



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

LCCC Non- Discrimination Statement

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, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA.Coordinator@lccc.wy.edu. Contact information for the regional Office for Civil Rights is: Office for Civil Rights, Denver Office, U.S.

Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, 303.844.5695, OCR.Denver@ed.gov.

In compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, Laramie County Community College does not discriminate against students with disabilities. Efforts are made to arrange effective, reasonable accommodations for any qualified individual.

The Disability Support Services (DSS) office at LCCC provides comprehensive, confidential services for LCCC students with documented disabilities. Services and adaptive equipment to reduce mobility, sensory, and perceptual concerns are available through the DSS, and all services are provided free of charge to LCCC students.

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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 should attempt to perform competency by the end of the 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 the remainder of their 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.

Internship Timeline/Calendar

BEGINNING CLINICAL EXPERIENCE – Summer Semester 2022

8 weeks: Dates: May 31, 2022 – July 22, 2022

34 Hours per week; not including lunch breaks

1 day PTO

272 Hours Minimum

*Days off: **May 30 & July 4**

SONOGRAPHY CLINICAL EXPERIENCE II – Fall Semester 2022

15 weeks: Dates: August 22, 2022 – December 16, 2022

34 Hours per week; not including lunch breaks

2 days PTO

495 hours minimum

*Days off: **Sept. 5th , Oct. 14, & Thanksgiving Break: 21-25**

SDMS Conference: **Sept. 29th – Oct. 2nd** (if not attending, students need to go to clinicals)

SONOGRAPHY CLINICAL EXPERIENCE III – Spring Semester 2023

15 weeks: Dates: January 17, 2023 – May 12, 2023

40 Hours per week; not including lunch breaks

2 days PTO

600 hours minimum

*Days off: **Spring Break: Jan. 16th, Feb. 20th, March 13th-17th (campus closed March 17)**

Commencement Ceremony: **May 13th, 2023**

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) Completing all clinical training for clinical instruction
 - 2) Serving as a role model to the DMS student.
 - 3) 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.
 - 4) 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.
 - 5) Providing formative and summative evaluation of the DMS student's progress using the appropriate evaluation tools provided in the student clinical handbook.
 - 6) Making appropriate administrative reports concerning DMS student attendance, attitude, level of professionalism, and clinical competency during the clinical rotation.
 - 7) 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.
 - 8) Maintaining and advancing personally in the field of sonography through continuing education involvement and appropriate credentials.
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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. Active ARRT certification in sonography. Active CCI certification in concentrations where teaching and evaluating students.
- 3) A minimum of 1-year 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 Outcomes:

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 abdominal, obstetrical and gynecology, and vascular 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 optimize and record anatomic and physiologic information in accordance to industry standards.
- C. Students will demonstrate problem-solving and critical thinking skills

Goal 2: Graduates of this program will demonstrate communication skills

Outcomes:

- A. Students will demonstrate effective communication skills with patients and all members of the healthcare team.
- B. Students will demonstrate effective written communication skills

Goal 3: Students of this program will provide consistent high-quality patient care.

Outcomes:

- A. Students will provide customer relations skills in patient care and assessment
- B. Students will employ a safe work environment

Goal 4: Students will conduct themselves ethically and professionally

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 5: Graduates of the program will be successfully employed as abdominal, OB/GYN, and vascular entry-level positions.

Outcomes:

- A. Students will pass the ARDMS SPI on the first attempt.
- B. Students will pass two of the ARDMS specialty exams prior to graduation (AB, OB, VT) the first attempt.

- C. Students will pass one additional ARDMS specialty exam within 6 months post-graduation(AB, OB, VT).
- D. Of those pursuing employment, students will be gainfully employed within 6 months post-graduation.

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. Expect students to 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.
6. Treat each student with equal opportunity for education and a healthy work environment

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 abdomen, OB/GYN and vascular 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 section. The employability skills objectives must be met and maintained at a 76% or above level during a student's entire clinical education to remain in good standings 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 good standing for 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 clinical site regularly at prearranged times with NO unexcused absences or tardiness. Absences or tardiness are not affecting clinical performance.	All IMAG Courses
2. Appropriate Dress and Professional Hygiene: Complies with policies outlined in the DMS Student Handbook or the Clinical Site's policy, whichever is more stringent.	All IMAG Courses
3. Citizenship: Student displays honesty and integrity, accepts and abides by organizational and program policies and procedures, accepts responsibility for errors.	All IMAG Courses
4. Time Management: Uses time (including down time) wisely, complete all technical procedures begun, perform duties in an organized, efficient manner.	All IMAG Courses
5. Teamwork: Displays a respectful manner to fellow technologist/supervisors. Pleasant to work with. Performs as a member of the team with team goal as an objective, willing and available to help others as needed.	All IMAG Courses, COMM 2010
6. 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.	IMAG 1505, COMM 2010
7. Confidentiality: Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers	IMAG 1505, IMAG 1516, IMAG 1521, IMAG 1541, IMAG 1551, IMAG 2500, IMAG 2515, IMAG 2520
8. Receptiveness: Receptive to suggestions and/or corrections, avoids "shopping for answers", accepts constructive criticism in a positive manner.	COMM 2010, IMAG 1516, IMAG 1521, IMAG 1541, IMAG 1551, IMAG 2500, IMAG 2515, IMAG 2520
9. 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 their ability.	All IMAG Courses
10. Communication: Able to follow directions, express ideas clearly and readily, observes appropriate channels of communication.	COMM 2010, IMAG 1505, 1516, 1521, 1541, 1551, 2500, 2515, 2520

11. Skills Maintenance: Demonstrates continued competence in areas of past learning, retains and practices skills previously taught.	All IMAG Courses
12. Safety: Complies with the appropriate policies, quality patient care is displayed as a priority at all times.	1505, 1516, 1521, 1541, 1551, 2500, 2515, 2520

