | X | | | |
| Gastrointestinal Tract (e.g., Appendix) | | X | | |
| IVC | X | | | |
| Kidneys | X | | | |
| Liver | X | | | |
| Lymph nodes | | X | | |
| Main Portal Vein | X | | | |
| Pancreas | X | | | |
| Prostate | | X | | |
| Right Upper Quadrant | | X | | |
| Spleen | X | | | |
| Vasculature (e.g., Hepatic, Renal, Aortic Branches) | | X | | |
| **Superficial Structures** | | | | |
| Breast and Axilla | | X | | |
| Musculoskeletal | | X | | |
| Salivary Glands/Parotids | | X | | |
| Scrotum and Testes | X | | | |

| | | | | |
|---|---|---|---|---|
| Superficial Masses | | X | | |
| Thyroid | X | | | |

| | | | | |
|---|---|---|---|---|
| **Gynecology** | | | | |
| Adnexa | X | | | |
| Complete Female Pelvis | X | | | |
| Transvaginal Female Pelvis | X | | | |
| Uterus | X | | | |
| **Obstetrics** | | | | |
| Fetal Biophysical Profile | | X | | |
| First trimester | X | | | |
| Second trimester | X | | | |
| Third trimester | X | | | |
| **Interventional Procedures (Must Complete a Minimum of 1)** | | | | |
| Aspiration | | X | | |
| Biopsy | | X | | |
| Drainage Procedures | | X | | |
| **Vascular Procedures (Must Complete a Minimum of 1)** | | | | |
| Arterial Extremity Doppler (Lower) | | X | | |
| Arterial Extremity Doppler (Upper) | | X | | |
| Carotid | | X | | |
| Post Catheterization Complication | | X | | |
| Venous Extremity Doppler (Lower) | | X | | |
| Venous Extremity Doppler (Upper) | | X | | |
| **Pediatric** | | | | |
| Bowel (Intussusception, Appendix) | | X | | |
| Hips | | X | | |
| Neonatal Head | | X | | |
| Pyloric Stenosis | | X | | |
| Spine | | X | | |
| **Special Care Competency (Must Complete a Minimum of 1)** | | | | |
| **Examination of Patient:** | | | | |
| Connected to 2 or More Pieces of Medical Equipment (i.e. Oxygen Tank and IV) | | X | | |
| In the ER | | X | | |
| In the ICU or CCU | | X | | |
| In the NICU | | X | | |
| With an Endotracheal Tube | | X | | |
| **Special Procedures** | | | | |
| FAST Exam | X | | | |
| Liver Elasticity Study | | X | | |
| Pleural Space | X | | | |
| Transplant Study | | X | | |

## GBC DMS STUDENT LOG OF COMPETENCIES

| Date of Exam | Accession Number | Description of Exam |
|---|---|---|
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**GREAT BASIN COLLEGE**
**DIAGNOSTIC MEDICAL SONOGRAPHY**
**STUDENT CLINICAL EVALUATION FORM**

*This tool is used by clinical instructors to evaluate the student's clinical achievement in the current clinical course.*

Student Name_____Date _____Clinical Site_____

1 = Often does not meet expectations for a student at a similar level of experience
2 = Sometimes meets expectations for a student at similar level of experience
3 = Usually meets expectations for a student at similar level of experience
4 = Consistently meets expectations for a student similar level of experience

**Grading Scale: 112-101 pts = A 100-90 pts = B 89-86 pts = C <86 pts = failing**

| Skills | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| 1. Obtains, reviews, and accurately documents patient history. | | | | |
| 2. Demonstrates knowledge of the exam protocol. | | | | |
| 3. Completes all proper documentation for medical records. | | | | |
| 4. Completes post exam reporting accurately, concisely, and in a timely manner. | | | | |
| 5. Applies standard precaution measures. | | | | |
| 6. Employs ergonomically correct scanning techniques. | | | | |
| 7. Correctly adjusts gain on a consistent basis. | | | | |
| 8. Uses appropriate focal settings, if applicable on the machine. | | | | |
| 9. Maintains appropriate depth of images. | | | | |
| 10. Follows Doppler principles. | | | | |
| 11. Practices other good scanning techniques at appropriate times (ex. zoom, magnify, power Doppler, m-mode, etc.). | | | | |

| Critical Thinking Skills | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| 1. Obtains images & measurements required on the site's protocol for the exam. | | | | |

| | | | | |
|---|---|---|---|---|
| 2. Obtains additional appropriate images, measurements, & Dopplers as directed by exam findings. | | | | |
| 3. Selects appropriate transducers. | | | | |
| 4. Modifies exams according to patient condition. | | | | |
| 5. Completes exams effectively in environments outside the imaging department (ex. ER, ICU, NICU) and respects equipment, policies, and procedures of the area. | | | | |
| **Personal Qualities** | **4** | **3** | **2** | **1** |
| 1. Uses time efficiently & responsibly. | | | | |
| 2. Accepts and learns from constructive criticism. | | | | |
| 3. Appropriately conveys information to and interacts with physicians. | | | | |
| 4. Sensitive to patient needs and modesty and makes appropriate requests to best serve patients. | | | | |
| | | | | |

Student conduct is to be graded on a yes or no basis. For any items marked "no", please provide an explanation in the comments below. Yes = 4 points No = 0

| Conduct | Yes | No |
|---|---|---|
| Properly identifies patients and exams; and evaluates orders. | | |
| Demonstrates effective patient relationships and education. | | |
| Student adheres to HIPAA standards and appropriately protects patient information. | | |
| Appropriately interacts with staff, patients, and patients' family/guests. | | |
| Demonstrates initiative, effort, and professionalism. | | |
| Follows instructions and is always prepared to work. | | |
| Maintains a clean and professional appearance. | | |
| Communicates effectively. | | |
| **Total points possible: 112** | | |

Technologist Signature _____ Date _____

TechnologistComments: _____

_____

_____

Area of Excellence: _____

_____

_____

Areas of Improvement: _____

_____

_____

**GREAT BASIN COLLEGE**

**DIAGNOSTIC MEDICAL SONOGRAPHY**

**FACULTY EVALUATION OF STUDENT CLINICAL FORM**

*This tool is used by clinical instructors to evaluate the student's clinical achievement in the current clinical course.*

Student Name_____Date _____Clinical Site_____

1 = Often does not meet expectations for a student at a similar level of experience
2 = Sometimes meets expectations for a student at similar level of experience
3 = Usually meets expectations for a student at similar level of experience
4 = Consistently meets expectations for a student similar level of experience

**Grading Scale: 116-105 pts = A 104-93 pts = B 92-82 pts = C <81 pts = failing**

| Skills | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| 1. Obtains, reviews, and accurately documents patient history. | | | | |
| 2. Demonstrates knowledge of the exam protocol. | | | | |
| 3. Completes all proper documentation for medical records. | | | | |
| 4. Applies standard precaution measures. | | | | |
| 5. Correctly adjusts gain on a consistent basis. | | | | |
| 6. Uses appropriate focal settings, if applicable on the machine. | | | | |
| 7. Maintains appropriate depth of images. | | | | |
| 8. Follows Doppler principles. | | | | |
| 9. Practices other good scanning techniques at appropriate times (ex. zoom, magnify, power Doppler, m-mode, etc.). | | | | |

| Critical Thinking Skills | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| 1. Obtains images & measurements required on the site's protocol for the exam. | | | | |
| 2. Obtains additional appropriate images, measurements, & Dopplers as directed by exam findings. | | | | |
| 3. Selects appropriate transducers. | | | | |

| | | | | |
|---|---|---|---|---|
| 4. Modifies exams according to patient condition. | | | | |
| 5. Student is prepared to show faculty recent competencies | | | | |
| 6. Student demonstrates knowledge of anatomy and protocols when requested by faculty | | | | |
| 7. Student can identify common types of pathology identified in certain organs | | | | |
| **Personal Qualities** | **4** | **3** | **2** | **1** |
| 1. Uses time efficiently & responsibly. | | | | |
| 2. Accepts and learns from constructive criticism. | | | | |
| 3. Appropriately conveys information to and interacts with clinical staff. | | | | |
| 4. Sensitive to patient needs and modesty and makes appropriate requests to best serve patients. | | | | |
| | | | | |

