

2017-2018 CLINICAL INSTRUCTOR HANDBOOK

A guide to clinical instruction as set forth by the Laramie County Community College Diagnostic Medical Sonography Program and by the JRCDS and CAAHEP accrediting bodies.

“Tell me and I forget,
teach me and I may
remember, involve me
and I may learn.”-
Benjamin Franklin

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Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA@lccc.wy.edu.

Introduction

The DMS Clinical Instructor Handbook is a guide for clinical supervisors regarding LCCC policies about clinical education, and general checklists & reminders. This handbook should serve as a reference for administrative sonographers and clinical instructors in resolving questions and problems concerning student performance.

The clinical evaluation system employed by the LCCC DMS Program is a variation of the Clinical Objective Evaluation concept for measuring the actual competency of students in performing ultrasound examinations. Within the next 12 months, students will be achieving different milestones at different periods of time. The following should be used as a guide in measuring student progress throughout each semester:

- In their first semester, students will be orienting to the department and scanning by protocols dictated by the ultrasound department. Students should be monitored on a one-to-one basis with consistent involvement by a sonographer. If the student and Clinical Instructor are comfortable, one (1) competency may be attempted i.e. Thyroid.
- In the second semester, students will be becoming more independent. By the second half students should be well versed on protocols and expectations of Radiologists. At this point quality imaging should be the focus. Students will need to continue to be monitored, with images approved by a registered sonographer before submission. Students need to attempt five (5) competencies to continue to the spring semester.
- In the final semester, students will be scanning almost entirely on their own. Quality imaging is still of utmost importance. Consistency in producing diagnostic images promptly are the focus. This semester is the biggest for evaluation as students should be attempting to complete a majority of competencies, moving from student to entry-level sonographer.

The clinical instructor position is one that requires a dedication to educating and preparing students to become the best version of themselves. This responsibility should be viewed as an opportunity to make a difference in teaching and developing LCCC DMS students to becoming superior Sonographers. It is our hope that our Clinical Instructors have the innate disposition to navigate and demonstrate what it means to be great.

We hope that this experience will be remembered as a rewarding and fruitful endeavor for everyone involved. Please note that both students and staff may contact the LCCC DMS Faculty anytime with questions or concerns. Thank you.

Sheridan

Sheridan Hanson RDMS, RVT

INTERNSHIP TIMELINE / CALENDAR

BEGINNING CLINICAL EXPERIENCE – Summer Semester 2017

8 weeks: Dates: May 30, 2017 – July 21, 2017

34 Hours per week; not including lunch breaks

1 day PTO

272 Hours Minimum

*Days off: Independence Day: **July 4th**

SONOGRAPHY CLINICAL EXPERIENCE I – Fall Semester 2017

15 weeks: Dates: August 28, 2017 – December 15, 2017

34 Hours per week; not including lunch breaks

2 days PTO

495 hours minimum

*Days off: Labor Day: Sept. **4th**, Advising Day: Oct. **31st** & Thanksgiving Break: **22nd-26th**

SDMS Conference October **12th** – October **15th** (if not attending students need to go to clinicals)

*Students attending Conference will be leaving October 11th

SONOGRAPHY CLINICAL EXPERIENCE II – Spring Semester 2018

15 weeks: Dates: January 16, 2018 – May 11, 2018

40 Hours per week; not including lunch breaks

2 days PTO

600 hours minimum

*Days off: Spring Break: March **12th 18th**, Advising Day: April **3rd**

Commencement Ceremony: May **12th**, 2017

* **Graduation Applications due February 9th.**

Clinical Instructor Job Description

Laramie County Community College

Diagnostic Medical Sonography Program

POSITION DESCRIPTION:

Clinical Instructor

Clinical Instructors will be responsible for:

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- 1) SERVING AS A ROLE MODEL TO THE DMS STUDENT;
 - 2) MAKING WORK ASSIGNMENTS FOR THE DMS STUDENT WHILE IN THE CLINICAL EDUCATIONAL SITE, I.E. SCANNING STAFF ON DOWN TIME, STOCKING ROOMS, CLEANING MACHINES ETC.
 - 3) TRAINING, TEACHING, AND SUPERVISING THE DMS STUDENT DURING THE CLINICAL INTERNSHIP BY SPENDING AN ADEQUATE AMOUNT OF TIME WITH THE STUDENT TO ENSURE COMPETENT DEVELOPMENT OF CLINICAL SKILLS; THIS INCLUDES ENCOURAGING OTHER SONOGRAPHERS' INTERACTION WITH STUDENT AND ENSURING A COHESIVE LEARNING ENVIRONMENT FOR ALL WHO COME INTO CONTACT WITH STUDENT.
 - 4) PROVIDING FORMATIVE AND SUMMATIVE EVALUATION OF THE DMS STUDENT'S PROGRESS USING THE APPROPRIATE EVALUATION TOOLS PROVIDED IN THE STUDENT CLINICAL HANDBOOK.
 - 5) MAKING APPROPRIATE ADMINISTRATIVE REPORTS CONCERNING DMS STUDENT ATTENDANCE, ATTITUDE, LEVEL OF PROFESSIONALISM, AND CLINICAL COMPETENCY DURING THE CLINICAL ROTATION;
 - 6) WORKING WITH THE PROGRAM DIRECTOR AND OR CLINICAL COORDINATOR TO MAINTAIN A HIGH STANDARD OF CLINICAL EXPERIENCES FOR THE DMS STUDENT DURING THEIR CLINICAL INTERNSHIP;
 - 7) MAINTAINING AND ADVANCING PERSONALLY IN THE FIELD OF SONOGRAPHY THROUGH CONTINUING EDUCATION INVOLVEMENT AND APPROPRIATE CREDENTIALS.

Qualifications:

- 1) Ability to meet accreditation requirements of the Joint Review Committee on Education and Diagnostic Medical Sonography required.
- 2) Active ARDMS certification in concentrations where teaching and evaluating students or ARRT(S) certified.
- 3) A minimum of 2 years Clinical Sonography Experience required.
- 4) Desire to work with student for the duration of preceptorship.
- 5) Desire to hold Clinical Instructor position and follow through with duties specified for the position.
- 6) Demonstrate a positive attitude towards the education of students while providing an accessible learning environment.

LCCC DMS Goals and Objectives:

The sonography profession requires the ability to provide diagnostic sonographic imaging utilizing critical thinking skills to make judgments in the process. Sonographers are professionals who must possess high level skills in diagnostic sonographic techniques under the guidance of a licensed physician. A sonographer is responsible for providing excellent patient care and gathering adequate data necessary for diagnoses to be determined.