Part 2: Competency Skills Section

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

Objective	Related Academic Course
13. Attendance: Attends clinical site regularly at prearranged times with NO unexcused absences or tardiness. Absences or tardiness are not affecting clinical performance.	All IMAG Courses
14. Appropriate Dress and Professional Hygiene: Complies with policies outlined in the DMS Student Handbook or the Clinical Site's policy, whichever is more stringent.	All IMAG Courses
15. Citizenship: Student displays honesty and integrity, accepts and abides by organizational and program policies and procedures, accepts responsibility for errors.	All IMAG Courses
16. Time Management: Uses time (including down time) wisely, complete all technical procedures begun, perform duties in an organized, efficient manner.	All IMAG Courses
17. Teamwork: Displays a respectful manner to fellow technologist/supervisors. Pleasant to work with. Performs as a member of the team with team goal as an objective, willing and available to help others as needed.	All IMAG Courses, COMM 2010
18. 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.	IMAG 1505, CO/M2010
19. Confidentiality: Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers	IMAG 1505, IMAG 1516, IMAG 1521, IMAG 1541,

	IMAG 1551, IMAG 2500, IMAG 2515, IMAG 2520
20. Receptiveness: Receptive to suggestions and/or corrections, avoids “shopping for answers”, accepts constructive criticism in a positive manner.	CO/M 2010, IMAG 1516, IMAG 1521, IMAG 1541, IMAG 1551, IMAG 2500, IMAG 2515, IMAG 2520
21. 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 their ability.	All IMAG Courses
22. Communication: Able to follow directions, express ideas clearly and readily, observes appropriate channels of communication.	CO/M 2010, IMAG 1505, 1516, 1521, 1541, 1551, 2500, 2515, 2520
23. Skills Maintenance: Demonstrates continued competence in areas of past learning, retains and practices skills previously taught.	All IMAG Courses
24. Safety: Complies with the appropriate policies, quality patient care is displayed as a priority at all times.	1505, 1516, 1521, 1541, 1551, 2500, 2515, 2520

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	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, IMAG 2505
2. Performs exams in a logical and efficient manner according to department protocol	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, IMAG 2505
3. Correctly uses optimization features to enhance images	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, IMAG 2505
4. Recognizes when alternative means of acquiring image are required due to patient’s physical condition, asking for assistance as needed	IMAG 1505, 1516, 1521, 1531, 1541, 1551, 1546, 2500, 2505
5. Recognizes pathology and correctly takes required images of pathology per department protocol	IMAG 1505, 1516, 1521, 1531, 1541, 1551, 1546, 2500, 2505

6. Fills out exam worksheets accurately and thoroughly per department	IMAG 1505, 1516, 1521, 1531, 1541, 1551, 1546, 2500, 2505
7. Correctly prepares endovaginal probe for patient use; properly disinfects probe per department policy at completion of procedure	IMAG 1505, 1521, 2500, 2505
8. Maintains a sterile field	IMAG 1505, 1546, 2500, 2505
9. Can properly transport ultrasound machine for portable exams	IMAG 1505, 1546, 2500, 2505
10. Identifies all equipment on the crash cart and their purpose	IMAG 1505, 2500, 2505
11. Performs (2 or higher) and critiques required competency objectives	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, 2505
12. Performs 8-12 clinical competencies successfully	IMAG 2500, 2505

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

Objective	Related Academic Course
1. Works independently and perform all exams; requires little assistance	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, IMAG 2505, 2510
2. Performs alternative projections due to patient's physical condition, asking for assistance when needed	IMAG 1505, 1516, 1521, 1531, 1541, 1546, 1551, 2500, IMAG 2505, 2510
3. Independently performs portable/emergency exams	IMAG 2500, IMAG 2505, 2510
4. Recognizes when alternative means of acquiring image are required due to patient's physical condition, asking for assistance as needed	IMAG 1505, 1516, 1521, 1531, 1541, 1551, 1546, 2500, 2505
5. Analyzes own images, recognizing errors and offering solutions with increasing accuracy	IMAG 1505, 1516, 1521, 1531, 1541, 1551, 1546, 2500, 2505, 2510
6. Identifies image artifacts and their causes	IMAG 1515
7. Correctly prepares endovaginal probe for patient use; properly disinfects probe per department policy at completion of procedure	IMAG 1505, 1521, 2500, 2505
8. Sets -up and maintains a sterile field while assisting with invasive procedures	IMAG 1505, 1546, 2500, 2505, 2510
9. Displays sonography and general medical knowledge necessary to function in a healthcare setting	All IMAG Courses

10. Successfully completed all required clinical competencies	IMAG 2500, 2505, 2510
11. Demonstrates proficiency as an entry-level sonographer	IMAG 2500, 2505, 2510
12. Assists in maintaining optimal function of sonography equipment	IMAG 2500, 2505, 2510

Ergonomics

It is a well-known fact that a large percentage of the sonography workforce suffers from repetitive motion injuries, some of them career ending. It is in the best interest of the student to become familiar with exercises and safe work habits to prevent injury. The faculty of the program will stress and reinforce good work habits. Poor posture, poor body mechanics or improper hold on the transducer will be corrected. The material will be provided in the program to familiarize the student with proper ergonomics. Information regarding this issue can be found at www.soundergonomics.com and www.sonoworld.com. Students will be assessed with each competency on their ergonomics.

Students that have suffered a chronic injury of the shoulder, neck, back, wrist, or eyes are advised to consult their healthcare provider about whether their particular injury could hamper a demanding sonography career.

Preceptorship 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 require 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 makeup colognes and perfumes in small amounts if allowed by clinical site. Regular hygiene habits including showering and brushing regularly.	Unnatural cosmetics, Heavy perfumes, heavily scented hair sprays, heavily scented hand lotions. Cigarette smoke. Body odor, halitosis.

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 (adhere to hospital policy)	Visible body piercings including facial and tongue jewelry, multiple ear piercings. Dangling earrings.
Tattoos	All tattoos must be covered or not easily visible (adhere to hospital policy)	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.

Immunization, Background Checks and Health Screening

Students enrolled in a Health Sciences & Wellness Division Program (HSW) at LCCC participate in clinical training as an essential element of their studies. To protect the health of students, patients, employees, and others, and to comply with standards established by the affiliated healthcare providers, the College requires all students enrolled to provide dates of current immunization against certain vaccine preventable diseases, and the date and results of current tuberculosis (TB) screening before the student is eligible to participate in clinical training, unless an exception applies.