Student conduct is to be graded on a yes or no basis. For any items marked "no", please provide an explanation in the comments below. Yes = 4 points No = 0

| Conduct | Yes | No |
|---|---|---|
| 1.Properly identifies patients and exams; and evaluates orders. | | |
| 2.Demonstrates effective patient relationships and education. | | |
| 3.Student adheres to HIPAA standards and appropriately protects patient information. | | |
| 4.Appropriately interacts with staff, patients, and patients' family/guests. | | |
| 5.Demonstrates initiative, effort, and professionalism. | | |
| 6.Follows instructions and is always prepared to work. | | |
| 7.Maintains a clean and professional appearance. | | |
| 8.Communicates effectively. | | |
| 9. Demonstrates desire to utilize feedback and consistently improve | | |
| **Total points possible: 116** | | |

Technologist Signature_____ Date _____

TechnologistComments:

Area of Excellence:

Areas of Improvement:

**Directions for Direct and Indirect Supervision:**

Direct supervision indicates a qualified sonographer reviews the request in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the examination and will intervene if inappropriate judgment or actions are evident, AND reviews and approves sonographic images and student techniques.

Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of the qualified radiographer adjacent to the room or location (same department) where the radiographic procedure is being performed (adopted from policies in JRCERT, 2013).

Direct supervision of a student is required until the student has demonstrated clinical competency on a particular exam. Once competency has been verified, students are allowed to perform the exam under indirect supervision to prove continued competency (adopted from policies in JRCERT, 2013).

Required Sonographer Qualifications for evaluating competency on a student exam: A sonographer must be registered by the ARRT or the ARDMS in the specialty area the student is comping. For example, if a tech is registered through the ARDMS for Abdomen and small parts only, he/she would not be able to comp the student on a second trimester pregnancy. If for any reason no sonographers are qualified to comp a student in an area at a particular site, the Program Director should be notified to arrange alternative opportunities. Every attempt should be made for the student to complete specialty area exams with sonographers registered in that particular area.

# Great Basin College

## Medical Imaging Programs

**Test Item Query Form**

**A query form must be submitted within 3 days of the exam/quiz due date by email to the course instructor to be considered. The instructor must respond within 3 days of the receipt of the query.**

| | | |
|---|---|---|
| **Student Name:** | **Date:** | **Date of Exam:** |
| **Class:** | **Exam name or number:** | **Question #:** |
| **Rationale**: (Why do you believe the answer is incorrect?)<br><br>Provide a minimum of 1 citation from a program text supporting this rationale for the query to be considered. | | |
| **Resource supporting rationale:**<br><br>Provide a minimum of 1 citation from a program text supporting this rationale for the query to be considered. | | |
| **Final Decision:** (To be completed by course instructor) | | |

# CLINICAL COMPETENCY FORMS

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Abdominal Wall

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. A step off pad is utilized if necessary |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Findings were properly documented |
| | | | 4. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2.Abdominal wall area is evaluated in long and transverse |
| | | | 3. Internal oblique, external oblique, transversalis muscles and peritoneum are identified and imaged in long and transverse |
| | | | 4. Disruptions of abdominal wall continuity or areas of concern are documented with and without Valsalva |
| | | | 5. Contralateral anatomy is evaluated if applicable |
| | | | 6. Pathology is measured in 2 planes and with color if identified |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

_____

_____

_____

Remarks

_____

_____

_____

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or OB/GYN (if not, another technologist must complete this competency)
( )Yes ( )No

## Adnexa

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pads are utilized if necessary |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The left adnexa is visualized in long and transverse from the lateral uterus to the Iliac bone |
| | | | 3. Images of the left adnexa are taken in long and transverse |
| | | | 4. The right adnexa is visualized in long and transverse from the lateral uterus to the Iliac bone |
| | | | 5. Images of the right adnexa are taken in long and transverse |
| | | | 6. Compression is used to differentiate bowel from other pelvic contents |
| | | | 7. If applicable, ovaries are evaluated in long and transverse |

| | | | |
|---|---|---|---|
| | | | 8. If applicable, ovaries are measured in long and transverse and evaluated with Color and Spectral Doppler |
| | | | 9. If applicable the appendix is documented in long and transverse with and without color flow and measurements of the appendiceal diameter and wall thickness |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

_____

_____

_____

Remarks

_____

_____

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Adrenals

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Bilateral adrenal area is evaluated in multiple windows to identify the adrenal glands |
| | | | 3. Lt. and Rt. Adrenals are evaluated in long and transverse |
| | | | 4. Images are obtained of the Lt. and Rt. adrenals in long and transverse |
| | | | 5. Adrenals are evaluated with color flow in long and transverse |
| | | | 6. Pathology is measured in 2 planes and with color if identified |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

# Aorta

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. The entire aorta is reviewed with live scanning in long and transverse |
| | | | 2. Images of the proximal, mid, and distal aorta with and without AP measurements are obtained in long |
| | | | 3. Images of the proximal, mid, and distal aorta with and without width measurements are obtained in transverse |
| | | | 4. Doppler of the mid aorta is obtained utilizing appropriate Doppler angle and sample placement |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in VS or other (if not, another technologist must complete this competency) ( )Yes ( )No

## Arterial Lower Extremity Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Vessels were imaged in the correct plane/location |
| | | | 3. Vessels were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Right and/or left lower extremity is evaluated & imaged at the following locations in transverse with out & with color:<br>a. CIA<br>b. EIA<br>c. CFA<br>d. Profunda<br>e. SFA (prox, mid, & distal)<br>f. Popliteal (prox & distal)<br>g. PTA (prox, mid, & distal)<br>h. Peroneal Arteries |

| | | | |
|---|---|---|---|
| | | | i. ATA<br>j. DPA |

| | | | |
|---|---|---|---|
| | | | 3. PSV and EDV are measured & evaluated at the following locations in long with and with out color:<br>a. CIA<br>b. EIA<br>c. CFA<br>d. Profunda<br>e. SFA (prox, mid, & distal)<br>f. Popliteal (prox & distal)<br>g. PTA (prox, mid, & distal)<br>h. Peroneal Arteries<br>i. ATA<br>j. DPA |
| | | | 4. Areas of stenosis are adequately evaluated and classified by hemodynamic change |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in VS or other (if not, another technologist must complete this competency) ( )Yes ( )No

## Arterial Upper Extremity Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Vessels were imaged in the correct plane/location |
| | | | 3. Vessels were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Right and/or left upper extremity is evaluated and imaged in transverse without and with color at the following locations:<br>a. Subclavian (prox & distal)<br>b. Axillary<br>c. Brachial (prox, mid, & distal)<br>d. Radial<br>e. Ulnar |

| | | | |
|---|---|---|---|
| | | | 3. Right and/or left upper extremity is evaluated and imaged in long without and with color Doppler and spectral Doppler measurement at the following locations:<br>f. Subclavian (prox & distal)<br>g. Axillary<br>h. Brachial (prox, mid, & distal)<br>i. Radial<br>j. Ulnar |

| | | | |
|---|---|---|---|
| | | | 4. Areas of stenosis are adequately evaluated and classified by hemodynamic change |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or OB/GYN (if not, another technologist must complete this competency)
( )Yes ( )No