The LCCC DMS Program's goal is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Graduates of the LCCC DMS Program will be able to perform, at a minimum, the following objectives:

- **Goal 1:** Graduates of this program will be technically proficient, being able to consistently produce images of high diagnostic quality.
Outcomes:
 - A. Students will obtain, review and integrate pertinent patient data to facilitate optimum diagnostic results.
 - B. Students will select appropriate technical factors when scanning patients.
 - C. Students will perform sonographic procedures appropriately and accurately recording all anatomic and physiologic information for interpretation by a physician.
 - D. Students will document and present complete and accurate sonographic findings to the interpreting physician in order to facilitate patient diagnosis.
 - E. Students will maintain optimal function of the sonographic equipment.
 - F. Students will assist physician during invasive ultrasound guided procedures.

- **Goal 2:** Graduates of this program demonstrate problem solving and critical thinking skills.
Outcomes:
 - A. Students will manipulate technical variables to obtain optimal diagnostic images.
 - B. Students will evaluate images for diagnostic quality, identifying appropriate solutions for poor image quality.

- **Goal 3:** Graduates of this program will demonstrate communication skills
Outcomes:
 - A. Students will demonstrate effective oral communication skills with patients and all members of the healthcare team.
 - B. Students will demonstrate effective written communication skills

- **Goal 4:** Students will provide consistent high quality patient care
Outcomes:
 - A. Students will provide customer relations skills in patient care and education to promote overall well-being
 - B. Students will adapt exam positioning and protocols due to patient condition
 - C. Students will employ a safe work environment

- **Goal 5:** Students will consistently manifest a professional attitude and honor the SDMS Code of Ethics
Outcomes:
 - A. Students will act in a professional manner within recognized ethical and legal standards
 - B. Students will demonstrate a respect for diversity and the ability to work with others and special patient populations

- **Goal 6:** Graduates will have a high potential for advancement and leadership
Outcomes:
 - A. Students will demonstrate workplace behavior conducive to professional advancement
 - B. Students will differentiate between the ARDMS and ARRT exam(s), and additional certification opportunities
 - C. Students will demonstrate a commitment to lifelong learning.

- **Goal 7:** Graduates of the program will be successfully employed in an entry-level position
Outcomes:
 - A. Students will pass the ARDMS SPI on the first attempt.
 - B. Students will pass the ARDMS AB and/or OB on the first attempt
 - C. Of those pursuing employment, students will be gainfully employed within 6 months post-graduation.
 - D. Students will complete the program.
 - E. Students will express satisfaction with their education
 - F. Employers will express satisfaction with LCCC graduate performance

Clinical Affiliate's Rights and Responsibilities

The LCCC DMS Program will establish standards and regulations, which will be designed to ensure the quality education of the DMS student at all levels of their training.

Each clinical affiliate has an existing contract with the DMS Program and assumes the responsibility to assist LCCC in its mission to prepare students for an occupation of changing technology.

To enhance the relationship between the students, the college, and the clinical education centers, a set of rights and responsibilities of the clinical affiliates has been created:

Clinical Affiliate Rights

Each clinical affiliate in the DMS Program has a right to:

1. Be informed of Program procedures and accreditation requirements.
2. Open and objective communication from Program faculty.
3. Have students respect patients, property, staff, technologists and other personnel while at their facility.
4. Expect college faculty to adequately prepare students for the clinical experience.

Clinical Affiliate Responsibilities

Each clinical affiliate has a responsibility to:

1. Inquire about Program procedures and requirements, if its staff does not have the information or does not understand it.
2. Provide students with adequate department orientation and up-to-date procedure manuals and technique charts.
3. Create an environment which promotes learning and embodies the professional attitude that students are striving to emulate.
4. Provide the student with adequate opportunities to apply his/her learning.
5. Protect the student from bodily injury while he/she is at the facility.

CLINICAL PERFORMANCE OBJECTIVES

To be successful and competent sonographers, students must master various cognitive, affective, and psychomotor skills. To satisfy this primary objective, the DMS program has designed the following management plan to ensure that the numerous expectations for an entry-level sonographer are addressed and subsequently evaluated while a student is in the program.

The performance objectives have been divided into two evaluative sections; an employability skills section, and a competency skill objective part. The employability skills objectives must be met and maintained at a 76% or above level during a student's entire clinical education to continue in the program. Skills in the competency skills section have been placed in a sequential manner that will allow the student to build upon previous skills learned. Students must also maintain a 76% or better in this section to remain in the program. The evaluation forms themselves and their instructions for use can be found in the document section of this handbook.

Master Plan of Performance Objectives

Part 1: Employability Skills Section (Evaluated all semesters)

Objective	Related Academic Course
1. ATTENDANCE: Attends site regularly at prearranged times with NO unexcused absences. Absences are not affecting clinical performance. If NO, also please note on last page of this form.	IMAG 2205
2. PUNCTUALITY: Arrives timely at the clinical site with NO unexcused tardiness. If NO, also please note on the last page of this form.	IMAG 2205
3. APPROPRIATE DRESS AND PROFESSIONAL HYGIENE: Complies with policies outline in the DMS Student Handbook or the Clinical Site's policy, whichever is more stringent.	IMAG 2205
4. CITIZENSHIP: Student displays honesty and integrity, accepts and abides by organizational and program policies and procedures, accepts responsibility for errors.	IMAG 2205
5. TIME MANAGEMENT: Uses time (including down time) wisely, completes all technical procedures begun, performs duties in an organized, efficient manner.	IMAG 2205
6. TEAMWORK: Displays a respectful manner to fellow technologists/supervisors. Pleasant to work with. Performs as a member of a team with team goal as an objective, willing and available to help others as needed.	RDTK 1520, IMAG 2205, CO/M 1030 OR CO/M 1010
7. CUSTOMER RELATIONS: Respects the patient at all times, establishes rapport with patients. Maintains a helpful and courteous manner with other departments, visitors, physicians, and co-workers. Interactions leave a favorable impression of the student/department/clinical site.	RDTK 1520, IMAG 2205, CO/M 1030 OR CO/M 1010
8. CONFIDENTIALITY: Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers.	RDTK 1520, IMAG 2205
9. SAFETY: Complies with the appropriate policies, quality patient care is displayed as a priority at <u>all</u> times.	IMAG 2205
10. RECEPTIVENESS: Receptive to suggestions and/or corrections, avoids "shopping for answers", accepts constructive criticism in a positive manner.	RDTK 1520, CO/M 1030 OR CO/M 1010
11. CONTINUOUS IMPROVEMENT: Develops new and appropriate skills building on past learning, makes note of and learns from mistakes, strives to perform assignments to best of his/her ability.	ALL IMAG COURSEWORK
12. COMMUNICATION: Able to follow directions, expresses ideas clearly and readily, observes appropriate channels of communication.	RDTK 1520, IMAG 2205, CO/M 1030 OR CO/M 1010
13. SKILLS MAINTENANCE: Demonstrates continued competence in areas of past learning, retains and practices skills previously taught.	ALL IMAG COURSEWORK