LCCC has collaborated with Castle Branch to complete the background checks and coordinate the drug screening through SAMSHA certified laboratories. You will need to enter the system, complete the data entry process, and pay your bill no later than April 30. Drug screening and background check must be completed by the end of April. The system accepts credit cards and money orders, and the cost is \$209 (updated April 2022) which includes your background check, initial drug screen and your participation in our random drug screening program.

The following searches are required for students beginning clinical experience programs through Laramie County Community College, based on your residential history and all names used for the last seven years:

1. County Criminal History Record Check
2. Social Security Number Trace
3. Nationwide Criminal Search
4. Nationwide Sex Offender Registry Search
5. Office of Inspector General
6. Excluded Parties Listing System
7. 10 Panel Drug Screen

The following disqualifying offenses will prevent admission:

- A conviction for any felony involving violence, sexual offenses, child abuse, or elder abuse (no time limit)
- Any felony conviction in the last seven years
- Any misdemeanor in the last seven years involving violence, sexual offenses, child abuse or elder abuse
- Registered sex offenders (no time limit)
- OIG/GSA and Medicaid Sanctions (no time limit)
- Any student who is currently on probation, parole, or under any type of deferred sentencing guidelines. Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

The following potentially disqualifying event may prevent admission

- Except as applies above, any misdemeanor in the last seven years will be evaluated based on the nature of the offense, length of time since the offense occurred, etc. The student may be asked to provide more information, which will be evaluated by the Dean on a case-by-case basis and may still prevent admission. The decision of the Dean is final.

If any applicant feels the criminal background check or drug screen is inaccurate, they may appeal the decision to the School of Health Science and Wellness Dean and request a review of the report and/or decision.

Also, due to Joint Commission: Accreditation, Health Care, Certification (JCAHO) guidelines, accepted students may become subject to annual and random urinalysis drug screenings before and during their clinical education rotations.

Accepted students may also be subject to an additional criminal background check before beginning their clinical education.

NOTE: Applicants who have been convicted of a felony, gross misdemeanor, or misdemeanor (or a plea of guilty or nolo contendere [“No Contest”] has been entered) need to investigate how this will affect their ability to take national boards. The American Registry of Diagnostic Medical Sonographers (ARDMS) can deny registry if the ARDMS feels that such denial is in the public’s interest. ARDMS can conduct a “pre-application review” for individuals who wish to determine the impact of a previous criminal matter on their eligibility to sit for ARDMS examination. More information is available at www.ardms.org.

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.

In accordance with LCCC policy there is no smoking, including vaping in any building or within 30 feet of doors. Alcohol is not permitted in any capacity within the buildings of LCCC or the campus.

Clinical Knowledge of Program and College Policies and Procedures

The DMS program abides by Laramie County Community College (LCCC) policies. The most current college policies can be found at <https://lccc.wy.edu/life/handbook/>. Students are expected to have a working knowledge of the content of the LCCC DMS Program Handbook, which is provided annually during the spring semester. After reviewing the handbook, students will sign and date the “Student Handbook Agreement”, which is an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a DMS student. Students will also be able to access the DMS Program Handbook on the DMS Program home page on the LCCC Website: www.lccc.wy.edu.

The DMS Program Handbook is reviewed and revised annually by program faculty. To ensure all program policies are consistent with those of the College, the Dean of the Health Sciences & Wellness Pathway reviews the handbook annually. Program faculty will consider input for manual revisions from students, college administration, the DMS program advisory committee, and clinical faculty. When changes are made after the initial publication of each year’s Clinical Education Handbook, DMS Program students and LCCC administration will be notified of the updates. The Handbook will be available from the Health Sciences Secretary office, the Health Science.

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.

Student Schedules

Per CAAHEP accreditation standards students are to be scheduled for no more than 40 hours in any week. Students are to complete 34-40 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. Weekends, nights and evening shifts are allowed on a case-by-case basis and must be discussed with the Clinical Instructor, Clinical Coordinator and Program Director

Required Hours for DMS Clinical Experience

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

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, 600 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 later.

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 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 start time. This may require the student to show up 10-15 minutes early. Students will enable Trajecsyst GPS geolocation while utilizing a smart device for the clock in/out procedures and will be tracked for the accuracy of location during the duration of preceptorship. The Clinical Instructor is to approve the student time sheet electronically. Accurate time records are 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 the preceptorship start time except in emergencies. The clinical site along with LCCC will collaboratively determine whether a situation was deemed 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 preceptorship.
6. Students that miss more than 40 hours of cumulative preceptorship time in one semester may 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 leave of absence must be approved first by the clinical site supervisor and then the DMS Program Director via the Trajecsyst PTO form. Students must fill out and submit a Leave Request Form/Schedule Change Form and are approved before any variations in the student's schedule. Once PTO is approved the student may enter the PTO day into Trajecsyst as a time exception.**

PRECEPTORSHIP POLICIES

Placement of Students at Clinical Site

The Clinical Coordinator/Concentration Coordinator or Program Director will secure preceptorship site availability for the class from established sites as they are approved by the JRC-DMS. New sites will be considered if existing approved sites are unable to participate in the preceptorship experience or as a request from a student. 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 necessary to provide adequate preceptorship experiences for all students. Students should plan on the reality that they will need to relocate for 12 months (General) and 9 months (Echocardiography) for the preceptorship. The student is responsible for all expenses (transportation, housing, meals, etc.) during the clinical experience. General clinical rotations are also a possibility for some students in order to meet all accreditation requirements.

The clinical coordinator/concentration coordinator makes all clinical assignments in consultation with the program director. Clinical placements are designed to expose the student to a variety of diagnostic imaging. The goal is for the students to attain the skills needed for abdomen, OB/GYN, vascular, or echo entry-level practice as a Sonographer. 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 by the deadline provided by the program clinical coordinator in advance to clinical preceptorship assignment.

*Students must accept their clinical site assignment. If a student refuses assignment, he or she may be delayed clinical placement and may not meet the programmatic guidelines for continuing in the program. If a student chooses to defer clinical placement, he or she may be dismissed from the DMS program.

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

Educational Affiliation Procurement Agreements

An Educational Affiliation Agreement must be signed by 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.