## Aspiration

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Physician order is evaluated |
| | | | 2. Patient meds are verified |
| | | | 3. Informed consent is obtained |
| | | | 4. Area of fluid pocket is marked (if physician requests) |
| | | | 5. Sterile field is prepared |
| | | | 6. Physician is appropriately assisted |
| | | | 7. Samples are properly identified for lab or disposed of as necessary |
| | | | 8. Patient is given post procedure instructions |
| | | | 9. Room is cleaned and paperwork is completed |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____
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Remarks
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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

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Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or OB/GYN (if not, another technologist must complete this competency)
( )Yes ( )No

## Biopsy

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Physician order is evaluated |
| | | | 2. Patient meds are verified |
| | | | 3. Informed consent is obtained |
| | | | 4. Pre scan is complete |
| | | | 5. Sterile field is prepared |
| | | | 6. Physician is appropriately assisted |
| | | | 7. Samples are properly identified for lab |
| | | | 8. Patient is monitored prior to, during and after the procedure |
| | | | 9. Patient is given post procedure instructions |
| | | | 10. Room is cleaned and paperwork is completed |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____
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Remarks
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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Bladder

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Bladder is evaluated in long and transverse |
| | | | 3. Images are taken of the bladder in long at midline, Lt. and Rt. |
| | | | 4. Measurements of midline bladder are completed in long and AP |
| | | | 5. Images are taken of the bladder in transverse at superior, mid and inferior |
| | | | 6. The bladder is measured at mid in transverse |
| | | | 7. Ureteral jets are documented in transverse |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
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Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Breast

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer (high frequency linear) |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pad is utilized when needed |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Location is described as a time and distance from nipple is described in cm |
| | | | 3. Organs were imaged in the correct plane/location |
| | | | 4. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | 4. Patient was appropriately positioned for the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The area of concern is identified and the entire quadrant or breast is imaged according to site protocol |
| | | | 3. Entire volume of breast (quadrant or full- depending on protocol) is evaluated in radial/antiradial with images complete throughout the area in both orientations |
| | | | 4.In the case of a palpable mass, the mass is directly palpated, imaged and evaluated |
| | | | 5. When pathology is recognized it is measured in length, width and height and margins appearances are well documented |

| | | | |
|---|---|---|---|
| | | | 6. Any masses are evaluated with compression and color flow |
| | | | 7. Contralateral side is evaluated if deemed necessary |
| | | | 8. Nipple is evaluated in long and transverse |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

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Are you credentialed in VS or other (if not, another technologist must complete this competency) ( )Yes ( )No

## Carotid

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Vessels were imaged in the correct plane/location |
| | | | 3. Vessels were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. All spectral Dopplers are completed with appropriately angled Dopplers at <60 degrees |
| | | | 3. Rt and Lt Subclavian is evaluated in long B mode, with color and with Spectral Doppler |
| | | | 4. Rt. Carotid:<br>a. CCA evaluated and imaged in long B mode at proximal, mid and distal<br>b. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal<br>c. Spectral Dopplers of CCA proximal, mid and distal obtained<br>d. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal |

| | | | |
|---|---|---|---|
| | | | e. CCA evaluated and imaged in transverse Color Doppler at proximal, mid and distal<br>f. Carotid bulb evaluated in long and transverse with B Mode, and with Color and Spectral Doppler<br>g. ECA is evaluated in long in B Mode, with Color and Spectral Doppler with Taps if necessary<br>h. ICA is evaluated in long in B Mode, with Color and Spectral Doppler at Proximal, mid and distal |
| | | | 5. Rt Vertebral Artery imaged:<br>a. In long with B mode and color<br>b. With Spectral Doppler |
| | | | 6. Lt. Carotid:<br>a. CCA evaluated and imaged in long B mode at proximal, mid and distal<br>b. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal<br>c. Spectral Dopplers of CCA proximal, mid and distal obtained<br>d. CCA evaluated and imaged in long with Color Doppler at proximal, mid and distal |
| | | | e. CCA evaluated and imaged in transverse Color Doppler at proximal, mid and distal<br>f. Carotid bulb evaluated in long and transverse with B Mode, and with Color and Spectral Doppler<br>g. ECA is evaluated in long in B Mode, with Color and Spectral Doppler with Taps if necessary<br>h. ICA is evaluated in long in B Mode, with Color and Spectral Doppler at Proximal, mid and distal |
| | | | 7. Lt Vertebral Artery imaged:<br>a. In long with B mode and color<br>b. With Spectral Doppler |
| | | | 8. Rt. And Lt. Jugular<br>a. Evaluated in long proximal B Mode and with Color and Spectral Doppler<br>b. Phasicity is recognized in Doppler patterns |
| | | | 9. Spectral Doppler waveforms are accurately measured for velocities and appropriately documented |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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_____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

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Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in Abdomen, Vascular, or OB/GYN (if not, another technologist must complete this competency)

( )Yes ( )No

## Clean and Disinfect Transducers

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Transducer was thoroughly cleaned of gel before cleaned with solutions |
| | | | 2. Extracavitary transducers are thoroughly sprayed and wiped clean with a manufacturer approved cleaning solution |
| | | | 3. Intracavitary transducers are placed in the sanitation solution or device for the appropriate amount of time following manufacturer's settings |
| | | | 4. Transducer cord and handle are wiped clean with appropriate cleaning solution |

The **student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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Are you credentialed in Abdomen, Vascular, or OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

## Clinical Skill Competency

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained and utilized appropriately |
| | | | 3. Properly identified self to patient |
| | | | 4. Appropriate safety and infection control protocols were adhered to |
| | | | Scanning Technique |
| | | | 1. Appropriate use of ergonomics was demonstrated |
| | | | 2. Image optimization techniques were utilized including the following: depth, gain, TGC adjustment and focus |
| | | | 3. Student obtained images utilizing the ALARA principle |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. Sonographic findings were appropriately documented with oral and/or written communication strategies to convey to the interpreting physician |
| | | | Exam completion |
| | | | 1. Student finalized examination appropriately for permanent storage |
| | | | 2. Student can communicate the process for reporting critical findings |

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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_____

Remarks

**GREAT BASIN COLLEGE SONOGRAPHY**
**STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Color Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Color Doppler is optimized with appropriate: |
| | | | a. gain |
| | | | b. wall filter |
| | | | c. scale |
| | | | d. baseline |

| | | | |
|---|---|---|---|
| | | | e. box angulation |

**The student has demonstrated competence on this exam** **YES** **NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