Part 2: Competency Skills Section

By the end of Summer II Semester, the student will have demonstrated:

Objective	Related Academic Course
1. Participation in Orientation of Department, Institution and Mandatory In-services	IMAG 2205
2. Keeps time records up-to-date	IMAG 2205, CMAP 1610 OR CMAP 1685
3. Can correctly use the department phone system, using appropriate telephone etiquette	IMAG 2205
4. Independently powers up and shuts down ultrasound machines	IMAG 2205
5. Performs basic processing of patient information and records (filing/transmitting images)	IMAG 2205, CMAP 1610 OR CMAP 1685
6. Independently retrieves patient orders	IMAG 2205
7. Obtains patient history and retrieves needed lab values as necessary	IMAG 2205
8. Student retrieves prior exam reports to use in correlation to	IMAG 2205
9. Correctly identifies the patient	RDTK 1520, IMAG 2205
10. Safely transports patients in various conditions (chest tubes, oxygen, suction) with assistance	RDTK 1520, IMAG 2205
11. Gives patient clear instructions	IMAG 2205, CO/M 1030 OR CO/M 1010
12. Correctly inputs patient information to include taking a detailed history	IMAG 2205
13. Correctly selects machine presets	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
14. Correctly selects transducer appropriate for exam and patient size	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
15. Properly centers images for display	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
16. Correctly annotates images	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
17. Correctly uses correct settings to include windows, gain settings, depth selection and measurements throughout scan	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
18. Correctly charges patient information and/or routes through appropriate channels	IMAG 2205
19. Maintains a clean and safe environment; straightens and cleans exam and dressing rooms, changes linens as appropriate	RDTK 1520, IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252

By the end of Fall II semester, the student will demonstrate:

Objective	Related Academic Course
1. Safely transfers patient to and from wheelchair, bed, or cart to exam table and back	RDTK 1520, IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
2. Performs exams in a logical and efficient manner according to department protocol	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
3. Correctly uses optimization features to enhance images	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
4. Recognizes when alternative means of acquiring image are required due to patient's physical condition, asking for assistance as needed	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
5. Correctly takes required images of pathology per department protocol	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
6. Recognizes pathology on images and documents appropriately	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
7. Fills out exam worksheets accurately and thoroughly per department protocol	IMAG 2205, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
8. Correctly prepares endovaginal probe for patient use; properly disinfects probe per department policy at completion of procedure	IMAG 2220, IMAG 2250
9. Maintains a sterile field	RDTK 1520
10. Can properly transport ultrasound machine for portable exams	IMAG 2205, IMAG 2215, IMAG 2245
11. Identifies all equipment on the crash cart and their purpose	RDTK 1520
12. Performs (2 or higher) and critiques required competency objectives	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
13. Performs 5 clinical competencies successfully	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252

By the end of Spring II semester, the student will demonstrate:

Objective	Related Academic Course
1. Volunteers to perform all exams	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
2. Attempts alternative projections due to patient's physical condition, asking for assistance when needed	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
3. Independently performs portable/emergency exams	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
4. Analyzes own images, recognizing errors and offering solutions with increasing accuracy	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
5. Identifies image artifacts and their causes	IMAG 2240
6. Sets up sterile field correctly	RDTK 1520
7. Displays knowledge of and properly assists with invasive procedures	RDTK 1520
8. Works independently; requires little assistance	IMAG 2215, IMAG 2245
9. Displays sonography and general medical knowledge necessary to function in a healthcare setting	RDTK 1520, IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
10. Successfully completed all required clinical competencies	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
11. Demonstrates proficiency as an entry-level sonographer	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252
12. Assists in maintaining optimal function of sonography equipment	IMAG 2215, IMAG 2220, IMAG 2245, IMAG 2250, IMAG 2252

CLINICAL SITE ORIENTATION

The student should complete the LCCC DMS Clinical Orientation form as soon as possible upon beginning clinical (see evaluations section on Trajecsys). When completed, the form should be submitted for Clinical Coordinator records, and a copy should be retained by the student for their records.

Required Hours for DMS Clinical Experience

1. DMS Beginning Clinical Experience: 272 hours
2. DMS Clinical Experience I: 495 hours
3. DMS Clinical Experience II: 600 hours

STUDENT SCHEDULES

Per accreditation standards students are to be scheduled for no more than 40 hours in any week. Students are to complete 32-40 hours of scanning each week. The student and the site should mutually agree on a daily/weekly schedule. If any changes must be made to approve schedule, students must receive permission from the supervising sonographer at the site in writing by filling out the form on Trajecsys.

Lunch:

Students will Clock in and clock out on the Trajecsys system for all lunches. Lunch times must be at least 30 minutes and cannot exceed 60 minutes. The student must meet a total of 8-8.5 hours per day of clinical and/or meet a total of 272 hours for summer semester, 495 hours for fall semester, and 600 hours for the spring semester of the DMS Program. The practice of a student staying through the lunch hour to “bank” time or to leave early on a routine basis should not be allowed on the site.

Schedules:

Schedules should not be adjusted for a sole personal benefit for the student. Students are supposed to be with patient whenever possible whether scanning or observing no matter what the exam is. Whenever patients are not available, students are expected to spend their time studying for their DMS Courses. Leaving early from the internship is discouraged. Missed hours will need to be made up at a later date.

Exceptions to time records:

Situations that arise during clinical that require a student to leave early or work through a lunch must be communicated to both the clinical instructor and the clinical coordinator. Time adjustments for making up missed time can only be made in 30, 45, and 60 minute increments. Time exceptions must be filed for all exceptions on Trajecsys in order to ensure the time is calculated correctly.

SCHOOL HOLIDAYS/INCLEMENT WEATHER

All DMS students will follow the academic calendar of LCCC to include all LCCC observed holidays. (www.lccc.wy.edu/academic)

If a student is unable to reach his/her clinical site due to severe weather or road closures, the student may miss clinical for that day, following the standard absence notification, and make-up procedures without penalty. Students will receive up to eight (8) hours, one-time allocation of prorated hours if they are unable to reach their clinical site due to severe weather or road closures. If the LCCC campus is closed due to severe weather, and the student is not experiencing the same weather at their off-campus site; the student may attend clinical as regularly scheduled. Make-up days for any missed hours due to weather may also be accrued during the last week of the semester.

TARDINESS / ABSENTEEISM

Tardiness is not tolerated on the job, and it should not be accepted by the student. Students are to be at their clinical assignment ready to begin scanning at the agreed upon start time. This may require the student to show up 10-15 minutes early. Students will enable Trajecsys GPS geolocation while utilizing a smart device for the clock in/put procedures, and will be tracked for the accuracy of location during the duration of preceptorship. A sonographer is to approve the student time sheet electronically. Accurate time records are being required of the student and if the student is habitually late or leaving early on a regular basis LCCC faculty should be notified immediately.