Insurance Coverage and Accidents

- A. **HEALTH:** Students are highly encouraged to carry their own health insurance. The college does not have health insurance available for students at this time.
- B. **WORKER'S COMPENSATION:** Students enrolled in the DMS Program are not employees of the college or the clinical education site and are, therefore, NOT covered by the Worker's Compensation Act.
- C. **ACCIDENTS:** Students must fill out a written Incident Report immediately following any accident or injury (see Appendix: Incident Report). In addition, a hospital or school incident report form must be completed. Forms vary in the different clinical education sites, and the administrative technologist and the Program Director must be notified, no matter how minor it may seem. Sending a copy of the incident report to the Program Director will satisfy this requirement.
- D. **EMERGENCY TREATMENT:** Hospital and College policy will prevail. All costs for any treatment received will be borne by the student.
- E. **ISOLATION AND COMMUNICABLE DISEASES:** Students are not to enter isolation rooms alone. They may assist a staff technologist in an isolation room. During the first and second semesters of training, the student will receive instruction in isolation techniques and precautions, and it shall be the responsibility of each student to review these periodically throughout the training period. As a matter of hospital policy, many hospitals have established, as mandatory, the wearing of non-sterile vinyl gloves whenever there is any contact with body fluids.

In addition to these precautions, all students must have completed the Hepatitis B vaccine series by the Spring I semester. This requirement is for the student's protection and is a result of OSHA regulations. The student will be made aware of individual hospital policies during orientation and must conform to them.

Student Readiness for Clinical Experiences

The DMS program faculty assesses each student's readiness prior to each clinical experience. The student shall be placed at their clinical assignment based on this assessment. Considerations will include, but are not limited to the following areas:

1. Skill competency demonstrated on practical exams and skills checks
2. Ability to perform adequately in all didactic work
3. Status of DMS Technical Standard
4. Prior or current probationary status.
5. Professionalism demonstrated with fellow students, faculty and campus community

Safety in regard to patient care is a priority of this program. To ensure that the student can perform in a safe manner that minimizes risk to patient, self, and others, the DMS faculty considers all of the areas listed above. In addition, all practical exams are monitored in regard to safety criteria, including retakes. The students are notified in writing if they are placed on program probation or if they are denied a clinical placement due to inability to fulfill clinical consideration and requirement.

Communicable Disease Policy

If a student has been accidentally exposed to a communicable disease, he/she shall report it immediately to the clinical supervisor and the clinical coordinator. Appropriate measures will be taken. Each student is required to adhere to the Communicable Disease Policy in the Clinical Education Center to which they are assigned and to the LCCC policy found in the student handbook.

Clinical Affiliate Rotation Consideration

Students will be assigned to their clinical site in the Fall semester. Affiliates who have been assigned a student for the upcoming year must notify the DMS program no later than **March 1st** if they are unable to sustain a student for their clinical experience. This allows DMS faculty to procure another site within reasonable time.

The DMS faculty request that these deadlines be honored to respect the student's ability to relocate and adjust as needed, and to allow the professional courtesy to DMS faculty in working towards procuring clinical assignments for our students.

Students

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

The DMS program Clinical Coordinator orchestrates all clinical assignments in consultation with the Program Director. Students will choose their top three 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 including variety exams and functionality 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. If students do not receive one of their top choices, they will select their next choice until all students are assigned.

Preceptorship site 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 preceptorship assignment.

*Students must accept their clinical site assignment. If a student refuses assignment, he or she may be delayed clinical placement for up to one (1) year. A student may only defer clinical placement a

maximum of one (1) year. If a student chooses to defer clinical placement for a second year, he or she may be dismissed from the DMS program

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.

Communication Policy

Because many of the DMS Clinical Sites are located at a distance from LCCC, it can be difficult to maintain continuous communication regarding the preceptorship. 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:

- Regular Zoom visits will be scheduled throughout the 12-month clinical experience.
- The DMS Clinical Coordinator will conduct midterm check-in emails with both the students and the clinical instructors.
- The clinical instructor or another staff member should contact LCCC immediately with any concerns or questions.
- If a personal visit is warranted by the Program Faculty, Student, or Clinical Instructor, the program faculty will conduct a personal site visit at any time in the semester.

Site Visit Policy

Each student and clinical facility assigned to the student will receive clinical site visits that will be conducted either face-to-face, Zoom or email check-ins. In the summer students may receive one (1) clinical site visit. The faculty like to conduct at least one face-to-face site visit and aim for the summer or early fall. Each student will have a clinical site visit in the fall and spring semester. 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 or contact the faculty member scheduled to notify of reason to reschedule (the clinical instructor is not there that day, or no patients are scheduled).
- 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.
- A 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 two -three (2-3) different types of exams. For Zoom visits you will discuss 2-3

different exams that the student has completed. Discussion of goal setting and review of evaluation.

- The site visit summary should be completed via the Trajecsyst system under evaluations. Students will be able to access their evaluations under the evaluation's summary section in Trajecsyst.
- 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 for onsite visits.
- Any concerns will include a short-term follow-up. The visiting instructor will communicate student progress with the other LCCC faculty members.

*Students may receive more face-to-face visits from program faculty as it becomes necessary for educational remediation. **Faculty will conduct site visits as often as needed and warranted.**

Instructorship Policy and Guidelines

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

Clinical Cell Phone Use 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, including iwatches and all other personal electronic devices, 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.

Patient Rights

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

Student Employment Policy

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.

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 for consistency.** If sonographers at your facility have the flexibility to complete their protocol, please have the sonographers decide on which protocol the student will follow.

Competency Policy

According to the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the following competencies are the minimum requirement to meet the standards of the Joint Review Commission of Diagnostic Medical Sonography (JRCDS) and Commission on Accreditation of Allied Health Education Programs (CAAHEP), for more detailed information you can visit the following website, <http://www.jrcdms.org/pdf/DMSStandards.pdf>

a. Utilize oral and written communication.

1. Maintain clinical records;
2. Interact with the interpreting physician or other designated physicians with oral or written summary of findings as permitted by employer policy and procedure
3. Recognize significant clinical information and historical facts from the patient and the medical records, which may influence the diagnostic examination;
4. Comprehend and employ appropriate medical terminology, abbreviations, symbols, terms, and phrases; and
5. Educate other health care providers and the public in the appropriate applications of ultrasound and other diagnostic vascular evaluation, including the following:
Medical terminology
Sonographic/other vascular terminology
Pertinent clinical signs, symptoms, and laboratory tests

b. Provide basic patient care and comfort.