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***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Complete Abdomen

| YES | NO | N/A | Task |
|---|---|---|---|
| | | | Exam initiation |
| | | | 1. Identifies order |
| | | | 2. Reviews lab values |
| | | | 3. Completes a thorough patient history |
| | | | 4. Selects the appropriate transducer and exam type |
| | | | Image Evaluation/Protocol |
| | | | 1. Evaluates and images Pancreas accurately in long and transverse |
| | | | 2. Obtains a proper Pancreatic head, body and tail measurements (if appropriate for site protocol) |
| | | | 3. Evaluates the pancreas with Color flow |
| | | | 4. Evaluates the Aorta in Proximal, Mid and Distal in long |
| | | | 5. Evaluates the Aorta in Proximal, Mid and Distal in long with AP measurements |
| | | | 6. Obtains transverse images of the Proximal, Mid and Distal Aorta |
| | | | 7. Obtains transverse images of the Proximal, Mid and Distal Aorta with width measurements |
| | | | 8. Obtains all appropriate long and transverse views of the Lt. Liver lobe |
| | | | 9. Obtains all appropriate long and transverse views of the Rt. Liver lobe |
| | | | 10. Obtains long measurement of the Rt. Liver lobe |
| | | | 11. Evaluates the GB in Supine in transverse and long |
| | | | 12. Evaluates the GB in LLD in transverse and long |
| | | | 13. Obtains GB wall measurement |
| | | | 14. Obtains CBD measurement |
| | | | 15. Evaluates the Rt. Kidney in long and obtains midline measurements |
| | | | 16. Evaluates the Rt. Kidney in transverse and obtains midline |

| | | | |
|---|---|---|---|
| | | | measurements |
| | | | 17. Evaluates the Rt. Kidney with color in long and transverse |
| | | | 18. Evaluates the paracolic gutters and the bladder |
| | | | 19. Evaluates the Lt. Kidney in long and obtains midline measurements |
| | | | 20. Evaluates the Lt. Kidney in transverse and obtains midline measurements |
| | | | 21. Evaluates the Lt. Kidney with color in long and transverse |
| | | | 22. Evaluates the Spleen in long and transverse |
| | | | 23. Obtains splenic measurement |
| | | | 24. Evaluates the spleen in long with color |
| | | | |
| | | | 1. Additional images are completed to ensure visualization of all anatomy |
| | | | 2. Images are of appropriate quality for patient condition |
| | | | Scanning Technique |
| | | | 1. Maintains appropriate focal depth |
| | | | 2. Adjusts for penetration as needed |
| | | | 3. Adjusts gain as needed |
| | | | 4. Adjust TGC as necessary |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature________ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

## Complete Female Pelvis

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Transabdominal Scan |
| | | | a. Uterus is thoroughly evaluated in long |
| | | | b. Uterine images are completed in long on the lateral right and left and at midline |
| | | | c. Midline AP and long measurements are completed |
| | | | d. Uterus is evaluated in long with color and a representative Midline color image is obtained |
| | | | e. Endometrium is evaluated with color and a endometrial AP measurement is obtained |

| | | | |
|---|---|---|---|
| | | | f. Uterus is evaluated in transverse |
| | | | g. Uterus is thoroughly evaluated in transverse |
| | | | h. Uterine images are completed in transverse at the superior, mid and inferior |
| | | | i. Mid Uterine width is measured |
| | | | j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained |
| | | | k. Cervix and vagina are imaged in transverse |
| | | | l. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | n. Right ovary is measured in long for AP and length and in transverse for width |
| | | | o. Right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | q. Left ovary is measured in long for AP and length and in transverse for width |
| | | | r. Left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 3. Transvaginal Scan: |
| | | | a. Uterus is thoroughly evaluated in long |
| | | | b. Uterine images are completed in long on the lateral right and left and at midline |
| | | | c. Midline AP and long measurements are completed |
| | | | d. Uterus is evaluated in long with color and a representative Midline color image is obtained |
| | | | e. Endometrium is evaluated with color and a endometrial AP measurement is obtained |
| | | | f. Uterus is evaluated in transverse |
| | | | g. Uterus is thoroughly evaluated in transverse |
| | | | h. Uterine images are completed in transverse at the superior, mid and inferior |
| | | | i. Mid Uterine width is measured |
| | | | j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained |
| | | | k. Cervix and vagina are imaged in transverse |
| | | | l. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | n. Right ovary is measured in long for AP and length and in transverse for width |
| | | | o. Right ovary is evaluated with color and a representative image is completed as well as Doppler interrogation of ovarian flow |

| | | | |
|---|---|---|---|
| | | | p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | q. Left ovary is measured in long for AP and length and in transverse for width |
| | | | r. Left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## CPR Certification

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Presents proof of AHA BLS CPR certification |

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or OB/GYN (if not, another technologist must complete this competency)
( )Yes ( )No

## Drainage Procedure

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Physician order is evaluated |
| | | | 2. Patient meds are verified |
| | | | 3. Informed consent is obtained |
| | | | 4. Pre scan is complete |
| | | | 5. Sterile field is prepared |
| | | | 6. Physician is appropriately assisted |
| | | | 7. Samples are properly identified for lab or disposed of |
| | | | 8. Patient is monitored prior to, during, and after the procedure |
| | | | 9. Patient is given post procedure instructions |
| | | | 10. Room is cleaned and paperwork is completed |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Endotracheal Tube Patient

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Patient RN and RT therapist are notified when beginning the exam and upon completion |
| | | | 3. Patient movement is limited or only completed with assistance from the RN and RT |
| | | | 4. Patient condition is monitored throughout the exam |
| | | | 5. Intubation tube placement and ventilator function are properly monitored throughout the exam |
| | | | 6. Patient records are evaluated prior to exam |
| | | | 7. Exam is properly completed and pathology is identified and recorded |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## ER Patient

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Patient condition is monitored throughout the exam |
| | | | 3. Emergency room equipment is properly moved or avoided prior to/during the exam |
| | | | 4. ER staff is notified of exam |
| | | | 5. Patient records are evaluated prior to exam |
| | | | 6. Exam is properly completed and pathology is identified and recorded |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency)
( )Yes ( )No

## FAST Exam

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The Rt. And Lt. Pleural spaces are evaluated for pleural effusion |
| | | | 3. The Rt. And Lt. Pericolic gutters are evaluated for fluid |
| | | | 4. The pelvic midline is evaluated for fluid |
| | | | 5. Morrison's Pouch and periaortic area are evaluated for fluid |
| | | | 6. The pericardial space is evaluated for pericardial effusion |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

# Fetal Biophysical Profile (BPP)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Allows up to 30 minutes for the fetus to complete required movements |
| | | | 3. Obtains an AFV measuring 4 quadrants perpendicular to the patient's coronal plane with no fetal parts or cord |
| | | | 4. Measures the cervical length if applicable |
| | | | 5. Documents placental position and relationship to cervix |
| | | | 6. Evaluates fetus for 3 gross fetal movements |
| | | | 7. Evaluates fetus for 2 movements demonstrating tone |
| | | | 8. Evaluates fetus for 30 seconds of breathing |
| | | | 9. Appropriately documents BPP score and completes paperwork/exam completion |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Gallbladder

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 4. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. The GB is evaluated in long by live scanning with the patient in Supine and in LLD |
| | | | 2. The GB is evaluated in transverse by live scanning with the patient in Supine and in LLD |
| | | | 3. The GB is imaged in long in LLD and Supine |
| | | | 4. The GB is imaged in transverse in LLD and Supine |
| | | | 5. The GB wall is measured in transverse |
| | | | 6. The CBD is evaluated in live scanning, imaged and measured perpendicular to the lumen |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## GI Tract

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3.. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The bowels are evaluated in long and transverse using compression and non compression |
| | | | 3. Bowel wall thickness and continuity is evaluated in long and transverse |
| | | | 4. Layers of bowel are evaluated and identified in long and transverse |
| | | | 5. Bowel walls are evaluated with and without color |
| | | | 6. Potential spaces are evaluated for free fluid |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Gray Scale (2D)

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. B mode imaging is optimized with appropriate: |
| | | | a. Gain |
| | | | b. Dynamic range |
| | | | c. Harmonic/non-harmonic imaging |
| | | | d. Compound imaging |
| | | | e. Focus placement |
| | | | f. TGC settings |
| | | | g. Persistence |
| | | | h. Depth |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## ICU or CCU Patient