The school has established the following rules regarding tardiness & absenteeism.

1. Students must be in the Department, in uniform, and ready to begin by the listed start time according to the clock within the department.
2. If the student is tardy or absent, the student must call both the appropriate personnel at the clinical site and an LCCC instructor.
3. Calls should be made before to the internship start time except of emergencies. The clinical site along with LCCC will collaboratively determine whether or not a situation was deemed an emergency.
4. Student failure to make proper notifications will be considered unexcused, and will reflect on the student's grade for that clinical experience (refer to syllabus).
5. Excessive absences and tardiness will adversely affect the student's grade. Additionally, students are required to document a minimum number of hours throughout their internship.
6. **Students that miss more than 40 hours of cumulative internship time in one semester will be dismissed from the program.**
7. All lost time must be made up by the student during scheduled semester breaks.
All changes to student's schedule and leaves of absence must be approved first by the clinical site supervisor and then the DMS Program Director via the Trajecsys PTO form. Students must fill out and submit a Leave Request Form/Schedule Change Form and get approved before any variations in the student's schedule.

PRECEPTORSHIP POLICIES

Placement of Students at Clinical Site

LCCC has established internship sites. The Clinical Coordinator or Program Director will secure internship site availability for the class from the established sites as they are approved by the JRC-DMS. New sites will be considered only if existing approved sites are unable to participate in the internship experience. All potential sites must meet certain criteria as established by the JRC-DMS to offer a proper learning environment.

Relocation outside the Cheyenne area is often necessary to provide adequate internship experience for all of our students. Students should plan on the reality that they may need to relocate for 12 months for the internship. It is the student's responsibility to incur all expenses (transportation, housing, meals, etc.).

The DMS program Clinical Coordinator makes all clinical assignments in consultation with the Program Director. Students will be given the choice to provide their top three (3) clinical centers with knowledge that there is no guarantee they will receive their choices. The student should base their decisions on what they wish to obtain in their education for the next year and where they would fit best with the variety of exams and the business of the clinical center. Clinical placements are designed to expose the student to variety of diagnostic imaging (sonography). The goal is for the students to attain the skills needed for entry-level practice as a Sonographer.

Internship sites appointment will be made at the discretion of the DMS Program faculty. Many factors will influence this decision including geographical location, student personality, student interest, clinical site characteristics and needs of the program. Special consideration/accommodation may be given if the student submits their request in writing at least ninety (90) days in advance to clinical internship assignment, which occur the week before Spring Break during spring semester of the first year of the program. Local clinical site placement is not guaranteed. Internship selection will occur in March prior to the beginning of the clinical internship experience. Students must accept their clinical site assignment.

Clinical Resources

1. Maximum student enrollment should be commensurate with the volume and variety of sonographic procedures, equipment, and personnel available for educational purposes. The number of students assigned to the clinical affiliate/clinical education center should be determined by a student/clinical staff ratio not greater than one-to-one, and a student/work station ratio of not greater than one-to-one.
2. Programs should provide students with a variety of care settings in which sonographic and/or other diagnostic vascular procedures are performed on in-patients and outpatients. These settings may include the following: Ambulatory care facilities, Emergency/trauma, Intensive/critical/coronary care, Surgery, Angiography/cardiac catheterization

a. Each general learning concentration affiliate or clinical education center should perform approximately 1500 completed patient examinations, including production of permanent records and reports, per year, per student equivalent. The overall volume of procedures in which students participate in throughout the program should include a minimum of 30% ob/gyn procedures and a minimum of 30% abdominal procedures.

Educational Affiliation Agreements

An Educational Affiliation Agreement must be signed by the both the clinical site and LCCC prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement’s timeline. Either LCCC or clinical sites can terminate this agreement with a written notice. All Educational Affiliation Agreements originate in the office of the Contracting and Procurement Director at LCCC:

Jamie Spezzano
 Phone: (307) 778-1280
 Fax: (307) 778-4300

jspezzano@lccc.wy.edu

INTERNSHIP DRESS CODE POLICY

LCCC DMS students are required to present a professional image, which is clean, safe, neat, and well groomed. The following standards, developed by local agency guidelines, apply whenever students are at clinical sites requiring uniforms. Students attending clinical experiences inappropriately dressed will be sent home to change, and the incident will be reflected in their evaluation. The following table illustrates the dress code guidelines established by LCCC.

	APPROPRIATE	INAPPROPRIATE/NOT ALLOWED
Uniforms	Follow the dress code of the clinical site OR wear dark pants with a solid color shirt and a lab coat	Faded, torn or ripped. Spandex, gauze, sheer, lacy, T-shirts with emblems, or leather material. Sleeveless, spaghetti straps, backless, low-cut or tight fitting.
Name Tag	LCCC name tag or name tag issued by agency. Clearly visible, above the waist.	No name tag or other agency name tag
Lab Coats	Must be white, neat, clean and free of wrinkles. Long or short is acceptable.	Crop tops, sweat shirts, colored sweaters
Pants / Jumpsuits	Must be dark colored, neat, clean free of wrinkles and mid-ankle or longer.	Leggings, stirrup pants. Form fitting pants. Tucked into socks. Pants too long or too short
Skirts and Dresses	Must be dark colored, neat, clean, free of wrinkles, professional style and length – below the knee.	Sundresses, shorts, short skirts

Shoes	Must be of dark color and clean with a soft sole and heel covering. White shoes and clean if the agency requires this. Patterns must be reserved in nature.	No open toe shoes, sport sandals, high heels or clogs unless allowed by site. Dirty Shoes
Hosiery	Must be neutral. With pants, socks must cover above the ankle.	Colored hose, contrasting colors or designs, lacy hose.
Undergarments	Must be discreet. Required	Bright or noticeable colors, patterns or lines such as thongs.
Fingernails	Must be short and neat.	Artificial nails, bright nail polish or designs.
Hair	Must be clean, combed away from the eyes/face and tied back if shoulder length or longer. Mustaches/beards must be neat and trimmed often.	Dirty, in the face, brightly colored (i.e. orange. Purple, not normal hair color), untrimmed facial hair.
Cosmetics/ Scents	Conservative colognes and perfumes in small amounts if allowed by clinical site.	Heavy perfumes, heavily scented hair sprays, heavily scented hand lotions.
Jewelry	Conservative and discrete. One ring per hand. Watches same.	Rings that interfere with gloving, large chains, dangling jewelry
Body Piercing	Pierced earrings are limited to one pair	Visible body piercings including facial and tongue jewelry, multiple ear piercings. Dangling earrings.
Tattoos	All tattoos must be covered or not easily visible	Uncovered tattoos on arms, hands, legs, face or other visible areas. Offensive tattoos
Hair Coloring	Natural coloring	Unnatural colors (purple, green, pink etc.)
Gum/Candy	Discrete use in non-patient areas	Bubble gum, chewy candies

All garments that are penetrated by blood must be removed immediately or as soon as feasible. Students must adhere to infection control policies at respective clinical sites as they pertain to contamination of clothing by blood or body fluids.