1. Maintain infection control and utilize standard precautions;
2. Anticipate and be able to respond to the needs of the patient; Demonstrate age related competency (i.e., neonates, pediatric patients, adolescents, adults, and Obstetric patients) Respond appropriately to parental needs
Recognize when sedation may be appropriate
Demonstrate appropriate care in nursery and intensive care environments (ancillary equipment, thermal, central venous lines, ET tubes, respiratory needs)
3. Identify life-threatening situations and implement emergency care as permitted by employer procedure
4. Proper patient positioning

c. Demonstrate knowledge and understanding of human gross anatomy and sectional anatomy.

1. Evaluate anatomic structures in the region of interest; and
2. Recognize the sonographic appearance of normal tissue structures

- d. Demonstrate knowledge and understanding of physiology, pathology, and pathophysiology.**
 - 1. Obtain and evaluate pertinent patient history and physical findings;
 - 2. Extend standard diagnostic testing protocol as required by patient history or initial findings;
 - 3. Review data from current and previous examinations to produce a written/oral summary of technical findings, including relevant interval changes, for the interpreting physician's reference and
 - 4. Recognize examination findings that require immediate clinical response and notify the interpreting physician of such findings

- e. Demonstrate knowledge and understanding of acoustic physics, Doppler ultrasound principles, and ultrasound instrumentation.**
 - 1. Select the appropriate technique(s) for examination(s) being performed;
 - 2. Adjust instrument controls to optimize image quality;
 - 3. Perform linear, area, circumference, and other related measurements from sonographic images or data;
 - 4. Recognize and compensate for acoustical artifacts
 - 5. Utilize appropriate devices to obtain pertinent documentation
 - 6. Minimize patient exposure to acoustic energy
 - 7. Apply basic concepts of acoustic physics
 - 8. Emerging technologies

- f. Employ professional judgment and discretion.**
 - 1. Protect the patient's right to privacy based on current federal standards and regulations;
 - 2. Maintain confidentiality; and
 - 3. Adhere to the professional codes of conduct/ethics through the following:
 - Medical ethics
 - Pertinent legal principles
 - Professional interaction skills
 - Professional scopes of practice

- g. Understand the fundamental elements for implementing a quality assurance and improvement program, and the policies, protocols, and procedures for the general function of the ultrasound laboratory**

- h. Recognize the importance of, and employ, ergonomically correct scanning techniques**

The Abdominal Sonography – Extended Concentration must include the following:

Demonstrate achievement of clinical competency through the performance of sonographic examinations of the abdomen and superficial structures, according to practice parameters established by national professional organizations and the protocol of the clinical affiliate. Clinical competencies must include evaluation and documentation of:

- 1) Identification of anatomical and relational structures
- 2) Differentiation of normal from pathological/disease process
- 3) Image optimization techniques in grayscale
- 4) Image optimization techniques in Doppler (where applicable)
- 5) Measurement techniques

- 6) Abdominal competencies
 - a) Complete abdominal examination
 - b) Limited abdominal examination
 - (1) Aorta/IVC
 - (2) Biliary system
 - (3) Liver
 - (4) Pancreas
 - (5) Spleen
 - (6) Kidneys
 - (7) Bladder
 - (8) Pleural space
 - (9) Sonographic guided procedure (assistance)
- 7) Superficial Structures
 - a) Thyroid
 - b) Scrotum

**The above may be completed as individual clinical competencies or may be incorporated with other structures/techniques as part of a limited or complete examination.*

The OB/GYN Learning Concentration must include the following:

Demonstrate achievement of clinical competency through the performance of sonographic examinations of the gravid and non-gravid pelvis with both transabdominal and endocavitary transducers, and Doppler/M-mode display modes, according to practice parameters established by national professional organizations and the protocol of the clinical affiliate. Clinical competencies must include evaluation and documentation of:

- 1) Identification of anatomical and related structures
- 2) Differentiation of normal from pathological/disease process
- 3) Image optimization techniques in grayscale
- 4) Image optimization techniques in Doppler and M-mode (where applicable)
- 5) Knowledge and application of ALARA
- 6) Measurements as applicable
- 7) Gynecology competencies
 - a) **Complete pelvic sonogram**
 - b) Vagina/cervix/uterus
 - c) Posterior and anterior cul-de-sac
 - d) Adnexa, including ovaries and fallopian tubes
- 8) Obstetrical competencies
 - a) **First-trimester obstetric structures:**
 - (1) Gestational sac
 - (2) Embryonic pole
 - (3) Yolk sac
 - (4) Fetal cardiac activity
 - (5) Placenta
 - (6) Uterus
 - (7) Cervix
 - (8) Adnexa
 - (9) Pelvic spaces

b) Second- and Third-trimester fetal and maternal structures

- (1) Intracranial anatomy
- (2) Face
- (3) Thoracic cavity
- (4) Heart
 - (a) Position and size
 - (b) Four-chamber view
 - (c) LVOT and RVOT views
 - (d) Three-vessel and three-vessel tracheal views
- (5) Abdomen
- (6) Abdominal wall
- (7) Spine
- (8) Extremities
- (9) Amniotic fluid
- (10) Placenta
- (11) Umbilical cord
- (12) Fetal cardiac activity
- (13) Maternal cervical length
- (14) Maternal adnexa

c) Biophysical profile

**The above may be completed as individual clinical competencies or may be incorporated with other structures/techniques as part of a limited or complete examination.*

The Vascular Learning Concentration must include the following:

Demonstrate achievement of clinical competency through the performance of sonographic examinations of the vascular system according to practice parameters established by national professional organizations and the protocol of the clinical affiliates. Clinical competencies must include evaluation and documentation of:

- 1) Identification of anatomical and relational structures
 - 2) Differentiation of normal from pathological/disease process
 - 3) Image optimization in grayscale, color Doppler and spectral
- Doppler
- 4) Measurement techniques
 - 5) Vascular competencies
 - a) Extracranial cerebrovascular including vertebral vessels
 - b) Aortoiliac duplex
 - c) Ankle and brachial pressures/ABI
 - d) Lower extremity arterial duplex
 - e) Lower extremity venous duplex
 - f) Lower extremity venous insufficiency testing
 - g) Upper extremity venous duplex

**The above may be completed as individual clinical competencies or may be incorporated with other structures/techniques as part of a limited or complete examination.*

Clinical Competency Requirements

Requirement: Students must demonstrate competence in procedures identified below.