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Patient condition is monitored throughout the exam |
| | | | 3. ICU or CCU equipment is properly moved or avoided while exam is in process |
| | | | 4. Floor staff is notified of exam |
| | | | 5. Patient records are evaluated prior to exam |
| | | | 6. Exam is properly completed and pathology is identified and recorded |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or MSK (if not, another technologist must complete this competency)
( )Yes ( )No

# Infant Hips

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The chondro osseous junction is identified 10-15 degrees off the coronal view and the following are recognized:<br>a. femoral neck<br>b. femoral head<br>c. iliac bone<br>d. lower ilium<br>e. acetabular roof (cartilaginous and bony)<br>f. acetabular labrum<br>g. joint capsule<br>h. synovial fold |
| | | | 3. Anterior, middle and posterior images at this plane are obtained |

| | | | |
|---|---|---|---|
| | | | 4. Femoral position, alpha and beta angles are measured and assessed |
| | | | 5. Transverse images of the hip are obtained with the infant hip flexed to 90 degrees |
| | | | 6. Transducer is placed in transverse in the posterior lateral position and evaluation of femoral placement is completed during Ortolani and Barlow maneuvers |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## IVC

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 4. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The IVC is imaged in long |
| | | | 3. IVC is evaluated for phasic dilation |
| | | | 4. Spectral and color Dopplers are completed in the IVC with correct Doppler angulation and placement |
| | | | 5. The IVC is evaluated for dilation reduction during "sniffing" |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Kidneys (Renals)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Rt kidney is thoroughly evaluated in long with live scanning |
| | | | 2. Rt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color |
| | | | 3. Rt kidney is thoroughly evaluated in transverse with live scanning |
| | | | 4. Rt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color |
| | | | 5. Lt paracolic gutter is evaluated and imaged in transverse |
| | | | 6. Lt kidney is thoroughly evaluated in long with live scanning |
| | | | 7. Lt kidney is imaged in long at the lateral aspect, medial aspect, at midline with and without measurements and with and without color |

| | | | |
|---|---|---|---|
| | | | 8. Lt kidney is thoroughly evaluated in transverse with live scanning |
| | | | 9. Lt kidney is imaged in transverse at the superior aspect, inferior aspect, at mid with and without measurements and with and without color |
| | | | 10. Spleen/Lt. Kidney comparison image is obtained |
| | | | 11. Bladder evaluated in long and transverse |
| | | | 12. Bladder is imaged in long at midline with and without measurements and color |
| | | | 13. Bladder is imaged in transverse at mid with and without measurements and color |
| | | | 14. Ureteral Jets are evaluated with and without color |
| | | | 15. Post void bladder is evaluated in long and transverse |
| | | | 16. Post void bladder is measured at mid in long and transverse |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Liver

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. The Left lobe of the liver is thoroughly evaluated in long with live scanning |
| | | | 2. The left lobe of the liver is imaged with the IVC, Aorta, at midline and at its lateral margin |
| | | | 3. The Left lobe of the liver is thoroughly evaluated in transverse with live scanning |
| | | | 4. The left lobe of the liver is imaged in transverse at the dome, left hepatic vein, left portal vein, caudate and IVC, and inferior lobe margin |
| | | | 5. The Right lobe of the liver is thoroughly evaluated in long with live scanning |
| | | | 6. The right lobe of the liver is imaged with the IVC, Main Lobar fissure and GB, With the rt. Kidney with and without length measurements and the lateral hepatic |

| | | | |
|---|---|---|---|
| | | | 7. The Right lobe of the liver is thoroughly evaluated in transverse with live scanning |

| | | | |
|---|---|---|---|
| | | | 8. The right lobe of the liver is imaged in transverse at the dome, hepatic veins with and without color, the portal vein, with the GB, with the kidney, and at the inferior hepatic margin |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency)
( )Yes ( )No

## Liver Elasticity Study

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 4. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Patient is rolled to 30 degrees in LLD; The Rt. Liver lobe is accessed intercostally with the probe parallel to the iver |
| | | | 3. Measurements are taken of liver segments 5, 7 or 8 |
| | | | 4. ROI sample box is placed within the liver parenchyma avoiding vessels, ducts, dome, etc. and >1.5 cm from the hepatic capsule but within 6-8 cm of the skin line |
| | | | 5. Patient is not in suspended inspiration |
| | | | 6. Obtain at least 10 elastography measurements |
| | | | 7. Properly evaluate and report findings |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Lymph Nodes

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pads are utilized if necessary |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Lymph nodes are identified and evaluated in long and transverse with and without color |
| | | | 3. Lymph nodes are counted (if possible) and documented in long and transverse with length, width, and AP measurements |
| | | | 4. The contralateral anatomy is evaluated if applicable |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency)
( )Yes ( )No

## Main Portal Vein (MPV)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pads are utilized if necessary |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The Main Portal Vein is evaluated from different windows and different patient positions to optimize visualization |
| | | | 3. The MPV is visualized with color and spectral Doppler utilizing the correct doppler angle |
| | | | 4. Waveform is evaluated for hepatofugal/hepatopetal flow and phasicity |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Monitoring Consciousness/Respiration

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Continuously evaluates patient consciousness and notes changes in consciousness immediately |
| | | | 2. Evaluates patient respirations accurately watching the patient's chest rise and fall for a minimum of 30 seconds. |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## M-Mode

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. M-mode imaging is optimized with appropriate: |
| | | | a. gain |
| | | | b. positioning through appropriate tissue sample |
| | | | c. accurate measurements |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Musculoskeletal (MSK)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer (high frequency linear) |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pad is utilized when needed |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. location is described as a time and distance from nipple is described in cm |
| | | | 3. Organs were imaged in the correct plane/location |
| | | | 4. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | 4. Patient was appropriately positioned for the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The area of interest is thoroughly evaluated in long and transverse |
| | | | 3. The are is imaged in long and transverse with any abnormalities measured in long and transverse |

| | | | |
|---|---|---|---|
| | | | 4. The following is evaluated:<br>a. joint region<br>b. synovium<br>c. bone<br>d. muscle<br>e. tendons<br>f. sheaths<br>g. ligaments<br>h. fascia<br>i. other supportive structures |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Neonatal Head

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Evaluation of the head in sagittal is thoroughly completed |
| | | | 3. Images are taken in the Sagittal plane at:<br>a. Midline with corpus callosum, 3rd and 4th ventricles and cerebellum<br>b. Rt. and lt. parasagittal at caudothalamic notch and lateral ventricles<br>c. Rt and lt. lateral brain demonstrating periventricular white matter |
| | | | 4. Evaluation of the head in coronal is thoroughly completed |

| | | | |
|---|---|---|---|
| | | | 5. Images are taken in the coronal plane at:<br>a. frontal region<br>b. caudate region<br>c. caudate to trigone area of lateral ventricles<br>d. occipital region |
| | | | 6. Measurements are taken in coronal the frontal ventricular horns |
| | | | 7. Measurements are taken in sagittal at the trigone of the lateral ventricles |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Neonatal Spine

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Spine is assessed thoroughly in a long plane at the Sacrococcygeal region |
| | | | 3. Sacral vertebrae in long are evaluated and counted from S5-1 |
| | | | 4. The filum terminale is identified and imaged at L5/S1 level |
| | | | 5. L5-L1 is scanned in long and imaged evaluating for the conus medullaris and level of termination |
| | | | 6. Vertebral numbers are documented on the image |
| | | | 7. Spine is thoroughly evaluated in transverse from S5-L1 |

| | | | |
|---|---|---|---|
| | | | 8. Vertebral structure and conus medullaris levels are evaluated |
| | | | 9. Bilateral renals are evaluated and imaged in long and transverse |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