CELL PHONE USE AND SOCIAL MEDIA POLICY

Students using their cell phones for clocking in or documenting procedures is allowed. However, if a student is not using their phone for Trajecsys, cell phones should be turned off and put away while in the sonography work area to adhere to HIPAA standards, and assure phones are not a distraction to the student or department workflow. In the case of an emergency, students can receive calls through the department's phone system.

No patient information or clinical information will be posted on social media websites or sent via electronic means. No photos will be taken in a clinical setting. Any HIPAA violation is grounds for DMS Program Dismissal.

PROTOCOL POLICY

Students are to follow the protocols of the clinical site for each examination. LCCC has stressed flexibility and adaptability as strengths that are required by sonographers and feel that students should quickly adapt to a different protocol from what we have at school. **We ask, however that each clinical site has the student follow only one protocol.** If sonographers at your facility has the flexibility to complete their protocol, please have the sonographers decide on which protocol the student will follow.

COMPETENCY POLICY

Requirement: Students must demonstrate competence in all 11 procedures identified as mandatory. Students must also demonstrate competence in at least five (5) elective procedures. The institutional protocol will determine the required images used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, image processing, and image evaluation.

All mandatory performance competencies must be completed by students by the end of the DMS Clinical Experience II.

Section A: Mandatory

1. Abdomen Complete
2. Renal Complete
3. Abdomen Vasculature (i.e. hepatic, renal, and/or Detailed Aortic exam)
4. Pelvic – Transabdominal
5. Pelvic – Transvaginal
6. 1st trimester OB
7. 2nd trimester full OB scan (Screening)
8. 3rd trimester full OB scan (This exam must at least include EFW as part of the protocol)
9. Thyroid
10. Scrotum and testis
11. Non-cardiac chest (i.e. Thorocentesis, fluid check, and/or chest lump not including breast)

Section B: Elective (Students must demonstrate competence for 5 of the 13 procedures below)

1. Breast
2. Musculoskeletal
3. Adrenals
4. Superficial masses
5. Appendix
6. Abdominal wall
7. Prostate
8. Fetal biophysical profile
9. Carotid duplex
10. Unilateral lower extremity venous
11. Unilateral upper extremity venous
12. Pediatric: GU, GI tract, MSK/hip (Pediatric is NOT neonatal)
13. Infant Brain
14. Student/site choice: Any other final competency exam/procedure not previously signed off.

The guidelines for performance competencies are as follows:

- Any staff sonographer may conduct the competency, but must be RDMS and RVT certified for that exam being proctored. If there is no sonographer registered for that type of exam (i.e. no RVT employed in the department to conduct a carotid comp), then the best-qualified sonographer/technologist should perform the competency and have it co-signed by the interpreting physician.
- The student must have demonstrated an appropriate degree of consistency and independence for this exam. This level is to be determined by the sonographers at the clinical site.
- A competency attempt must be discussed and agreed upon with the conducting sonographer before the actual attempt.
- All attempts must be performed under direct supervision with the conducting sonographer in the room.
- The student may request a specific sonographer to do the comp with under the following conditions:
 - The sonographer requested meets the requirements for performing the competency or is highly qualified with this exam if there is no registered sonographer in this specialty employed at the site.
 - The designated clinical instructor may determine the appropriateness of performing a competency with certain people of varying skills, experience, and sonographic specialties.
- A failed attempt should be documented accordingly on the competency form. Repeat attempts are to be available, time permitting and at the discretion of the primary clinical instructor.
- It is the student responsibility to keep an open line of communication with the site regarding competencies. An agreed upon timeline that works well for all should be established.
- Students should pass competencies within three attempts. However, after three unsuccessful attempts at a particular procedure, a formal remediation plan will be developed via consultation with the Clinical Instructor and the Clinical Coordinator before further attempts are made. If a competency is failed on the third attempt in the clinical experience students may be dismissed from the program.
- It is the responsibility of each student to be graded on the required number of exams during the semester.
- If the student fails to complete the required number of competencies by the end of the semester, an incomplete grade will be given. This disqualifies a student from continuing in the program. A student who fails to meet these requirements will not be eligible to graduate.

CLINICAL INSTRUCTORSHIP POLICY

It is strongly encouraged that all staff at each site works with the student. However, a **Primary Clinical Instructor** must be established between LCCC and the site. The role of the primary clinical instructor goes beyond the basic staff responsibilities to include the additional duties:

- Ensure that all pre-internship preparations are completed
- Establish the student schedule
- Establish each exam protocol the student will use if different staff use different protocols
- Be the primary contact person with LCCC
- Complete the Monthly goal sheet with the student, or delegate an appropriate substitute
- Act in the role of a mediator & decision maker if indicated
- Ensure the accuracy of student time cards
- Ensure that students are getting the best possible internship experience
- Immediately notify LCCC as problems or concerns arise
- Submit a copy of your ARDMS card to LCCC annually
- Submit department volume stats to LCCC annually
- Send an updated CV to LCCC as changes are made
- Complete the JRC-DMS survey at the end of each internship experience
- Work with students and effectively communicate throughout the year on student's improvements, areas to improve and overall student preparedness for the workforce.

*If the primary clinical instructor is not registered in all required student concentrations, but other sonographers are, a secondary clinical instructor will be established with LCCC. Roles of the secondary clinical instructor are as follows:

- Be the primary decision maker for student protocols, evaluations, and competencies for the exams in which the main instructor is not registered.
- Act in the role of the primary clinical instructor during their absence
- Participate in regular communication with LCCC

COMMUNICATION POLICY

Because many of our sites are located at a distance from LCCC, it can be difficult to maintain continuous communication regarding the internship. This policy has been established to make sure that appropriate communication occurs among the LCCC faculty, clinical site staff, and the student. The guidelines are as follows:

- LCCC will conduct five (5) personal visits to the clinical site student during the 12-month clinical internship. Refer to the site visit policy for more details.
 - An email will be sent from LCCC before each visit to discuss the student's progress and prepare for the visit.
 - The same instructor that conducts the visit will make follow up phone call as deemed necessary.
- The LCCC Clinical Coordinator will contact the clinical sites at mid-term to perform an evaluation of student performance.
- The clinical instructor or another staff member should contact LCCC immediately with any concerns or questions.