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 competencies must be passed within three (3) attempts, if this does not occur, remediation will take place.

All mandatory performance competencies must be completed by students by the end of the DMS Clinical Experience III. The Program Director can authorize an Incomplete grade on individual basis (i.e. pregnancy, COVID-19)

1. Abdomen Complete
2. Renal Complete
3. Pelvic - TV
4. 1st Trimester OB
5. 2nd Trimester OB (screen)
6. 3rd Trimester OB (inc. EFW)
7. BPP
8. Thyroid
9. Scrotum and testes
10. Non-cardiac chest
11. Aortoiliac Duplex
12. Carotid Duplex
13. ABI
14. Lower Extremity Venous
15. Lower Extremity Arterial
16. Upper Extremity Venous
17. Venous Insufficiency
18. Upper Extremity Arterial
19. Interventional Procedures

**The above may be completed as individual clinical competencies or may be incorporated with other structures/techniques as part of a limited or complete examination.*

The guidelines for approved sonographers to perform clinical performance competencies are as follows:

- Any staff sonographer may conduct the competency as long as they meet the JRCDS and CAAHEP requirements indicated above. 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.
 - CAAHEP and JRCDS approved credentials for Abdomen, OB, and Vascular
 - RDMS (AB, OB,)
 - RT (R) (S)
 - RVT (VT)
 - RVS (must be through Cardiovascular Credentialing International, CCI)
 - RMSKS
 - RDMS (BR)
- 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.
 - 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 in Trajecs. Repeat attempts are to be available, time permitting and at the discretion of the primary clinical instructor.
- **It is the student's 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 two unsuccessful attempts at a particular procedure, a probation and Performance Improvement Plan will be developed via consultation with the Clinical Instructor and the Clinical Coordinator before further attempts are made.
- 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 program, an incomplete grade may be given. This may inhibit a student from continuing in the program, this is at the discretion of the program director. A student

who fails to meet these requirements may not be eligible to graduate.

ECHOCARDIOGRAPHY CLINICAL COMPETENCY POLICY

Demonstrate achievement of clinical competency through the performance of adult cardiac sonography, according to practice parameters established by national professional organizations and the protocol of the clinical affiliate. Clinical competencies must include evaluation and documentation of:

- 1) Identification of anatomical and relational structures
- 2) Differentiation of normal from pathological/disease process
- 3) Image optimization and measurement techniques with:
 - a) 2D imaging
 - b) M-mode
 - c) Spectral Doppler: PW, CW and Tissue Doppler
 - d) Color flow Doppler
 - e) Use of non-imaging CW Doppler transducer

Adult cardiac sonography competencies

- a) Complete transthoracic echocardiogram – Normal
- b) Systolic dysfunction
- c) Diastolic dysfunction
- d) Aortic valve or aortic root pathology
- e) Mitral valve pathology
- f) Right heart pathology
- g) Cardiomyopathy
- h) Pericardial pathology
- i) Prosthetic valve
- j) Coronary artery disease
- k) Contrast-enhanced echocardiography (**observe**)

**The above may be completed as individual clinical competencies or may be incorporated with other organs as part of a limited or complete examination.*

Echo Clinical Competency Requirements

Requirement: Students must demonstrate competence in procedures identified below.

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 competencies must be passed within three (3) attempts, if this does not occur, remediation will take place.

All mandatory performance competencies must be completed by students by the end of the Echo Clinical Experience III. The Program Director can authorize an Incomplete grade on individual basis (i.e. pregnancy, COVID-19)

Complete Transthoracic echocardiogram - Normal
Systolic dysfunction
Diastolic dysfunction
Aortic valve or aortic root pathology
Mitral valve pathology
Right heart pathology
Cardiomyopathy
Pericardial pathology
Prosthetic valve
Coronary artery disease
Contrast-enhanced echocardiography observed only

The guidelines for approved sonographers to perform clinical performance competencies are as follows:

- Any staff sonographer may conduct the competency as long as they meet the JRCDS and CAAHEP requirements indicated above. 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.
 - CAAHEP and JRCDS approved credentials for Adult Cardiac
 - RDCS (AE)
 - RCS
- 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.
 - 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 in Trajecsys. Repeat attempts are to be available, time permitting and at the discretion of the primary clinical instructor.
- **It is the student's 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 two unsuccessful attempts at a particular procedure, a probation and Performance Improvement Plan will be developed via consultation with the Clinical Instructor and the Clinical Coordinator before further attempts are made.
- 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 program, an incomplete grade may be given. This may inhibit a student from continuing in the program, this is at the discretion of the program director. A student who fails to meet these requirements may not be eligible to graduate.

Clinical Forms

It is the student's responsibility to complete (or have completed by staff), maintain, and submit via Trajecsys System, by the established deadline. Forms may be submitted in the following ways:

1. Trajecsys Evaluations
2. Monthly Goals
3. Competencies

Clinical Time Logs:

Students are to complete a time log of their daily hours spent in clinical. The time log is to be achieved with the facility computer system or utilization of a smart device with the GPS enabled. Falsification of this record is grounds for dismissal from the program, and again, the school needs to know if this is occurring. The time log is to be approved by the clinical coordinator each week of preceptorship. The hours on the record must accurately reflect the time spent by the student at the clinical site to within 15-minute increments. Students are not allowed to document more than 40 hours per week. Hours spent in clinical should be productive hours, with the student scanning as the priority. A student may also review case studies or study if time allows or when no patients are available, and department upkeep has been completed.