## OB - First Trimester

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The uterus is thoroughly evaluated in long |
| | | | 3. The cervix is measured |
| | | | 4. Uterine images are completed in long on the lateral right and left and at midline |
| | | | 5. The Uterus is evaluated in transverse |
| | | | 6. Uterine images are completed in transverse at the superior, mid and inferior |
| | | | 7. The cervix and vagina are imaged in transverse |

| | | | |
|---|---|---|---|
| | | | 8. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | 9. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | 10. The right ovary is measured in long for AP and length and in transverse for width |
| | | | 11. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 12. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | 13. Left ovary is measured in long for AP and length and in transverse for width |
| | | | 14. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 15. The gestational sac is identified and measured if no fetal pole is present |
| | | | 16. If fetal pole is present it's crown rump length is measured in 3 different images |
| | | | 17. The yolk sac is identified |
| | | | 18. Placental location is documented if identifiable |
| | | | 19. Fetal Heart Rate is obtained with M mode |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

## OB - Second Trimester

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The cervix is measured |
| | | | 3. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | 4. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |

| | | | |
|---|---|---|---|
| | | | 5. The right ovary is measured in long for AP and length and in transverse for width |
| | | | 6. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 7. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | 8. Left ovary is measured in long for AP and length and in transverse for width |
| | | | 9. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 10. The placental location is identified and its distance from cervix is |
| | | | 11. Fluid is subjectively evaluated |
| | | | 12. Placental cord insert is observed with and without color |
| | | | 13. Fetal biometry including BPD, HC, FL and AC is complete |
| | | | 14. Fetal head is evaluated in transverse identifying:<br>a. Cerebellum with and without measurements<br>b. Cisterna magna with and without measurements<br>c. Nuchal fold with measurements<br>d. Thalamus<br>e. CSP<br>f. Lateral ventricle with and without measurement at the atrium<br>g. Palate<br>h. Orbits |
| | | | 15. Fetal face is evaluated imaging the:<br>a. Nose and lips,<br>b. Nasal bone<br>c. Profile |
| | | | 16. Fetal abdomen/pelvis is evaluated, imaging:<br>a. Transverse stomach<br>b. Bilateral renals in transverse and w/ color flow in coronal<br>c. Diaphragm in coronal<br>d. Abdominal cord insert<br>e. Bladder<br>f. Bladder with color identifying 2 arteries<br>g. Genitalia |
| | | | 17. Fetal chest;<br>a. 4 chamber heart<br>b. LVOT<br>c. RVOT<br>d. 3 vessel view<br>e. Aortic arch<br>f. Subcostal 4 chamber view |

| | | | |
|---|---|---|---|
| | | | g. M mode heart rate<br>h. Situs of heart<br>i. Comparison of situs of heart/stomach |
| | | | 18. Fetal extremities:<br>a. Bilateral femurs<br>b. Bilateral humeri<br>c. Bilateral tib/fib<br>d. Bilateral radius/ulna<br>e. Coronal view of bilateral feet<br>f. Coronal view of hands |
| | | | 19. Fetal spine<br>a. Long c, t, l/s spine with fetus spine up<br>b. Transverse c, t, l/s spine with fetus spine up |
| | | | 20. Other:<br>a. 3 vessel cord in transverse<br>b. Other images as needed |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

# OB - Third Trimester

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The cervix is measured |
| | | | 3. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | 4. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | 5. The right ovary is measured in long for AP and length and in transverse for width |
| | | | 6. The right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |

| | | | |
|---|---|---|---|
| | | | 7. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |

| | | | |
|---|---|---|---|
| | | | 8. Left ovary is measured in long for AP and length and in transverse for width |
| | | | 9. The left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | 10. The placental location is identified and its distance from cervix is |
| | | | 11. The placental cord insertion is identified |
| | | | 12. AFV is measured |
| | | | 13. Fetal biometry including BPD, HC, FL and AC is complete |
| | | | 14. Fetal head is evaluated in transverse identifying:<br>a. Cerebellum with and without measurements<br>b. Cisterna Magna with and without measurements<br>c. Thalamus<br>d. CSP<br>e. Lateral ventricle with and without measurement at the atrium |
| | | | 15. Fetal face is evaluated imaging the:<br>a. Nose and lips,<br>b. Profile |
| | | | 16. Fetal abdomen/pelvis is evaluated, imaging:<br>a. Transverse stomach<br>b. Bilateral renals in transverse and w/ color flow in coronal<br>c. Diaphragm in coronal<br>d. Abdominal cord insert (if able to identify well)<br>e. Bladder<br>f. Bladder with color identifying 2 arteries<br>g. Genitalia |
| | | | 17. Fetal chest;<br>a. 4 chamber heart<br>b. Subcostal 4 chamber view<br>c. M mode heart rate<br>d. Situs of heart |
| | | | 18. Fetal extremities: (When possible)<br>a. Bilateral femurs<br>b. Bilateral humeri<br>c. Bilateral tib/fib<br>d. Bilateral radius/ulna<br>e. Coronal view of bilateral feet<br>f. Coronal view of hands |
| | | | 19. Fetal spine (When possible)<br>a. Long c, t, l/s spine with fetus spine up<br>b. Transverse c, t, l/s spine with fetus spine up |
| | | | 20. Other:<br>a. 3 vessel cord in transverse<br>b. Other images as needed |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

# Pancreas

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The Pancreas is thoroughly evaluated in live scanning |
| | | | 3. The Pancreas is imaged in long to the organ |
| | | | 4. The pancreas head is measured in AP dimension |
| | | | 5. The Pancreas is evaluated in transverse by live scanning and a representative image is obtained |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Patient Connected to 2 or More Pieces of Equipment

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Patient condition is monitored throughout the exam |
| | | | 3. Emergency room, ICU or CCU equipment is properly moved or avoided while exam is in process |
| | | | 4. Department staff is notified when the exam begins and ends |
| | | | 5. Patient records are evaluated prior to exam |
| | | | 6. Exam is properly completed and pathology is identified and recorded |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Pediatric Bowel (Intussusception/Appendicitis/Pyloric Stenosis)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The appropriate area of bowel according to symptoms/differential diagnosis is identified (ex. Pyloric sphincter, appendix, entire bowel) |
| | | | 3. Bowel wall thickness and continuity is evaluated in long and transverse |
| | | | 4. Layers of bowel are evaluated and identified in long and transverse |
| | | | 5. Bowel walls are evaluated with and without color and measured in long |
| | | | 6. Bowel walls are measured in transverse |
| | | | 7. Potential spaces are evaluated for free fluid |
| | | | 8. Measurements obtained are evaluated for normalcy/pathology |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency)
( )Yes ( )No

## Pleural Space

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. The Rt. and Lt. Pleural spaces are evaluated for fluid/abnormalities |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:

Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Prepare Transducer for Intracavitary Use

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Ensure the transducer is appropriately cleaned and sanitized |
| | | | 2. Adequate gel is applied to the transducer and a probe cover is secured |
| | | | 3. Transducer is placed in a clean location until use |
| | | | 4. Coupling layer lubricant is applied to the transducer prior to insertion |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature-_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Prostate