SITE VISIT POLICY

Each student will receive one (1) clinical site visit in the summer and two (2) in both the fall and spring semesters for a total of five (5) site visits from the DMS faculty. The clinical coordinator will submit a site visit schedule in advance to each facility. Guidelines are as follows:

- The student is required to know the dates of the site visit and to be present during that day.
- If the time of the visit does not work with the clinical site, please contact LCCC to discuss an alternate date.
- An email will be sent to the primary clinical instructor before the visit.
- The follow-up call will be made as necessary.
- Each site visit must include the following actions:
 - The length of visit will vary depending on the needs of students and clinical site.
 - The LCCC instructor should make every effort to observe the student perform three (3) different types of exams.
 - The site visit summary should be completed via the Trajecsyst system under evaluations. Students will be able to access their evaluations under the evaluations summary section in Trajecsyst. The original which will go into the student's LCCC folder.
 - A meeting with the clinical instructor(s) to discuss student's performance.
 - The LCCC faculty member will also meet with the department supervisor if time allows.
 - A meeting with the student to discuss goal setting and review of evaluation.
 - A group meeting to include department staff, LCCC faculty member and the student should be held if the schedule allows.
 - Any concerns will include a short-term follow-up. The visiting instructor will communicate student progress with the other LCCC faculty members.

DISCIPLINE / REMEDIATION POLICY

Each site has the authority to handle immediately any problems that may arise with the student at the site. Disciplinary action for infractions by the student should be immediate and first dealt with by the supervisor at the site. Following action at the site, notification of the incident should be made to the DMS Program Director. Plans for remediation will be taken, if needed, by the DMS Program Director in consultation with the DMS Clinical Coordinator, the site staff and student.

STUDENT DISMISSAL POLICY

Grounds for Probation and Dismissal

Students in the DMS Program are required to strive to do their best and to display the professional attitude necessary to promote a positive image of sonography to patients, fellow students, technologists, physicians, the College, and the general public. However, if a student fails to abide by the policies and procedures of this Handbook, they have been unable to promote a positive image of their would-be profession, and thus, may become subject to probation and possible dismissal.

Removal from a Clinical Education Center/Denial of Student Placement

A student may be removed from a clinical education center or denied placement for future rotations at a clinical education center at the request of the Clinical Supervisor and the Administrative Technologist of the affiliate. The request must be in writing, directed to the DMS Program Director, and must contain the following items:

1. Objective reason(s) for the request,
2. Documentation of efforts to correct the situation,
3. The results of these efforts, and
4. Any other information supporting the application.

The following reason(s) may be considered as grounds for removal from a clinical affiliate and or the denial of a student placement for future Clinical rotations resulting in a failing clinical grade:

1. The student has received three (3) incident reports while at that clinical education center
2. The student has demonstrated flagrant abuse of hospital policies and procedures
3. Unacceptable results from a required criminal background check and urinalysis screening test
4. Alcohol and drug abuse or effects while at the clinical site
5. Irreconcilable personality differences
6. Chronic poor performance, which may be characterized by an excessive mistakes, failure to progress, poor listening and communication skills, and/or consistent failure to follow directions and departmental routines or excessive absences
7. Breach of patient confidentiality
8. Any other circumstances which demonstrate poor student performance overall
9. Breach of the SDMS Code of Ethics

Probation Guidelines

A student will be placed on probation if an infraction of any of the various handbook policies occurs. An "Unsatisfactory Performance Contract" will be completed by the student, the Clinical Coordinator, the Program Director, and the Clinical Supervisor (if applicable).

Probation will extend to the length of time the contract is drawn up for and/or the satisfaction of the conditions of the contract agreed upon by the parties above.

The following infractions will cause the student to be placed on probation:

1. The student receives less than a "C" in a course in the DMS curriculum not containing an IMAG prefix
 - a. Probation will extend one semester during which time the student must repeat the course (or its equivalent) and earn a "C" or better.
2. The student receives a monthly evaluation of less than 76% (Part I, Part II, or total score) in a clinical internship course
 - a. Probation will extend one month (or until the next evaluation is completed.)
3. A student is removed from one clinical affiliate at the request of the Clinical Supervisor and the Chief Technologist. (Request must be in writing)
 - a. Probation will extend until completion of the DMS Program in this instance.
4. A student is performing poorly in one or several areas of his/her training.
 - a. Probation will be used and extended at the discretion of the Clinical Coordinator and Program Director.
5. Chronic poor performance in either the clinical or didactic aspects of a student's education, which may include excessive absenteeism, poor communication skills, lack of respect, inability to get along with others, or other circumstances which inhibit successful completion of the program.
6. Any situation outlined in the College Handbook stating grounds for probation.
7. The student fails to complete a competency with a passing grade after three attempts.

Dismissal Guidelines

A student may be removed from the Program based on various infractions of policies outlined in the DMS Program Student Handbook. The authority to dismiss a student from the program rests solely with the Program Director.

The following infractions are grounds for removal from the Program:

1. Academic Dishonesty:

This includes cheating, plagiarism, or any other attempts to use someone else's work as one's own. Any student guilty of this may also be subject to expulsion from the college.
2. The student receives a grade of less than a "C" in any course in the DMS Program **with** an IMAG prefix.
3. The student receives a second (consecutive) evaluation of less than 76% during the clinical internship.
4. A student is removed from or denied placement for future rotations at a second clinical affiliate at the written request of the Clinical Supervisor and the Chief Technologist due to unsatisfactory performance.
5. The failure to respect patient confidentiality.
6. Documented patient endangerment.
7. Positive results on a drug screen or misrepresentation regarding drug use.
8. Any criminal activity which bars the student from clinical participation and renders him/her ineligible for certification by the ARDMS.

9. The failure to satisfactorily complete the conditions outlined in an "Unsatisfactory Performance Contract." (Completed for Probation Status)
10. The inability to earn a grade of "C" or better in a DMS curriculum course (not an IMAG prefix) on the **second** attempt.
11. The student misses 40 or more hours of clinical in one semester.
12. More than two successive incomplete grades given in the DMS curriculum.
13. Any infraction may result in expulsion from the college.
14. Any breach of the SDMS code of ethics.

Progression

To progress in the sonography program, the student must:

1. Maintain a minimum grade of "C" in each required sonography and support courses. A support course is any course that does not contain the IMAG prefix. A cumulative GPA of 2.0 or above while in the program.
2. Take sonography courses in sequence.

Clinical Dismissal due to unforeseen circumstance

This type of dismissal is when a situation comes up on the site such as an unexpected leave of absence, short staffing, or any inability in which the site can no longer accommodate the student internship that is not deemed as any fault of the student. In this case, LCCC will make every effort to find a reasonable continuation of the student's internship at another location. When necessary, students may receive an incomplete grade until course requirements are met.

SITE SHARING POLICY

To provide a well-rounded experience for all students, sites may be asked to share two students and to determine an appropriate rotation schedule. It is up to each site to determine whether or not they are willing to be a shared site with another facility. Common reasons for sharing sites are as follows:

- An individual specialty is in short supply at some sites. We find this to be especially true with OB and Vascular.
- Students may not be able to perform inpatient or emergency care at particular sites.
- Students may not be exposed to physician interaction, interventional procedures, or other things that are essential to prepare a student for entry-level employment.
- Each site should work to communicate the student progress with the other facility.