Clinical Patient Logs:

Students are to complete an examination log of all scans that they were involved with in any manner. This log becomes part of the student's record. The Trajecsys System will maintain a record of the exams and specialty being performed. These statistics can be found under the **REPORTS** tab and **STUDENT LOGSHEET**. It is the responsibility of the student to maintain knowledge of exams being performed, and adjustments should be made with coordination with supervisor to ensure same practice in all aspects of the below specialties.

1. Abdominal
2. OB/Gyn
3. Vascular
4. Adult Cardiac and specialties
5. Superficial Structures
6. Misc./Interventional/Other

Clinical Monthly Goal Form:

(Available under evaluations in the Trajecsys System): Beginning in the month of September, the student must complete section A of the monthly goal sheet for the upcoming month with a clinical instructor (this form is only initially accessible by the clinical instructor and must be filled out collaboratively). After one month's time, the student must complete section B with the instructor. These forms are to be maintained by the student as a record, and will be reviewed during or before LCCC site visits. Six goal sheets will be completed by the end of Spring II semester.

Clinical Leave Time:

Leave time must be specified and approved by the clinical coordinator and the DMS Program Director to ensure responsibility for regular hours. These can be submitted via the evaluations tab in Trajecsys.

Clinical Time Exceptions for Leave Time:

In order to ensure all time cards are up to date, students must submit a time exception for each leave request including but not limited to:

- PTO requests
- Snow Days (When students are not able to attend clinical due to road closures)
- Registry Review Days (students are to submit 8 hours for every review day on campus)
- Leave time for board examination (students are gifted 8 hours for board examinations)
- Leave time for job interviews (students are gifted 8 hours for interviews)

All requests must be approved by supervisors and faculty. Please notify all parties of intended time exception prior to submission.

Clinical Evaluations:

(Available under Evaluations in the Trajecsys system)

A monthly evaluation should be completed after each month of the clinical experience. The evaluation should be conducted by the Clinical Instructor. Please allow ample time for Clinical Instructor to evaluate properly and calculate student progress. This form should be fully completed and submitted by the end of each month to receive full credit for evaluations.

It is the responsibility of the student to remind Clinical Instructors of monthly evaluations.

Evaluations should be submitted for the following months in order:

Summer Semester (2 forms)

1. June
2. July

Fall Semester (3 forms)

1. August/September
2. October
3. November/ December

Spring Semester (3 forms)

1. January/ February
2. March
3. April/May

Clinical Forms required for each clinical experience include:

1. Clinical Orientation Form: completed by the Clinical Instructor, due within **one** week of beginning preceptorship
2. Time cards: must be continually maintained by the student on a daily basis and will be reviewed once at midterm and once at the end of each semester
3. Log Sheets: must be continually maintained by the student on a daily basis and will be reviewed once at midterm and once at the end of each semester
4. Record of Preceptorship (timecard): due at end of each semester
5. Leave Request: **prior** to date of leave, if applicable, or upon return date following illness
6. Monthly Goal Forms: due at end of each month - CI
7. Monthly Evaluations: due at the end of each month - CI
8. Clinical Site Evaluation: due at end of each semester - Student
9. Performance competencies: due at end of each month -CI or staff sonographer
10. Clinical Visit Student Evaluation: LCCC DMS Faculty complete during clinical visit
11. Strive to complete 8-11 competencies by end of Fall semester
12. **All 19 mandatory competencies** completed by end of spring semester.

It is the student's responsibility to ensure all forms are completed by the assigned deadlines.

Clinical Student Dismissal Policy

Clinical 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.

Clinical 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 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.

Clinical 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 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

Clinical Relocation of the Student

Relocation due to a situation out of student control such as an unexpected leave of absence, short staffing, or inability for clinical site to accommodate the student preceptorship that is not deemed as any fault of the student. This includes a negative or hostile learning environment or inappropriate relations between Clinical Instructor or Sonographers and the student. In this case, LCCC will make every effort to find a reasonable continuation of the student's preceptorship at another location. When necessary, students may receive an incomplete grade until course requirements are met.

Student Withdrawal

A student wishing to withdraw from the program is expected to have a conference with the DMS Program Director and follow the appropriate LCCC College withdrawal process. A student wanting to withdraw from the DMS program is required to do so in writing and indicate why they are doing so. Students should note that withdrawal from the program is not the same as withdrawal from the college, and must reference college policy.

Academic Progress

A minimum of grade of "C" is required in all courses with a minimum overall college grade average (GPA) of 2.0 on a 4.0 scale. Any course with the prefix of non-IMAG with a grade **less than** "C" must be repeated. Program courses with the prefix IMAG are not allowed to be repeated if dismissed due to academic dismissal (see Readmission section). Remediation will begin the moment that a student exhibits difficulty in their class work.

Clinical Extension Policy

Course extensions will only be provided in the form of an incomplete or an "IP" (in progress) if the student has suffered an undue significant hardship and is unable to participate in same learning experiences in either same learning experiences either in the core courses or the clinical preceptorship experience. Program faculty will determine if criteria for an extension has been met.

Clinical Probation Guidelines

A student will be placed on probation if an infraction of any of the various handbook policies occurs. A "Performance Improvement Plan" 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:

- a. The student receives less than a "C" in a course in the DMS curriculum not containing an IMAG prefix. Probation will extend one semester during which time the student must repeat the course (or its equivalent) and earn a "C" or better.
- b. The student receives a monthly evaluation of less than 76% (Part I, Part II, or total score) in a clinical preceptorship course. Probation will extend one month (or until the next evaluation is completed.)

- c. A student is removed from one clinical affiliate at the request of the Clinical Supervisor and the Chief Technologist. (Request must be in writing). Probation will extend until completion of the DMS Program in this instance.
- d. A student is performing poorly in one or several areas of their training. Probation will be used and extended at the discretion of the Clinical Coordinator and Program Director.
- e. 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.
- f. Any situation outlined in the College Handbook stating grounds for probation.
- g. 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 (See also Grievance on page 46)

Immediate Suspension: Any Health Sciences program student engaging in any of the following behaviors or other misconduct is subject to immediate suspension from Health Sciences classes and disciplinary action as described in the Program Handbook and the Student Discipline Adjudication Procedure 3.16P.

1. Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or practicing unsafe behaviors that could lead to harm.
2. Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
3. Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.
4. Professional appearance: Proper hygiene and professional appearance are expectations of all Health Science and wellness students. Specific requirements will be found in the Program Handbook or provided to students by the program faculty.
5. Student Grade/Dismissal Appeals Processes: Students have a right to appeal an academic process or sanction imposed on them and must follow the guidelines in the Program Handbook and the Academic Appeals Procedure 2.16P.
6. Students have the right to appeal a student discipline process or sanction imposed on them and must follow the guidelines in the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. In all cases, the Dean of the HSW School and the Dean of Students will be notified.

Clinical 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 general and vascular entry-level employment.
- Each site should work to communicate the student progress with the other facility.

Student Employment at Clinical Preceptorship 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:

- a. The clinical education center is under no obligation to offer part-time positions to students
- b. Students may accept professional employment after mid-Spring II semester.
- c. If hired, the student assumes the status of employee and all liability for their actions and welfare while the employer assumes working as an employee.
- d. Employment must in no way interfere with assigned clinical education time, and clinical schedules may not be re-arranged to facilitate part-time employment.
- e. 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.
- f. Students may **not** be paid for scheduled clinical experience time. This is a requirement of the JRCDS Accreditation.

Checklist for Clinical Instructors:

	Register for Trajecsys
	Complete Clinical Instructor Training Online
	<p>Orient Student to Department and Hospital & Complete Orientation form on Trajecsys</p> <p>The student should complete the LCCC DMS Clinical Orientation form with the clinical instructor 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.</p>
	<p>Summer:</p> <ul style="list-style-type: none"> • Complete two (2) evaluations for student June/July • Optional: Comp student on one (1) competency, if you are both comfortable
	<p>Fall:</p> <ul style="list-style-type: none"> • Complete three (3) evaluations for student Aug-Sept/Oct/Nov-Dec • Complete three (3) goals with student Sept/Oct/Nov • Begin completing competencies with the student (suggested 6-8 comps for the end of fall)
	<p>Spring:</p> <ul style="list-style-type: none"> • Complete three (3) evaluations for student Jan-Feb/Mar/Apr-May • Complete three (3) goals with student Feb/Mar/April • Complete <u>ALL</u> remaining competencies for nineteen (19) total
	Approve timecards on Trajecsys weekly
	Approve time off requests submitted by student when appropriate

It is the responsibility of the student to approach his/her clinical instructors to complete needed documentation of clinical experience. Students are graded on timely submission of forms, please pay careful attention to deadlines communicated by your student.

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On behalf of LCCC and the Diagnostic Medical Sonography Program, Adrienne and I would like to thank you for all 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.

Sarah Sheehan

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.

How to File a Comp Eval:

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
- Monthly Evaluation Summer- **Two** of these evaluations need to be completed one for June and one for July.
- Monthly Evaluation Fall- **Three** of these evaluations need to be completed for August/September, October, and November/December
- Monthly Evaluation Spring- **Three** of these evaluations need to be completed for January/February, March, and April/May

How to file an evaluation:

Log into the Trajecsys reporting system. Select **EVALUATIONS.**

Next Select **DEPARTMENT EVALUATION –SPRING**

A vertical teal sidebar menu for user SHERIDAN HANSON. The menu items are: Home, Approve Time Records, Daily Logsheet, Comp Evals, Reports, Send Email Evaluations, Log Out, Change Password, and User Guide. To the right of the menu is a list of buttons: Clinical Orientation Form, Departmental Evaluation - Fall, Departmental Evaluation - Spring (highlighted with a blue arrow), Departmental Evaluation - Summer, and Monthly Goal Setting Form.

Select Student and Site- Select month of evaluation

A form for selecting evaluation details. It includes two dropdown menus: '*Select evaluation subject:' with 'STUDENT, TEST' selected, and 'Select evaluation site:' with 'Test Site' selected. Below these is a horizontal line and a row of radio buttons for the month: 'January/February', 'March', and 'April/May' (which is selected). Blue arrows point to the subject and site dropdowns, and the selected month radio button.

Enter CI signature at right of scree where it states in purple “Review”

Review: This evaluation has been discussed between the below signed student and the clinical supervisor.

Student Signature: Student may add signature and comments by attaching a post-submission comment. To do so, student logs in using his/her user name and password. Then, go to Reports/Completed Evaluations. Select the evaluation template and hit apply; click View Details (looks like a folder at right of screen). Click on the plus sign (+) at the bottom next to Add Comment. Student will see a dropdown menu of all items on the evaluation; scroll down the list of items and select the Student Signature item.

Enter

Sheridan Hanson

Fill out evaluation in accordance to Student performance. Then Select SUBMIT on the bottom right hand side of the screen

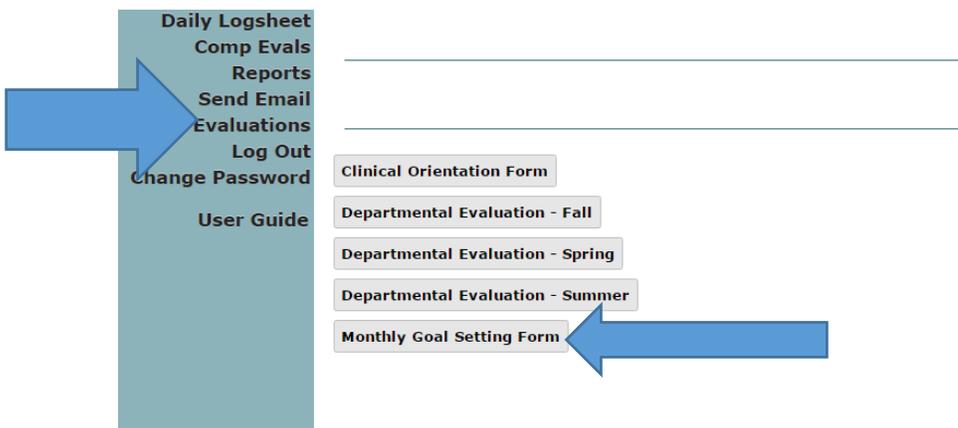
Approved Not Approved

Submit

This evaluation should show up on the student Reports page under “Completed evaluations”

I. **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).

*Select evaluation subject:

September October November February March April

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

3. **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

4. *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

5. 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.