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | 4. Exam can be done Transrectally or Transabdominally |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. The Prostate is thoroughly evaluated in transverse with live scanning |
| | | | 2. The transverse prostate is imaged at the base, mid, and apex with and without measurements and with and without color |
| | | | 3. The prostate is thoroughly evaluated in long with live scanning |
| | | | 4. The prostate is imaged in long at the left, mid, and right with and without measurements and with and without color |
| | | | 5. The seminal vesicles are evaluated in long and imaged with and without color |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Right Upper Quadrant (RUQ)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Doppler evaluation of all organs was completed and documented |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2.The pancreas is evaluated in long and transverse with images |
| | | | 3. Rt and Lt lobes of the liver were evaluated in long with images at the lateral and medial borders, IVC, MLF, GB, and with kidney |
| | | | 4. Rt and Lt lobes of the liver were evaluated in trans with images at the dome, hepatics, portal, ligamentum venosum, caudate GB region, kidney region, and inferior margins |
| | | | 5. Proximal IVC and Aorta are evaluated |
| | | | 6. GB is evaluated and imaged in long and transverse with Pt. in supine and LLD positions |

| | | | |
|---|---|---|---|
| | | | 7. GB wall and CBD are evaluated in live scanning, imaged, and measured |
| | | | 8. Rt kidney is evaluated and imaged in long at the lateral and medial aspects, at midline with and without measurements, and with and without color |
| | | | 9. Rt kidney is evaluated and imaged in trans at the superior and inferior aspects, at midline with and without measurements and with and without color |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Scrotum and Testes

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Bilateral Testes/Scrotum demonstrated in transverse with and without color |
| | | | 3. Rt Testicle and epididymis thoroughly surveyed in long and transverse with and without color |
| | | | 4. Rt Testicle imaged in long at lateral, mid, and medial with and without mid long and AP measurements and color flow |
| | | | 5. Rt Testicle imaged in transverse at superior, mid, and inferior with and without mid width measurements and color flow |
| | | | 6. Rt Epididymis evaluated and imaged in long and transverse with AP head, body, and tail measurements and color evaluation |
| | | | 7. Lt Testicle and epididymis thoroughly surveyed in long and transverse with and without color |

| | | | |
|---|---|---|---|
| | | | 8. Lt Testicle imaged in long at lateral, mid, and medial with and without mid long and AP measurements and color flow |
| | | | 9. Lt Testicle imaged in transverse at superior, mid, and inferior with and without mid width measurements and color flow |
| | | | 10. Lt Epididymis evaluated and imaged in long and transverse with AP head, body, and tail measurements and color evaluation |
| | | | 11. Scrotal sac evaluated for areas of thickness and fluid collections |
| | | | 12. Bilateral spermatic cords evaluated for spermatoceles or hernias |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Spectral Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Color Doppler is optimized with appropriate: |
| | | | a. gain |
| | | | b. wall filter |
| | | | c. scale |
| | | | d. baseline |
| | | | e. box angulation |
| | | | 3. Spectral Doppler is obtained with |
| | | | a. appropriate gate size and placement |
| | | | b. angulation <60 degrees |
| | | | c. gain |
| | | | d. scale |
| | | | e. baseline |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Spleen

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Spleen is thoroughly evaluated in long with live scanning |
| | | | 3. Spleen is imaged at midline with and without AP and long measurements and color |
| | | | 4. Spleen is imaged medially and laterally |
| | | | 5. Spleen is thoroughly evaluated in transverse with live scanning |
| | | | 6. Spleen is imaged at midline with and without width measurements and color |
| | | | 7. Spleen is imaged transverse superiorly and inferiorly |
| | | | 8. Spleen is imaged with the left kidney in a comparison view |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Standard Precautions

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Two patient identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | 4. Patient exam is complete with all standard precautions adhered to |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Sterile Technique

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Sterile field is set with no contamination |
| | | | 2. Field is monitored consistently until utilized |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or OB/GYN (if not, another technologist must complete this competency)
( )Yes ( )No

## Superficial Masses

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | 6. Stand off pads are utilized if necessary |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Area of concern is evaluated in long and transverse with live scanning |
| | | | 3. Superior, mid and inferior area images are obtained in transverse |
| | | | 4. Medial, mid and lateral area images are obtained in long |
| | | | 5. If mass/nodule is recognized, it is measured in long and transverse and imaged in lateral, mid, and medial and in superior, mid, inferior |
| | | | 6. Masses are interrogated with color Doppler |
| | | | 7. The contralateral anatomy is evaluated if applicable |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Thyroid

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Bilateral Thyroid lobes demonstrated in transverse with and without color |
| | | | 3. Rt Thyroid lobe thoroughly surveyed in long and transverse with and without color |
| | | | 4. Rt Thyroid lobe imaged in long at lateral, mid and medial with and without mid long and AP measurements and color flow |
| | | | 5. Rt Thyroid lobe imaged in transverse at superior, mid and inferior with and without mid width measurements and color flow |
| | | | 6. Lt Thyroid lobe is thoroughly surveyed in long and transverse with and without color |
| | | | 7. Lt Thyroid lobe imaged in long at lateral, mid and medial with and without mid long and AP measurements and color flow |

| | | | |
|---|---|---|---|
| | | | 8. Lt Thyroid imaged in transverse at superior, mid and inferior with and without mid width measurements and color flow |
| | | | 9. Isthmus evaluated in long and transverse |
| | | | 10. Isthmus measured in AP transverse |
| | | | 11. Parathyroids evaluated in long and transverse and measured if applicable |
| | | | 12. Lymph nodes are demonstrated with color and measurement if applicable |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen (if not, another technologist must complete this competency) ( )Yes ( )No

## Transplant Study

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Evaluation of the transplanted organ in long and transverse is thoroughly completed, evaluating size and echogenicity |
| | | | 3. Area around the organ is evaluated for free fluid, hematoma, etc. |
| | | | 4. Arteries are evaluated throughout its length with color and spectral Dopplers completed in proximal, mid, and distal locations |
| | | | 5. Intraorgan arterial and venous flow is evaluated with B mode, color, and spectral Doppler |
| | | | 6. Spectral Dopplers are obtained with proper angulation, gain, and wall filters |
| | | | 7. Measurements of spectral Doppler waveforms are properly completed, recorded, and evaluated |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

# Transvaginal Female Pelvis

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Transvaginal Scan |
| | | | a. Uterus is thoroughly evaluated in long |
| | | | b. Uterine images are completed in long on the lateral right and left and at midline |
| | | | c. Midline AP and long measurements are completed |
| | | | d. Uterus is evaluated in long with color and a representative Midline color image is obtained |
| | | | e. Endometrium is evaluated with color and a endometrial AP measurement is obtained |
| | | | f. Uterus is evaluated in transverse |
| | | | g. Uterus is thoroughly evaluated in transverse |
| | | | h. Uterine images are completed in transverse at the superior, mid and inferior |
| | | | i. Mid Uterine width is measured |

| | | | |
|---|---|---|---|
| | | | j. Uterus is evaluated in transverse with color and a representative Mid color image is obtained |
| | | | k. Cervix and vagina are imaged in transverse |
| | | | l. Right and left adnexas are evaluated in long and transverse and representative images are obtained |
| | | | m. Right ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | n. Right ovary is measured in long for AP and length and in transverse for width |
| | | | o. Right ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |
| | | | p. Left ovary is evaluated in long and transverse with images completed at lateral, mid and medial and superior, mid inferior |
| | | | q. Left ovary is measured in long for AP and length and in transverse for width |
| | | | r. Left ovary is evaluated with color and a representative image is completed, as well as Doppler interrogation of ovarian flow |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in OB/GYN (if not, another technologist must complete this competency) ( )Yes ( )No