Random Drug Screening (Please refer to HSW Handbook for Drug Screen Procedures):

1. Random testing will take place for all LCCC Health Sciences and Wellness students throughout each student's respective program. The random testing will be unannounced. The selection of individuals will be made through the random pool administered by the college's drug screening vendor. Notification shall take place at any time prior to test administration. Testing shall be in the form of urinalysis screening with confirmation by a licensed and SAMSHA certified laboratory and will be scheduled within 4 hours of notification. The cost of the random testing is covered in the fee paid by students at the time of background check and initial drug screen.

Failure to comply with any aspect of the Random Drug Screening requirements is cause for discipline up to and including dismissal from the program. In the event of withdrawal from

classes the student may invoke his/her rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P.

If a student provides a dilute sample, the student will be notified, and the student will need to complete another drug screen at their own expense. Two consecutive negative-dilute results will act as a positive result which will result in withdrawal from all Health Sciences courses. In the event of a withdrawal from classes, students may invoke their rights under the Student Discipline Adjudication Procedure 3.16P.

2. Self-Disclosure

If a student self-discloses that he or she has an alcohol/substance-abuse problem (past or present), the student is subject to a "For Cause" drug screen at their own expense for the duration of their enrollment in an Allied Health program at LCCC.

The Health Sciences and Wellness "For Cause" procedures will be followed for instances of self-disclosure

Failure to comply with any aspect of the For Cause Drug Screening requirements will result in dismissal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P

Patient Rights

The patients have the risk free right to refuse student participation in treatment or observation.

Student Employment at Clinical Internship Sites

Occasionally the clinical education centers offer a part-time student employment. Part-time work at the Clinical Education Center of students is approved by LCCC under the following guidelines:

1. The clinical education center is under no obligation to offer part-time positions to students
2. Students may accept professional employment after mid-Spring II semester.
3. If hired, the student assumes the status of employee and all liability for his/her actions and welfare while the employer assumes working as an employee.
4. Employment must in no way interfere with assigned clinical education time, and clinical schedules may not be re-arranged to facilitate part-time employment.
5. Clinical attendance is considered essential to the student's success in the program and on the ARDMS examinations. Should an employment opportunity arise, the employer, the student, the Program Director, and the instructor(s) affected will meet to discuss any changes or accommodations in schedules needed to meet satisfactorily the employer's program's and student's needs. Each situation will be evaluated on an individual and case-by-case basis to allow greater flexibility for all parties concerned.
6. Students may not be paid for scheduled clinical experience time. This is a requirement of the JRC-DMS Accreditation.

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On behalf of LCCC and the Diagnostic Medical Sonography Program, Adrienne and I would like to thank you for all of your hard work and dedication to the education of our students and the betterment of the program.

Each year our students are given the unique opportunity to learn from the best in the field, and they will come away with excellent knowledge in the field of ultrasound. They will also gain insight of who they want to be, watching and learning from you. The impact you make on each of our students shapes their future in a great way.

It is through your unending support and willingness to teach, that we produce the highest quality of Sonographers each year. Thank you for taking on an active role in the Diagnostic Medical Sonography Program.

Sheridan Hanson

Clinical Coordinator

Adrienne Wade

Program Director

Appendix:

A. **Trajecsys:** A student clinical record keeping system to monitor and document log sheets, timecards, evaluations, monthly goal forms, competencies and overall student performance statistics.

B. **Trajecsys Home Page:** This will be visible upon logging into Trajecsys. Here Clinical Instructors will find any announcements from program faculty. This could include deadlines and important reminders

C. **Approve Time Records:** The second tab on the homepage. This is where Clinical Instructors will go to approve all clock in/outs for students. Please approve time records on a regular basis so student’s time record is updated and current.

D. **Daily Logsheets:** The third tab on the homepage. Clinical Instructors may access student’s logsheets and survey what they have been scanning during their time at the clinical site.

E. **Comp Evals:** The fourth tab on the homepage. Here Clinical Instructors will access a competency rubric and input grades for individual competencies throughout the semester. See instructions below.

Select student for evaluation. Then select major study and specific procedure to be evaluated. Select **NEXT**.

**Test Site
Student Competency Evaluation**

Please Select Student, Major Study and Procedure.

*Student: ←

*Major Study: ←

*Procedure: ←

Next

Enter patient information *for MRN please **ONLY** use patients first and last initial and the last 3 digits of the MRN i.e. SH123

Ignore the rating criteria comment area. This is just a rubric with instructions to help grade the competency.

Fill out the competency rating the student from 0-3. Clinical Instructors or Sonographers may add comments on the section with the rating.

Select "APPROVE". Even if student had an unsuccessful attempt on the competency. Clinical Instructor must approve it was attempted.

F. Reports: The fifth tab on the homepage. Within this section of Trajecsys instructors may track and evaluate students' progress through the program. Students will be required to audit their own record at midterm and as they are entering the final weeks of the semester. The following forms are located in reports:

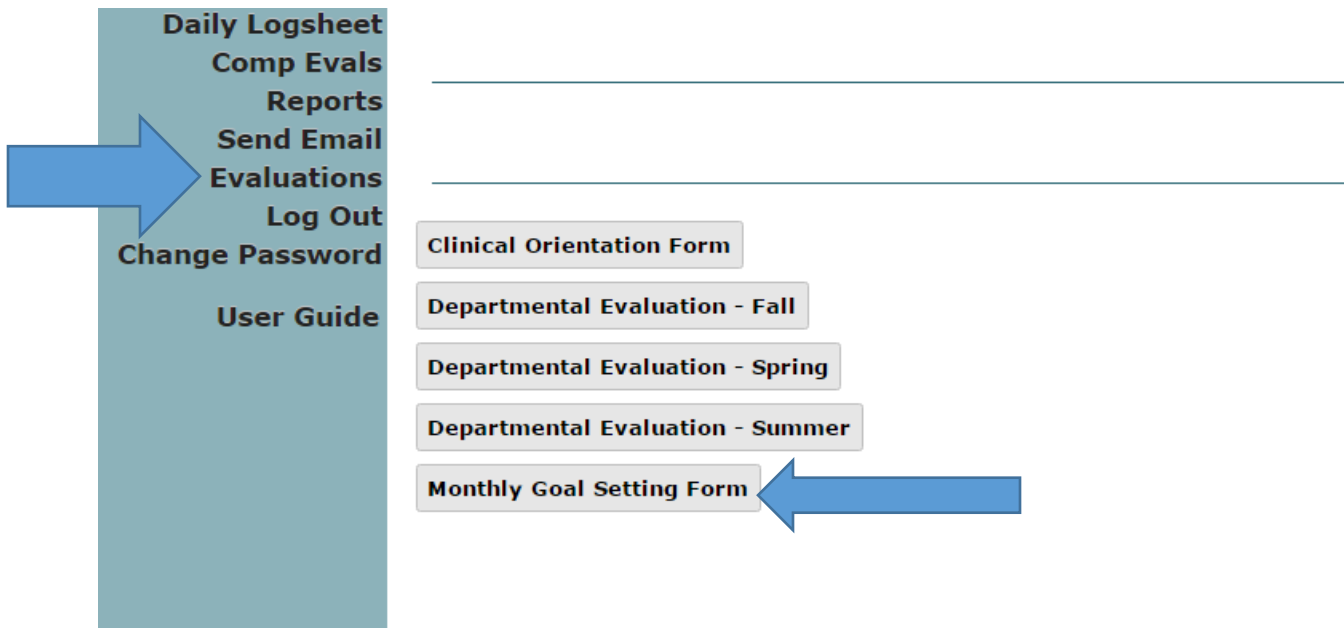
- Time Totals-days attended, hour totals, exception ratios
- Skill Summary-Summary of daily log sheets, and competencies
- Evaluation summaries- grouped evaluation scores, avg. and comments
- Completed evaluation forms- individual evaluation scores
- Daily log sheets summaries

G. Send Emails: The sixth tab on the homepage. Clinical Instructors may utilize this tab to communicate with their student and LCCC faculty.

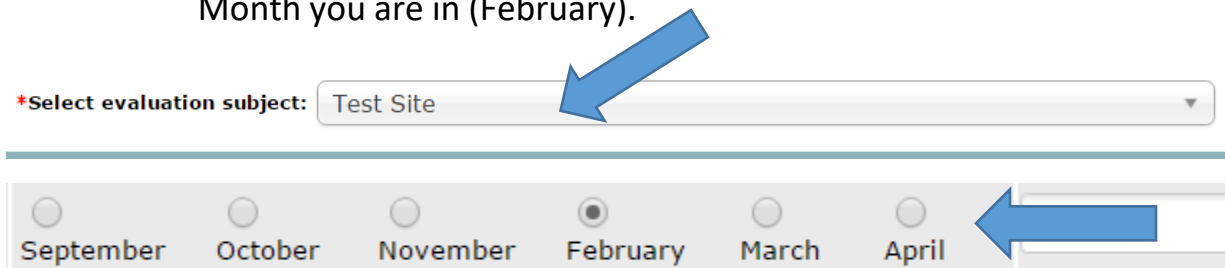
H. Evaluations: The seventh tab on the homepage. Clinical Instructors will need to complete evaluations on students on a relatively regular basis. The following is an order of completion that should be kept updated.

- Clinical Orientation Form-To be completed within first week of clinical
- Department Evaluation Summer- **Two** of these evaluations need to be completed one for June and one for July.
- Department Evaluation Fall- **Three** of these evaluations need to be completed for August/September, October, and November/December
- Department Evaluation Spring- **Three** of these evaluations need to be completed for January/February, March, and April/May

- Monthly Goal Setting Form- To be completed at the end of each month of clinical rotation. See the following for instructions on filling out this form.
 1. CI's are the only ones with access to the initial goal sheet under evaluations. **Student and CI must sit down together under your CI's log in and set goal.** (select "evaluations"-> "Monthly goal setting form")



2. Next Select the subject (this will be your clinical site). Select the Month you are in (February).



3. Proceed to fill out the form entering your goal for the month all the way through section **A**.

Section A: Upon collaborative agreement, write the goal here:

Improve time with Full OB scans

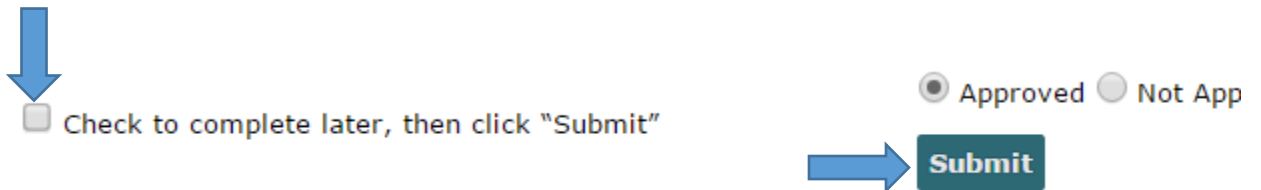


4. **DO NOT SUBMIT THE GOAL.** This goal is not yet complete because you will need to revisit it after the month has ended. Please select **“Complete later”** at the bottom left side of the screen. Then **Submit**.

Check to complete later, then click "Submit"

Approved Not App

Submit



5. After the month is complete you will need to reevaluate your goal to see if the student has achieved it. This is section **B**. You will need to follow steps 1 and 2 with your student to revisit your goal. At this point you will click on the form under the “saved for later” section it should look like this:

Saved for Later

Monthly Goal Setting Form | Test Site | 02/02/17

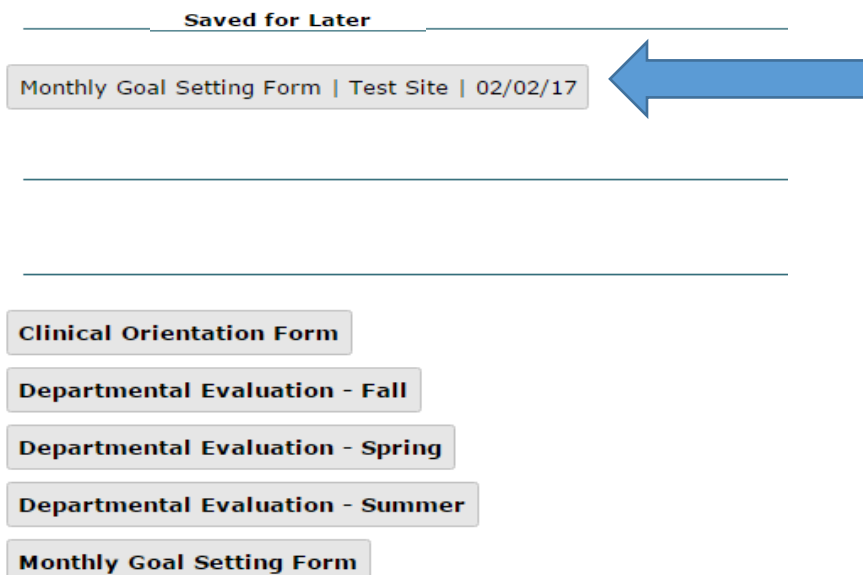
Clinical Orientation Form

Departmental Evaluation - Fall

Departmental Evaluation - Spring

Departmental Evaluation - Summer

Monthly Goal Setting Form



6. Fill out section B of the form. Then submit the goal. Once submitted that goal will be complete, and will no longer appear under the “saved for later” tab.

Please also utilize the User Guide provided on the homepage.