## Uterus

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Uterus is thoroughly evaluated in long |
| | | | 3. Uterine images are completed in long on the lateral right and left and at midline |
| | | | 4. Midline AP and long measurements are completed |
| | | | 5. Uterus is evaluated in long with color and a representative Midline color image is obtained |
| | | | 6. Endometrium is evaluated with color and a endometrial AP measurement is obtained |
| | | | 7. Uterus is evaluated in transverse |
| | | | 8. Uterus is thoroughly evaluated in transverse |
| | | | 9. Uterine images are completed in transverse at the superior, mid, and inferior |
| | | | 10. Mid Uterine width is measured |
| | | | 11. Uterus is evaluated in transverse with color and a representative Mid color image is obtained |
| | | | 12. Cervix and vagina are imaged in transverse |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

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Remarks

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in Abdomen or Vascular (if not, another technologist must complete this competency)
( )Yes ( )No

## Vasculature (e.g., Hepatic, Renal, Aortic Branches)

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Organs were imaged in the correct plane/location |
| | | | 3. Organs were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. The splanchnic vessel of interest is identified at its origin |
| | | | 2. The vessel is followed in long to the organ it perfuses |
| | | | 3. The vessel is followed in long with color to the organ it perfuses and spectral Dopplers are obtained in the proximal, mid, and distal portions of the vessel |
| | | | 4. The vessel is followed from origin to organ in transverse evaluating for stenosis, aneurysm, etc. |
| | | | 5. Profusion of the organ is evaluated with color and spectral Doppler |
| | | | 6. Spectral Dopplers are performed accurately with appropriate angles and caliper placement. Abnormal waveforms are properly analyzed. |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

_____

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_____

Remarks

_____

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**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in VS or other (if not, another technologist must complete this competency) ( )Yes ( )No

## Venous Lower Extremity Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Vessels were imaged in the correct plane/location |
| | | | 3. Vessels were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Rt Lower extremity is evaluated with compression every 3 cm through the following vessels:<br>a. CFV<br>b. SFV<br>c. Prox Profunda only<br>d. Popliteal<br>e. Tibioperoneal trunk<br>f. PTV<br>g. Peroneal Veins |

| | | | |
|---|---|---|---|
| | | | 3. Rt Lower extremity is imaged with and without compressions at the following vessels:<br>a. CFV- distal<br>b. SFV- proximal, mid, distal<br>c. Prox Profunda only<br>d. Popliteal- mid<br>e. Tibioperoneal trunk- mid<br>f. PTV- proximal, mid, distal<br>g. Peroneal Veins- proximal, mid, distal |
| | | | 4. Rt Lower extremity is imaged in long with and without color and with spectral, including augments and Valsalva at the following vessels:<br>a. CFV- distal<br>b. SFV- proximal, mid, distal<br>c. Prox Profunda only<br>d. Popliteal- mid<br>e. Tibioperoneal trunk- mid<br>f. PTV- proximal, mid, distal<br>g. Peroneal Veins- proximal, mid, distal |
| | | | 5. Lt. Lower extremity is evaluated with compression every 3 cm through the following vessels:<br>a. CFV<br>b. SFV<br>c. Prox Profunda only<br>d. Popliteal<br>e. Tibioperoneal trunk<br>f. PTV<br>g. Peroneal Veins |
| | | | 6. Lt Lower extremity is imaged with and without compressions at the following vessels:<br>a. CFV- distal<br>b. SFV- proximal, mid, distal<br>c. Prox Profunda only<br>d. Popliteal- mid<br>e. Tibioperoneal trunk- mid<br>f. PTV- proximal, mid, distal<br>g. Peroneal Veins |
| | | | 7. Lt Lower extremity is imaged in long with and without color and with spectral, including augments and Valsalva at the following vessels:<br>a. CFV- distal<br>b. SFV- proximal, mid, distal<br>c. Prox Profunda only<br>d. Popliteal- mid<br>e. Tibioperoneal trunk- mid<br>f. PTV- proximal, mid, distal<br>g. Peroneal Veins- proximal, mid, distal |
| | | | 8. Rt and Lt GSV are evaluated with and without compressions from ankle to groin every 2-3 cm |

**The student has demonstrated competence on this exam YES NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks _____

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Patient Condition 1. Ambulatory 2. Fair 3. Poor 4. Serious 5. Critical

**Passing Criteria: If all starred items are marked 'yes' (or N/A) the competency is passed. If lead sonographer assistance is required, competency is failed.**

***The following is only to be completed by a registered technologist***:
Were you asked to evaluate this exam for competency prior to the beginning of the exam? ( )Yes ( )No
Are you credentialed in VS or other (if not, another technologist must complete this competency) ( )Yes ( )No

## Venous Upper Extremity Doppler

| Yes | No | N/A | |
|---|---|---|---|
| | | | Patient/ Room Prep |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | Scanning Technique |
| | | | 1. Used appropriate transducer |
| | | | 2. Used appropriate depth |
| | | | 3. Used appropriate gain |
| | | | 4. Adjusted TGC |
| | | | 5. Adjusted focus |
| | | | Image production |
| | | | 1. Correct annotation was used |
| | | | 2. Vessels were imaged in the correct plane/location |
| | | | 3. Vessels were measured in the correct plane/location |
| | | | Patient Care |
| | | | 1. Student interaction with patient/family and team members was courteous and professional. |
| | | | 2. History and findings were appropriately documented |
| | | | 3. Patient was observed for physical changes throughout the exam |
| | | | Image Evaluation/Protocol |
| | | | 1. Student assessment of anatomy and pathology was accurate |
| | | | 2. Upper extremity is evaluated with B- Mode, color, spectral Doppler, & augmentation through the entirety of the:<br>a. Internal Jugular<br>b. Subclavian<br>c. Axillary<br>d. Basilic<br>e. Brachial (prox, mid, & distal)<br>f. Cephalic<br>g. Radial<br>h. Ulnar |

| | | | |
|---|---|---|---|
| | | | 3. Areas of stenosis are adequately evaluated and classified by hemodynamic change |

**The student has demonstrated competence on this exam** **YES** **NO**

Technologist's Signature_____ I was present for the entire exam (yes/no)

Technologist Remarks _____

For Student Use

Patient History _____

Remarks

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Verification of Informed Consent

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Two identifiers were used in identifying the patient |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | 4. Patient is notified of exam/procedure processes |
| | | | 5. Benefits of procedure are communicated to the patient |
| | | | 6. Risks of procedure are communicated to the patient |
| | | | 7. Patient questions are accurately addressed |
| | | | 8. Informed consent paperwork is properly acquired |

**The student has demonstrated competence on this exam YES NO**

**GREAT BASIN COLLEGE**
**SONOGRAPHY STUDENT COMPETENCY FORM**

Student_____Date_____Pt. MR#_____

Evaluator_____(Must be ARDMS or ARRT registered) Exam_____

Are you credentialed in sonography (if not, another technologist must complete this competency) ( )Yes ( )No

## Vital Signs

| Yes | No | N/A | |
|---|---|---|---|
| | | | |
| | | | 1. Patient is identified by 2 identifiers |
| | | | 2. Patient history was obtained |
| | | | 3. Properly identified self to patient |
| | | | 2. Manual or automatic blood pressure is properly obtained and recorded |
| | | | 3. Pulse is accurately assessed at the radial artery and recorded |
| | | | 4. Respirations are accurately assessed and recorded |
| | | | 5. Any abnormal vital signs are recognized and addressed |

**The student has demonstrated competence on this exam YES NO**